

# Northumbria Research Link

Citation: Cook, Glenda and Bailey, Cathy (2013) Older Care Home Residents' Views of Intergenerational Practice. *Journal of Intergenerational Relationships*, 11 (4). pp. 410-424. ISSN 1535-0770

Published by: Taylor & Francis

URL: <http://dx.doi.org/10.1080/15350770.2013.837802>  
<<http://dx.doi.org/10.1080/15350770.2013.837802>>

This version was downloaded from Northumbria Research Link:  
<http://nrl.northumbria.ac.uk/16900/>

Northumbria University has developed Northumbria Research Link (NRL) to enable users to access the University's research output. Copyright © and moral rights for items on NRL are retained by the individual author(s) and/or other copyright owners. Single copies of full items can be reproduced, displayed or performed, and given to third parties in any format or medium for personal research or study, educational, or not-for-profit purposes without prior permission or charge, provided the authors, title and full bibliographic details are given, as well as a hyperlink and/or URL to the original metadata page. The content must not be changed in any way. Full items must not be sold commercially in any format or medium without formal permission of the copyright holder. The full policy is available online: <http://nrl.northumbria.ac.uk/policies.html>

This document may differ from the final, published version of the research and has been made available online in accordance with publisher policies. To read and/or cite from the published version of the research, please visit the publisher's website (a subscription may be required.)

[www.northumbria.ac.uk/nrl](http://www.northumbria.ac.uk/nrl)



## **Older care home residents views of intergenerational practice**

Professor Glenda Cook, University of Northumbria, Dr Catherine Bailey, University of Northumbria

### **Address for correspondence:**

Professor Glenda Cook

School of Health, Community & Education Studies

Room H013

Coach Lane Campus East

Northumbria University

Newcastle upon Tyne NE7 7XA

tel: 0191 215 6117

email: [glenda.cook@northumbria.ac.uk](mailto:glenda.cook@northumbria.ac.uk)

(e-mail can be published)

## **Acknowledgements**

The authors would like to thank all the older people who participated in the study. Their contribution to group and individual discussions enabled us to gain insight to intergenerational practices in care homes. We also acknowledge the support of care home staff for co-ordinating the discussions.

## **Abstract**

**Background:** Internationally there is growing interest in strengthening intergenerational connectivity, through supporting organised intergenerational practices (IP). IP policy and practice has mainly focused on independent older people. IP needs to also include those with high support needs, some of whom may live in care homes.

**Objective:** This small UK qualitative study aimed to explore care home residents' views of the connections that they have and would like, with younger generations. Ways of further developing IP in care homes were also considered.

**Design:** To enable the views of older care home residents to be elicited, a qualitative research design was adopted.

**Methods:** Three care homes were recruited from the UK *My Home Life NorthEast* care home practice development network. Sixteen residents participated in either focus groups (n=2) or individual interviews (n=6). The data were analysed using a thematic analysis.

**Results:** Care home residents spoke of continuing to have intergenerational connections to and with family members and; the need for such contact to adapt to mobility, sensory, communication or cognitive changes and the challenges of contact taking place in a communal living setting. Non family IP was welcome as long as it was guided, time limited

and purposeful; drawing on and providing a mutual exchange of lifelong skills, but also opening opportunities for acquiring new skills.

**Conclusion:** The findings suggest that older residents value their intergenerational connections and wish to maintain and develop opportunities for IP.

**Relevance to Practice:** Care home managers, staff and residents need to work together to implement meaningful IP that positively impacts on care home residents' quality of life.

**Key words:** intergenerational connectivity, intergenerational practice, social inclusion, resident's views, qualitative study

## **Older care home residents views of intergenerational practice**

### **INTRODUCTION**

A body of international research suggests that positive intergenerational interaction has health and social benefits. These include improved mental well-being amongst the oldest old, (Grundy et al 2007); reciprocal generational exchange of life skills and knowledge (Hatton-Yeo 2008; Sanchez 2008); tackling ageism across generations (Abrams, Eller and Bryant 2006); older people transferring moral codes and social norms to younger people; creating and sustaining intergenerational solidarity and transmitting culture and history within and between generations (Bales et al. 2000; Generations United, 2002; Merz, Schuengel and Schulze 2007).

However across western societies there are societal and economic trends that are having a negative impact on intergenerational connections. For example, there are an increasing number of older people when the number of young people is decreasing (Harper, 2006).

Deepening economic recessions are leading to relocation for employment and this decreases regular contact between young and older family members (Weber and Sultana, 2007). Also age segregated activities and living arrangements can reduce contact between generations (Granville, 2002; Hagestad and Uhlenberg, 2005; Lloyd, 2008). The latter is particularly prominent in the context of care homes where residents' contact with younger generations is largely limited to family and care staff.

To counter the erosion of intergenerational contact, there is growing interest internationally in intergenerational practices (IP) that foster interaction between older and younger members of society (United Nations, 2002). This is particularly important in care homes where it has been

identified that residents can feel disconnected from wider society (World Health Organisation 2002). IP that is being implemented in care homes tends to be organised by care and activity staff, thus one generation suggesting activities for another. There could be differences in what care/activity staff and residents view as acceptable IP activity. Hence this study sought to explore residents' views about IP to inform the development of IP from the perspective of older residents. Whilst there are various definitions of IP we adopted the following in our study to provide a focus for the discussions that we held with older care home residents: "IP aims to bring people together in purposeful, mutually beneficial activities which promote greater understanding and respect between generations [. . .] IP is inclusive, building on the positive resources that the young and old have to offer each other and those around them." (Beth Johnson Foundation, 2001).

In this article we report on a small UK study that provides insights into the views of care home residents on their experiences and expectations of IP. We discuss the implications of our findings and suggest ways in which staff and residents might work together to implement IP. Firstly and to offer context, we draw on international literature to consider how IP activity is being initiated in care homes.

### **Intergenerational connectivity and practices in care homes**

Within the care home sector intergenerational connectivity is mostly in the form of family visiting. There is considerable evidence that older residents wish to maintain contact with their families (Mann 2007; Rae 2009). Yet in this environment interaction between the older person and their family changes and they may no longer have opportunities to make useful and purposeful contribution to the lives of their children, grandchildren and great-

grandchildren. The unique across-generation sharing of family wisdom, continuity of the family, nurturing and mentoring (Bengston 2001; Mann 2007; Young and Wilmott 1961) can be lost if these relationships are not adjusted.

Valued activities between grandparent and grandchildren include home recreational activities such as reading stories and playing games; being a confidante; being a family anchor by transferring family values and history and being a reservoir of family wisdom (Harper 2005; Mann 2007; Robertson 1977). These can take place in care homes but all too often this is with adult children rather than grandchildren. Staff can support relationships with grandchildren by ensuring that visits are opportunities for intergenerational interaction. For example, grandchildren and grandparents have been encouraged to develop together family pictorial and narrative story books that can preserve the family's history and can be used as a life-story underpinning care-planning processes (Cook and Clarke 2010).

Whilst maintaining contact with family is pivotal to between generational understanding and continuity, non-kin IP has developed albeit at different rates within different countries.

Within the US, shared site intergenerational programmes have been running since at least the late 1970s, with for example, child care centres being co-located within nursing homes (Goyer & Zuses, 1998; Holmes 2009; Kaplan and Larkin 2004). Brownell (2008) described how high school students and care home residents living with dementia, participated in an organised arts programme. This experience improved the students' attitudes to working with older people with dementia, and may have positively impacted on residents' sense of isolation and displays of passive behaviour. Positive benefits of improved engagement

among frail older residents through children visiting nursing home residents to share activities have also been reported by Jarrott and Smith (2011).

From the 1990s and particularly following the 1993 European year of solidarity between generations (McInerney 1993) IP has increased within Europe (Sanchez et al 2007) and this has included care home based activities. For example, within Amtzell, a village in Germany, a feature of the municipal 'generation village' building programme was the building of a kindergarden next to a care home. This enabled regular contact between individuals in both facilities (Bardey 2007). In the Faroe Islands of Norway and Iceland, an intergenerational project '*To bridge the gap between generations*' involves pre-school, elementary school children and college students fostering long term relationships with residents in nursing homes and older people attending day-care centres. Sharing of life stories, language and culture was central to the IP process between the older and younger people involved in this project (Hansen 2011).

In the UK voluntary and community based organisations such as EQUAL ARTS in the North East (<http://www.equalarts.org.uk/>) and 'Magic Me' ([www.magicme.co.uk](http://www.magicme.co.uk)), a UK London based organisation, have developed care home based, intergenerational arts and social programmes. These aim to bring younger and older adults together to draw on and exchange existing skills or learn new ones. Also activities co-ordinators in UK care homes increasingly attempt to co-ordinate intergenerational activities that range from everyday activities such as gardening or singing or baking, to the occasional, such as attending a performance or dining out. This emphasis of IP in care homes contrasts with the national '*Generations Together*,' demonstrator initiative that had an emphasis on intergenerational activities with community dwelling older people (Department for Children Schools and Families 2009; Crowther and

Merrill 2011). The emphasis of IP on community dwelling older people in national UK programme reflects the reporting of what seems to be little care home, organised intergenerational activity in the EAGLE, 2006-2008 'European Approaches to Inter-Generational Lifelong Learning' programme. This assessed intergenerational activity and lifelong learning across six European countries including Germany, UK, Romania, Finland, Italy and Greece (Fischer 2008).

Whilst this brief overview of the development of IP suggests that there is international interest in fostering organised opportunities for IP, a focus on IP in care homes remains underdeveloped. The World Health Organisation (2002) recognises that care home residents are segregated from their communities and this may detract from their quality of life. IP is therefore being implemented in the care home sector as a way of addressing social inclusion. Much of what is being implemented tends to be organised by care and activity staff. This may be acceptable to older residents and address their aspirations, however this is currently unknown. Hence this study sought to explore residents' views about IP to inform the development of IP within the care home sector from the perspective of older residents.

## **METHODOLOGY**

### **Research Design**

A qualitative research design was adopted to enable the views of older residents to be elicited. As there was an explicit attempt to include residents with a range of problems such as communication and sensory problems (Cattan *et al* 2010; Tolson, Swan and Knussen 2002), the design was planned to be responsive to the needs of participants to enable them to take part. This led to different data collection methods being adopted. Such sensitivity and responsiveness to the needs of participants has been used in many areas including: explorations of well-being (Nussbaum 2000), health policy and quality of life (Cummins

1996) and gerontology (Bailey, King, Dromey and Wynne 2010; Leamy and Clough 2001; Older People's Steering Group 2004; Reed, Weiner and Cook 2004).

### **Research setting**

Three care homes were recruited from the UK *My Home Life* NorthEast care home network. This encompasses over 110 care homes and undertakes research and practice development initiatives that aim to enhance residents' quality of life (Cook and Clarke 2010; Cook 2010). The following process was adopted to gain access to these research sites. After ethical approval had been obtained from the university ethics committee, all care homes in the network were sent an e-mail (using the network database) inviting them to participate. Ten managers responded indicating their willingness to participate and three homes were selected using a sampling matrix to ensure that a diverse sample of participating homes was recruited (Reed, Procter and Murray 1996). These had wide ranging registration status (residential, nursing and residential EMI); urban and rural location; individual proprietor and company management structure and willingness of residents to participate.

### **Sample and data collection**

Two focus groups (one with five women and one with four women and one man) and six individual interviews (two men and four women) were held. The participants' ages ranged from 56 – 98 years. They had various personal and health problems including limited mobility, communication difficulties, and visual or hearing impairment, and cognitive problems. Within the first focus group in a home with residential EMI registration status, it was difficult to instigate a group discussion and participants preferred being approached on a one to one basis. There were issues to do with attention span and concentration.

The participants were asked about activities past and present with family members, contact with non-kin, their likes and dislikes regarding activities, and their own ideas for intergenerational contact and interaction. At the beginning of the interview, informed consent was addressed. The interviews and focus group discussions were held in public lounges, and the duration varied from brief discussions of 10 minutes up to an hour. Interviews and focus group discussions were audio-recorded. Participants were assured that their contributions would be anonymised, although direct quotations would be used in reporting the findings. Whilst this study focused on the views of care home residents in the data collection, notes were taken to capture discussions that the researchers had with care home managers and activity coordinators in order to provide the wider context of existing activities in the participating care homes.

## **Analysis**

The audio recordings were transcribed and thematic analysis undertaken. The transcripts were initially read to identify and code the topics, issues and examples of IP that the participants discussed. As analysis progressed, the codes were reviewed, extended and grouped. This led to the development of themes (Fereday and Muir-Cochrane 2006; Thorne 2000). The themes were reported back to the participants from one of the care homes through a group discussion. This provided ‘member checking’ in terms of ensuring that the care home residents contributed to data generation and subsequent interpretation.

## **FINDINGS**

The term IP was not mentioned at all by our participants. This is not surprising because it is a term that denotes a form of practice, and is derived from a professional perspective. Yet all of the participants readily discussed the contact that they had with younger generations whilst

living in a care home. Their ideas and experiences of IP are initially presented through a discussion of intergenerational initiatives in care homes. This is followed by discussion of the following themes: Connection to and Continuity with Family, IP – Interaction with a purpose, and Challenges of implementing IP.

### **Intergenerational initiatives and perceived benefits IP in care homes**

All of the participants indicated that they had participated in intergenerational activities within the care home. Everyone spoke of what they did with their family and how important keeping in touch with family was to their quality of life. These interactions are explored in the following section. They also valued contact with non-kin. The initial topic discussed by all participants was visits from local schools. For example, leading up to Christmas, children had visited from a local primary school and sang traditional and modern carols. Though this was enjoyable, the participants indicated that they valued interacting with the children after the performance. They had been asked to describe their experiences of Christmas when they were young – in some cases this was as long as 80 years ago. Miss A marvelled at their interest:

*“They kept asking questions and were amazed at the fact that fruit could be a gift and a gift that was treasured. Things are so different now.”*

In other situations visits were arranged to enable children to address aspects of the curriculum. In one home a visit had focused on old currency as part of studying history. Mrs N described how the children were intrigued by the descriptions of the coinage and the difficulties that they had in understanding a non decimalised system. In other home schoolchildren participated in arts and crafts with residents as described by Mrs L:

*“We’ve had teenagers from the local school. They are lovely, just lovely. They come in and file our nails. It’s brilliant I think it’s brilliant because it keeps us on our toes because they talk about fashion.”*

The participants enjoyed interacting with young people and were pleased that they were able to contribute to their education. One home provided work placement for 16-18 year old college students who were studying for a diploma in health and social care. They did not do “anything of a personal nature,” suggested Mrs L and they helped participants to “create my life book”. There were computers in this particular home and these students also helped residents to use the equipment to contact family and friends through Skype and e-mail.

Themed events such as the “Valentine’s meal that we held in the home” and “St Patrick’s Day celebration” and fayres provided opportunities for the participants to meet with adults from the wider community. In some homes the ideas for these types of events were generated from the residents’ committee and in others they were planned by staff. For example the activities co-ordinator in one home was keen to enable the residents to take part in the national election. Miss A commented:

*“Well all the party representatives were invited to the home. Some sat with us and talked about their ideas. Others kept a distance. Who do you think got our vote? It was good that we were able to vote, it was always important for me.”*

A further example was the visit from representatives of a local supermarket:

*“They brought fruit samples to try, different fruit. That was good, something different.”*

Participant discussions highlighted the diverse approaches that were taken with respect to IP in care homes. They valued the opportunity to interact with people from different generations and expressed the desire to contribute to the lives of younger generations. Initiatives that enabled residents to make a contribution were preferred. Ms B summed this up when she said *“it is good to feel that I have done something worth doing.”* Other perceived benefits included using old and developing new skills, opportunity for meaningful social interaction, and staying connected with the local community. In some situations taking part in intergenerational initiatives was challenging and required careful planning, hence this is addressed in a later section.

### **Connection to and continuity with family**

Sustaining continuity of lifelong identity through family generational relations, particularly in the face of managing impairment was raised. To illustrate we draw on Mrs Y:

Mrs Y is in her mid 60s, a wheel chair user who five years previously, had suffered a debilitating stroke: *“If I could just stand, just stand mind”*; *“This side’s dead, it’s so frustrating.”* She spoke of a son and daughter and more extended family, who visited most days. For Mrs Y, having family living locally meant that she could also visit them, particularly on a Sunday when she might share a meal; *“He’s [?] a good cook and I get to choose what I want like pork with really good crackling.”*

Mrs Y enjoyed regular contact with her five grandchildren (4-18 years) and reflected on her continued role as a grandparent: *“Me granddaughter’s 18 and grandson 17 and they visit as often as they can and they keep me young.”*

A grand parenting role included acting as confidant, guide and mentor that gave significance to Mrs Y's pivotal role in supporting younger generations, particularly in the face of the death of the grandfather:

*"I said to our J no matter what happens or how terrible it is, you come and see your Grandma she'll sort it [upset here] never be worried, come and see me."*

Mrs Y also illustrated the importance of continuing physical intimacy with young grandchildren:

*"In my old house we use to sit on the settee cuddled up together." [ . . . ] "In here if they [the grandchildren] come, usually just fly in and fling himself in me arms and I go backwards and he says "oh sorry grandma" and I say "it's all right darling" and I just get a cuddle off him"*

When asked if there was a private space in the care home where Mrs Y might receive her grandchildren:

*"Well we've got a big lounge and we just go in there or in the bedroom, if we need to talk with out any one being there."*

Other participants also illustrated how keeping in touch with family affirmed a sense of self, particularly following a move to a care home where newer relationships such as those with care staff and other residents, may only have knowledge of the older and more frail self.

Keeping in touch with family was not without its difficulties. For Mrs M, geographical distance was a barrier. When asked about visits from children, grandchildren and great grandchildren: *“mine don’t come very often, they come from a long way.”* Much planning went into visits by remote family members to ensure that they occurred as frequently as possible. The anticipation of these visits and knowing that they would meet with their family contributed positively to the participants’ satisfaction with their life.

Contact between generations was limited for some participants. Miss A, now in her 90s had not had children and she spoke fondly of the times that she had spent with her nephews and nieces. However, now *“the nieces and nephews have long grown up”* and she has little contact with them. As well as losing contact with extended family members, the participants highlighted that one of the features of living to an advanced old age was witnessing the passing of your own and the next generation in one’s family,

*“. . . at my age, I have seen them all go. There is no-one left in my family apart from me.”*

(Miss A)

### **IP – Interaction with a purpose**

The participants emphasised the need for IP to be purposeful and meaningful. Within a focus group, Miss A spoke of a visit from a school that did not seem to have a focus: *“The children came from the school but they didn’t see us doing anything. I was worried they were bored.”*

With others in the group this led to a discussion about purposeful activity:

Ms C *We do have young people who come in and entertain us. We enjoy it*

Miss A *We also have quizzes. We enjoy that. It helps keep the brain active.*

Ms C *The children wanted to know about the olden days, what we did when we were young.*

During this discussion, another participant reflected on doing something worthwhile for younger people:

Ms B *I know one place I was at and the children used to love to come and would wander around the place and they would look at the pictures and everything and then, when they were going home, they said “thank you, we’ve enjoyed it”, you know, And you thought, ‘well I’ve done something worth doing.’*

There was some agreement from other discussants:

Ms C *The children were coming in from the big school asking questions what we were like when we were children. We had two young ladies from the school last week*

Miss A *They didn’t want to go home*

Ms C *I think it was these two young girls, they were coming for work experience which a lot of children do. They were asking questions and*

*they took part in the arts and crafts. That was really good and we could tell them about what it was like to work for your living. . . . .*

In this case, IP with non-family younger generations may be valued for providing an opportunity to share lived experiences and to exchange generational differences that shaped these experiences. As Ms C alluded to, work experience in the 1930s and 1940s is likely to have been very different from contemporary times. It may also enable younger people to ‘see’ beyond what may be a frailer older person, to someone who has lived a rich and varied life.

The participants expressed their views about forming new groups, intergenerational or otherwise and how getting involved needs commitment and an interest in the first place. Ms B spoke of her love of gardening:

*“I used to like sitting in my own garden, yes I love gardening .I had a beautiful garden. I only hope whoever’s got it now, they’re looking after it. “*

When asked if she would enjoy sharing this skill with younger and older people, she suggested that although this may prove enjoyable, it may also be challenging when some participants’ enthusiasm may wane, leaving others to ‘*pick up the pieces*’. This suggests that IP might provide a platform for drawing on existing skills to develop ‘new’ activities within the care home. Mrs Y, introduced above, also illustrated how such development may be a connection to past home life. When asked about IP activities that she might like to explore:

*“Get some planters and grow things in a planter. I got three carrot seeds for (small granddaughter) and her Granda had shown her how to plant them and they’d grow ginormous and she just pulls them out of the ground and she eats them and she just loves gardening and it’s a wonderful thing. So when she gets older she’s always being able to keep her garden nice.”*

Within another focus group, three participants talked enthusiastically about acquiring new skills:

Ms B *We have an activities coordinator who teaches us arts and crafts*

Miss A *She teaches us painting*

Ms C *I like painting and knitting. Things I’ve never, ever done in me life. I enjoy it yes.*

### **Challenges of implementing intergenerational initiatives**

Whilst all the participants valued the opportunity to meet with people from younger generations, they varied considerably in what they considered to be a good experience. Mrs M stated she enjoyed her family visiting the home, and interacting with adult visitors yet was anxious when it was suggested that young people from the local college would participate in activities in the home. Another person stated that *‘it isn’t every grown up that likes children.’* In contrast Mrs Y welcomed the opportunity to spend time with young people. She recounted positive experiences of talking about her life

*“We lived near Belsen, near where they sorted people for the concentration camps and I think they (the young people visiting), that was new to them. They wanted to know so much about me and my life.”*

Residents have different likes and dislikes, experiences and expectations. Some participants highlighted their concern that they did not want to *'bore'* young visitors. These older residents were exercised by their desire to interact with younger generations, suggesting that the type of intergenerational activity needed to take into account the preferences of the older person. This did not always happen with the consequence that the outcome was a negative experience for the resident. They suggested that participation in intergenerational activities required careful planning and there should be opportunities for residents to interact with younger generations in different ways.

Many of the participants also highlighted the difficulties they experienced when participating in activities. Communication, sensory and mobility problems limited what they could do and how they interacted with other people. They were concerned that young people (particularly children and teenagers) would not understand their problems nor have the skill to accommodate for their difficulties. They suggested that the involvement of very young people should be supported by adults who were sensitive and responsive to the needs of residents.

## **Discussion**

Our findings from this small scale study suggest that from the perspectives of the participating older people, they value their intergenerational connections and wish to maintain and develop opportunities for IP. The participants also highlighted that this can be difficult. In the wider literature, challenges from the staff perspective have also been identified including lack of intergenerational experience and staff attitudes toward intergenerational contact (Hayes, 2003; Middlecamp and Gross, 2002 Salari, 2002).

IP can provide opportunities for social interaction with people who do not live in the care home. This is so important in addressing the social isolation and loneliness that residents can experience (Hubbard, Tester and Downs 2004; McKee, Harrison and Lee 1999). When taking part in IP they were able to use existing skills and develop new ones. Residents were able to engage in meaningful activities rather than experience the boredom of sitting around all day being busy doing nothing which has been widely reported in previous research (Cook and Stanley 2009; Harper-Ice 2002 ). This suggests that having the opportunity to participate in intergenerational initiatives has benefits for residents that are similar to those reported for older people who continue to live independently in their own communities (Lloyd 2008; Mann 2007; Martin, Springate, and Atkinson, 2009).

A few participants indicated that they preferred just having contact with their family. They acknowledged the impact that the move to a care home had on family relations with younger generations. This was expressed both in terms of person and environment physicality: Mrs Y's intimacy with her grandchild continued beyond the transition to the more communal space of a care home, but now from within the confines of a bedroom. This required careful planning and support of staff to ensure that she was prepared for visits and was enabled to meet with her family in the circumstances that she chose. Being supported to make and carry out these types of decisions was important to our participants. In a life where opportunities for decision making are reduced, the older person's autonomy can be threatened (Boyle 2008). When residents are involved in decisions about options and their preferences for intergenerational activities within the home, their autonomy, with respect to making and acting on their choices, can be upheld (Collopy 1988). It is therefore important to involve residents in decisions about IP. This will ensure that the activities that take place in the home

meet the residents' preferences and takes account of intergenerational experience within the participating population (Hayes, 2003; Perrin, 2005).

Those individuals that wanted to participate in purposeful and organised activity with younger people outside of their family indicated that short-term rather than nurturing longer term relationships was preferable. They enjoyed a range of focused experiences and activities. Their description of purposeful initiatives often encompassed everyday activities such as gardening or filing nails, which in turn, might provide an opportunity for sharing news and views on common interests. This echoes findings from intergenerational initiatives such the 'Generations Together' programme and 'Magic Me' ([www.magicme.co.uk](http://www.magicme.co.uk)). IP is about individuals getting on together with everyday tasks and this can lead to natural conversation between the generations (Lloyd, 2008; Crowther and Merrill, 2011). Perhaps this is why most of the residents expressed a preference for organised activities with a clear purpose rather than unstructured visits.

In conclusion this study's findings suggest that residents desire to work with care home managers and staff to implement meaningful IP that can positively impact on their quality of life. Through building on existing international opportunities and initiatives for intergenerational connectivity in a way that is grounded in the older resident's views about what is desirable the contribution of older people to society can be sustained (Brownell 2008; Hansen 2011; Jarrott and Smith 2011). This includes developing residents' role in planning IP with family members. Furthermore the findings suggest that contact with non-family younger generations needs to be purposeful, to draw on and provide mutual exchange of lifelong skills, but also to open opportunities for acquiring new skills and sharing, learning and understanding each others' life journey. Providing information about intergenerational

activities, as well as providing time to deliberate, enables residents to make informed choices about participation. Individual desires and needs should also be addressed. In terms of the latter, the needs of care home residents, including high support needs should not be a barrier to meaningful, inclusive and engaged intergenerational connectivity. In this way IP activities in care homes are likely to foster mutual and sustaining, positive intergenerational relations.

### **Implications for Practice**

- Older residents wish to maintain intergenerational connectivity and this requires co-ordination and support.
- Intergenerational initiatives can foster and sustain an exchange of life skills and experiences, giving older people a sense of purpose
- Care home residents are part of wider communities and intergenerational practice can strengthen this connection
- Care home managers and staff have a key role in working with care home residents to implement a meaningful intergenerational agenda in the care home. For this to be successful, skills development is necessary to enable those working with residents to prevent physical, communication and cognitive changes, becoming barriers to participation.

Word count: 4990

## REFERENCES

Abrams D, Eller A, Bryant J. (2006) An Age Apart: The Effects of Intergenerational Contact and Stereotype Threat on Performance and Intergroup Bias *Psychology and Aging* (21) 4: 691-702.

Bailey C, King K, Dromey B, Wynne C. (2010) Fear of falling and older adult peer production of audio-visual discussion material. *Educational Gerontology*, 36:781-797.

Bales S, Eklund S J and Siffin C. F. (2000). Children's perceptions of elders before and after a school-based intergenerational program. *Educational Gerontology* 26(7): 677-689.

Bardey A. (2007) The Ageing Society at <http://www.goethe.de>.  
(accessed 29/12/2011).

Bengston V. (2001) Beyond the nuclear family: the increasing importance of multigenerational bonds. *Journal of Marriage and Family* 63(1):1-16.

Beth Johnson Foundation (2001) Definition of Intergenerational Practice, Beth Johnson Foundation  
April, 2001 <http://www.centreforip.org.uk/> (accessed 18/10/2011).

Boyle G. (2008) Autonomy in long-term care: a need, a right or a luxury? *Disability and Society* 23: 299-310.

Brownell C. (2008) An intergenerational art program as a means to decrease passive behaviors in patients with dementia *American Journal of Recreation Therapy* 7 (3): 5-12.

Cattan M, Hughes S, Giuntoli G, Kime N, Fylan F. (2010) *The needs of frail older people with sight loss*. London: Thomas Pocklington Trust.

Collopy B J. (1988) Autonomy in long term care: Some crucial distinctions. *Gerontologist*, 28:10-17.

Cook G. (2010) How quality of life can be supported through positive social relationships. *Nursing and Residential Care*, 12(5):1-3.

Cook G, Stanley D. (2009) Quality of life in care homes: messages from the voices of older people. *Journal of Care Management Services*, 3(4):391-407.

Cook G, Clarke C. (2010) A framework to support social interaction in care homes. *Nursing Older People*, 22(3):16-21.

Crowther K, Merrill K. (2011) *Evaluation of the Generations Together Programme: Learning So Far*. London: Department for Education.

Cummins R. (1996) Objective and subjective quality of life: an interactive model. *Social Indicators Research*, 52(1).

Department for Children Schools and Families (2009) £5.5 million fund allocated across 12 projects to help close widening generation gap through volunteering. Press release. 2009.

Available:

[http://www.dcsf.gov.uk/pns/DisplayPN.cgi?pn\\_id=2009\\_0140](http://www.dcsf.gov.uk/pns/DisplayPN.cgi?pn_id=2009_0140) [10 February, 2010].

Fereday J, Muir-Cochrane E. (2006) Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods*, 5(1):1-11.

Fischer T. (Editor) (2008) *Intergenerational Learning in Europe – Policies, Programmes & Practical Guidance – EAGLE, Final Report*, Institute for Innovation in Learning (FIM-New Learning): University of Erlangen-Nuremberg.

Generations United (2002) *Young and Old Serving Together: Meeting Community Needs Through Intergenerational Partnerships*. Washington DC.

Goyer A, Zuses, R. (1998). *Intergenerational shared site project: A study of co-located programs and services for children, youth, and older adults. Final report*. Washington, DC: AARP.

Granville G. (2002) *A Review of Intergenerational Practice in the UK*. Stoke-on-Trent: Centre for Intergenerational Practice.

Grundy E. et al. (2007) *Successful Ageing and Social Interaction*, International Longevity Centre-UK, London.

Hagestad G O, Uhlenberg P. (2005) The social separation of old and young: A root of ageism. *Journal of Social Issues*, 61(2):343-360.

Hansen K. (2011) *Bridge the gap between generations: TOOLBOX*. Competence Development and Staff Recruiting, Northern Periphery Programme 2007-2013.

Harper S .(2005) Grandparenthood. In Bengtson, V. and Johnson M.L. (editors). *Cambridge Handbook of Age and Ageing*, Cambridge University Press, 422-428.

Harper, S. (2006 ) *Ageing societies : myths, challenges and opportunities*. Hodder Arnold: London.

Harper-Ice G. (2002) Daily life in a nursing home. Has it changed in 25 years. *Journal of Aging Studies*,1694: 345-359.

Hatton-Yeo A. ( 2006) Editor. *Intergenerational programmes – An introduction and examples of practice*. Stoke-on-Trent: The Beth Johnson Foundation.

Hayes C. (2003) An observational study in developing an intergenerational shared site program: Challenges and insights. *Journal of Intergenerational Relationships*, 1: 113–132.

Holmes C. (2009) An Intergenerational Program with Benefits *Early Childhood Education Journal* , (37)2: 113-119.

Hubbard G, Tester S, Downs M. (2004) Meaningful social interactions between older people in institutional care settings. *Ageing and Society*, 23:99-114.

Jarrott S E, Smith C L. (2011) The complement of research and theory in practice: contact theory at work in non-familial intergenerational programs. *The Gerontologist*, 51(1): 112-121.

Kaplan M. Larkin E. (2004) Launching intergenerational programs in early childhood settings: A comparison of explicit intervention with an emergent approach. *Early Childhood Education Journal*, 31 (3): 157-163.

Leamy M, Clough R. (2001) Older people as researcher: their role in a research project. *Education and Ageing*, 16(3): 279-287.

Lloyd J. (2008) *The State of Intergenerational Relations Today: A Research and Discussion Paper* International Longevity Centre-UK (ILC-UK).

McInerney É (1993) The Impact of the European Union on Its Older Citizens European Year of Older People and Solidarity between Generations. *Ageing International*, (20)4: 41-43.

McKee K, Harrison G, Lee K. (1999) Activity, friendships and wellbeing in residential settings for older people. *Aging and Mental Health*, 3(2):143-152.

Mann R. (2007) Out of the shadows? Grandfatherhood, age and masculinities. *Journal of Aging Studies*, 21(4):281-291.

Martin K, Springate I, Atkinson M. (2009) *Intergenerational Practice: Outcomes and Effectiveness* (LGA Research Report). Slough: NFER.

Merz EM, Schuengel C, Schulze HJ. (2007) Intergenerational solidarity: an attachment perspective. *Journal of Aging Studies*, 21(2): 175–186.

Middlecamp M, Gross D. (2002) Intergenerational day care and preschoolers' attitudes about aging. *Educational Gerontology*, 28, 271-288.

Nussbaum M. (2000) *Women and Human Development - The Capabilities Approach*. Cambridge University Press.

Older People's Steering Group (2004) *Older people shaping policy and practice*. Joseph Rowntree Foundation.

Perrin T. ( 2005) editor. *The good practice guide to therapeutic activities with older people in care settings*. Bicester: Speechmark.

Rae C. (2009) Social networks and older people. In Kydd A, Duffy T, Duffy F J R, editors. *The care and wellbeing of older people*, Reflect Press, Ltd Exeter, 383-399.

Reed J, Procter S, Murray S.(1996) A sampling strategy for qualitative research. *Nurse Researcher*, 3(4): 52-68.

Reed J, Weiner B, Cook G. (2004) Partnership research with older people – moving towards making the rhetoric a reality. *International Journal of Older People Nursing*, 13(3A): 3-11.

Robertson JF. (1977) Grandmotherhood: A study of role conceptions. *Journal of Marriage and Family*, 39(1):165-174.

Salari S. M. (2002) Intergenerational partnerships in adult day centers: Importance of age-appropriate environments and behaviors. *Gerontologist*, 42, 321-333.

Sánchez M. (Director) et al (2007) *Intergenerational programmes Towards a society for all ages* Social Studies Collection 23 <http://www.laCaixa.es/ObraSocial> (accessed 12/11/2011).

Thorne M. (2000) Data analysis in qualitative research. *Evidence Based Nursing*, 3:68-70

Tolson D, Swan I, Knussen C. (2002) Hearing disability: a source of distress for older people and carers. *British Journal of Nursing*, 11(15):1021-1025.

United Nations (2002) Report of the Second World Assembly on Ageing. A/CONF.197/9. New York: United Nations.

Weber J, Sultana S. (2007) Journey-to-Work Patterns in the Age of Sprawl: Evidence from Two Midsize Southern Metropolitan Areas. *The Professional Geographer*, 59(2): 193-208.

World Health Organisation (2002) *Ethical Choices in Long term care*. World Health Organisation.

Young M, Wilmott P. (1961) *Family and Kinship in East London*. Pelican.