

The Intergenerational Programme at Nightingale House:

A study into the impact on the
well-being of elderly residents



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Introduction

Nightingale House is a faith-based elderly residential care home located in South West London. The Jewish charity Nightingale Hammerson runs the care home and is over 175 years old. In January 2017, a weekly intergenerational baby and toddler group began in the home's main lounge. This was followed by the opening of an on-site social enterprise day nursery, Apples and Honey Nightingale CIC in September 2017. Apples and Honey Nightingale sets aside 20% of nursery places for care home staff to use for their own children at a heavily subsidised rate. The intergenerational on-site nursery is the second branch of a local one that has operated for over 25 years and has a long-standing relationship of visiting and interacting with the care home.¹

The intergenerational programme is delivered jointly by both organisations and takes place daily between nursery children and elderly care home residents. The majority of residents at Nightingale House are between 85 and 107 years old, with a small proportion of residents younger than 85. Nightingale House's intergenerational programme is unique because it is based in one of the largest care homes in the United Kingdom. It houses on average 185 residents, and provides the widest range of support including residential, nursing, respite, palliative and dementia-specialist care.

The children who attend Apples and Honey Nightingale are 2 to 4 years of age. The nursery remains open 50 weeks of the year from 7:30 am to 6:30 pm with a shorter day on Fridays for Shabbat observance. It currently has an average daily enrolment of 25 children. All of the children live locally to the care home. For over 90% of these families, their experience of the nursery was the first time they set foot at Nightingale House.

The intergenerational programme takes place between nursery children and care home residents multiple times a day. It is comprised of many different types of intergenerational activity that were piloted on-site over the past two years. The intergenerational programme grew organically in response to opportunities between the two organisations. Staff from the nursery proactively suggested and planned events. Similarly, the activities team within the care home suggested new intergenerational sessions that were complementary to its existing programme. The physiotherapy team was an early adopter and engaged with the nursery from the very beginning by designing exercise classes for the young and old. Finally, activity co-ordinators within the care home based on different floors also developed programming ideas. The result of this combined effort is an innovative and dynamic programme that fused these two age groups together, where every day play is now part of the fabric of life at Nightingale House.

This report details the findings of a study to determine the extent to which the regular intergenerational programme has an impact on the well-being of elderly residents at Nightingale House. The research took place over five months and included more than 30 days of observations. Impact is defined here as *observable changes* to resident behaviour, and can include (but is not limited to) improvements to physical mobility, verbal and nonverbal communication, cognitive function, and expressed feelings of self-worth. While the research framework accounted for positive and negative changes for residents, almost entirely positive changes were observed.

1 Apples and Honey Wimbledon is the original nursery. For more information, go to www.applesandhoney.org.

Objectives of the study were to:

- 1) capture the breadth of the intergenerational programme taking place on-site;
- 2) identify any repeated observed benefits of the programme on the residents of the care home; and
- 3) make recommendations about its potential future direction.

The main conclusion from the research project, detailed in this report, is that intergenerational activities *overwhelmingly* have a significant and life changing effects on elderly care home residents. This report shares the findings of this study so that decision-makers, practitioners, policy-makers, and investors can benefit from the lessons learned on-site at Nightingale House.



Overview of intergenerational programme

At Nightingale House, the intergenerational programme is far more comprehensive than most of the other programmes that exist elsewhere. Sessions take place not only daily, but often more than once a day. There is a strong mix of large community-events and focused small group interaction. The activities mainly covered in this study are those that were held regularly with the same participants each week. In the initial observations, this is where the greatest impact was being achieved and so was prioritised as the focus of the research project.

The table below provides a snapshot of the activities that run regularly and can be viewed as the core programme offer.²

► Table 1. Core Intergenerational Programme at Nightingale House

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Baby and Toddler Group: Large Lounge, 10:00-11:30	Reading on Osha 2:00-2:45	Drama therapy on Sampson, group 1, 11:00-12:00 (delivered by an outside provider for 12 weeks)	Exercise class on Wine 10:00-11:00	Kabbalat Shabbat on Wine 11:00-12:00 (Nursery has an early close each Friday)
Havdallah on Osha 11:15-12:00		Drama therapy on Sampson group 2, 2:00-3:00 (delivered by an outside provider for 12 weeks)	Exercise class on Sherman 11:00-11:45	
2:00 Open Studio in Activities Centre		Baking in the Activities Centre (once a month)	Maths session on Sampson 2:00-3:00	

There are also many one-off trips, wide community events, and ‘extras’ that are part of Jewish festival observance. About one of these extra sessions takes place weekly throughout the full calendar year.

² There are other intergenerational activities that are either in development or were not able to be observed during the time frame for this research. The activities above are ones that happen with enough frequency to be considered the ‘core’ of the existing programme.

Research framework and methodology

While the launch of Apples and Honey Nightingale met with unprecedented media attention and wide-spread national interest, it is important to recognise that intergenerational programmes have been running since the 1970s in different parts of the industrialised world to varying degrees. There is already an established body of research work, including a scholarly journal dedicated to the subject, and charities operating across the UK and US to support promotion of intergenerational work.³

However, the current evidence base on the potential for intergenerational programmes to improve the quality of life for elderly care home residents derives from overseas examples, and the sample size is small. Further, when different cultures bring young and old together, there are often specific characteristics that are unique to those geographic interventions. This makes generalising data across regions, countries, and even age demographics challenging.

The methodology used for this study was a case study based on grounded theory and comprised of regular observations of intergenerational sessions over a five-month period. As Charmez (2006) explains, “grounded theorists start with data. We construct these data through our observations, interactions, and materials that we gather about the topic or setting. We study empirical events and experiences and pursue our hunches and potential analytic ideas about them” (p.3). When it comes to investigating the impact of intergenerational engagement on the well-being of elderly care home residents, this approach enabled the broadest lens through which change could be captured. Data was triangulated through interviews and surveys with key stakeholders.⁴

The population under study a vulnerable one, and the purpose was to explore the impact of another vulnerable population on the first. Therefore, there needed to be an understanding of early childhood learning and development, ageing, dimensions of care practice, organisational theory, and programme design and evaluation. The areas of well-being and loneliness have been considered here as well.

This is an inherently interdisciplinary piece of research as the observations are based on collecting information about two different age demographics at very different stages of human development. Literature about the current trends in health and social care, well-being and loneliness measures for those in care homes, and studies on existing and past intergenerational interventions were consulted as part of the research design process. For the literature review, please see Appendix 1.

One of the challenges of the current UK-focused loneliness agenda is that so much of what has been written pertains to people who are isolated. It is difficult to argue that care home residents are isolated when they have to adjust to living a life “in community”. The majority of residents who were fit enough to participate in the intergenerational programme are also residents who eat all three meals a day with others on their floor. The loneliness these residents struggle from pertains to being cut-off from their identity as individuals, and their feelings of loss when they lose their own homes and personal surroundings. They also lose an aspect of their agency as more of their waking day is spent being dependent upon others. As a result, the role of the intergenerational programme in alleviating loneliness for elderly care home residents became a priority to investigate.

3 Journal of Intergenerational Relationships, published by Taylor & Francis. See United for All Ages in the UK, Generations Working Together in Scotland, Linking Generations NI in Northern Ireland, and Generations United in the USA.

4 Triangulation means if one observes something in one setting, is this response or phenomenon (evidence) also identified by other sources through other methods. It acts as a checks and balance on the data collection, and helps to remove bias from the information collected.

Approximately 30 days of observations were conducted over a five-month period. Leaders of intergenerational activities were *not* informed in advance that an observation was to take place. There was a deliberate attempt to cover days where things were 'not right' according to staff (staff shortages, illness amongst nursery children or residents, and other events) as well as days that were 'ideal' in order to generate a representative picture.

Observations of sessions were made using time stamps so that observations of the group were continuous and recorded at 5 to 10- minute intervals. Before formal data collection began, one week of pilot observations were conducted to refine areas of potential impact for residents.

Selection method for resident participation

Residents are chosen for participation in any intergenerational session in four ways; 1) they self-select because they have heard of an event and either got themselves there independently of help, or actively asked for help to be taken to it; 2) a member of the nursery staff or a volunteer have gone to collect a resident or identified a resident to take part, 3) activity co-ordinators within a home identified residents based on their own criteria, 4) the activities' team has chosen residents for specific events potentially because there are certain eligibility criteria they are using for a particular programme (ie dementia).

While there is evidence of intention to select residents in a more purposeful and thoughtful way, depending on the activity, a lot will be down to chance. Life in the care home is bustling, dynamic and ever-changing. Residents have little control over their own schedules.

Factors that affect resident participation:

- ▶ Medical and health related appointments
- ▶ Volunteer hairdresser on-site
- ▶ Competing internal activities run by the care home or other outside specialist providers
- ▶ Outings
- ▶ Family or friends visiting residents

Residents often had appointments where they didn't have control over when or how they were made. Further, family members and friends might visit. In addition to this, sometimes sessions were cancelled at the last minute due to staff shortages either at the nursery or care home. Illness was also a factor that affected resident participation (the same is true of the nursery children). However, on the whole there was a steady stream of participation and 'regulars' who emerged.

A pattern emerges

Roughly one third through the observation process, it emerged that the same responses were being repeated across different intergenerational activities, and that there was a *pattern* to how residents responded to stimuli within a session. Even further, it became clear that there were *specific ways* in which residents responded. The remainder of the research project was spent continuing to collect data to refine the list of characteristics residents responded to (stimuli) and the manner in which they responded (impacts).

Findings: Benefits of intergenerational sessions for elderly residents in a care home

The first task of this research was to identify the full range of components (or stimuli) within an intergenerational session that residents respond to. In much of the literature to date, impact studies focus on a generic sense of if a session was deemed to be positive or negative overall, or if participants appear to be happier or more confident.

One of the objectives of this research was to take advantage of the large care home population at Nightingale, and the wide variety of regular intergenerational sessions taking place in order to go deeper into understanding *what* residents respond to and *why*. This approach was taken so that findings could feed directly into future intergenerational planning. If resources are to be spent, it helps to understand which types of activities generate the strongest response for a particular group of residents.

Within each intergenerational session, residents respond to up to six different parts of an activity. These can be considered new stimuli for elderly residents and are markedly different from what they normally experience in their care home setting.

The list below describes the different aspects of all intergenerational sessions that elderly residents consistently responded to, regardless of cognitive ability, underlying health, or age. Importantly, many of the sessions that were observed included residents from the widest possible range within the care home. Elderly residents who were frail, had dementia, or had lost verbal communication, participated alongside those who lived almost independently and received only light touch support from the care home, *yet all benefited from interaction with the nursery children.*

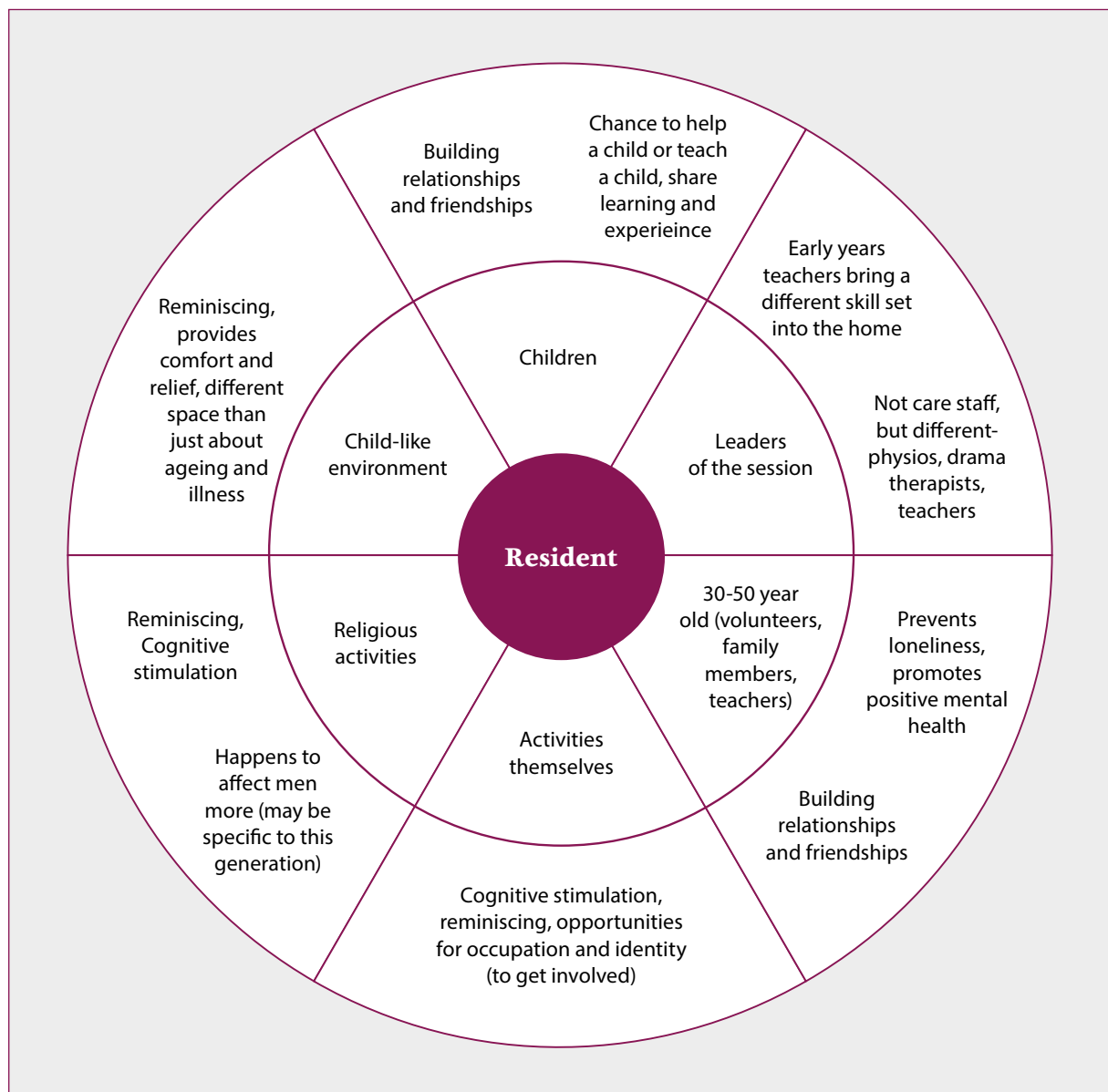
- ▶ **Children:** Some residents respond hugely to the nursery and baby and toddler group children. For many residents, it is the opportunity to interact with and develop ongoing relationships with the children that has the greatest effect.
- ▶ **Middle age demographic:** Nursery children and baby and toddler visitors are accompanied by a new age demographic of 30-50 year-old adults. These could be early years teachers, child minders, nannies, parents, or volunteers who regularly attend sessions with the children, and they represent an age group that was missing from daily life in the care home. For some residents, while the children were interesting to observe, the befriending opportunities were most significant with this particular age group.
- ▶ **Child-centric setting:** It cannot be underestimated how different it felt for elderly residents to enter into spaces in their care home that had been transformed into a child-centric environment. Spaces could have bright colours, and lots of sensory stimuli that transported residents back to their own childhoods. Even if the settings did not trigger personal childhood memories, the environment created a very different feel and experience for residents that was completely apart from a space that constantly reminded them of their age and stage of life.
- ▶ **The activity:** Often, the activities themselves triggered memory, stimulated the senses, promoted learning and provoked curiosity and exploration. The intergenerational sessions are designed to deliver the Early Years Statutory Framework in order to meet the learning and development needs of the nursery children. As a result, tasks were designed with learning and development at their core. This was an entirely new experience for elderly care home residents and so stood out from the other engagement experiences normally on offer to them.
- ▶ **Leader of the session:** The qualities of the professional leading the activity in many instances benefitted the elderly residents who participated. An early years teacher, through their professional training, brought new skills to an intergenerational session than a resident normally

experiences. Early years teachers are trained to look for spontaneous opportunities to extend participation and learning one to one. In all sessions that teachers led, they applied these same skills to encouraging the interaction of elderly residents as they did for the nursery children.

- **Religious element:** A religious component was not present in every intergenerational activity, but as a faith-based setting, these were built into many sessions. For a small number of residents, particularly those with advanced dementia, they experienced a strong reaction to either re-living a religious task or singing a traditional Hebrew song, as it enabled reminiscing to occur. In other settings, this factor could be substituted for other cultural or religious specific practices that would have the same effect of triggering memory and providing comfort.

To better understand the resident’s vantage point, the impact map below shows how individuals experience these new stimuli in a session and the opportunities for change that then take place as a result.

► Figure 1. Impact map for elderly residents participating in intergenerational programme



Once it became clear *what* the residents were responding to across a range of activities, it was possible to determine *how* they benefitted from intergenerational sessions and the range of impacts they could experience.

The impacts identified below were present *regardless of the mix of residents* in any activity or the *nature of the intergenerational activity* being delivered. This was tested across 30 different observations of eight different types of intergenerational activity over a five-month period. What did change across activities is the extent to which individuals experienced each of the areas of impact, or whether they experienced all of them all of the time.

Areas of impact across intergenerational sessions

► Table 2. Benefits experiences by elderly care home residents through participation in intergenerational programme

The range of benefits observed:
Relief from being the object of care, a break from thinking about aches and pains, being transported to another space
Befriending and socialising (prevents social isolation and depression and improves well-being)
Cognitive stimulation through direct learning and participation (active)
Cognitive stimulation through observation of the children (passive)
Reminiscing – chance to remember and relive or process earlier experiences of childhood
Able to give back and lead, share experience and help children
Increased physical mobility (coordination, balance, strength)

These different benefits were measured using data collected from in-person timed observations. The observation method used here was influenced by how data is collected using a range of techniques including; dementia care mapping, measuring depression in the elderly, and also identifying and tracking indicators of loneliness. The Leuven Involvement Scales which captures participation and involvement in young children as part of early learning also underpins this methodology. Once benefits were identified and observed to occur regularly, additional information was collected in order to understand the significance of the benefit for residents.⁵

The data gathered from observations was then supplemented with interviews with elderly residents, family members, and key staff across the care home and nursery. In addition, surveys were conducted with staff from both organisations. Family members of residents were also surveyed to capture any positive or negative impacts they saw in their loved ones. This way, a holistic view was captured of what was taking place on-site and how it affected those who took part.

When monitoring the different areas of impact across types of intergenerational activity, a clear picture emerged of which activities delivered the greatest benefit for specific groups of residents. Table 3 explains each benefit observed in more detail and describes how it was measured.

5 For more detailed information on how the study links to the existing methods listed please see Appendix 1.

► Table 3: How well-being benefits were measured

Benefits observed:	How was this measured?
<p>Relief from being the object of care, a break from thinking about aches and pains, being transported to another space</p>	<p>By observing and recording what residents talked about just before, during, and after an intergenerational session. Residents shared what happened so far that day and what was on their mind. Next, residents visibly relaxed when sessions began, and often tensed up again when sessions were over.</p> <p>What became clear across all of the sessions was the relief residents experienced at having a break from being the object of care for a short period of time. This was evident when observing residents from all over the care home, and those with dementia. Residents would frequently comment on their aches and pains and frustrations. Everyone who came to interact with them would interact based on asking about their health and well-being. When children were introduced into the surroundings, residents began to relax. Suddenly the attention was on the children – who by their very nature were always somewhat unpredictable. Residents expressed some anticipation over the excitement of what was to come – as experiences with the children were always pleasurable, different and new.</p> <p>In the sessions observed, a negative experience for either child or resident was never witnessed.</p>
<p>Befriending and socialising (prevents social isolation and depression and improves well-being)</p>	<p>By observing and recording the number and quality of interactions between residents and children/teachers/family members. This included one off interactions, and sustained relationships where interaction was maintained week on week. How people greeted each other and held each other was also noted.</p> <p>Being able to communicate with children and those from the ‘middle generation’ has helped many residents overcome their own isolation and fears. For many residents entering care, they do so after an injury or illness and can often come into the home from a hospital setting. The loss of freedom and in some cases the experience of the decline of health can lead to an increase in risk for depression. Through intergenerational sessions, residents come out of themselves and begin communicating with a wide range of people. The presence of the children helps residents to gain confidence. In many cases they have what can be best described as an automatic response to the children. They socialise with the children, nursery teachers, families and volunteers and it helps bring residents out of their shells.</p>

Benefits observed:	How was this measured?
<p>Cognitive stimulation through direct learning and participation (active)</p>	<p>By observing and recording resident participation in intergenerational sessions. This emerged in literacy and numeracy sessions when residents played early maths games and shared story books with the children. Again, this was captured by observing residents just before, during, and after sessions to identify effects on their mood and behaviour, as well as their overall level of participation.</p> <p>This is a new phenomenon that was mainly seen during literacy and numeracy sessions with nursery children when an early years teacher was in charge. After many sessions observing early years teachers leading intergenerational sessions it became clear that they bring a different skill set into the care home environment than other outside practitioners (for example drama, music or art therapists). After further consideration, it emerged that the way early years teachers are trained makes them unusually well placed to engage with elderly care home residents.</p> <p>As part of early years teacher training, one of the core skills they learn is how to differentiate learning between children based on their individual development and capacity. Group activities are loosely designed, and then early years teachers work with each child within the group, looking for opportunities to extend learning on the spot and encouraging a child's participation.</p> <p>In the literacy and numeracy sessions with nursery children, the early years teachers approached residents in the same manner as they would the children. Everyone received individual attention and support to play a game or participate in a story. If a resident couldn't remember what the numbers were when dice were rolled, the teacher, residents and children counted the dots on the face of the dice to work it out. It is having the space and time to understand concepts step by step, and the satisfaction residents experienced in having achieved what was being asked of them, that they benefitted from.</p> <p>Part of person-centred care is trying to hold onto and retain a resident's individual identity and expertise. However, it can often be frustrating for residents to be prompted to be reminded of their previous professional status if they are no longer able to remember holding that position. It can be both embarrassing and intimidating. When residents are with the children in the numeracy session in particular where small group games are played, they are challenged by the early years teachers and supported in each task. Their role shifts from being an object of care to being someone who is still capable of learning, or in some cases, re-learning.</p>

Benefits observed:	How was this measured?
<p>Cognitive stimulation through observation of the children (passive)</p>	<p>By observing and recording what residents talked about just before an intergenerational session, during, and after. Residents self-identified that this was what was happening for them. As a result, it was included in the research design. Specific examples of which children the residents observed were also noted.</p> <p>In the case study prepared in 2018, which reflected on the start-up phase of the intergenerational programme, one resident shared an interesting phenomenon. A retired GP explained that he enjoyed coming to the sessions because he gained a lot from watching the children problem-solve through their play. “It’s better than watching television. I can follow what’s happening and I like to see how their minds work as they figure out how to move from one part of the room to another to get a toy they are interested in. It’s very uplifting and brings me joy.” For this resident, who does have dementia, in addition to the joy, it was the problem solving and the fact that it would be different with each child he watched and would change from week to week that was stimulating.</p> <p>Over time and through this research, this effect on residents was repeated. Many residents shared that they enjoyed watching the children grow, develop, and problem solve, and that it was more enjoyable and captivating than other sorts of experiences they had.</p>
<p>Reminiscing – chance to remember and relive or process earlier experiences of childhood</p>	<p>By observing and recording what residents were talking about during a session. This was particularly clear for residents with dementia who talked their way through their experiences.</p> <p>Many researchers have noted that residents, particularly those with dementia, engage in reminiscing. This is a way to process a range of memories as older people face the winding down of their lives. The presence of the children on-site has increased the opportunities for residents to remember their early childhood. Sometimes, interactions with the children allow residents to feel they are also children again. At other times, they remember having children.</p> <p>A frequent topic residents have brought up when reminiscing around the children has been their experience of being Jewish children in England in the aftermath of World War II. Occasionally, residents reflect on having their own children, but mainly if residents have dementia, the nursery children evoke memories and experiences from their own childhoods.</p>

Benefits observed:	How was this measured?
<p>Able to give back and lead, share experience and help children</p>	<p>By observing and recording how residents participated in intergenerational sessions when working with small groups of children or one to one. Instances where residents worked one to one with children and helped and encouraged were recorded. This could include offering verbal praise or reassurance, or holding objects for children when working on tasks together (scissors, string, books, toys).</p> <p>This effect is about residents experiencing a role reversal. In the care home, residents are no longer in charge. Rather, others are responsible for them. They have been relinquished of their responsibilities in many ways. When with the children, however, there are moments and opportunities for residents to comfort, encourage, support, or teach the children. This is something that many residents observed have been able to experience – even those with advanced stages of dementia.</p>
<p>Increased physical mobility (coordination, balance, strength)</p>	<p>By observing and recording how residents moved and how this movement differed from what they would do physically when not in an intergenerational session. For example, when singing with nursery children, residents followed actions designed by early years teachers to encourage movement of upper and lower limbs. This enhanced coordination and balance.</p> <p>Many of the activities involved in intergenerational sessions encourage a range of movement from the residents. During observations of non-exercise sessions, the Head of Therapy was able to identify how much extra movement the residents were doing in response to the intergenerational activity. Particularly as a response to music, residents also regularly displayed coordination and static balance (moving their limbs while sitting). All of this additional movement is important for residents who are at risk of remaining too sedentary throughout the day.</p>

Five case studies of key weekly intergenerational activities

► Case 1: Baby and toddler group

The baby and toddler group has been running since January 2017. It takes place each Monday from 10:00-11:30 in the large lounge on the ground floor of the care home. It is consistently oversubscribed and while it is free of charge, families have to book in to manage the space well. Participation is capped at 20 families; however, each week additional groups turn up.

This session is staffed by the nursery team with the help and support of nursery volunteers. Volunteers have a list of regular residents who have asked to be included and they go and bring them to the session (if they are in wheelchairs or need assistance). Other residents attend with their family members, or carers will bring those residents they think would particularly benefit to the session. There tends to be a core group of participants on the resident side, even though this will naturally fluctuate every three to six months, as resident health changes over time. *There are still a handful of residents who attend each week who have been coming since the very first session ran two years ago.*

The weekly sessions run throughout the year, even during the school holidays. The children who attend are from the local community and are not nursery children. However, many of the babies who begin at the baby and toddler group with their parents and carers do 'graduate' to become nursery attendees once they turn two years of age. During school holidays, children with older siblings often bring their extended families to the group, which adds a lovely dimension.

The session itself is semi-structured. The room is laid out with toys and a play space in the centre of the room. Chairs for residents are placed in a circle around the play area. The first 20 minutes are informal with families and residents settling themselves into position. The teacher will welcome everyone and families sign in. Residents come in slowly. The teacher explains what the activity is that will be laid out on tables on the side of the room- for those who wish to work together on what is normally a craft-based activity linking to the weekly (Biblical) Torah portion.

Roughly half-way or two-thirds through the session, depending on how the group dynamic is on a given day, the teacher will announce that it is tidy up time. At this point, everyone helps clear the toys and play things away. *The teacher then starts with a welcome song where every person in the room is individually said hello to by name, even when fifty people in total are present.* This has a wonderful effect on the residents, who take great pleasure in being singled out in this way and receiving this attention.

Next, a song bag is presented to a child whose job it is to bring the bag to a resident. A resident chooses a toy from the bag, and the group then sings together a song associated with that toy. For example, a soft toy star becomes "Twinkle, twinkle, little star". After the singing, which includes many clever devices to encourage maximum interaction between the generations, the session is wound down.

In a typical session attendance will include:

- | | | |
|----------------|------------------------|------------------------|
| ► 13 residents | ► 20 parents or carers | ► 3 nursery volunteers |
| ► 20 children | ► 1 nursery teacher | ► 2 additional carers |

Observable benefits (supported by interviews with residents and their families):

- ▶ This is a mixed session open to everyone. The result is that residents can range from extremely independent on the one hand to very frail on the other. The benefits for all who have participated are increased socialisation. Every resident is spoken to or engaged with warmly by a wide range of children and adults.
- ▶ *Residents reported that attending the baby and toddler group gave them a reason to live. They spoke of being pulled out of depression and feeling human again.*
- ▶ *Roughly one-quarter of attendees have been participating since January 2017.*
- ▶ Other residents come for portions of time; most commonly a period of a handful of months. Some residents who began with the group and were regular attendees have reported withdrawing from the group as they have become frailer. Other residents will attend as a one-off, or even when very unwell. It is unpredictable. What is clear is that residents all appear to benefit, regardless of how frequently they attend. For those who are more independent, the regular attendance has added a structure to their time in the care home. The Monday sessions become an event to look forward to.

Who benefits most?

- ▶ This is a question that has been difficult to answer, even within a five-month time frame for data collection to take place. The real answer appears to be that each resident who attends gains something, but the extent of that benefit is dependent upon each resident's unique set of circumstances.
- ▶ It is difficult to ascertain if an experience means more to one person or another, particularly when some of the residents are unable to communicate as well as others. This is where the views of family members have been particularly helpful in rounding out observational data to contextualise the response of loved ones. For some residents, who are no longer expressing themselves verbally and communication has dwindled, a once in a year seen smile can be a significant achievement. For another resident who is able to advocate for themselves and communicate confidently, they will share that for them participation has given them a reason to live. Is one response 'better' or worth more than another?

Which benefit is most important, can they be ranked?

- ▶ It is important to keep in mind that in a care home setting with residents who differ in age, cognitive ability and underlying health, rather than a one size fits all approach, intergenerational sessions have demonstrated that as interventions they help each resident individually to different degrees.

Do Residents Benefit If They Are Asleep? An example of passive engagement

During one observation, a gentleman was in the session in his wheelchair. He fell asleep about 25 minutes in to the 90-minute interaction. At the end of the singing, the teacher sang "If you are happy and you know it clap your hands." She modified the last verse to "if you are happy and you know it give your friend a hug" and then gestured that everyone should find a resident to hold. A mother who had a baby on her lap looked over at the gentleman who was asleep, and reached over and gently stroked the sleeping man's arm. It didn't disturb him; he didn't wake up. But it was a truly lovely and human moment.

Across the multiple observations over the five months, there were many times residents would doze off (and children sometimes too!). Residents who fell asleep in sessions, or even woke up if they had been brought in by wheelchair, always woke up with a small smile when they saw their surroundings. **In over 30 days of observing intergenerational sessions, a resident never woke up in distress, and they almost always smiled as their first reaction.**

An Extraordinary Response

In one baby and toddler session, a gentleman in his late 60s walked in pushing his father in a wheelchair, who was 101. The son asked what was happening in the lounge. It turned out he was down from Scotland visiting his father. He asked if they could stay and attend the intergenerational session, and explained he wasn't sure how long his father would cope with all of the people but the son wanted to give it a try. It was his father's first time attending. They settled in and enjoyed themselves.

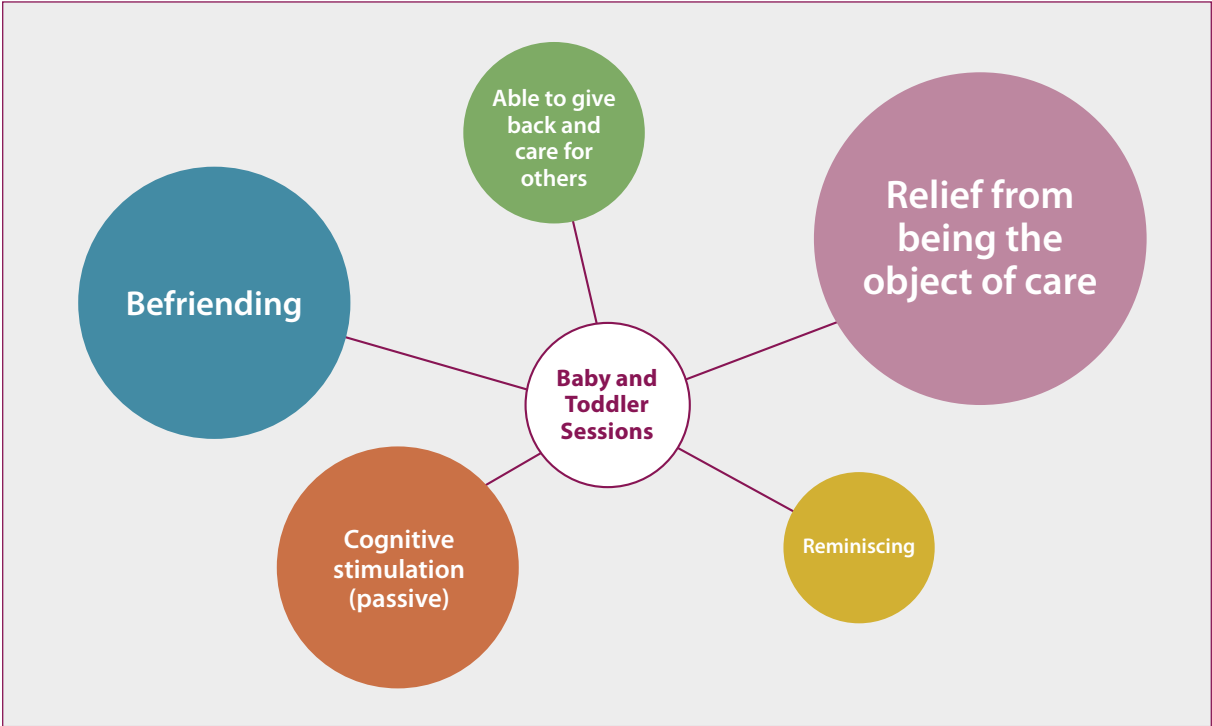
The pair stayed for the whole 90 minutes and at the end of the session, the son began to gently cry. After asking what his tears were for, he explained they were for joy. The son shared that his father had been bed bound for the past several months. He was visiting because it was expected that his father would pass away soon. The son was moved because he said while his father was mostly deaf, he had spent the past hour and a half smiling and engaged and interacting. At one point a new mum placed her 6-month-old child in the 101 year-old resident's lap!

The son said he was so emotional because his father in that one morning session had been more himself than his son had seen in years. He asked if photos of his father could be taken so they could be shared with his siblings who were scattered around the country. The son wanted to show the rest of the family that their father had come back to life- even if only for a short time.

He reflected that even if his father did pass away soon, he had peace by having shared this special time with him in the baby and toddler group.

Throughout these five mini cases, it becomes evident that different types of intergenerational activity lend themselves to more specific responses from residents. These repeated responses over time lead to benefits for residents' well-being. In the example of the weekly baby and toddler group, five areas of impact that were most significant to the greatest number of participants are described below.

► Figure 2. Benefits experienced by residents attending Baby and Toddler Sessions



While the majority of the range of impacts can be identified in all of the intergenerational sessions, the aim here is to identify those impacts that are most significant in a particular activity. Some impacts are always present; such as the opportunity to socialise, develop relationships and engage in befriending. Whereas others, such as residents experiencing cognitive stimulation through participation in a learning experience are more specific to the type of intergenerational activity taking place. The attempt here is to begin to draw out how different activities will lead to different responses in the residents, and eventually to a different outcome.

Recommendations for the baby and toddler group:

- It is a demonstrably effective intervention for addressing sub-clinical symptoms of depression (even clinical symptoms). Ensure residents at risk of depression participate based on referral from the care and therapies teams.
- Reduce numbers so that there are more opportunities for residents to engage with children and their families, and so that the environment remains appropriate (not too loud or overwhelming).
- Run the baby and toddler group twice weekly in order to keep session numbers smaller and more manageable.

AN INTERESTING PHENOMENON...the settling effect of children

On separate occasions with two different residents, in the baby and toddler sessions, a rather extraordinary phenomenon was observed. In both cases, the residents were women with advanced dementia. In each instance, the women were becoming agitated. For one woman, the agitation manifested itself in a quiet struggle across her face which was followed by movement signalling quiet distress. She was engaged in a very physical struggle and wanted to erupt in rage. The 89-year-old woman would lift herself out of her wheelchair and then use nearby furniture to steady herself. Then she would look out and see her surroundings and the children and that appeared to register with her. She then forcibly calmed and settled herself. The resident eventually quietly moved on out of the room. The whole episode lasted roughly eight minutes.

For the second woman on another occasion it was a shorter experience of three minutes. This woman is also a regular participant and is very verbal. She actually verbalised her frustration and agitation and then concluded by saying out loud “I mustn’t get upset in front of the children.” The families around her and the children heard her and they supported her by agreeing that it isn’t nice to get upset in front the children. She was able to then let go of her upset and enjoyed the rest of the session.

► Case 2: Havdallah

The Havdallah ceremony is the Jewish ritual of saying goodbye to the weekend (Sabbath) and welcoming in the working week. It is a simple ceremony that marks the close of Shabbat and is normally held by Jewish people on a Saturday evening, when three stars appear in the night sky. However, the sensory based ceremony has been adapted by the nursery to take place at the beginning of the nursery week. Just as Kabbalat Shabbat has been adapted by the nursery to take place at the end of the nursery week on a Friday morning. Both are celebrated routinely by nursery children and residents together.

Residents on the Osha floor gather in their lounge from 11:15 on a Monday morning. At roughly half past eleven, the nursery children arrive via the lift and come into the room. The Osha lounge is the newest constructed at Nightingale House and is different to many of the other floor specific communal areas as it is an entirely closed space that people do not walk through to access the rest of the floor. This means the space can be quiet and homely, which is comforting for both the residents and the children.

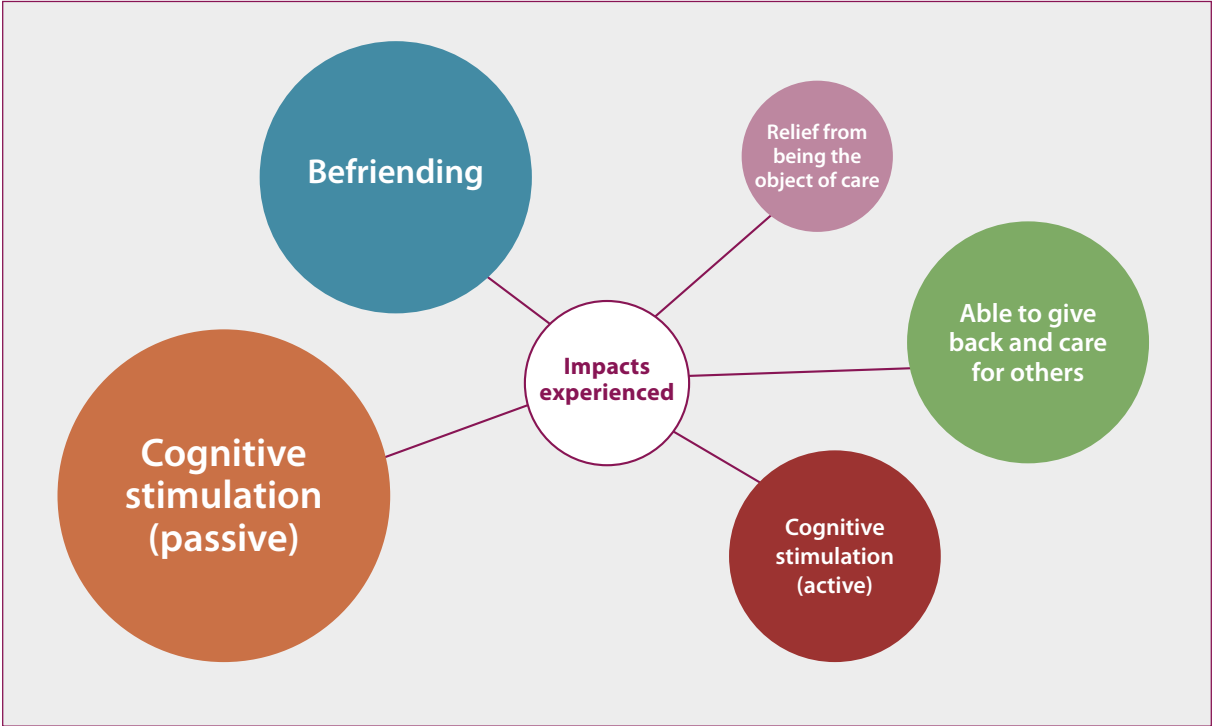
When the children enter the space, the residents are grouped in chairs in a circle and the children come and sit in the centre. They are immediately greeted by the residents, some of whom are able to greet the children by name and ask after them. There are special relationships that have formed between some of the children and residents, and it is in this setting that the interaction feels most like an extended family visiting with one another.

Nursery children have been coming to Osha to participate in the Havdallah ceremony for more than 14 months. The early years teachers from the nursery take turns running the session, and during the data collection stage, four different early years teachers were observed leading. The teacher leads the group in a discussion of opposites- what distinguishes between the working week and the weekend of rest? The group explores big and small, light and dark, noisy and quiet. Children and residents alike make recommendations by calling out opposites they can think of.

Within the nursery, each week there is a child who is named Shabbat host or hostess. This is similar to when other early years settings select a child to be star of the week. The idea is to learn how to take turns, and to lead. At Apples and Honey Nightingale the selection is often made based on who is having a birthday.

The Shabbat host or hostess is called up to lead the prayers to end Shabbat. This includes pouring grape juice and sharing it, passing around a small spice bag, and holding a seven braided candle that is lit then extinguished in water so it ‘sizzles’. Everyone is asked to smell the sweet spice smells of Shabbat and hear the sizzle to mark the ending of the time of rest. Items are brought by the children to each resident. At points, children sit next to residents. There is singing, storytelling and lots of interaction.

► Figure 3. Range of impacts experienced by residents who attend Havdallah



The short session (30 minutes) leaves a big impression on the residents. They smile when the residents come in and there is anticipation that something unpredictable but wonderful is about to happen because no one ever knows what the children will say or do next. This is a structured activity where each week, certain elements are fixed. This repetition provides security for both residents and children because they know what’s coming and it breeds familiarity. This is also underpinned by the participants for the most part consisting of the *same* nursery children and care home residents. In this way, more meaningful relationships can develop.

These same nursery children encounter the same residents on Tuesdays for literacy sessions. Some residents will also choose to attend the physio class on Wine floor on a Thursday, or Kabbalat Shabbat on Wine floor on a Friday.

The most significant benefit this session offers is befriending because of the size (smaller group of people) and location of the activity (homelike small lounge), as well as the fact that it repeats regularly.

► Case 3: Literacy session

The literacy sessions held on Tuesday afternoon in the Osha lounge have a beautiful feel to them and are very homely. Residents anticipate the arrival of the nursery children, and many arrive twenty minutes before the session begins so as to make sure to not miss it.

The session begins with an early years teacher welcoming everyone and singing a special welcome song. After the session is introduced, and the teacher has sung, the teachers lead the children in acting out a story they have brought with them. Children are often handed props- masks, or objects, that enable them to help in the story performance. The residents are included and everyone is given tasks or roles to play. Each child has at least one adult to work and play with.

Because this activity has been running regularly for many months, there is a deep comfort the children feel in being around the residents. They are confident to go up to the residents and lean on wheelchairs or squeeze in close. It is evident through the children's and resident's behaviour that close relationships have formed.

Once the story re-enactment is over, teachers hand out individual folders and books. This session, from the nursery's perspective, is designed to help children get ready for reading. Those children who are beginning reception in the following September are given their individual reading folders. For some of the children, they are on simple words. Most of the children are on picture books where the objective is to describe the pictures and tell what's happening in a sequence of events to others (residents) who listen, prompt and encourage.

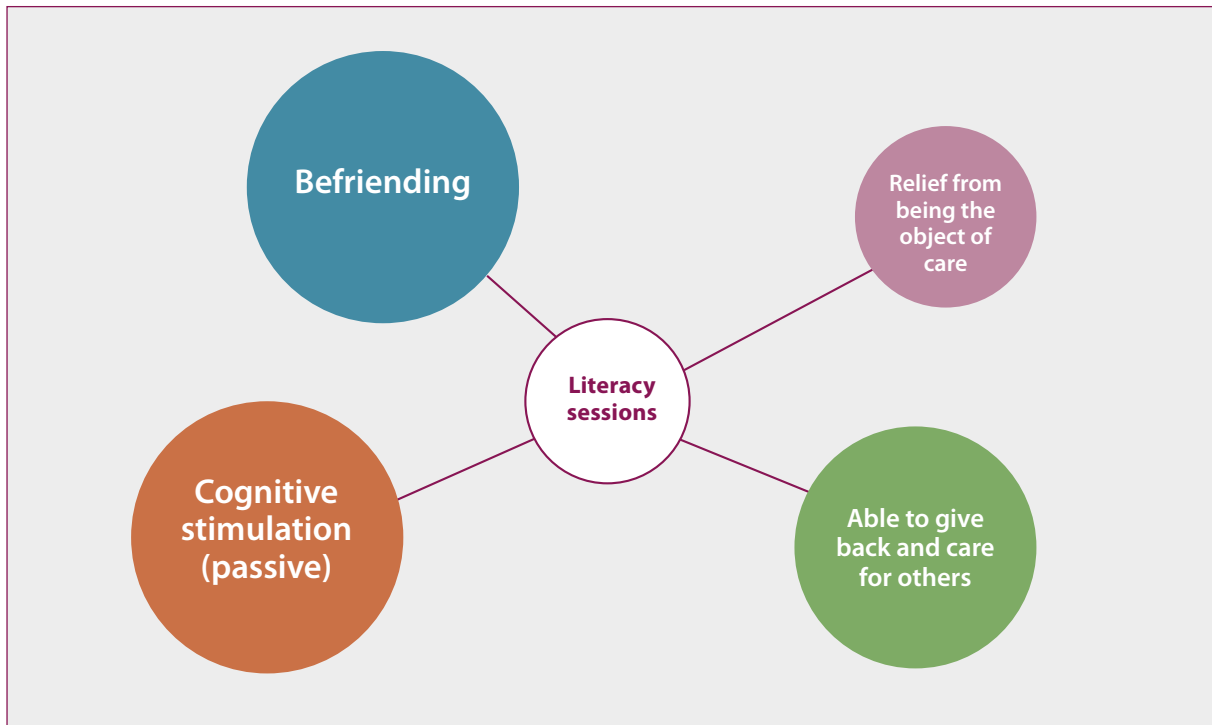
The residents come alive and help the children. On Osha, residents for the most part are at the independent end of the spectrum. They take pleasure in guiding the children, encouraging them to tell their stories and practice their early reading. Most of the time, at least half of the residents are taking an active lead in working with their partner nursery child. *This is a completely different stance to how the residents will behave or interact at any other point in the week- even in other intergenerational sessions.* The residents are more confident because they are also in their own more private space, and it isn't too much effort to get from their rooms to their lounge. They have energy to spare for the children.

Being transported to another space...

In one literacy session, four residents were watching television and waiting for the nursery children to arrive. There was an elderly male resident in a wheelchair who has dementia. He was holding a box of Kleenex and there was a pile of used tissues next to him on a stand. Neil* (name has been changed to protect his identity) began to explain that he had just been to see the nurse to have some blood drawn. Neil was frustrated and upset because it had been difficult to draw blood and there were bruises on his arm. He is usually relaxed, but at this time- he was agitated and feeling sorry for himself.

As soon as the nursery children arrived, Neil began to smile- even despite himself. He maintained his smile throughout the session. At one point towards the end of the session, the children were instructed to find a 'friend' to share a story with. One particularly energetic three-year-old boy came bounding over to Neil and asked to be his partner. The two had a lovely time together and he forgot all about his bad experience of having his blood drawn for the time being.

► Figure 4. Benefits to residents' well-being by attending intergenerational literacy sessions



Recommendations for Literacy session:

- These residents, along with some of the more independent residents on Wine floor, would benefit from an additional session of this nature during the week. Wine floor residents would benefit from a similar sort of activity based in their own lounge and with a small group of children.
- It would be helpful to identify a cosier and quieter location for Wine residents to be able to work with the nursery children in a similar fashion.
- The Nightingale House library could be an effective space for the nursery children to work with some residents on additional literacy support.

► Case 4: Drama therapy

The drama therapy programme was delivered over a 12-week period in autumn 2018 by two external drama therapists. The lead therapist was piloting intergenerational drama therapy, and had worked in the same part of the care home the previous year with elderly residents with dementia.

The sessions were held once in the morning for one group, and once in the afternoon for another group each week in the Sampson lounge. This is the same space that is used for the numeracy session on Thursdays, and many of the same residents attend.

The drama therapy sessions were originally planned for six residents and six nursery children. All of the residents who participated have dementia. The activities co-ordinator for Sampson selected which residents would participate. In reality, four residents regularly attended as did four nursery children.

Even in a small group with eight participants, (four residents and four nursery children) once one factors in the drama therapists, care support and nursery teachers, the group regularly reached 14. All of the adults sat together in a circle on chairs (or in wheelchairs) and the children sat in the centre of the circle on the floor. The drama therapy sessions have different themes each week. A lot of time is given by the lead therapist to set the scene. The *pace* of these sessions is very different from the other intergenerational activities. The therapeutic intent is experienced by everyone and the therapists focus mainly on the residents.

Space and time are given for residents to share memories and to engage. For some residents, this is vocal- they talk their way through the sessions. For others, it is more about passive engagement and then a sudden response comes forth.

Towards the end of the twelve weeks, the two drama therapists were interviewed.

Reflections from Drama Therapy

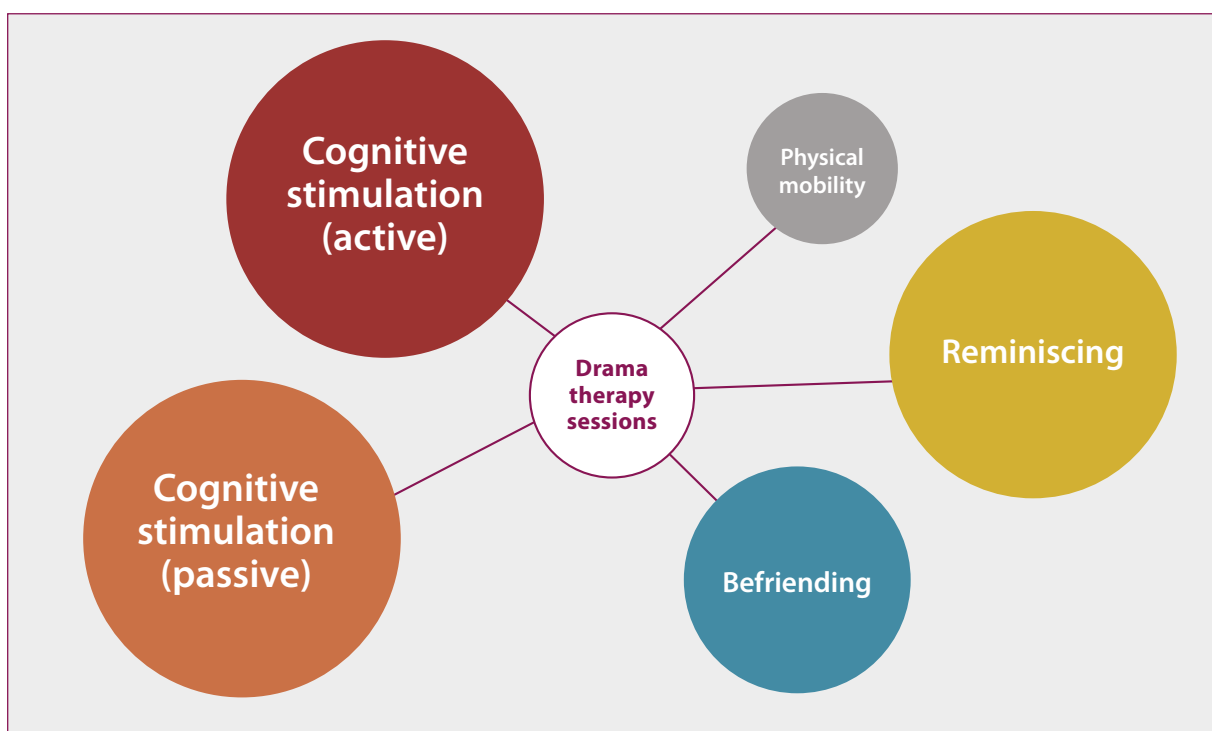
Sometimes children attend too many intergenerational sessions in one day– this concern came through during the interview. The drama therapists observed that when the children attended their sessions after having first come from the Activities Centre earlier in the day it appeared to be too much for them. Their behaviour was calmer and more grounded when they arrived for drama therapy after having first been at the nursery. We discussed the importance of the nursery as a proxy ‘home’ for the children that helps prepare them for their intergenerational sessions in the care home.

When the routine is consistent, residents and children get more out of being together– as the drama therapists are external to Nightingale House, they have a way of seeing things differently from their unique vantage point. Sometimes children missed sessions because of trips and other outings that took place. The leaders observed a more positive and engaged dynamic when both residents and children were settled.

The presence of children stirs a lot of memory and emotion for residents to proces–one week the nursery children were not able to attend because they were on a trip. As a result, the whole session was devoted to the residents. During this session, one resident who is very vocal spent the time reminiscing about her experiences of childhood. Despite her dementia, she had begun to associate the sessions with the children in her mind, so that when they were not there one week, the thought of them was enough to spur memories of her own childhood.

The purpose of the drama therapy sessions is to provide a therapeutic experience for elderly residents so they can process anything they are feeling or going through. The presence and inclusion of the children in these sessions acted as a great instigator for the residents. From the residents' perspective, the nursery children were a lot to respond to in a positive way, and triggered many different memories and experiences for residents to share. The downside from the drama therapists' perspective was that the children took time and space away from the residents, so that they didn't get as much of an opportunity to share what they were feeling.

► Figure 5. Benefits for residents with dementia attending intergenerational drama therapy sessions



Recommendations for intergenerational drama therapy:

- Before future intergenerational drama therapy sessions are held, think through which residents should attend and why. There was an impression that the residents attended were those who were easy to move to the session physically and the ones who were available. Impact could be greater if the drama therapists knew more about why specific residents were attending from a clinical perspective and how participation fit into an individual resident's overall care plan.
- The drama therapists put forward a recommendation in the future to run the same programme with smaller numbers of residents and nursery children in order to have more time to spend on residents' needs.

► Case 5: Exercise classes

“

“My uncle loves to see the children and they join the exercise time, and the children lighten the atmosphere.”

”

The exercises classes are held in the lounges of two different floors, Wine and Sherman, on Thursdays. The first session runs from 10:00-11:00 on Wine, which is an area of those home for those elderly residents who are more independent. On Sherman, the class runs from 11:00-11:45 and is for residents with dementia. The older nursery children, aged 3-4, attend the physio session on Wine, and the younger nursery children from 2-3 attend the session on Sherman.

It is fascinating to observe these two exercises classes as they run back to back with two very different sets of participants. In the first session on Wine, approximately 18 residents sit in a very wide circle encompassing the entire lounge.⁶ The session is led by a senior physio therapist with the support of two additional therapists. The first half hour is a joyful and humorous session where residents concentrate on completing each of the exercises. No children are present and it's entirely resident-focused.

The underlying fitness levels of the residents vary greatly, with some being in wheelchairs with limited movement. Others are independent walkers who can engage in all of the exercises. For some, it can be too much and they eventually tire and rest. Residents are encouraged to extend themselves safely and they receive the support of a physio who will come and work with them one to one within the large group setting.

During the data collection phase, observations were conducted when there were three different physios leading the sessions. They were all excellent and during observations before the nursery children arrived, it was difficult to imagine what the scene would look like for it to be any better. Residents and physios tell jokes and encourage each other to keep going. There is a real feeling of community.

Surprisingly, although spirits are already up and resident engagement is high (much more so than many of the other activities that take place throughout the week), when the nursery children arrive, the mood is lifted even further. An entirely different level of happiness is experienced collectively by the group once the children arrive. All of a sudden, there are beaming smiles on every resident's face and they express great anticipation at the children's inclusion into their class. This happened every single time. There is greater expression and animation on the part of the residents and you can see the pleasure it brings. Some sneakier residents time their arrival at the exercise class for when the children are coming in so they can participate in just that part!

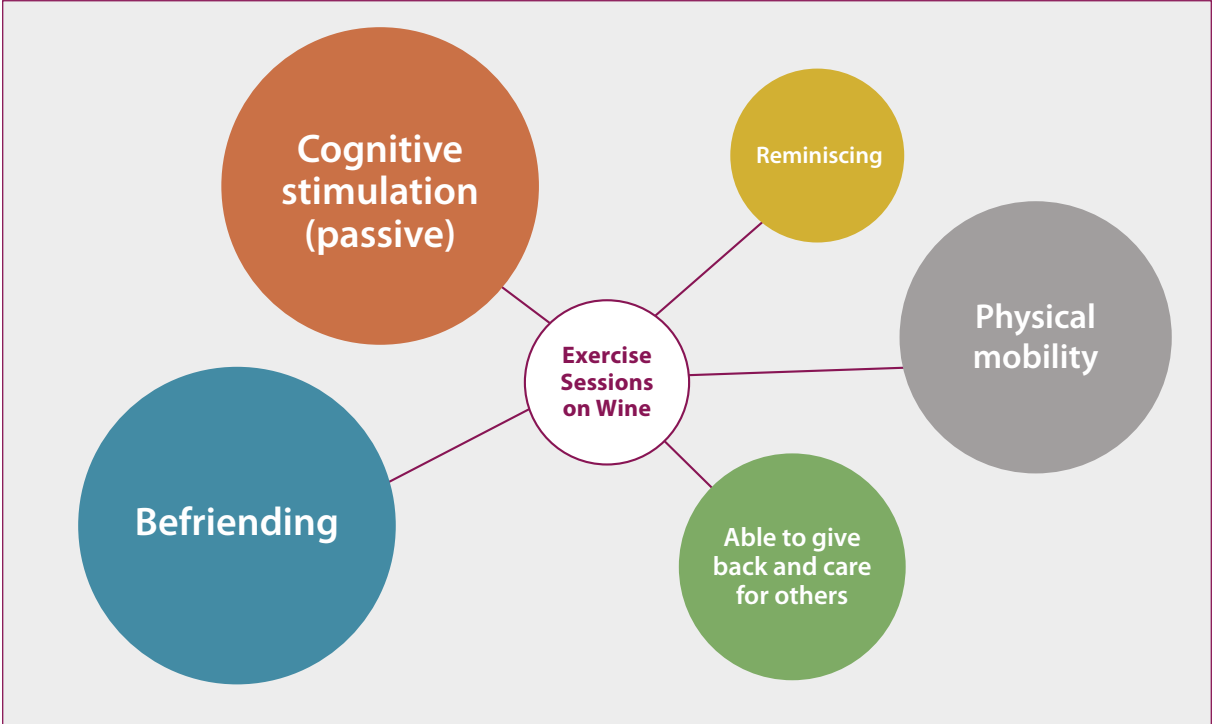
One little girl turns to a resident while they are all holding a large exercise band together and says, "this is a bit tricky for me". The resident smiles and helps her hold the band.

6 This group also attends an exercise class in the large lounge of the care home downstairs on Tuesday mornings, where nursery children do not attend.

It is such a popular session that some residents come over from different parts of the care home to join in. Two sisters sit together for the exercise class, even though they live in different areas of the home because one has dementia. The one with dementia doesn't respond to anything in the previous 40 minutes. *However, once the children arrive she is animated, communicative, and becomes an entirely different person.*

When the nursery children arrive, the early years teacher begins with singing. Then they do exercise together- usually involving partnership working and holding items together between residents and children. The time with the children ends with singing and goodbyes. Once the children leave, the lounge falls silent again.

► Figure 6. Benefits to residents who attend intergenerational exercise classes on Wine floor

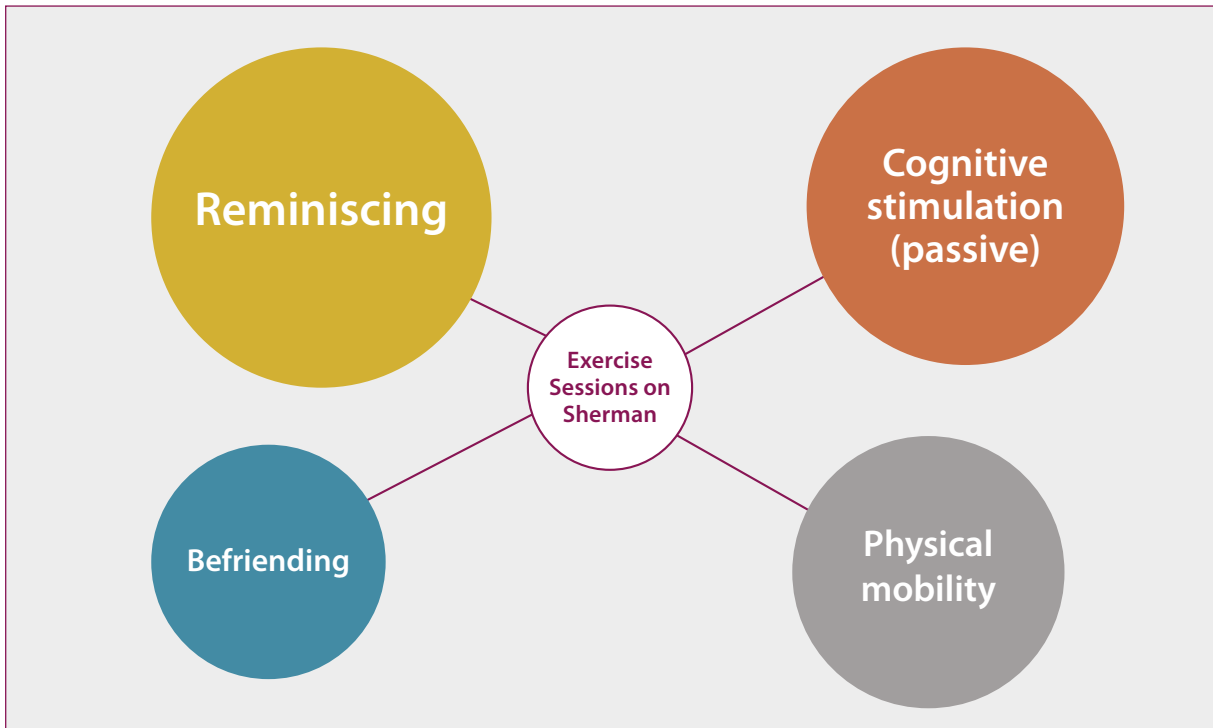


Exercise class on Sherman

The differences between the two exercise classes are dramatic. Residents on Sherman have dementia, and are often either agitated or quiet as they wait for the session to begin. Many are still finishing their breakfast, as they wait in their main lounge. *No one is there because they realise or anticipate that an exercise class is about to begin.* As a result, when the physios come it is a much gentler start. There are no big announcements, they work with each person in the group and begin to engage with them. There are on average 8–10 residents, so approximately half the size of the earlier exercise class. The same physios who run the session on Wine come down a floor to Sherman to deliver the next class.

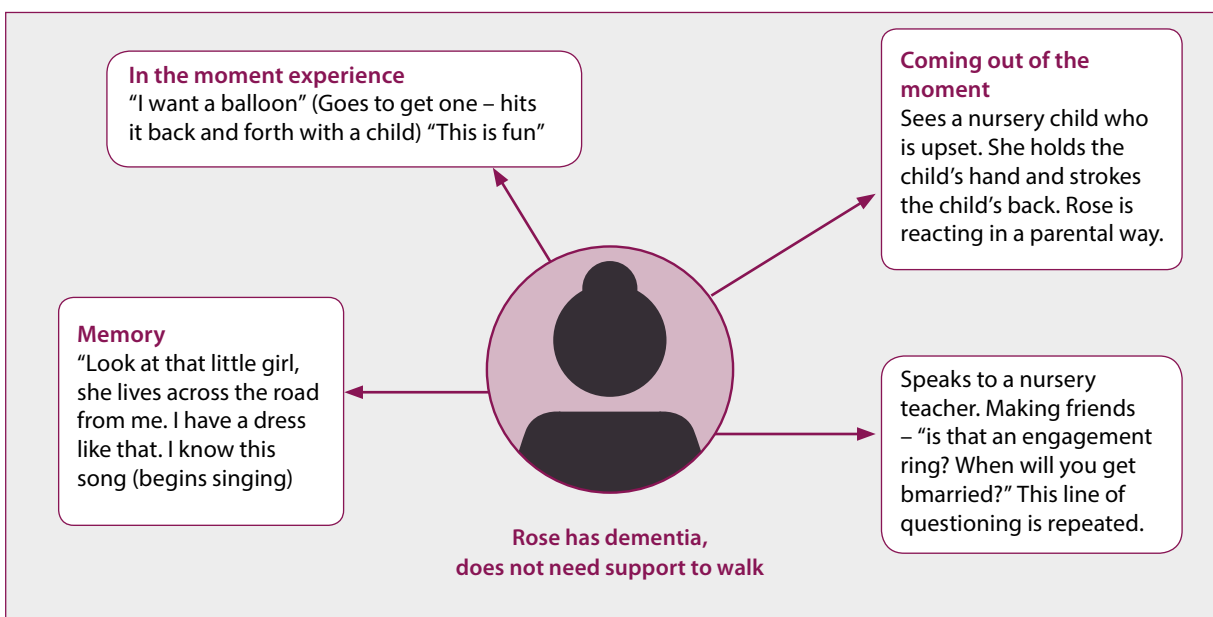
After a few minutes of warm up and engagement, a small group of the youngest nursery children arrive. There are again much smaller numbers, roughly four to five children who attend with two nursery teachers. This is a much quieter session where the circle of residents is much smaller physically- everyone is closer together. The children come into the centre and are extremely confident. Some residents may be asleep or in half conversation, and none of it seems to phase the children at all.

► Figure 7. Benefits to residents with dementia who participate in intergenerational exercise classes



There is always an element of singing and some sort of game or activity the nursery team have brought with them. Often, there is a bag of balloons that residents and children bounce back and forth to each other. In addition, there are other interactive tasks. *What is remarkable about this session is the extent to which the two year-old children seem at times to be parallel in their play and engagement as the residents with dementia.* The residents themselves shapeshift from different states. The figure below illustrates observations taken of one elderly resident with dementia and her experience of the exercise class.

► Figure 8. Elderly resident with dementia’s experience of an intergenerational physio session



Understanding death in relation to the intergenerational programme

Over the two years the intergenerational programme has been running, the realities of resident death moved from the hypothetical to reality. While people passing during their time in an elderly care home is expected rather than unusual, the experience was new for nursery teachers used to working with an entirely different age demographic.

During the five months of data collection for this study, three residents passed away all who participated and responded to the intergenerational programme differently. While their names have been anonymised for privacy purposes, an interview with the nursery's co-founder provided an important reflection on the realities of resident death as a part of the natural life cycle, and what we should expect to happen with respect to the intergenerational programme.

The greatest lesson learned about resident engagement in the intergenerational programme towards the end of life was that residents were able to participate in the sessions and benefit from them. The assumption going into the programme was that residents who were frail would eventually cease to attend intergenerational activities. However, it turns out this is not always the case. Participation towards the end of life does depend to some extent on what underlying health conditions a resident may have.

Transcript of an interview recorded three weeks before a resident passed away, and after an intergenerational session (Kabbalat Shabbat):

When asked what she thought about having the children on-site Eden (name has been changed) said "if they like being here, and their parents are happy for them to be here then that is fine. Not all the residents want to be near the children. I myself like to go down to the Activities Centre to do some pottery on my own. And I wish to concentrate without them there and I do not want them to take my time away from my pottery. I can do what I want to do."*

And the Shabbat we just had why are you here. Is it to see the children?

"To be honest with you, I rang the bell and asked someone to bring me because there is nothing else to do on a Friday."

So this is just something to do...

"I sit in my room all day long and so I thought I would like to come and watch the kids. And actually, I am a very good kid watcher."

I believe you. I watched you watching the kids...(we both laugh)

"I knew a little boy here whose grandmother lived in Ireland and whose father lived in Yorkshire. And this kid had no friends. But we were friends. We were long long good friends and we loved each other. And then he had to go because it is very expensive. And the mother sent him with two older brothers somewhere else, and I miss him terribly. I have a photograph in my room of him. He was- he had a mind. He was an extrovert. We were very very good friends."

Eden was speaking about a little boy from the nursery.

Eden passed away suddenly three weeks later.

Exploring death from the child's perspective, the nursery's co-founder explains:

“To my knowledge, the children seem unaware of these deaths. They haven't mentioned anything but that could also be because of those residents who have died, their main interactions were in the Activities Centre and we go to the Activities Centre less now and are doing more sessions on the floors. The one child we felt would be most affected because of his special bond with a particular resident left us last summer. We contacted the family to let them know but don't know how he responded to the news (this is the little boy Eden spoke of above).”

When asked how do you think we should think about death in the context of the intergenerational work we do, she shares, “I think we should accept it as a natural part of the cycle of life and not make an issue of it for the children while not ignoring it. If we are sad, we can share that feeling with the children just as we share our happiness with them, but it should be in a natural and sensitive way⁷.”



7 This is an excerpt of an interview with the nursery's co-founder, Judith Ish-Horowitz.

Headline findings

- ▶ Combatting depression is a major challenge for care homes. In one European study, 46.2% of elderly care home residents were found either to have depression or presented with symptoms of depression, nearly half of the care home population.⁸ *Intergenerational activities demonstrate that as an intervention, they lift the spirits of residents and are an effective way to respond to loneliness.*
- ▶ *ALL* elderly residents who participated in intergenerational sessions benefitted in *multiple* ways, regardless of underlying health condition or cognitive ability, including those with dementia (even though they will have benefitted differently).
- ▶ Residents participated in the programme and were observed to benefit from the interaction *even when close to death*. This finding challenged assumptions about who within a care home would be able to participate in intergenerational sessions.
- ▶ Impact was lasting even if residents participated to different extents (some once a month, once a week, or four times a week).
- ▶ Literacy and numeracy sessions led by early years teachers provided residents with a unique type of cognitive stimulation. Residents with dementia benefitted hugely from the one to one attention with early years teachers and having opportunities to 'learn'.
- ▶ Intergenerational activities created opportunities for intellectual engagement for elderly residents, something care home environments do not regularly provide.
- ▶ *Every* type of intergenerational activity delivered the impact of relationship-building between the generations or befriending, which was demonstrated to alleviate symptoms of depression.
- ▶ *Regular contact* between the *same children* and *residents* had the *greatest* impact on residents.

8 Jongenelis K, Pot AM, Eisses AM, et al: Prevalence and risk indicators of depression in elderly nursing home patients: the AGED study. *J Affect Disord* 83(2-3):135-142, 2004

Key recommendations

1. "Prescribe" participation in intergenerational sessions as a potential intervention for elderly care home residents who show signs of depression.
2. Bring in early years teachers to lead intergenerational sessions, prioritising places for those residents with dementia.
3. When designing an intergenerational programme, make sure the majority of planned activities happen at regular intervals with the same participants of children and elderly residents, as this consistency and routine is what underpins successful sessions and allows for maximum benefit for both populations.
4. Promote greater cross-practice learning and feedback by developing joint training between early years teachers and care, engagement, nursing, and therapy professionals. In this way, the capacity and multi-faceted skill of the team is increased in order to then deliver innovative intergenerational sessions.
5. Encourage members of staff from different professional teams (therapy, nursing, care, engagement, and nursery) to regularly observe intergenerational sessions in order to create a reflective environment for the programme to evolve, and to identify the widest range of benefits that residents may experience. For example, early years teachers may spot opportunities to increase cognitive stimulation in sessions physical therapy teams run and vice versa. Therapists may signal areas where greater physical movement could be encouraged within an intergenerational session.
6. Use this information to determine which residents should be recommended for participation in intergenerational activities in order to support their individual care needs and deliver care plans.

Conclusion: How to develop an interdisciplinary intergenerational impact methodology

The next steps in further research could be to use this framework as a foundation from which quantitative measures specific to each benefit could be applied to provide more comprehensive data. For example, if an objective is to decrease depression amongst care home residents, a baseline depression assessment could be administered before beginning an intergenerational programme. During sessions, observations could be taken in order to identify changes in resident behaviour. The same depression assessment could then be run after an intergenerational programme ended, or a fixed period of time, to capture if symptoms increased or decreased, and to what extent change occurred.

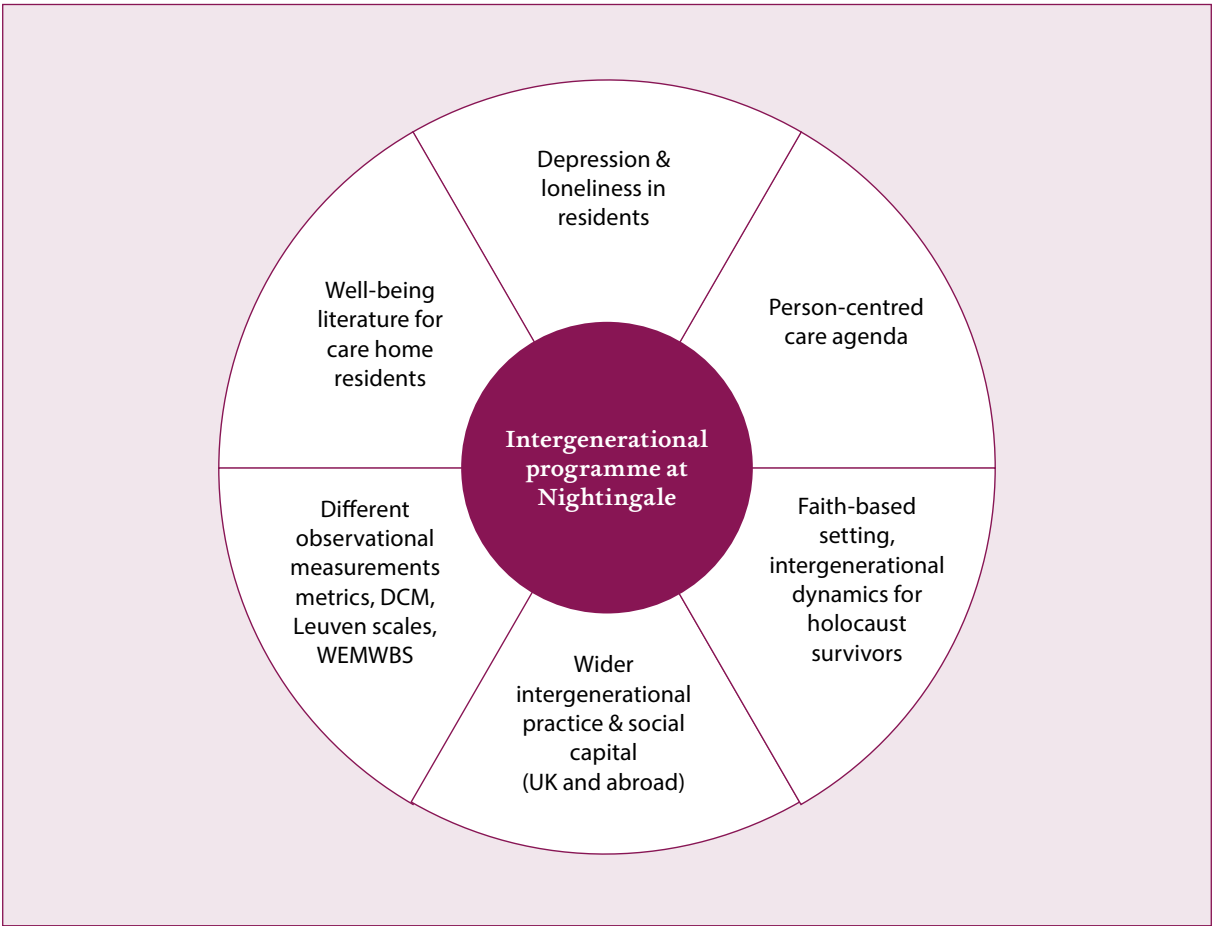
By taking the existing map of potential benefits, researchers can apply this framework to any intergenerational session. Using observations and linking to existing scales for measuring depression, physical mobility, and communication in elderly residents, greater detail can be gathered as to how interacting with younger children improves the well-being of elderly residents. This study was limited to exploring the benefits to elderly residents. However, most early years measurement is also conducted through observation. The next stage of this research will be to map how toddlers benefit from daily interaction with elderly care home residents using the same methodological approach. One of the objectives of this project was to bridge the gap between anecdotal evidence of benefit when toddlers and elderly play together to how those in the research community can begin to identify and track specific impact across a wide range of areas for these two vulnerable populations. The better the information generated becomes, the better the decision-making around resource allocation and programme design can become.

Appendix 1

Linking findings to key themes in the broader literature

In order to underpin this research, a wide breadth of related academic and practitioner literature was reviewed. This helped to rule out methodological approaches and confirm direction of travel. Next, a summary of some of the most relevant research is synopsised. These articles were selected for inclusion here in order to provide a deeper understanding of the existing body of knowledge about intergenerational programming. This foundation sheds light on the findings of this research study and the different ways opening a co-located nursery within an aged residential care home setting has improved life for residents at Nightingale House.

► Figure A. Placing the intergenerational programme at Nightingale House within the broader academic and practitioner literature



Key lessons from existing intergenerational studies

A Review of Intergenerational Practice in the UK, Dr Granville, January 2002, Centre for Intergenerational Practice (now closed), The Beth Johnson Foundation

The Beth Johnson Foundation operated a Centre for Intergenerational Practice in 2002. As a national charity to support an 'age-friendly' UK it is still engaged in supporting intergenerational practice through its promotion of the Intergenerational Fairness Forum, with current links to Parliament.

However, the Centre for Intergenerational Practice itself is now closed. Dr Gillian Granville published a report that is still available titled, "A review of intergenerational practice in the UK". In the report, Dr Granville assembles information about 60 intergenerational projects running across the UK in 2002.

Granville's work, although now 17 years old, is a useful reference point as the paper links the range of intergenerational programmes across the UK with the social policy agenda at the time. As a result, Dr Granville is able to identify areas of potential impact for those running intergenerational projects. The paper also has some important pieces of advice gleaned from the snapshot taken from the 60 projects of the day.

Key points from the Beth Johnson Foundation's Centre for Intergenerational Practice are summarised below:

- ▶ The term 'intergenerational practice' is loosely defined and there remain different meanings for different researchers. This can make evaluation and policy work more complex, often with the claim one is accidentally comparing apples to oranges.
- ▶ Granville identifies a need for further impact work that goes beyond anecdotal evidence or storytelling that is project specific. "A negative feature identified in the findings was that intergenerational practice relies too much on anecdotal evidence or on evaluating a specific outcome, rather than on the *impact of the intervention* (emphasis mine). There are many assumptions about intergenerational practice that need to be tested."
- ▶ The author warns that "bringing young and old together does not automatically result in positive and beneficial exchange. If not properly facilitated and planned, activities may confirm or exacerbate prejudice" (p.13).
- ▶ Granville's advice was "projects that invested time and thought in initial preparation before bringing groups of young and old people together were more likely to achieve a successful integration and development of positive relationships" (p.13).

The final contribution provided by the Centre's report was the introduction of the concept of social capital as laid out by Putnam (1993) as a lens through which intergenerational programmes and their impact could be better understood. Granville cites Putnam's work and specifically identifies four characteristics of Putnam's social capital theory which are; the existence of community networks, civic participation (participation in these community networks), local identity and a sense of solidarity and equality with other community members, and finally norms of trust and reciprocal help and support (p.24). Granville warns when engaging in multigenerational activity versus intergenerational activity:

One answer is to be clear about what the project aims to achieve and to clarify the role of the in-between age group. In intergenerational projects, the '25 to 50-something' generation has an essential part to play in facilitating the exchange and ensuring that the process is well planned and evaluated. There are examples in this review that have identified the need to ensure that everyone involved in the activity, either directly or indirectly, has some ownership of the process (p.24).

While the Apples and Honey Nightingale project was envisioned as an intervention that brought pre-school aged children and the very old together, in actual fact, the "middle generation" to which Granville refers has played an unexpected and significant role. In the case of Nightingale House, this includes activity co-ordinators who play a crucial role in ensuring intergenerational sessions are delivered well.

Starting Young: Lifelong Lessons from Intergenerational Care and Learning, 2018

Lorraine George began her career in early years as a childminder and now works as a member of the Early Years Advisory Team at Torbay Council. In 2017, Ms George won a Winston Churchill Fellowship to study intergenerational care and learning across the US and UK. Ms George presented her work at the Innovations in Care conference sponsored by Nightingale Hammerson and Goldsmiths College in February 2018. Her research report based on her fellowship was published later in 2018. Ms George is currently working with providers from the private, public and voluntary sectors to bring children into care homes across the region.

The key findings from her research that are relevant for this impact study are outlined here. In her Major Findings section, George reports, “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” (p.5). This is certainly a phenomenon that has been observed regularly within the Nightingale intergenerational programme. It is particularly poignant in sessions with residents who have dementia.

George also notes after her observations of multiple intergenerational settings across the US and UK, “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.” This is also mirrored in our work at Nightingale. The extent of impact generated by an intergenerational session had much more to do with the quality of the intervention rather than the quality of the space where the intervention was held.

Another of George’s key findings is “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” (p.5). In the case of Apples and Honey Nightingale, we do not have a ring-fenced role. However, this is a recommendation that is made as the observations identified a weakness in how the programme is currently designed and delivered.

The Fellowship report also warns, “that while 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” (p.5). Tensions between how this commitment is envisioned, communicated and implemented emerge in the Nightingale case through the stakeholder surveys and follow up interviews. Great interest and enthusiasm exist across all stakeholder groups but there remain questions over the how to best co-design the programme across different groups of professionals (between carers, activity leads, early years teachers, and therapists).

Finally, Ms George concludes, “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” (p.11). The story of the weekly baby and toddler group at Nightingale really exemplifies this point as through that one intervention, literally hundreds of people from the local community have now come into the care home that had never visited before (Somers, 2018).

Nightingale House as a faith-based setting; working with Holocaust survivors in an intergenerational programme

Being around the children has enabled the residents at Nightingale House to remember their own childhood. For many of the residents, they grew up during World War II. Their memories, even if they did not directly experience the Holocaust, are filled with trauma. For those survivors who live in the home, engaging in the intergenerational programme can be complex.

Nightingale House is a Jewish faith-based setting. In intergenerational sessions where there is a faith element, residents have responded strongly. Sometimes it is the re-enactment of a religious ritual that triggers a memory from childhood. This can be celebrating Shabbat weekly or other aspects of the Jewish festival season. Other times, it is singing traditional Hebrew songs that can create the trigger for memory. Therefore, in reviewing the literature to provide context for these research findings, the article by Shmotkin, D.; Shrira, A.; and Goldberg, S; et al (2011) "Resilience and Vulnerability Among Aging Holocaust Survivors and Their Families: An Intergenerational Overview" has been helpful.

The subject of the article does not focus on intergenerational interaction as envisioned in the programme run by Apples and Honey Nightingale at Nightingale House. Nonetheless, some of the findings do shed light on what has been identified by a range of observations.

Two major conclusions are drawn. First, the functioning of these three generations is best characterized by general resilience along with specific vulnerabilities. Thus, although most survivors and their descendants lead normal lives, specific vulnerabilities may appear under adverse situations and are interwoven in the family dynamics. Second, the aging process not only presents increasing challenges to the survivors themselves but also reshapes the intergenerational relations within their families (p.1).

Shmotkin's piece is truly enlightening and fascinating to read and helps describe many of the residents at Nightingale House now. However, extending some of the main themes from the paper to the intergenerational programme, we may see the following occur:

- ▶ Holocaust survivors may experience the loss of a spouse differently to others
- ▶ They may react in unexpected ways towards the nursery children at first
- ▶ Having for the most part successfully compartmentalised their trauma over their lifetime, this may become destabilised over time as they approach their own death

During intergenerational activities that were exclusively held with residents with dementia, the reminiscing some residents engaged in because the presence of the children acted as a trigger for memory was fascinating. For some who were children during the World War II, but remained in Britain, they often began to discuss and process their experience of being a *Jewish* child during that time. In one instance, a female resident began speaking at length of her mixed feelings about attending shul regularly and felt in conflict with whether or not she believed in God. She began recounting her early experiences of Judaism as a very young child which were then suddenly interwoven with her experiences of being a wife and attending her local synagogue. In the current population, whether or not residents were observant Jews on one end or completely secular Jews on the other, *many are actively processing their experiences while spending time with the children.*

Even when there was no religious element to an intergenerational session, residents playing or interacting with the children would often then be transported back to their own childhoods where their experiences of their religion were at the forefront of their minds. Further research into this area

would be beneficial, as what we could not determine in the scope of this project is the extent to which this reminiscing is in any way cathartic, therapeutic, or helpful as residents get closer to the end of their lives.

Key themes emerging from the research into loneliness in elderly care home residents

Age UK published a report “Evidence Review: Loneliness in Later Life” in 2015. The report is an extremely helpful summary of the key dimensions of loneliness experienced by those 65 and above. In the report, the concepts of loneliness and social isolation are more clearly defined. They are identified as related yet different notions.

The authors explain:

Loneliness can be understood as an individual’s personal, subjective sense of lacking desired affection, closeness, and social interaction with others. Although loneliness has a social aspect, it is also defined by an individual’s subjective emotional state. Loneliness is more dependent on the quality than the number of relationships. Social isolation refers to a lack of contact with family or friends, community involvement, or access to services. It is possible to be lonely but not to be socially isolated – research shows that older people in large households and care homes are more likely to report loneliness (Davidson and Rossall, 2015, p.3).

Different loneliness metrics are explained in the report. However, what is relevant for this research and exploring the impact of the intergenerational programme on the well-being of residents at Nightingale House is to understand the *prevalence of loneliness*. By identifying some of the key factors from other research, when reviewing the findings here we can ask to what extent does regular interaction with pre-school aged children serve as an antidote to social isolation and loneliness?

In their 2015 article, “The need for a social revolution in residential care”, the authors Therurer et al explore the effectiveness of activities programmes on alleviating loneliness and depression for those living in care homes through to assisted and retirement villages. The authors argue there is “a long-standing tradition of ‘light’ social events, such as games, trips, and social gatherings, planned and implemented by staff. Although these activities provide enjoyment for some, loneliness and depression persist and lack of resident input perpetuates the stereotypes of residents as passive recipients of care. Residents continue to report lack of meaning in their lives limited opportunities for contribution and frustration with paternalistic communication with staff.”

The authors make the argument that programmes should be put into place that encourage engagement and peer support in order to enable residents to be socially productive and develop a valued social identity. This paper does not envision interaction with pre-school aged children, however, when analysing the impact of the new on-site nursery at Nightingale House, it becomes clear that the new intergenerational programme actually provides the opportunities argued for by these researchers as part of the new social change agenda for care.

In the article “What is your life like now?: Loneliness and elderly individuals residing in nursing homes” Hicks (2000) identifies that loneliness affects cognitive deterioration, increases social isolation and

feelings of hopelessness. Hicks identifies three factors that increase levels of loneliness for residents in elderly care homes; "lack of intimate relationships, increased dependency, and loss". Hicks argues that individualised interventions will enable residents to have greater well-being and thus an improved quality of life.

Interestingly, Hicks makes the case that nurses in these settings are a potentially great agent for change by having the opportunity to directly interact in meaningful ways with residents. Although this study takes place in 2004, as the findings of this research project will show, in many ways the Apples and Honey Nightingale early years teachers have been delivering this new and additional interaction- the role originally envisioned in this article that nurses could potentially take on.

Acknowledging the realities of depression in elderly care home residents

Jongenelis et al (2004) published "Prevalence and risk indicators of depression in elderly nursing home patients: the AGED study" to investigate care home residents as a particular at-risk population for depression. The team assessed prevalence and risk indicators of depression in 333 care home patients across 14 elderly care homes in the Netherlands. They used the Geriatric Depression Scale to assess depressive symptoms, and the researchers distinguished between major and minor depression classifications.

Although a different population than the residents at Nightingale House, it is interesting to note their findings: the percentage of residents classified with depression was 8.1% and 14.1% for major and minor depression respectively. However, the area where there is the most potential for intervention, like the intergenerational programme at Nightingale House, to have an impact on residents is sub-clinical depression, where symptoms of depression are just beginning to show. Jongenelis and team identified that 24% of the residents suffered from sub-clinical depression.

The main conclusion was:

The prevalence of depression in the nursing home population is very high. Whichever way defined, the prevalence rates found were three to four times higher than in the community-dwelling elderly. Age, pain, visual impairment, stroke, functional limitations, negative life events, loneliness, lack of social support and perceived inadequacy of care were found to be risk indicators for depression. Consequently, optimal physical treatment and special attention and focus on psychosocial factors must be major goals in developing care programs for this frail population (Jongenelis, 2004).

Viewed another way, the study identified that 46.2% of care home residents either had depression or presented with depression symptoms, nearly half of the care home population. Due to the limited scope of this research project, it was not possible to measure depressive indicators amongst residents who participated in the intergenerational programme at Nightingale House. However, data from surveys, interviews and observations does indicate that the intervention was successful in improving self-worth and overall levels of happiness amongst participants. A handful of residents explained that the intergenerational programme gave them a reason to live and keep going.

Alleviating depression through the intergenerational programme

One resident was a key champion of the nursery before it was even built on site. Sarah (whose name has been changed to protect her privacy) approached the nursery team to introduce herself and would regularly come down to watch the old maintenance building being converted to a brand new nursery school. When the baby and toddler group began, she was there from the very first day and had coaxed some of her fellow residents to join in with her.

Sarah attended every fund raiser, and rallied the residents to support this new intergenerational programme. Many months in, Sarah was interviewed and asked what her views of the programme were. She was asked if she thought it made any changes to her life or the life of her fellow residents.

The response she provided was much deeper than the question asked. Sarah explained, “I moved here from America, where I had lived for 50 years. I came to Nightingale because my mother was a resident here, and I grew up in the area. My closest living relative is my sister, who is also in England. She said to me- ‘why go into a care home in America where I can never see you? If you go to Nightingale, at least we can visit.’ So I did.

I loved my life in America. My partner passed some time before, and as I grew older, I became less able to look after myself. I was depressed and I really didn’t want to go on. I became worried about leaving my flat in case I should fall. I was in quite a state. My niece came and helped me move from America back to England and straight into Nightingale.

When I arrived I really didn’t want to go on. But then, everyone looked after me well and with the nursery it’s been a whole new lease on life for me. I never had children of my own and it has been a wonderful experience. I have made so many new friends and I love being part of the children’s lives.”

Sarah regularly shares with those involved in the programme just how much it means to her and how it has, in her own words, “lifted my spirits and given me a reason to go on.”

Many of the participants in the programme reported the same level of response.

Potential for the intergenerational programme to be conceived as part of person-centred care

In the age of person-centred care, it is important to provide a brief overview of the key principles of this framework to see how the newly launched intergenerational programme at Nightingale House may be incorporated within it. In the 2010 article “Person-centered care for nursing home residents: The culture-change movement” the following components are identified.

► Figure B. Annotated summary of person-centred care including questions for the emerging intergenerational programme at Nightingale House

<p>Resident direction</p>	<p>Care and all resident-related activities should be directed as much as possible by the resident. Example: residents should be offered choices and make their own decisions about things that personally affect them (what to wear and when to go to bed).</p> <p><i>To what extent should this include whether or not residents participate in intergenerational sessions? Should residents be given more of an opportunity to help decide what activities to do with the children and what role they may be able to play within the sessions?</i></p>
<p>Homelike atmosphere</p>	<p>Practices and structures should be designed to be less institutional and more homelike. Small “households” of ten to fifteen resident would be the organisational unit.</p> <p><i>Does the inclusion of nursery children into the floor areas of Nightingale House help to address this?</i></p>
<p>Close relationships</p>	<p>Relationships between residents, family members, staff, and the community should be close. For example, the same nurse aides would always care for a resident (a practice known as “consistent assignment”), because this appears to increase mutual familiarity and caring.</p> <p><i>To what extent does having the same children participate with the same residents increase opportunities for close relationships to form through the intergenerational programme?</i></p>
<p>Staff empowerment</p>	<p>Work should be organised to support and empower all staff to respond to residents’ needs and desires. For example, teamwork would be encouraged, and additional staff training provided to enhance efficiency and effectiveness.</p> <p><i>General care home staff were all keen to support and participate when intergenerational sessions took place in open communal spaces (such as specific floor lounges). Creating opportunities for staff to be more involved in sessions could help morale and contribute to how well they are delivered.</i></p>

<p>Collaborative decision-making</p>	<p>Management should enable collaborative and decentralised decision making. Flattening of the typical nursing home hierarchy and participatory management systems would be encouraged. Aides would be given decision-making authority. These strategies appear to have positive effects on staff turnover and performance.</p> <p><i>When designing future intergenerational sessions, ensuring input from the widest range of employees would help buy-in at all levels of the care home for the programme.</i></p>
<p>Quality-improvement processes</p>	<p>Systematic processes would be established for continuous quality improvements that would be comprehensive and measurement-based. Culture change would be recognised as far more than offering amenities or making superficial changes. Rather, it would be treated as an ongoing process affecting overall performance and leading to specific, measurable outcomes.</p> <p><i>Because nursery children have to be monitored and evaluated to track their learning and development as part of the EYFS (Statutory Early Years Foundation Stage) their key moments are regularly recorded. When sessions are not working, the nursery team reflects on this. Could this be adapted to include a way to track residents' progress? Leuven well-being scales are a potential area for understanding this.</i></p> <p><i>Activities co-ordinators could adopt a simple recording system, even using tablet technology, to document how residents respond to new types of engagement.</i></p>

Dementia Care Mapping (DCM) as a potential evaluation tool for interpreting observations of intergenerational interaction

Many of the residents at Nightingale House have dementia. Some of the same residents are active and regular participants in the intergenerational programme. Because of this it is useful to refer briefly to dementia care mapping (DCM) as an evaluation framework. DCM is a complex methodology that requires practitioner training. However, for the purposes of this research, some of the key characteristics are outlined below.

Dementia care mapping (DCM) was established by the University of Bradford in the late 1990s. The methodology is based on making observations of residents with dementia and recording behaviour using a system of category codes. While this is an oversimplification of the process, the purpose is to use observations as a means to account for the experience of residents with dementia and ensure up to date information is incorporated into care plans. This is done in order to then improve care plans with specific actions developed by care teams, while receiving the DCM feedback from an observer. With more than 20 years of implementation time in the field, what is relevant for this study is the way in which Mood and Engagement Values are coded within the DCM framework, as these are the elements the intergenerational programme could most greatly affect.

The Mood and Engagement Values within DCM are presented as a scale with the categories shown in the figure below.

► Figure C. (Presentation by: Crossland, J. "Dementia Care Mapping and SOFI- Safeguarding Person Centred Care", Bradford Dementia Group, University of Bradford)

Very happy, buoyant. Very high positive mood. Very absorbed, deeply engrossed/engaged.	+5
Content, happy, relaxed. Considerable positive mood. Concentrating but distractable. Considerable engagement.	+3
Neutral, absence of overt signs of positive or negative mood. Alert and focused on surroundings. Brief or intermittent engagement.	+1
Small signs of negative mood. Withdrawn and out of contact.	-1
Considerable signs of negative mood.	-3
Very distressed. Very great signs of negative mood.	-5

The Mood and Engagement Values Scale is a useful tool against which to compare data gathered through observations of the intergenerational programme.

This aspect of DCM has been particularly useful to incorporate loosely into the observations made of residents with dementia and their interactions with the on-site nursery children. It is interesting to note that during all intergenerational sessions where residents with dementia were present, very rarely did residents display behaviour that would have been rated a -1, or a -3, and a -5 was never observed.

Another aspect of DCM that is useful to reflect on in this study is the way categories of psychological needs are identified and monitored as part of the system. These are comfort, identity, inclusion, love, attachment, and occupation.

The concept of personhood is also a fundamental part of dementia care mapping. Defined by Tom Kitwood (1997): "personhood is a standing or status that is bestowed on one human being, by others, in the context of relationship and social being. It implies recognition, respect and trust... Both the according of personhood, and the failure to do so, have consequences that are empirically testable".

According to DCM, the following values are those that are considered to 'sustain personhood':

Warmth	Empowerment	Acknowledgement	Belonging
Holding	Facilitation	Genuineness	Fun
Relaxed pace	Enabling	Validation	
Acceptance	Collaboration	Respect	
Celebration	Recognition	Including	

The observations of the intergenerational programme demonstrate examples where residents experienced all of the above, with the note that instances of collaboration were rare, and that the relaxed pace value from the table above is mainly achieved at the moment in drama therapy small group sessions. This is a definite area where improvements could be made as the relaxed pace is of huge benefit to many residents, in contrast to the time constraints nursery teachers face to provide opportunities for varied learning and to achieve the education targets set out in the Early Years Foundation Stage.

While the daily intergenerational programme at Nightingale House did not necessarily intend to address some of the objectives above, through this field research it is clear that it is delivering on some of these aspects. Notably, care staff report their delight in participating in activities with the children and having the children on residential floors. By providing a subsidy for nursery places for those staff whose expertise is in demand, the intergenerational programme may be reducing staff turnover.

It was beyond the scope of this study to formally conduct observations of intergenerational sessions using full DCM, especially as not all of the research participants have dementia. However, residents report, in their own words, the significance of the intergenerational programme on the quality of their daily life. As shown above, some have been explicit that the presence of the children gives them a reason to live and to keep going. Others have reported that it has lifted them out of depression. It is interesting to explore these observational findings through a DCM lens. In this way, we can begin to see the potential the intergenerational programme has to positively impact on the lives of residents with dementia. Further application of DCM in this context is certainly something to consider for future study.

Leuven Involvement Scales as a potentially adapted intergenerational evaluation tool

Laevers (2011) presents the Leuven Involvement Scales in “Education more effective through well-being and involvement”. The Centre for Experiential Education at Leuven University has been testing different approaches to measuring the well-being of children as learners. The emphasis is on ‘research on quality at the level of the learner’. There are two process dimensions that are the focus of the scales. First, the emotional well-being of the learner is explored along with the level of involvement of the learner. Well-being in this context refers to the basic needs of the child being satisfied and the extent to which children ‘feel at ease, act spontaneously, show vitality and self-confidence’. Here involvement relates to children demonstrating concentration and focus, and appearing interested and fascinated when they operate at the limits of their capabilities.

Appendix 2

Feedback from nursery and care home staff on intergenerational programme

A survey was prepared and administered to key staff at both Apples and Honey Nightingale CIC and Nightingale House. All of the questions are listed below, with a summary of answers. This helps share what the experience of those engaged on the front line of delivery have encountered and learned over the past 18 months since the nursery first opened on-site.

1) What did you think originally about the idea to set up a nursery school on the premises of the care home?

- ▶ The project is both innovative and visionary and helps to establish wider involvement from the local community.
- ▶ I thought it was a wonderful idea, and was looking forward to working with the children.
- ▶ *I had seen the positive impact on both the children and residents of bringing the two generations together on an occasional basis and was convinced that having a nursery co-located in the care home would make an enormous difference to the quality of life of the residents and would improve the learning outcomes of the children during their time at the nursery.* I thought the children would learn life skills they may not otherwise experience at this age and build relationships they may otherwise not have. At the same time, I could see how much joy and purpose the interactions were giving to the residents, even those who did not appear to be actively engaged. Many of the residents didn't have local family to visit them or didn't have any family at all. Many children didn't have extended family living near-by with whom they could build these intergenerational relationships. Being co-located on-site would build bridges to closer and more fruitful relationships. It was a win-win opportunity.
- ▶ I thought it was a great idea and very exciting to see the children and residents together.
- ▶ Fantastic idea which would benefit both parties. All to win – nothing to lose.
- ▶ It sounded like a very exciting idea and something I would be very interested in being part of.
- ▶ Brilliant concept and it has worked very well.

2) Did you have any concerns before the programme began? If so, what were they? Have your views changed over time?

- ▶ I had no concerns.
- ▶ *I was a little concerned when I found out how young they were! My concern was that such small children would not understand the frailty of the residents, and may trip them up, etc.*
- ▶ My concerns were:
 - ▶ a. Logistics of the programme: How were the children going to get to places? This has not proven to be an issue
 - ▶ b. How do up to 180 residents have the opportunity to engage with the children if they want to?
- ▶ I have believed in the concept from the beginning and my views have only become more positive as the time has gone forward.

- ▶ The benefits are massive: I have seen their communication and language and their PSED outstrip all expectations. The children have opportunities for sustained shared thinking and concentration, their vocabulary is extended and there is increased language usage. Not only do they have to cope with the personal discipline of delayed gratification, they see it modelled daily and show accelerated maturity, resilience and independence. The children learn from and with the residents. They learn about their life experiences and understand the concept of aging as the normal cycle of life. This protects them from the shock of the unknown in the future and helps them to know where they fit in the world in the present. The nursery programme is enriched, giving the children more opportunities for learning and for taking responsibility. Residents have time to listen in a way that many parents and carers don't have. They are also 'uncritical' friends who can give an unconditional love that builds up confidence.
- ▶ I was not concerned but thought there would be many logistical areas we would need to think through and address. Mostly to do with health and safety of both parties eg: active children inadvertently bumping into elderly people with sore legs etc.

3) What benefits, if any, do you feel the intergenerational programme has on the children of the nursery?

- ▶ I would hope that it helps them to feel comfortable around different people.
- ▶ I think that the children can learn from the residents and also they can build new relationships with each other.
- ▶ It is clearly evident that a number of the children have built up their confidence through their relationships with the residents, and it has been a delight to see individuals establishing special friendships.
- ▶ I think the children benefit from having 'great-grandparents' that they may not otherwise have, from having people who are patient and have time to spend with them, and in the long run, being able to make relationships with people of a generation they would normally not have contact with.
- ▶ Anything that is going to open up the children's eyes and give them wider experiences eg being around old people, is a good thing.
- ▶ I love the way our children are so accepting of the elderly. They do not react to wheelchairs, walking frame and even residents that are sleeping are accepted by them.
- ▶ *Having the children around the home has lifted the 'aura' of the home with the sound of chatter, singing, laughter and a new dynamism as the children skip and run around. Many residents' faces' light-up as they see the children and their families around the home and there is quite a buzz. It helps to combat loneliness and a sense of isolation and changes the pace of life in the home.* There is also a renewed sense of purpose among some of the residents. More than one has said that they never expected to be having new experiences at their time of life and now they are holding and bottle-feeding babies, supporting the children in their pre-reading programme, partnering a child to host Shabbat and helping him/her with the blessings, playing memory games, sharing their life stories and listening to those of the children and much more.

4) What benefits, if any, do you feel the intergenerational programme has on the residents of the care home?

- ▶ I see some residents' faces' light up as they see the children. Watching the children takes them out of themselves and brings joy.
- ▶ I feel the residents get a lot of comfort being with the children as it can bring back a lot of good memories of being with their children.
- ▶ The residents benefit from seeing and being with the children, helping them learn, hearing them sing, and watching them play. You only have to watch the residents to see the joy the children bring. Measuring that benefit is more difficult!
- ▶ For at least one resident it has been life changing (her words not mine). For many residents it brings a smile to their faces and makes them focus on people other than themselves and people of their own age group. This I am sure has positive health benefits.
- ▶ *I feel we have brought joy to their lives. People living in care homes tend to feel restricted and by having our children interacting with them on a daily basis can only add to their routine.*
- ▶ It adds another dimension to their day. They are part of something bigger than just a nursery. The interactions with the elderly are very normal for them and they treat them in a very familiar non-judgemental warm, friendly way. At times their moods can sometimes cause them not to interact as we would like but the activities and interactions with the residents can often alter their mood and exceed their/our expectations.

5) What has surprised you the most?

- ▶ The relationship the children and residents have made is amazing.
- ▶ *How these tiny little people don't see an 'old' person; they see their friend 'Fay' or 'Betty' without judgement or prejudice, even though there is a 90-year age gap between them!*
- ▶ How the children have shown so little inhibition around the residents. They just wander around very naturally.
- ▶ The way children accept the elderly without hesitation.
- ▶ How easy and natural the interactions have been and how well the children respond. The staff team at Nightingale have been so welcoming, supportive and kind which helps enormously as their mood improves and this can only benefit the people they are caring for.

6) What hypotheses did you have in the beginning, if any? To what extent have these proven to be correct, incorrect, or different than you expected?

- ▶ I felt that it would be of benefit to both age groups, and I feel that has been proven to be correct.
- ▶ My thoughts were that this would work, and it has.
- ▶ I'm not sure what hypotheses I had in the beginning. I knew it was a great thing to do and that everyone involved would benefit so I guess I didn't see it as a hypothesis. I was really excited at the potential for developing an exciting, stimulating and cohesive programme that would be meaningful and developmentally and cognitively appropriate for all involved and it has been

interesting and challenging and will continue to be so as there is so much more we can do. I had hoped that the presence of a nursery on-site and the subsidised child care for care staff would improve the recruitment and retention of high-quality care staff for the home. I hope it has. I guess I had expected it to be easier to raise money to support the programme and that continues to be a challenge.

- ▶ *I came to this with a very open mind not really knowing whether I could or should do it but have found it to be amazingly worthwhile and rewarding.*

7) Where do you think the intergenerational programme will be in five years' time?

- ▶ Hopefully as it is now.
- ▶ Hopefully in five years' time, it will be more natural; we will be so used to being and working together, we won't think about when they weren't here!
- ▶ Very well established with a more tried and tested approach to the content of sessions and timings of sessions. Better understanding of the impact of particular sessions with particular residents (residents living with dementia, residents with physical challenges, residents with no cognitive impairment). More complete cross section children across age groups meaning that activities can better be suited to the abilities of particular children.
- ▶ *In 5 years, I hope the programme will still be developing and not be static but be built on a stronger foundation of evidence of what is most beneficial for both age groups.* I hope we shall have written up a model of the programme as a manual of excellence for others to learn from and we shall still be sharing our practice. Staff from both the nursery and the care home will have basic training in the needs of the other's clients such as care staff will have a basic understanding of the Early Years Foundation Stage and what the learning objectives of the nursery staff are for their children. On the other side, nursery staff will be more cognisant and understanding of the impact of dementia and other conditions on the residents.
- ▶ I think it will continue to grow and develop as we work out what works best for each cohort of children and the residents/staff/teachers they are interacting with.

8) What have you learned the most so far?

- ▶ That planning is the key to working.
- ▶ Don't have too many children in any particular session.
- ▶ Don't run the sessions for too long.
- ▶ The importance of having a shared vision, having good communication, agreed channels of responsibility and clarity of roles. To take risks and not be limited by other people's anxieties over the interactions.
- ▶ When it does not work to view it from the child's perspective and from the residents and think how could we do it better.
- ▶ *We often have very similar expectations of both our pupils and the residents. Love and empathy are the way forward no matter what we do. Having a great sense of humour is key.*

9) What advice would give to others setting up similar initiatives?

- ▶ Build integrated spaces and to share more social time.
- ▶ Think about each session, what you want to achieve in that session, the environment, and the placing of children and residents. Think about the correct chairs and tables to allow both residents and children to be comfortable and at the same height, able to hear and see each other, and having a suitable activity and time to let relationships evolve naturally.
- ▶ *Be natural and often unexpected surprises crop up when you least expect them. We often have lunches together and communication between residents and children are thought provoking. Do not forget to ask residents what they enjoy and give them open invitations to join the group.*
- ▶ Make sure you have a strong team, a shared vision, enough funding and have prepared the ground work in advance, for example contacting all the authorities that are involved so you have all the permits etc you need. Have good marketing. One of the best things we did was to start the baby and toddler group nine months before opening so we were already known in the locality.
- ▶ Start small and allow the staff team to witness the benefits and build up gradually.

10) What are you most proud of?

- ▶ The residents and the children bonding.
- ▶ The end of Term Winter Event 2018 – There was a real sense of collaboration in all of the planning and I think that the quality of the input from the Nursery Team was excellent. This also provided a platform for various different teachers to share their skills. The residents, volunteers and parents gave excellent feedback.
- ▶ I have particularly enjoyed building up meaningful relationships with a number of the children through the impromptu visits to the Nursery to sit, chat and eat with the children.
- ▶ *I'm proud that I've been able to successfully plan and run sessions which both generations have enjoyed and benefitted from.*
- ▶ Loads to learn, change and develop but it's happening! It's innovative and a beacon to others.
- ▶ All the things that have worked so well and being part of this.
- ▶ The relationships that have grown between the children and the residents. The ownership and commitment that has developed among staff on both sites. The rich variety of meaningful experiences we are providing. The joy and happiness I see daily.
- ▶ The way the children have grown in understanding, patience, concentration and their ability to play and be imaginative and creative.

11) What do you perceive the changes to be (if any) on the care home since the opening of the nursery on-site?

- ▶ It seems like a happier place to me – a lot more smiles!
- ▶ *The very fact that you hear and see happy little people wandering around the site daily. Lovely to witness. It is "normal" part of the daily routine not something special that happens once in a blue moon.*

- ▶ There is a new vibrancy in the home. It feels more like a community rather than a care home with all the different age groups coming on-site regularly.
- ▶ The care staff are now involved in the programme, which didn't happen before, and they are contributing ideas and their observations to enhance the programme.
- ▶ To begin with I think people in the home may have been doubtful/suspicious/unsure of what we were doing there but now they all seem to greet us very merrily and engage readily in conversations and banter with the children and nursery staff.

12) Who do you think benefits most from the intergenerational programme and why?

- ▶ Both the children and the residents benefit.
- ▶ I think it has an impact on everyone. *The presence of the children on-site creates a community involving a lot of people who make it work including chefs, gardening, handymen, builders, parents, nightingale staff who are parents, carers, reception, cleaners etc. This brings a vitality, purpose and life to the whole endeavour which seems to have a knock-on effect to the home.*
- ▶ Just feel very privileged to part of it and praise the efforts of all those people who have shared a vision and put their energy into making it work.

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