Intergenerational Learning Program Operational Guidelines and Toolkit

Author

Radford, Katrina, Fitzgerald, Janna Anneke, Vecchio, Nerina, Cartmel, Jennifer, Harris, Neil, Golenko, Xanthe

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Intergenerational Learning Program Operational Guidelines and Toolkit

Step-by-step guidelines for the development, implementation and evaluation of Intergenerational Learning Programs

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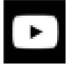

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twitter.com/TheIntergenera1

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The project team

The IGC project was conceived by Dr Katrina Radford, Professor Anneke Fitzgerald and Dr Nerina Vecchio. The Intergenerational Care Project gratefully acknowledges the support and dedication of lead investigators Dr Jennifer Cartmel and Associate Professor Neil Harris, and Project Manager, Dr Xanthe Golenko.

Dr Katrina Radford

Chief Investigator & Workforce Lead

Dr Jennifer Cartmel

Education Lead

Prof Anneke Fitzgerald

Chief Investigator & Program Evaluation Lead: Fidelity and Sustainability

A Prof Neil Harris

Program Evaluation Lead: Participant Outcomes

Dr Nerina Vecchio

Chief Investigator & Economic Evaluation Lead

Dr Xanthe Golenko

Project Manager

Research Fellow

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Foreword

Some five years ago, I was sitting at the dining table in my home listening to my daughter who was giving me a rundown of her day as a childcare worker. She went into detail of her day in the toddler's room and outlined some of the tasks she had undertaken to make the day as enjoyable as possible. With my background as a nurse, I responded that her day was much like my days when I was working in Aged Care. She thought about that for a bit and then said: "mum, if the care is so similar, why isn't childcare and aged care together?" My answer was "I don't know, but let's found out". This was the start of our intergenerational care journey and I was fortunate enough that two of my colleagues felt the same enthusiasm and passion, namely Dr Katrina Radford and Dr Nerina Vecchio. It was us three that started to serious look into intergenerational care research from a business perspective. Later we were fortunate to attract Dr Jennifer Cartmel, A/Professor Neil Harris as well as Dr Xanthe Golenko (Project Manager) to the project.

We noted that some research had already been conducted on mixing older and younger generations, showing the behavioural benefits to both age groups. However, we were unsure about the definition of intergenerational care, as we felt it was much more than "mixing" generations. So, when we spoke about intergenerational care, we spoke about a purposeful coming together of seniors and children. The word 'purposeful' is very important, because it points to a plan, a program, with specific outcomes, underpinned by evidence, that we could evaluate. When looking in the literature for such programs we found that there was very little written on purposeful programs and existing programs (largely in US) were not sustained. So, after defining intergenerational care, we undertook a policy assessment and a feasibility study. We decided to focus on socio-economic impact, impact on workforce and develop reciprocal intergenerational learning.

In 2017 we had a breakthrough in terms of obtaining funding from Department of Aged Care Services (DACS) to assist with a trial of different modes of an intergenerational learning program. Now that we have nearly completed this research, we can provide most elements for a business model for sustained intergenerational practice. This includes an evidence-based toolkit for use for anyone wishing to set up a program. It includes a toolkit on determining the cost of different modes of intergenerational practice and it give handy tips on what such programs should look like.

Intergenerational practice is here to stay. We believe it may be one solution to issues in Aged Care. We made a submission to the Royal Commission to that effect. For now, we seek to normalise intergenerational practice Australia wide and pledge to undertake more research to ensure best evidence-based practice.

None of this would have been possible without the confidence in us and the funding from Griffith University, Hornsby Ku-ring-gai Hospital and the Department of Aged Care Services (DACS). Our research involved more than 40 researchers, consumers and industry partners. The need to continue our research to create best practice is demonstrated by the community interest especially after the screening of ABC's Old People's Home for 4 Year Olds in August September 2019. We were honoured to be connected with this program (pre- and post-production) and proud of our co-researcher Professor Kurrle as an expert in the documentary.

My sincere thanks to all involved, especially the participants, children, their parents, seniors, their carers, industry staff and all of the team.

Professor Anneke Fitzgerald

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Introduction

Background

Since beginning this project in 2017, the interest in intergenerational programs has grown immensely and there is a ground swell with building momentum within child care and aged care sectors, governments and among the general community.

There are many different types of Intergenerational programs including volunteer, visits, etc, however the type of program that has proven to be most effective in maximising benefits for participants is an intergenerational learning program. Intergenerational learning programs are defined as planned ongoing activities that purposefully bring together different generations to share experiences that are mutually beneficial.

Benefits for children:

- Provide an opportunity to learn from and connect with the older generation
- Helps improve the behaviour that children show towards older people in general
- Improvements in children's pro-social behaviours of sharing, helping and cooperating
- Decrease likelihood of juvenile delinquency in later life

Benefits for older people:

- Provide older adults with a sense of purpose
- Enhance the dignity experienced by older people
- Alter communities' perceptions of older adults and the ageing process from negative to positive
- Improve the social outcomes of older people
- Encourage older people to remain living in their home for longer

Overview of the Intergenerational Care Project

The Intergenerational Care Project was a research project funded by The Australian Government and conducted by Griffith University from July 2017 to June 2019.

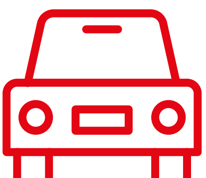
The Intergenerational Care Project aims to contribute to building age-friendly communities by developing, implementing and evaluating an intergenerational learning program in Australia. While the benefits of intergenerational programs are widely recognised, there is little understanding around the business case and what is needed to operationalise intergenerational programs within different models of care; and the economic, educational and workforce implications. To address these knowledge gaps, the key objective of this project was to prepare, trial and evaluate two innovative models of intergenerational care in Australia.

This project was based on three years of background research including policy analysis, systematic review of current programs, a Delphi study on preferences for models of care and a feasibility study into the demand for intergenerational care in the Australian context.

The Intergenerational Care Project trialled an intergenerational learning program within two models of care:

Co-location model

Aged day care and child care centres located on the same premises.



Visitation model

Aged care and child care centre are located separately and either children or older people are transported to the other site.

The research was conducted across four sites in Queensland and NSW and involves younger children (3 to 5 years) attending childcare, and older adults in residential aged care or attending day respite services.

The research used a quasi-experimental/observational design involving the exposure of an intervention to participant groups and the outcomes were compared to matched control groups. The intervention involved the implementation of an intergenerational learning program over 16 sessions, where children and seniors came together to participate in a range of learning activities for one hour per week. The intergenerational learning program was co-created by the workforce participants and researchers through a collaborative process drawing on theoretical frameworks from the literature. This allowed the program at each site was tailored to suit the needs of the participants, the environment and the resources and equipment available.

Findings suggest that intergenerational learning programs are beneficial for older people, children, organisations and the workforce. For older people, the program had a positive impact on their health and well-being; the program sparked enjoyment and improve mood, and gave them a sense of purpose, all of which may contribute to delaying the cognitive decline. For children, there was an increase in confidence and communication skills. Findings also indicate a positive impact on the participating organisations by broadening their perspectives on new types of programs which benefit their clients. For the workforce, while they were hesitant at first and they found the program challenging, it expanded their skills and knowledge and broadened their approach to designing activities and programs and improved their job satisfaction. The costs required to implement intergenerational care programs, compared to status quo, were minimal, and were largely dependent upon the delivery model and number of program sessions per year.

The impact of this multi-disciplinary, inter-professional project research has been profound. The program was developed collaboratively through extensive consultation between academics from multiple disciplines, industry partners and experts, and consumer representatives. Our participating organisations have reported a positive impact on their clients and families as well as their workforce. Most of our participating organisations are continuing intergenerational programs and some have indicated they would like to expand the program into other centres.

For a full description of the research protocol for the Intergenerational Care Project, please refer to Golenko, X., Radford, K., Fitzgerald, J., Vecchio, N., Cartmel, J., & Harris, N. (2020). Uniting generations: A research protocol examining the impacts of an intergenerational learning program on participants and organisations *Australasian Journal on Ageing*.

About this resource

One of the questions we were most commonly asked while conducting our research was "how do we get an intergenerational program up and running in our service?"

Therefore, the purpose of this resource is to provide a practical, step-by-step guide to the three-stage process of developing, implementing and evaluating an intergenerational learning program:

Stage 1: Project planning and program development (Steps 1 to 7)

Stage 2: Program implementation (Steps 1 to 6)

Stage 3: Program evaluation (Steps 1 to 4)

This resource also contains a Toolkit which provides a range of tools and templates to support each stage of the process.

The operational guidelines presented in this resource are evidence-based and have been developed from the findings from the Intergenerational Care Project. They are designed for organisational and community group managers, child care and aged care practitioners, and novice researchers.

The Operational Guidelines and Toolkit are available and free to download from our website at www.intergenerationalcare.org

We hope that you find these guidelines and toolkit useful and we wish you every success for your intergenerational program.

Stage 1: Planning and development

This section presents a step-by-step guide to the first stage of planning and developing your project.

Step 1:
Designing your project

Step 2:
Forming partnerships

Step 3:
Applying for funding

Step 4:
Applying for approval from Human Research Ethics Committees (HREC)

Step 5:
Co-designing your intergenerational learning program and implementation strategy

Step 6:
Developing your evaluation plan

Step 7:
Building the capacity of your workforce

Warning!!!

While this section is presented as a linear process, be prepared that it is in fact an iterative process which will require you to re-visit each step as each stage becomes more refined and streamlined.

Step 1: Designing your project

The first step involves designing your project, and in doing so, you will need to consider the core elements.

See Toolkit:
1.1 Project plan template p.53

A project plan template is provided which can be used as a working document as you progress through this stage.

1.1.1 Project goals

To establish your program goals, you need to identify the needs of care recipients, their families and carers. What is it that you really want to get out of the program? Is it:

- Improved attitudes and behaviour towards older people and those with dementia (Middlecamp & Gross, 2002) pro-social behaviours of sharing, helping and cooperating (Dellmann-Jenkins, Lambert, & Fruit, 1991)
- Increased social engagement and confidence, and resilience (Hayes 2003), improved attitudes to ageing (Femia, Zarit, Blair, Jarrott, & Bruno, 2008; Heyman, Gutheil, & White-Ryan, 2011)
- Decreased likelihood of juvenile delinquency in later life (Whitten, Vecchio, Radford, & Fitzgerald, 2017) and
- Increased opportunities for people to participate as fully as possible in community life (George and Singer 2011).

Or is it something else?

- Strategic value?
- Strategic partnerships?
- Improved social capital in the community?
- Capacity building?

Being honest and unpacking your reasons for running the program can really make a difference in terms of the outcome. One way you can do this is to run a team meeting using the ‘Five Why’ activity to get at the bottom of why it is you want to run this program. Once you know your why, you can then progress to setting realistic goals. Details of how to run this activity are in Figure 1 below.

Figure 1: Five Why Activity

Workshop with internal organisation members
Five Why Activity

Resources needed: Butchers paper, pens, sticky notes

Time allocated: 1.5 hours

Assemble the team

Involve at least two members of staff that will be involved with the program, as well as managers and their reports and other critical staff members that will report on the success of this program.

Define the problem

Put the words "Run an Intergenerational Learning Program" in the middle of the whiteboard/butchers paper.

Ask the first why

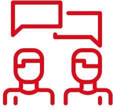
Ask the participants to write on their sticky note individually 'why do they want to run an intergenerational learning program?" Then place them on the wall surrounding the words "run an intergenerational learning program"

This may sound simple, however the reasons behind everyone's desire to run an activity at this point may result in some important discussions. At this point, encourage people to be honest. It is ok to say "to improve the lives of our end users" as much as its ok to say "to make more money and attract new clients" – be open and honest about your reasons.

Do not worry about the diverseness of views here – instead encourage them!

Ask the second why

After the first why, you will probably see the diversity of viewpoints! Encourage these, and encourage your participants to then look at the facts and then dig deeper – as them to write down on that paper Why they felt that was that why? E.g. If they wrote "to gain clients" the next why could be from them "because we are needing to survive financially"



Continue asking three more whys

Using the same process, keep asking participants to reflect on why they feel that is the case. It is important to stop asking why when you have ceased to produce a useful response.

At this point, you should be able to agree on 1-2 different core reasons for running an intergenerational learning program, but they are all interlinked or maybe the common core reason exists. Once this strategic meeting has been held, it is then important to interview potential partners before deciding on agreeing to proceed.

At this point, you should also decide what model of intergenerational program you want to run (e.g. co-location, visitation, playgroup), which should be determined by the following factors:

- Site availability
- Staffing capacity
- Project participants

The next section outlines some of these considerations that are needed.

1.1.2 Project site/s

Centre characteristics

When it comes to the centre that you will host the activity at, there are important practical considerations that you need to address.

Access/Location/Transport

Is the location where the activities are being planned to be held easy to get to? Is public transport available or is there enough parking for vans/busses? Access to the venue is critical, particular if you are hosting this in a centre where parking is a premium. Where is the nearest parking lot that both participants and staff can access? Is there a drop off zone nearby so that elderly or children aren't at risk while entering the facility? Consideration to transport needs are essential when planning an intergenerational learning program.

Building

In the building or room that is planned on being used, how easy is this area to find? Does the location have carpet or patterns in carpets that may make it challenging or confusing for older people or even children? Is it suitable for people with wheelchairs or wheelie walkers? Does it have both adult and children furniture that is suitable?

It is important to have a safety check and risk audit conducted on the location to ensure the location is suitable before the activity takes place. It is helpful at this point when a safety check is being conducted, both responsible entities (both child care and aged care experts) are present to ensure an accurate report is completed.

Facilities available

Are adult and child toilets available? Or is there an appropriate work around solution that could be met within the restriction of the legislations? This needs to be considered here, as does the requirement around gates within and around the facility.

It is useful to also share food safety plans so that both parties are aware of the food safety protocols of each organisation to ensure no errors are made.

Suitable safety and falls equipment should also be available as needed. This is particularly important if outdoor space is being used and the activity involves high risk area for falls (i.e. in a childcare centre with toys around).

Staff and managerial characteristics

Committing to an intergenerational learning program means committing financial and non-financial resources around staff capacity building as well as resources to set the program up. The elements you need to consider are:

1. Do we have the financial capacity to run this program? See costings for some average costings to consider when setting up this project
2. Do we have the staff capacity to run this program? How many staff will we train up? Do we have the extra financial and non-financial resources to support their involvement including paying them for set up and pack up time as well as additional training?
3. Do staff have the necessary qualifications, training and experience to undertake the endeavour?
4. Do we have any volunteers that could help?

A checklist has been provided in Figure 2 on page 14 for your ease.

Figure 2: Checklist for essential project site characteristics to consider

Meeting with internal organisation members
Purpose: To agree on the resources, building and facility as well as safety considerations

Building, facilities, safety and transport considerations

- ☐ Access is possible
  - ☐ Public transport is close
  - ☐ Parking is available nearby
  - ☐ Drop off zone is close to entrance
- ☐ Pathway into the area is easy to navigate and not a long way from the door
- ☐ No obvious falls risks present
- ☐ Food safety plans have been shared
- ☐ Site risk assessment has been completed
- ☐ The location is gated appropriately
- ☐ Carpet or tiles do not have confusing lines/patterns
- ☐ Safety and fall equipment is available close by if needed
- ☐ Toilets include both adult and children's size (or modifications) available for participants

Staffing and managerial characteristics

- ☐ Staff have the necessary qualification, training and experience to conduct the project
- ☐ Volunteers are available to assist
- ☐ Financial and non-financial resources are available?
- ☐ Staff have capacity for the extra training and commitment required for the project?

1.1.3 Project participants

It is important to consider the characteristics of your younger and older participants so that you can design activities to suit the cognitive and physical abilities of the group. Make sure when choosing your age group that you align the activities to the overall purpose/goals of the intergenerational learning program. Considering the age range and characteristics of children and older adults will also assist in developing activities designed to meaningfully engage the participants.

Children: Participant characteristics

For young children, Perry's Neurosequential Model (Perry 2014) can be used to indicate the level of brain development according to age. Table 1 lists the brain functioning that is developing during those approximate age years. It is important to consider these developmental stages of the brain when designing activities and choosing your target participants for the project.

Table 1: Perry's Neurosequential Model of child development

Brain development	Brain functioning	Child age
Brainstem	Heart rate Fight, fright, freeze Regulation of arousal, sleep and fear states Primary attachment State regulation Flexible stress response Resilience	0–9 months
Midbrain	Coordination Movement Integration of multiple sensory systems Fine motor control	6–12 months
Limbic	Emotional response Social language Interpretation of nonverbal information Emotional regulation Empathy Affiliation Tolerance	1–4 years
Cortical	Controlling yourself Abstract cognitive functions and reasoning Socioemotional integration Creativity Respect, empathy Moral and spiritual foundations Literacy	3–6 years

Source: childtrauma.org/wp-content/uploads/2014/12/FordCourtois_Perry_Dobson.pdf

Older people: Participant characteristics

To help you on this journey to selecting your target older participant characteristics, the Global Deterioration Scale (CGS) / Reisberg Scale (see Table 2) can be used to indicate the level of cognitive functioning according to the different stages of dementia.

Table 2: Global Deterioration Scale (CGS) / Reisberg Scale

Diagnosis	Stage	Signs and symptoms	Expected duration of stage
No Dementia	Stage 1: No Cognitive Decline	In this stage, the person functions normally, has no memory loss, and is mentally healthy. People with NO dementia would be considered to be in Stage 1.	N/A
No Dementia	Stage 2: Very Mild Cognitive Decline	This stage is used to describe normal forgetfulness associated with aging. For example, forgetting names and where familiar objects were left. Symptoms of dementia are not evident to the individual's loved ones or their physician.	Unknown
No Dementia	Stage 3: Mild Cognitive Decline	This stage includes increased forgetfulness, slight difficulty concentrating, and decreased work performance. People may get lost more frequently or have difficulty finding the right words. At this stage, a person's loved ones will begin to notice a cognitive decline.	Average duration of this stage is between 2 years and 7 years.
Early-stage	Stage 4: Moderate Cognitive Decline	This stage includes difficulty concentrating, decreased memory of recent events, and difficulties managing finances or traveling alone to new locations. People have trouble completing complex tasks efficiently or accurately and may be in denial about their symptoms. They may also start withdrawing from family or friends because socialisation becomes difficult. At this stage, a physician can detect clear cognitive problems during a patient interview and exam.	Average duration of this stage is 2 years.
Mid-Stage	Stage 5: Moderately Severe Cognitive Decline	People in this stage have major memory deficiencies and need some assistance to complete their daily living activities (dressing, bathing, preparing meals, etc.). Memory loss is more prominent and may include major relevant aspects of current lives. For example, people may not remember their address or phone number and may not know the time or day or where they are.	Average duration of this stage is 1.5 years.

Mid-Stage	Stage 6: Severe Cognitive Decline (Middle Dementia)	People in Stage 6 require extensive assistance to carry out their Activities of Daily Living (ADLs). They start to forget names of close family members and have little memory of recent events. Many people can remember only some details of earlier life. Individuals also have difficulty counting down from 10 and finishing tasks. Incontinence (loss of bladder or bowel control) is a problem in this stage. Ability to speak declines. Personality / emotional changes, such as delusions (believing something to be true that is not), compulsions (repeating a simple behaviour, such as cleaning), or anxiety and agitation may occur.	Average duration of this stage is 2.5 years
Late-Stage	Stage 7: Very Severe Cognitive Decline (Late Dementia)	People in this stage have essentially no ability to speak or communicate. They require assistance with most activities (e.g., using the toilet, eating). They often lose psychomotor skills. For example, the ability to walk.	Average duration of this stage is 1.5 to 2.5 years.

Source: dementiacarecentral.com/aboutdementia/facts/stages/

1.1.4 Project logic

Now that you have agreed on the overarching 'why' and now considered the 'who will be involved?', and possibly the 'where will it be held?', it is now time to come back together and draft a project logic.

What is it that your project sets out to do and how will it do it? Link your overarching project goal as well as the project inputs and expected outputs. Some further consideration to outputs can be found in Stage 3: Evaluation section of these guidelines. p.40

The project logic sets out what a project will do and how it will do it; i.e. it identifies the overarching project goal and links the project inputs and activities with expected outcomes.

Meeting with internal organisation members

Purpose: To agree on target participants and create project logic!

This meeting also includes a discussion about what organisation/s you are keen to form partnerships with!

See Toolkit:
1.1.5 Project logic p.54

Step 2: Forming partnerships

Forming partnerships is almost always a necessary step when running intergenerational programs because of their inter-disciplinary, inter-professional, inter-institutional nature.

You may look into forming partnerships with government, organisations, industry experts, Universities / researchers. For any partnership to succeed, it is critical that it is mutually beneficial.

1.2.1 Partnerships between aged care and child care service providers and industry professionals

Depending on the model of intergenerational program you are using, you may need to form a partnership with another service provider, or industry professionals.

If you are forming a partnership with another service provider, it is important to consider the following:

- Type of organisation / centre (e.g. not for profit, for profit, franchise, religious affiliation, community etc.)
- Type of service (e.g. long day care, pre-school/kindergarten, school, playgroup, after-hours school care, residential aged care, retirement living, day respite care etc.)
- Capacity (number of clients, services provided, staff capacity)
- Clientele (age, physical, social and cultural characteristics)
- Proximity / travel
- Physical environment (size of building/s, car park, outdoor space etc.)
- Organisational culture (organisational mission, vision, goals and values)
- Ratio rules set by the organisation
- Their overarching “why” for the program
- Their committed resources for the project

Choosing an organisation that shares the same values as your organisation is likely to create a more harmonious partnership. Different ways of doing things can sometimes create tension between partners, however if you are able to establish a relationship based on trust and mutual respect, then both organisations are likely to work collaboratively and cohesively. It is critical that the partnership is mutually beneficial.

1.2.2 Partnerships with Government

The social and economic impacts of the aging population are putting increasing pressure on governments to find innovative solutions to the provision of aged care services. As such, Intergenerational programs are gaining interest among all levels of government: Federal, State and Local. It is worth doing some research to see if your local or state government representatives are already involved in any intergenerational activities or initiatives. They may be interested in supporting your project either financially, or by being actively involved.

1.2.3 Partnerships with Universities

Partnering with Universities can be extremely beneficial for both parties.

For organisations:

- Access to additional resources
- Access to academic literature and evidence
- Access to academics with high level research skills
- Rigorous approach to evaluation
- Publications

For Universities:

- Access to sites and participants for research purposes
- Access to industry experts which provide an important insight into the practicalities of projects

When forming partnerships, it is important to establish a good working relationship and work collaboratively throughout the duration of the project.

Once you have agreed to form a partnership, it is important to have a written agreement which clearly establishes:

- What are the roles and responsibilities of each party?
- How long is the initial terms of partnership for?
- When are we going to review this arrangement?
- How are we going to share the intellectual property?
- How do we acknowledge each other’s contribution to this partnership in any publications or media that arises from the activity?

Meeting with external partners

All organisational members involved across partners

Purpose: To discuss agreements of partnership, funding and ethics considerations!

Step 3: Funding your project

There are multiple sources of funding potentially available for intergenerational programs. Considering your purpose and the resources that are needed to set up the project, it may not need external funding. Instead, your organisational may be happy to fund the project, in which case you will need to develop a business case. Otherwise, you may wish to apply for a grant from the government, or a philanthropic association.

Grants may be available through Government Departments at Federal, State and Local levels.

grants.gov.au/

Philanthropic organisations also have a range of grant opportunities.

Funding bodies will generally provide a template for you to complete, which should be accompanied by your Project Plan including your project logic that you developed earlier.

Step 4: Ethical considerations

Ethics is an important consideration when running an intergenerational program, especially if you are collecting research or evaluation data that you may wish to publish in the future.

Ethics is especially important for intergenerational programs as they often involve two vulnerable population groups (children and older people).

You may need to apply for ethical clearance from organisational Human Research Ethics Committees. Therefore, it is important for you to contact all organisations involved in the project to check if there is an ethics application form that needs to be completed.

For more information please click on the following links:

Human research ethics applications (HREA) resources

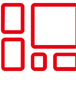
nhmrc.gov.au/research-policy/ethics/human-research-ethics-applications-hrea/human-research-ethics-applications-hrea-resources

National Statement on Ethical Conduct in Human Research (2007) – Updated 2018

nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018

Your university partners can help here if appropriate and needed!

Warning: This can be a lengthy process, so it is best to enquire about this as soon as possible so you can plan ahead!



Step 5: Co-designing your intergenerational learning program and implementation strategy

1.5.1 Identifying your key stakeholders

It is important to identify the key stakeholders in relation to your project, so you have a clear idea of who you need to be consulting and communicating with when it comes to designing your intergenerational learning program and implementation plan.

Intergenerational programs are inter-disciplinary by nature and can involve a broad range of stakeholders. A stakeholder is any person or group with an interest or concern in your project and therefore may include:

- Older people and their carers / families
- Children and parents
- Aged care workforce (personal care workers, diversional therapists, allied health professionals and assistance, activities co-ordinators, volunteers etc.)
- Child care workforce (Early childhood educators, teachers, assistants, volunteers etc.)
- Managers
- Health professionals
- Child development experts
- Social workers
- Academics and researchers
- Government representatives
- Consumer advocate group representatives

To do this, it is important to host a planning meeting between the organisations involved to identify the potential stakeholders that may impact the project. This meeting needs to involve all parties as the stakeholders identified will vary depending on the background and sector from which the partners arise from. You need to select individuals who will be willing to assist with co-designing your intergenerational learning program and have the knowledge and interest in making a valuable contribution.

This is also important as it will assist in the general marketing and advertising as well as risk management activities that arise from the project.

Once your stakeholder representatives have been identified, it is time to begin co-designing your intergenerational learning program!

Meeting with external partners

Purpose: To identify key stakeholders and individual representatives and communication strategy

1.5.2 Co-designing your intergenerational learning program

Using a co-design approach means that you work collaboratively to plan your program to ensure that you are meeting the needs of those with an interest in your program. It is important to involve your key stakeholders and the relevant staff (those who will be involved in facilitating the program) right from the start. The front-line staff have the most knowledge about the clients, their families and the resources available.

Preliminary meetings should establish:

- Who are the participants and what are their physical and cognitive capabilities?
- How many children and older adults should participate?
- What is the most suitable environment – where should the program be held?
- Will either group of participants be required to travel, and how will this occur?
- How long should the program run for, how many times per week will the sessions be held, and how long will the sessions go for?
- What is the financial / resource contribution of each party? When will the program become unviable?
- Who will facilitate the program, how many aged care and child care staff are needed to comply with ratio standards?

1.5.3 Co-developing your implementation strategy

Discussions centring around your implementation strategy should focus on the following questions:

- When are we going to do the program?
- What staff will commit to this program and what are their roles?
- What is our screening and exit process for participants?
- What professional development training do we expect of our staff?
- Who will pack up and set up the activities?
- Who will bring the resources?

- Is there any payment transfer needed for cost of resources?
- When is the date of the workforce orientation?
- When will the participant information session be held?
- How will we evaluate the program effectiveness?
- What are the data collection procedures?

During our feasibility and Delphi studies, it became evident that there needs to be a exit criteria and risk assessment completed to ensure the quality of life of all participants remains at the forefront of program managers minds. Both children and older adults have the right to choose to participate or not.

In addition, it is advised that police checks are gathered for all participants to ensure the safety of the program and also reduce risk to the organisation. Please note this is not required by law as all participants would be receiving care, however parents and older adults themselves advised in our feasibility study that this would be their preference.

A consolidated framework that identifies the key constructs to consider when developing your implementation strategy is presented in Table 3.

Meeting with all frontline staff involved plus direct managers

Purpose: to discuss program expectations and commitment, as well as consider the implementation strategy, risk assessment and exit strategy

Table 3: Consolidated framework for implementation research constructs

	Construct	Data sources
I. INTERVENTION CHARACTERISTICS		
A	Intervention source	Perception of key stakeholders about whether the intervention is externally or internally developed.
B	Evidence strength & quality	Stakeholders' perceptions of the quality and validity of evidence supporting the belief that the intervention will have desired outcomes.
C	Relative advantage	Stakeholders' perception of the advantage of implementing the intervention versus an alternative solution.
D	Adaptability	The degree to which an intervention can be adapted, tailored, refined, or reinvented to meet local needs.
E	Trialability	The ability to test the intervention on a small scale in the organization, and to be able to reverse course (undo implementation) if warranted.
F	Complexity	Perceived difficulty of implementation, reflected by duration, scope, radicalness, disruptiveness, centrality, and intricacy and number of steps required to implement.
G	Design quality & packaging	Perceived excellence in how the intervention is bundled, presented, and assembled.
H	Cost	Costs of the intervention and costs associated with implementing the intervention including investment, supply, and opportunity costs.
II. OUTER SETTING		
A	Patient needs & resources	The extent to which patient needs, as well as barriers and facilitators to meet those needs, are accurately known and prioritized by the organization.
B	Cosmopolitanism	The degree to which an organization is networked with other external organizations.
C	Peer pressure	Mimetic or competitive pressure to implement an intervention; typically because most or other key peer or competing organizations have already implemented or are in a bid for a competitive edge.
D	External policy & incentives	A broad construct that includes external strategies to spread interventions, including policy and regulations (governmental or other central entity), external mandates, recommendations and guidelines, pay-for-performance, collaboratives, and public or benchmark reporting.

III. INNER SETTING		
A	Structural characteristics	The social architecture, age, maturity, and size of an organization.
B	Networks & communications	The nature and quality of webs of social networks and the nature and quality of formal and informal communications within an organization.
C	Culture	Norms, values, and basic assumptions of a given organization.
D	Implementation climate	The absorptive capacity for change, shared receptivity of involved individuals to an intervention, and the extent to which use of that intervention will be rewarded, supported, and expected within their organization.
1	Tension for change	The degree to which stakeholders perceive the current situation as intolerable or needing change.
2	Compatibility	The degree of tangible fit between meaning and values attached to the intervention by involved individuals, how those align with individuals' own norms, values, and perceived risks and needs, and how the intervention fits with existing workflows and systems.
3	Relative priority	Individuals' shared perception of the importance of the implementation within the organization.
4	Organizational incentives & rewards	Extrinsic incentives such as goal-sharing awards, performance reviews, promotions, and raises in salary, and less tangible incentives such as increased stature or respect.
5	Goals and feedback	The degree to which goals are clearly communicated, acted upon, and fed back to staff, and alignment of that feedback with goals.
6	Learning climate	A climate in which: a) leaders express their own fallibility and need for team members' assistance and input; b) team members feel that they are essential, valued, and knowledgeable partners in the change process; c) individuals feel psychologically safe to try new methods; and d) there is sufficient time and space for reflective thinking and evaluation.
E	Readiness for implementation	Tangible and immediate indicators of organizational commitment to its decision to implement an intervention.
1	Leadership engagement	Commitment, involvement, and accountability of leaders and managers with the implementation.
2	Available resources	The level of resources dedicated for implementation and on-going operations, including money, training, education, physical space, and time.
3	Access to knowledge & information	Ease of access to digestible information and knowledge about the intervention and how to incorporate it into work tasks.

IV. CHARACTERISTICS OF INDIVIDUALS		
A	Knowledge & beliefs about the intervention	Individuals' attitudes toward and value placed on the intervention as well as familiarity with facts, truths, and principles related to the intervention.
B	Self-efficacy	Individual belief in their own capabilities to execute courses of action to achieve implementation goals.
C	Individual stage of change	Characterization of the phase an individual is in, as he or she progresses toward skilled, enthusiastic, and sustained use of the intervention.
D	Individual identification with organisation	A broad construct related to how individuals perceive the organization, and their relationship and degree of commitment with that organization.
E	Other personal attributes	A broad construct to include other personal traits such as tolerance of ambiguity, intellectual ability, motivation, values, competence, capacity, and learning style.
V. PROCESS		
A	Planning	The degree to which a scheme or method of behaviour and tasks for implementing an intervention are developed in advance, and the quality of those schemes or methods.
B	Engaging	Attracting and involving appropriate individuals in the implementation and use of the intervention through a combined strategy of social marketing, education, role modelling, training, and other similar activities.
1	Opinion leaders	Individuals in an organization who have formal or informal influence on the attitudes and beliefs of their colleagues with respect to implementing the intervention.
2	Formally appointed internal implementation leaders	Individuals from within the organization who have been formally appointed with responsibility for implementing an intervention as coordinator, project manager, team leader, or other similar role.
3	Champions	"Individuals who dedicate themselves to supporting, marketing, and 'driving through' an [implementation]" [101] (p. 182), overcoming indifference or resistance that the intervention may provoke in an organization.
4	External change agents	Individuals who are affiliated with an outside entity who formally influence or facilitate intervention decisions in a desirable direction.
C	Executing	Carrying out or accomplishing the implementation according to plan.
D	Reflecting & evaluating	Quantitative and qualitative feedback about the progress and quality of implementation accompanied with regular personal and team debriefing about progress and experience.

Source: CFIR Website

Step 6: Developing your evaluation plan

Evaluation is defined as "the process of determining the merit, worth or value of things - or the result of that process" (Scriven, 1991 cited in Picciotto, 2014). Interest in conducting evaluations has gained momentum over the past two decades as a means of increasing knowledge and understanding about specific topics and providing evidence and justification for current and future practices, programs and policies. Health promotion theory sets out different levels of evaluation, including process, impact and outcome.

Applied research typically involves conducting short-term and small-scale research to address a specific concern and offer solutions to a question. Applied research is regularly conducted by governments, health services, social services and education institutions to determine and justify their future decisions. Evaluation research is the most widely used type of applied research (Neuman, 2014). Evaluation research seeks to determine how well a policy or program is working and whether it is achieving the set goals and objectives (Dievler & Fisher, 2017; Neuman, 2014).

Your evaluation plan should be presented in an evaluation framework.

See Toolkit: Project evaluation framework example p.55

1.6.1 Types of evaluations

Impact evaluation

An impact evaluation seeks to determine the short-term difference that an intervention makes through systematically examining data (Picciotto, 2014). The focus of Impact evaluation typically aligns with a program's objectives. Approaches to determining impact vary, though a more reliable impact evaluation involves measuring and comparing effects through clinical observation of treated (intervention) and untreated groups (control) over a period of time (Picciotto, 2014). This type of evaluation typically uses quantitative methods as the primary source of data. Moreover, impact evaluations are perceived to have a unique edge over other evaluations for their ability to offer definitive and quantitative judgements on policies and programs (Picciotto, 2014).

Outcome evaluation

An outcome evaluation is concerned with the longer-term effects of a program or intervention and is typically used to measure whether the program achieved its desired goal. An outcome evaluation can be useful for informing people and governments on the effectiveness of a program and inform future decision making around program investment (Nutbeam, 1998).

Economic evaluation

An economic evaluation is designed to identify, measure and value the activity in order to assess the best course of action based on the evidence available. It allows you to complete a cost-benefit analysis of the results of the program and is helpful in decision making around the continuance of the program in the future.

Process evaluation

A process evaluation examines how well an intervention is delivered and received by investigating the quality and quantity of what has been implemented and why (Moore et al., 2015). Depending on the stage of the intervention, the focus of the process evaluation may vary. For example, in pilot testing, the process evaluation may focus on understanding the feasibility of the intervention and optimising the intervention design, whereas the process evaluation of a fully implemented program may focus on assessing what was delivered and the generalisability of its effectiveness (Moore et al., 2015).

1.6.2 Evaluation designs

Experimental design

Experimental study designs are recognised as the most effective designs for determining causation (Bärnighausen et al., 2017). Experimental designs involve the comparison of an intervention group and control group at two time points. In an experimental study, participants are randomly allocated to a group and either receive a treatment or program (intervention group) or receive nothing (control group) (Aloe et al., 2017). Experimental studies may take the form of a randomised controlled trial or quasi-experimental study (Bärnighausen et al., 2017). While an experimental design is seen as most desirable, it may be that circumstances mean such a design is not feasible. Often this could mean a non-experimental design (data collection at two points in time usually pre and post intervention, no control group) or quasi-experimental design (data collection at two points in time usually pre and post intervention, control group, non-random allocation to group) is put in place (Neuman, 2014).

Cross-sectional design

A cross-sectional approach is a simpler and more cost-effective approach (Neuman, 2014). A cross-sectional approach consists of data collected at one point in time and is consistent with the aims of descriptive research (Neuman, 2014). Cross-sectional studies are limited in their ability to capture change and attribute change to a specific intervention due to the single data collection time point. However, they can offer a cost-effective snapshot on a study topic and provide useful information on how interventions are implemented and received (Neuman, 2014).

1.6.3 Data collection techniques

Quantitative

Quantitative data is collected through numerical measurements and analysed using mathematical methods to produce rigid and quantifiable results (Lach, 2014; McLafferty Jr, Slate, & Onwuegbuzie, 2010). Quantitative data collection allows researchers to reduce bias through a rigorous research design, clearly defined questions, often incorporating a control group and using robust statistical techniques (Lach, 2014). Common techniques used to collect quantitative data include surveys and accessing existing data.

Survey

Surveys are the mostly widely used data collection technique in social science and allows researchers to collect both qualitative and qualitative data, however, this technique is more commonly quantitative (Neuman, 2014). Surveys are used to collect information on participant characteristics (demographics), beliefs, experiences and behaviours (Neuman, 2014). In evaluation research, they offer insight into participant self-reported perceptions and experiences regarding a program, including its perceived impact and outcomes (Neuman, 2014). Surveys will often include previously developed and validated scales that enable the researcher to collect valid information on particular constructs. For example, The World Health Organization's Five Well-Being Index (WHO-5) is a short 5 item self-reported measure of a person's mental wellbeing.

Existing statistics

Locating and using previously sourced statistics and information allows researchers to gather broader data (Neuman, 2014). Existing statistics can be used to gain a better understanding of the topic and determine changes in issues and populations (Neuman, 2014). Obtaining existing statistics can be a time-consuming process if the researchers are not aware of the existence of statistics, how to access them or where to access them, however, it can also be a cost-effective and efficient way of obtaining data if it is readily available (Neuman, 2014).

Qualitative

Qualitative data is usually in the form of words and is analysed through a process of identifying common themes and patterns within the data (Lach, 2014). Researchers use qualitative methods to establish a deeper and richer understanding of a topic and explore new topics of interest (Lach, 2014; McLafferty et al., 2010). Qualitative data is commonly collected through semi-structured interviews, focus groups and observations (Neuman, 2014).

Semi-structure interview

A semi-structured interview typically involves an intimate discussion with an individual or several individuals guided by an interview protocol, with the potential for follow-up questions from the interviewer (Abildgaard, Saksvik, & Nielsen, 2016). Interviews rely heavily on an individual's recollection of events (Garland, Kruse, & Aarons, 2003).

Focus groups

A focus group is essentially a group discussion with individuals of varying backgrounds, experiences and knowledge. A focus group consists of participants sharing their views, perceptions and attitudes on a predetermined topic or question with other participants - generating further discussion on the topic and resulting in greater depth and breadth of information collected (Cooper & Hall, 2016). Focus groups are particularly useful when exploring determinants or solutions to problems. Participants are encouraged to share their views/knowledge and collectively increase understanding of the issue of interest. For example, a focus group with aged care and day care workers delivering intergenerational care interventions could orient on strategies to improve implementation. Such a focus group would be seeking to draw out their experience of implementing such programs together with their sector experience and expertise.

Observations

An observation requires researchers to watch and document the behaviours and interactions of the target population (Neuman, 2014). In evaluation research, an observation may give insights on how the target population engages with a program and how the program is delivered in a practical setting (Neuman, 2014).

1.6.4 Tools to use

Data collection usually involved employing tools and scales. When determining whether a tool is right for a study, it is necessary to review information, instructions and evidence relating to the tool, provided by the author of the tool or other researchers who had previously used the tool. In doing so, researchers explore the suitability, appropriateness, feasibility and effectiveness of the tool prior to use. Evaluation methods and tools are discussed in more detail in Stage 3: Evaluation (see p. 41)

Meeting with all frontline staff involved plus direct managers

Purpose: To decide on the evaluation framework and tools to use

See Toolkit:
Stage 3 Evaluation tools starting p.67

Step 7: Building the capacity of your workforce

Building the capacity of your workforce is essential in order to support the skill, growth, and mindset needed for a meaningful intergenerational program to exist. It does not just happen overnight and there is a new language, new way of working and new rules to learn when embarking on an intergenerational learning program.

And while, being part of an intergenerational learning program is rewarding, it does add stress and new skill sets need to be learnt. Therefore, it is important to invest in your workforce.

At present there are no recognised qualifications within Australia for intergenerational practice however there are some courses that are run internationally that you can access.

These include the following:

International Certificate in Intergenerational Learning

Generations Working Together in partnership with the University of Granada

generationsworkingtogether.org/events-training/international-certificate-in-intergenerational-learning-22-10-2019

In partnership with the University of Granada-Enterprise General Foundation, Generations Working Together (GWT) offers an on-line course. The course is aimed at anyone who wants to gain a deeper understanding of intergenerational work, its purpose, impact and practical application to enable them to apply this within their own work.

Online course on intergenerational learning

Together Old and Young: An Intergenerational Approach

toyproject.net/project/toy-online-course/

This online course focusses on intergenerational practice with young children (0 – 8 years old) and older adults (65+ years old) and practical ways to create opportunities for good quality and sustainable intergenerational learning activities.

European Certificate in Intergenerational Learning

emil-network.eu/european-certificate-in-intergenerational-learning/

Our recommendation is that your staff work towards gaining a qualification in at least one of these courses.

However, we also realise this is not always possible before a program commences. Therefore, the following tools and resources as well as guidelines have been created, which draw upon existing professional knowledge from aged care and childcare qualifications.

In our research we have found there are core topics that must be discussed. In the first instance it is important for the team delivering the program to use collective processes eg Circles of Change Revisited (COCR) (Cartmel, et al, 2015) to develop shared understandings for engaging in reflective practice. The process of focussed conversations can be used to examine topics that will provide the underpinning knowledge to guide practice.

We recommend a Workforce Orientation Program which would run for 6 hours, and should include the following discussions:

1. Circles of Change Revisited (COCR) Model of Critical Thinking and Reflection
2. Critical reflective practice as a process of self-evaluation using the tacit knowledge of others as well as research and theory
3. Leuven Scale: Observing learning outcomes
4. Playwork practice
5. Intergenerational learning framework
6. Neurosequential model of education
7. Talking with children about death

Additional considerations on workforce capacity building is the need to address the following issues that may arise.

Impact of participant deaths on staff

How will staff cope if one of the participants died? Who is your employee assistance provider and how can they get help if needed? Talking openly about death and how you feel is an important part of the healing process, however that is not for everyone, as everyone grieves differently. It is important that you keep the lines of communication open and ask your colleagues openly and regularly "how are you coping?", then engage in meaningful and open conversation with them about their feelings with no judgement.

Staff supervision and performance management arrangements

Feedback is important for motivation as well as improvement processes. How will staff receive feedback on their performance? What is your processes for giving this feedback? How will you address poor performance? How will you reward (including acknowledging) staff for excellent performance? Some consideration to how this role aligns with your current performance management framework is needed.

In addition, who will be the "lead" staff member that will assume all responsibility – is there just one? Or one per organisation? A lead staff member is important to keep the program running and in focus.

Natural attrition and turnover, and ongoing training

When staff leave your organisation what is your process for training new staff into the program? Who will deliver the orientation program for them? Will it be 1-1 as staff move in and out of the program or will there be an annual/bi-annual refresher for all staff? Consideration to this is needed when developing programs, and this should align with your own organisational training framework. The training programs and modules provided may be used in a package or can be delivered on a as needed basis, however we encourage you to make that decision after reflecting on the current training programs delivered by your organisation.

In addition, a 3-hour collaborative planning session should be held to **co-develop an overall plan of the weekly sessions,** with weekly check ins to agree on the following weeks program. This is important as your reflective practice may reveal some inappropriate scheduling or some challenges with getting resources in time. So keeping lines of communication open weekly outside of the time allocated to your program is important.

Meeting with all direct managers involved

Purpose: to discuss staff capacity training and support of those involved including how you will backfill and pay for additional time required for the program

Workforce orientation program
1. Data collection tools • Circles of Change Revisited (COCR) Model of Critical Thinking and Reflection • Critical reflective practice as a process of self-evaluation using the tacit knowledge of others as well as research and theory • Leuven Scale: Observing learning outcomes 2. Value of play • Playwork practice • Intergenerational learning framework 3. Neurosequential model of education 4. Talking with children about death **Additional** Impact of participant deaths on staff Staff supervision and performance management arrangements Natural attrition and turnover, and ongoing training

See Toolkit: 1.5 Workforce orientation program modules p.57

Collaborative planning session to co-develop an overall plan of the weekly sessions

It is important to collaboratively plan an overview of the weekly sessions to ensure that the program meets the needs of the participants. The weekly sessions should focus on specific learning outcomes and activities should be selected and designed around meeting the learning outcomes.

Here we provide an overview of the five learning outcomes from the Early Years Learning Framework which are linked with relevant activities from a resource developed by Generations United, titled Tried and True.

Outcome 1: Participants have a strong sense of identity

Participants:	Links to Tried and True
• feel safe, secure, and supported • enhance their autonomy, inter-dependence, resilience and sense of agency • have knowledgeable and confident self-identities • interact in relation to others with care, empathy and respect	Space bingo (p 28) Gardening (p 54)

Outcome 2: Participants are connected with and contribute to their world

Participants:	Links to Tried and True
• have a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation • respond to diversity with respect • act with sense of awareness of fairness • are socially responsible and show respect for the environment	Treasure hunt (p 36) Float or sink (p 41) Painting the seasons (42) Leaf rubbings (p 47) Spring time walk (p 50) Gardening (p 54)

Outcome 3: Participants have a strong sense of wellbeing

Wellbeing incorporates both physical and psychological aspects. Wellbeing includes good physical health, feelings of happiness, satisfaction and successful social functioning.

Participants:	Links to Tried and True
• are strong in their social and emotional wellbeing • have responsibility for their own health and physical wellbeing	Balloon bounce (p 31) Kite making (p 45) Gardening (p 54) Bean bag games (p 49)

Outcome 4: Participants are confident and involved learners

Participants:	Links to Tried and True
• exhibit dispositions for learning such as curiosity, cooperation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity • exhibit a range of skills and processes such as problem solving, enquiry, experimentation, hypothesising, researching and investigating • transfer and adapt what they have learned from one context to another • resource their own learning through connecting with people, place, technologies and natural and processed materials	Bubble fun (p 29) Family picture share (p 30) Active story book time (p 33) Hide and seek beans (p 34) Noise makers (p 37)

Outcome 5: Participants are effective communicators

Participants:	Links to Tried and True
• interact verbally and non-verbally with others for a range of purposes	Noise makers (p 37)
• engage with a range of texts and gain meaning from these texts	Gardening (p 54)
• express ideas and make meaning using a range of media	Mail time (p 58)
• understand how symbols and pattern systems work	Reading together (p 61)
• use information and communication technologies to access information, investigate ideas and represent their thinking	Letter and word sponge painting (p 60)

Sources:

Australian Government Department of Education Employment and Workplace Relations (2009). Belonging, being & becoming: The Early Years Learning Framework for Australia. Canberra. Commonwealth of Australia https://www.education.gov.au/early-years-learning-framework-0

Tried and True: A Guide to Successful Intergenerational Activities at Shared Site Programs Generations United https://www.gu.org/resources/tried-and-true-a-guide-to-successful-intergenerational-activities-at-shared-site-programs/

See Toolkit: 1.6 Intergenerational learning program plan p.57

Stage 2: Implementation

This section presents a step-by-step guide to implementing your intergenerational learning program. The process of implementing your program needs to be well planned and communicated before commencing. It is important to identify the core components that must occur for the program to succeed and the components that allow some flexibility and adaptation. This will ensure the smooth running of the program and that everyone involved is aware of what is going to happen and when, and also areas that need to be developed along the way to tailor the program to the needs of the participants on the day.

Step 1:
Selecting and recruiting participants

Step 2:
Participant orientation and obtaining participant consent

Step 3:
Data collection procedures

Step 4:
Delivering the Intergenerational Learning Program

Step 5:
Program monitoring

Step 6:
Closing the program

Step 1: Selecting and recruiting participants

Selecting and recruiting your participants is one of the most important steps in implementing your program. Think about the specific purpose of your program and the characteristics of those who will most benefit from the program. You should develop an inclusion / exclusion criterion for both your older and younger participants. An example is presented in Table 4.

Table 4: Example of participant inclusion / exclusion criteria

Inclusion	Exclusion
Children	

• Any gender
• Aged 3 to 5 years
• Able to attend program on:
  • (specify day)
  • (specify time)
  • From (specify commencement date) to (specify completion date)
• Assessed as not having any diagnosed condition that may put themselves or others at additional risk
• Permission from parents / legal guardian
• Willingness to participate
	• Children younger than 3 years or older than 6 years
	• Able to attend at least 70% of sessions
	• Recognised behavioural or health issues that may put themselves or others at additional risk as a result of participating in the program
	• No parental permission
	• Not willing to participate

Older people	
• Any gender • Aged 65+ • Able to attend program on: • (specify day) • (specify time) • From (specify commencement date) to (specify completion date) • Assessed as not having any diagnosed condition that may put themselves or others at additional risk • Permission from parents / legal guardian • Willingness to participate	• Younger than 65 years • Unable to attend at least 70% of the program • Recognised physical or cognitive condition that may put themselves or others at additional risk as a result of participating in the program • No consent • Not willing to participate

Once you have decided your selection criteria, you need to think about how you are going to access the participants i.e. who are the gatekeepers? For example, for children it will be the parents, and for the older people, it may be the older person themselves or it may their informal carers, or aged care staff.

You will also need to decide who will be recruiting your participants, will it be the managers or front-line staff in your organisation? What are they going to say to the participants to gain their interest?

Once you have developed your recruitment process, you need to think about what marketing materials you will need to "sell" your program to potential participants. These may include a brochure, fact sheet, posters, flyers, emails, information session, video link, etc. If you have some money in your budget, it may be worth paying someone with some marketing expertise to assist you with the design and production of promotional materials. Having professional-looking marketing materials will help to attract willing participants.

See Toolkit 2.1 Advertising and recruitment flyer/poster example p.59

Step 2: Participant information session and obtaining consent

2.2.1 Participant information session

Once you have recruited your participants it is important that they are all fully aware of the purpose of the program and what it involves.

It is recommended to information or orientation sessions for each of the participant groups. These provide a good opportunity to meet your participants and start to build a rapport with them so they feel comfortable and are enthusiastic about participating in the program. The information sessions may be held at their existing service, or preferably at the location where the program will take place, which will allow the participants to familiarise themselves with the space so that they feel comfortable on the first day of the program.

It is a good idea to prepare a welcome pack for participants so they have some information to refer to. The participant information sessions provide a good opportunity to obtain written informed consent.

Table 5 presents an outline of a project information session for participants.

Table 5: Project information session for participants outline

5:30	Presenters arrive and set up
5:45	Participants and families arrive – hand out packs with • Project summary sheet • Participant information and consent form
6:00	Centre director welcome and Introductions
6:10	Intergenerational Project background and purpose
6:20	Intergenerational Learning Program overview (including key dates) and what is required of participants
6:40	Promotional video
6:45	Q&A
7:00	Obtain written consent from participants
7:00	Close

2.2.2 Obtaining consent

Children under the age of 18 are unable to give consent, therefore they must have approval from a legal guardian or parent to participate in the program and to collect evaluation data.

It is also important to consider a child's right to choose whether or not they would like to participate. While we ask for permission from the parents, we often neglect to ask the child if they would like to participate. However, we advocate that it should be the child's right to choose to participate or not. We encourage you to ask the children weekly if they would like to participate to ensure they always have a right to opt out if they do not feel comfortable.

Older people are also considered a vulnerable population and those with cognitive decline may not be able to provide consent. In this case, consent must be obtained from a nominated guardian prior to commencing the program.

Obtaining written informed consent involves developing a Participant Information and Consent Form. This form should provide a summary of the purpose of the study and what it requires of the participants. It should also identify any potential risks or benefits to the participants. The forms should be written in non-technical, plain language for ease of understanding.

Meeting with all frontline staff involved plus direct managers

Purpose: to discuss participant selection, recruitment and consent procedures

See Toolkit: 2.2 Participant information and consent forms p.60

Step 3: Data collection procedures

The next step is to work out how you are going to collect your data. This includes, what are the sources of data, which participant groups and when. You will need to refer back to your evaluation framework to ensure you are collecting all the data you need for your evaluation. You will also need to work out who will be collecting the data. Table 6 presents an example summary of the data collection procedures.

Table 6: Summary of data collection methods, participant groups and timepoints

Data source	Participant groups	Time points	Who will collect it
Surveys	Child/parent dyad Seniors, Informal carers (I&C)	Pre and post	Researchers with assistance from staff
Video ethnography	Children (I) & Seniors (I)	Weeks 1, 8, 16	Researchers
Participant mood scales	Children (I) & Seniors (I)	Every session Pre and post	Workforce
Workforce Individual Practice Journal	Workforce (I) Workforce (C) Job Stress Inventory ONLY	(I) Every session (C) Pre and post only	Workforce (self-completed)
Workforce Program Reflections Journal	Workforce (I)	Every session	Workforce (self-completed)
Workforce Interviews	Workforce (I)	Pre and post	Researchers
Participant interviews	Children (I) & Seniors (I)	Post	Researchers
Costs	Organisation	End of program	Managers

Notes: I = Intervention cohorts; C = Control cohorts

Meeting with all frontline staff involved plus direct managers

Purpose: to discuss data collection procedures and finalise methods and tools

2.3.1 Baseline data collection (pre-intervention)

We recommend that any preliminary evaluation data are collected prior to commencing the program (rather than on the first day of the program). It can be quite a lengthy process, depending on the data you wish to collect so make sure you allow enough time. People often need assistance in completing paperwork so make sure you have enough support staff or volunteers to help with this process. Make sure that you check each form that it is completed, before checking the names of participants off the list.

Collecting survey data: While parents are generally fine with completing surveys independently, older adults, especially those with cognitive decline will need assistance. It is best for a researcher or staff member to administer the survey (i.e. ask the questions to the participant and complete the survey without influencing the responses). You also need to decide if the survey will be completed online or if it will be hard copy (on paper). While online may be more convenient for researchers, it may not be convenient for the participants. If you are administering your survey online, there are several platforms available, e.g. Survey Monkey, LimeSurvey, Qualtrics etc.

Conducting interviews: Interviews are generally conducted one-on-one in a quiet location. You should have your interview questions prepared and the interviews should be audio recorded.

2.3.2 Data collection during the program

We recommend that you also collect data during the program. This may involve taking photographs or video recordings of the sessions, informal interviews with participants and/or workforce, or completing observation scales.

2.3.3 Follow up data collection (post-intervention)

Follow up data collection should be conducted within one to two weeks after the program has concluded (not during the last session).

Step 4: Delivery of Intergenerational Learning Program

This is the really fun part!

Each week the team needs to spend two hours of debriefing and planning time. These planning sessions can also be used to introduce research and theoretical information, or revisit knowledge taught during the orientation session. The topics will be driven by the characteristics of the participants e.g. Cognitive decline, eldergogy, attachment theories, self-regulation.

Each session should follow the same three-step process of collaborative session planning, program session, and collaborative reflection.

2.4.1 Collaborative session planning

Prior to each session, staff need to meet to collaboratively plan a session goal that is mutually beneficial to both older people and children, and design the activities to achieve the desired learning outcome.

See Toolkit:
2.3 Session planning template p.63

2.4.2 Conducting program session

Environment

The venue space and facilities have an impact e.g. too small an area, no outside space, not enough bathrooms, space for walkers etc.

Staff should be mindful of the intergenerational care program space. In the initial sessions, long trestle tables were placed between children and older people with each generation facing each other. This created discomfort among the children mostly. Consequently, interactions were limited. Staff were quick to notice this and in subsequent sessions, attempts were made to seat older people next to the children. Tables were removed on most occasions. This new set up improved engagement between the two generations. The same is recommended for future intergenerational learning programs.

Type of activity

Findings from our research indicated that the type of activity can influence the type and level of engagement. It was found that activities which focused on sensory outcomes, were more successful in engaging both younger and older participants in the program.

Remember the activities should be designed to enhance engagement between the generations. Activities can be conducted in pairs, small groups or the whole group (large group), and they should vary in energy levels. For example:

Low energy level activities that were conducted one-on-one such as reading, painting, colouring, drawing, beading etc provided the opportunity to develop strong, intimate connections. The seniors enjoyed making things that they could keep or give to the children, and they liked to put the paintings up on the wall and keep souvenirs or memorabilia of things they had made with the children during the program.

Medium energy level activities conducted in small groups such as singing, dress-ups and cooking provided the opportunity for older people to reminisce and share their memories with the children.

High energy level activities conducted in large groups such as dancing (e.g. Hokey Pokey) and games provided the opportunity to bond as a group, creating that sense of belonging and inclusiveness. High energy activities may cause fatigue among older participants, however they also benefitted sitting and watching if they were unable to actively participate.

See Toolkit:
2.4 Ideas for session activities p. 64

Role of facilitator

Our research findings indicate that the facilitator is the catalyst to an intergenerational learning program. Both groups of participants are reliant on their facilitators and the facilitator takes on different roles depending on the situation.

Initiating: To initiate the activities by explaining what the activity is, providing instructions and guidance during the activity.

Supporting: To be in the background to provide moral support for individual interactions between older people and children. For an example, in a few instances where individual interactions were happening between a child and an older person, the facilitator intuitively took a step backward and remained silent but provided the support when needed such as probing the child to ask the older person a few more questions. For the children especially, on most occasions, they needed their childcare facilitator next to them. They were happy to interact with the older participants but just knowing that their childcare teacher was behind them gave them a kind of reassurance.

Re-focusing: To shift participants' focus back to the activity if they started getting disengaged or showed signs of boredom especially in the case of children.

Role-modelling: To demonstrate behaviour towards older people or children e.g. saying hello and good-bye.

2.4.3 Collaborative session reflection

At the completion of each session, the workforce should collaboratively reflect on the session; how it went, was the session goal achieved, to what extent, if not why not, what could have been done differently, did they need to adapt the intended plan in any way to accommodate unexpected issues etc.

This collaborative planning, facilitating and reflective process should be formally documented using a Program Journal.

See Toolkit:
2.5 Session reflection template p.65

Step 5: Program monitoring

You will need to check in with your workforce and participants at specified timepoints to see how things are going; that the goals of the program are being met, that participants are not exposed to any additional risk as a result of participating in the program, and that the workforce have adequate training to facilitate the program effectively.

You may wish to sit in on the collaborative planning and reflective sessions with the workforce and offer any additional training, or assistance if there are any issues. Some issues that may arise include:

- Logistics – travel arrangements
- Co-ordination – unable to find a suitable time for collaborative planning and reflection; one group always responsible for setting up, and packing up; one group always responsible for supplying materials and equipment
- Absenteeism – participants missing sessions
- Staff capacity – staff may not be able to attend
- Resources – lack of required materials and equipment
- Room, location – too small, inconvenient location
- Collaborative session planning – difficulty linking the program activities with the learning outcomes
- Session facilitation – unable to engage participants
- Session reflection – lack of participation from all workforce

It is important to document the sessions of your program. This can be done in a fun way through a project journal or scrap book with session plans, photographs of the participants, photographs of finished items etc. This will make a wonderful souvenir for your organisation to keep and for your participants to show families and friends when they visit the centre.

See Toolkit:
Program monitoring form p.66

Step 6: Closing the program

It is important to do something special on the last day of the program. This may be a party or group celebration. You may wish to prepare thank you gifts for the participants to remember the program and the new friends they have made such as:

- Book of photos
- Party bag with things they have made during the sessions

Stage 3: Evaluation

This section presents a step-by-step guide to evaluating your intergenerational learning program. An evaluation framework should be developed prior to commencing the program to ensure that you have clearly defined your expected outcomes, key indicators, and how you are going to measure the achievement of the expected outcomes. This will enable to you to clearly report how effective your program was, challenges that you encountered along the way, and recommendations for future programs.

Step 1:
Selecting methods and tools for your evaluation

Step 2:
Data management

Step 3:
Data anaysis

Step 4:
Disseminating findings and recommendations

Step 1: Selecting methods and measures for your evaluation

This section presents a selection methods and measures that can be used to evaluate your program. We recommended a holistic approach using a range of quantitative and qualitative methods from multiple perspectives to provide a complete picture of the intergenerational learning program experience. Table 7 presents a summary of methods and measures that can be used to evaluate different components of your intergenerational learning program.

Table 7: Summary of methods and measures

Evaluation component	Methods and measures
Participant outcomes (Health and well-being)	• Surveys (WHO-5, ASCOT, health service use, service satisfaction) • Mood scales • Follow up interviews with participants (children & seniors)
Program impact (Education / learning outcomes)	• Survey (Program Satisfaction Scale) • Video ethnography • Engagement scale • Leuven Scale • Reflective journal (Program reflections) • Follow up interviews with participants (children & seniors)
Workforce outcomes	• Job stress inventory (pre & post) • Workforce Individual Practice Reflective Journal • Workforce interviews (pre & post)
Economic outcomes	• Surveys • Cost data spreadsheet
Program fidelity and sustainability	• All

3.1.1 Baseline Demographics

It is important to collect some demographic information about your participants during the baseline assessment. This information will provide a general description of the characteristics of your participant groups. Demographic information also allows you to determine how representative your sample is of the general population, and control for any characteristics that may influence your findings. It also allows you to make comparisons between participant groups. However it is important to only collect the information that in needed and relevant to your study.

See Toolkit: Baseline demographics p.68

3.1.2 Participant outcomes

There are several different outcomes that you may want to focus on. Here we present a range of general quality of life and health and wellbeing tools and measures, however you may want to focus on other specific areas such as depression and anxiety or loneliness in older adults. It is important to select the appropriate validated tools to assess your outcomes of interest.

See Toolkit: Participant outcomes p.69

World Health Organisation Well-Being Index (WHO-5) (1998 version)

The World Health Organisation Well-Being Index (WHO-5) (1998 version) is a 5-item self-report measure of current mental well-being developed by the World Health Organization (Psychiatric Research Unit, WHO Collaborating Center for Mental Health, Frederiksborg, Denmark (1998 version). (Allgaier et al., 2012; Bech, 1998) (Heun, Bonsignore, Barkow, & Jessen, 2001) (Primack, 2003) Respondents rate each statement on a 6-point Likert scale according to how you have been feeling over the last two weeks from 0 (not present) to 5 (present all of the time). Higher numbers indicate better well-being. To monitor possible changes in wellbeing, a percentage score is calculated from the total raw score (ranges from 0 to 25) is multiplied by 4. For the percentage score, 0 represents worst possible well-being, whereas a score of 100 represents best possible well-being. A significant change is represented by a 10% difference (John Ware, 1995). This measure can be administered to adult care recipients, informal carers of adults, and primary caregivers of children.

Adult Social Care Outcomes Toolkit (ASCOT) - SCT4

Adult Social Care Outcomes Toolkit (ASCOT) is a suite of instruments designed to measure social care related quality of life (SCRQoL). The ASCOT SCT4 a four-level self-report version measuring current SCRQoL in community settings. This measure comprises eight domains of quality of life sensitive to the outcomes of social care services. Each domain has one question item with four outcome states, except the dignity domain. These domains are relevant to both social care recipients and policy-makers. The weighted scores are added together and entered into a formula to give a current SCRQoL score. The current SCRQoL in SCT4 is calculated using a formula to produce a score between 1.00 and -0.17 (Netten et al., 2012).

Use of health services

Use of health services can be measured using a single question about the number of health professional visits attended in the past 2 weeks. The question can be included in the economic evaluation as a means of determining the impact of the intergenerational learning program on the adult care recipients. The question is 'How many times in the last 2 weeks did you visit a Health Professional?'. Respondents may answer with responses of none (did not visit), 1–2 times, 3–4 times, or 5 or more times.

Service satisfaction

For adult care recipients and informal caregivers, service satisfaction can be assessed using a self-administered satisfaction survey. The satisfaction survey for respite centres covers five service areas: case management, adult day care in respite and neighbourhood centres, in-home respite, emergency in-home counselling and overnight crisis care (Share the Care, 2016 Satisfaction Survey). A modified version of the service satisfaction items may be administered to older adults in residential aged care, and to parents with children attending child day-care services. Alternatively, you may want to use other validated service satisfaction scales designed specifically for residential aged care or child care.

Life orientation test – Revised (LOT-R)

Life orientation test – Revised (LOT-R) (M. Scheier, Carver, & Bridges, 1994; M. F. Scheier, Carver, & Bridges, 2013) is a brief 10-item measure of life-orientation designed to measure optimism versus pessimism. Optimism and pessimism are measured on 3 items each. Four items serve as fillers. Respondents rate each item on a 5-point Likert scale, ranging from 0 (strongly disagree) to 4 (strongly agree). Three items are reverse coded and six optimism/pessimism items are summed to obtain an overall score.

Mood

Children and seniors completed an adapted version of the Kunin Attitude Measure (Kunin, 1955). The original measure asks participants to indicate their mood from a series of five face icons. This measure was adapted to only three faces to make it suitable for young children and seniors.

Kingston Caregiver Stress Scale (KCSS)

Kingston Caregiver Stress Scale (KCSS) consists of a set of ten questions that are grouped into 3 categories: care giving, family, and financial issues. Means and correlations are provided. Some people report feelings of stress surrounding certain aspects of care giving. To what extent, if any, do these apply to the respondent in their role of care giving to their spouse or relative? Using a five-point rating scale, where 1 equals no stress and

5 equals extreme stress, the respondent indicates the extent of the stress or frustration the care giver feels surrounding the various issues (Sadak et al., 2017).

3.1.3 Learning outcomes

See Toolkit: 3.3 Learning outcomes p.78

Engagement of a Person Living with Dementia Scale (EPWDS)

The level of engagement for older adult participants can be assessed using the Engagement of Person with Dementia Scale (EPWDS) (Jones, Sung, & Moyle, 2015) while they attended IGC program activities at session 1, 8 and 16 during 16 activity sessions. The EPWDS measures five dimensions of engagement: affective, visual, verbal, behavioural, and social. Each dimension is comprised with two statements, one in positive description and another in negative one, which were measured on a 1 – 5 Likert scale.

Assessments should be conducted by two observers at specific timepoints during the sessions (e.g for a 5 to 10 minute period at the beginning, middle and end).

Involvement and Well-being (Leuven Scale)

The Leuven Scale (Laevers, 2005) assesses the level of involvement and wellbeing using a scale from 1 to 5. Observers give a score to each participant at the end of each session. The scores were tallied to decide which activities in the program were most engaging and least engaging for the participants. These scores were used to give a weekly rating to the program activities

The Leuven Scale measures observed levels of participant involvement and well-being and can be completed for each individual participant.

Video ethnography

Video ethnography can be conducted to examine the intergenerational learning environment and observe patterns of engagement. Video recordings can be obtained at different time points during the program, e.g. First session, mid-session and final session. It is a good idea to have multiple cameras to record the entire session to provide 360-degree view of the space, and to capture a close-up view of specific activities or interactions.

Video ethnography data can be analysed using a multimodal visual transcribing process. Still images of interactions between the older people and children were obtained from the video clips that are supported with written commentaries which included observations of speech, gestures, facial expressions and movements. An analysis framework and preliminary coding system can be developed which may focus on five key areas: type of activity; facilitator style; environment; equipment and resources; and participant characteristics. The analysis framework can be further developed to explore key focus areas and identify new emergent themes.

Program journal

Program Reflection journals are a good way to capture the details of each session including the program planning and delivery aspects such as preparation of the space and learning materials, the activities that were conducted during the sessions, what was successful, and what could have been done differently. The Program Reflective Journal should be completed collaboratively by the participating workforce after each session.

Follow up interviews with participants

Focus group interviews can be conducted with the children at the completion of the program or as specific time-points to explore their perceptions around their involvement in the program. The focus group interviews with the children should be conducted in small groups and photos and drawing materials can be used to assist children to express their thoughts and opinions.

Interviews with seniors can be conducted either individually or in small groups . Questions should aim to encourage the seniors to describe their experience in detail.

3.1.4 Workforce outcomes

See Toolkit:
3.4 Workforce outcomes p.86

Child Care Worker Job Stress Inventory (CCW-JSI)

Child Care Worker Job Stress Inventory (CCW-JSI) is a 51-item scale designed to assess the amount of stress experienced by child care workers (Curbow, Spratt, Ungaretti, McDonnell, & Breckler, 2000). The scale comprises three job stress subscales measuring job demands, job control, and job resources. Each subscale consists of 17-tems. The respondent rates each item on a 5-point scale, ranging from 1 (rarely/never) to 5 (most of the time). A mean score is calculated for each of the subscale. Higher scores on indicate that the child care works felt more work-related demands, greater resources at work, and felt more control in their work.

Workforce Individual Practice Journal

The Individual Practice Journal was completed by all workforce participants and included a session satisfaction scale using the Kunin Attitude Measure (Kunin, 1955) and Individual session reflections used the circles of change revisited (COCR) model (Macfarlane & Cartmel,

2012). The COC model explores how personal reflection, communication and transformational change can impact on practice. The four steps in the COCR process are: Deconstruct: description of the phenomenon; Confront: clarification of perspectives about the phenomenon and challenge personal values and beliefs; Theorise: examination of characteristics of the phenomenon from different professional and theoretical perspectives; and Think otherwise: Review of the dominant perspective. This process was completed at the end of each session.

Interviews

Interviews can be conducted with workforce participants before the program starts and at the end of the program period. Interviews should be semi-structured and focus on questions around what it is like to work in aged care / child care, what the challenges and rewards are; why they chose that career and where they see themselves in five to ten years; and how they feel about intergenerational programs. Responses from before and after the program can be compared to see if the program has changed their attitudes towards their job.

3.1.5 Economic outcomes

Costs

It is important to collect detailed information regarding the costs associated with implementing and intergenerational program. Costs include one-off start-up costs and recurring costs.

See Toolkit:
3.5 Economic outcomes p.90

Willingness to pay

Willingness to pay can be measured using a single willingness to pay question. The question can be included in an economic evaluation as a means of determining the value that the adult care recipients and their informal carers, and primary caregivers of the children place on the intergenerational learning program. A higher willingness to pay indicates that the participant places a higher value on this service. This is a stated preference approach for eliciting monetary value to a learning program.

Cost-consequences evaluation

In this section we offer a list of possible measures that could be used in an economic evaluation of an intergenerational learning program (see Table 1). From the care recipient perspective, the measures included quality of life, wellbeing, willingness to pay, use of health services, and service satisfaction. From the informal caregiver perspective, the measures included wellbeing, optimism/pessimism, carer stress, willingness to pay and service satisfaction. From the primary caregiver (parent) perspective, the measures included wellbeing, optimism/pessimism, willingness to pay and service satisfaction. From the staff perspective, the measures included subscales related to job stress. A quality of life measure is included from the child's perspective.

Further studies are required to obtain additional data in order to adequately determine whether the suggested outcome measures are reliable measures of change and their suitability for use in the economic evaluation of intergenerational learning programs. For these reasons, the suggested measures should be used with caution.

Table 8. Suggested outcome measures for the economic evaluation of an Intergenerational Learning program

Measure	Senior	Personal carer of senior	Child	Primary carer of child
World Health Organisation well-being index (WHO-5)	X	X		X
Adult social care outcomes toolkit (ASCOT) – SCT4	X			
Life orientation test – revised (LOT-R)		X		X
Willingness to pay	X	X		X
Use of health services	X			
Service satisfaction	X	X		X
Carer Stress		X		

The suggested measures were chosen because of their potential suitability in our project setting. These measures may be less appropriate when applied under slightly different circumstances. For instance, caution should be taken when implementing the selected measures when evaluating programs that include older children, specific cultural groups, nursing home residents and special needs groups.

As the evaluation timeline increases, we can expect an increase in benefits over time (Dalziel, Halliday, & Segal, 2015). A longer follow-up period is recommended in order to examine the impact of the program in the medium and longer term. A longer follow-up and broader scope of included benefits would enable a cost-benefit or cost-effectiveness analysis to be undertaken with additional benefits being accrued beyond the costs over time (Dalziel et al., 2015).

In our study the outcome measures data was partially incomplete. This was due to a number of challenges experienced throughout the data collection period, thereby making comparisons and drawing conclusions from the data difficult. It may be reasonable to consider providing reimbursement to the participants, staff, and the agency, for their participation in the research evaluation. This may serve to increase the number of participants and to improve the data quality (i.e. completeness, accuracy, and consistency).

For an in-depth discussion of the measures please refer to the following manuscript: Vecchio, N., Comans, T., Harris, P., Graham, V., Cully, A., Harris, N., Fitzgerald, J., Cartmel, J., Golenko X., and Radford, K., Economic Evaluation of Intergenerational Programs: Suggested Measures and Design (Journal of Intergenerational Relationships. (Forthcoming)).

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3.1.6 Program fidelity and sustainability

Fidelity

Currently there is limited understanding of how implementation fidelity of healthcare interventions can be evaluated and reported. There has been some work on articulating the different methods to measure implementation fidelity, however most of the focus is on operational fidelity. The STARI reporting guidelines of implementation research recommend including core components of the intervention and any adaptations made (Pinnock et al., 2017), but provides limited guidance about how to do this. Given the increasing need to implement and sustain effective healthcare interventions, understanding how implementation fidelity can be evaluated and described helps to move towards a more consistent way of evaluating implementation fidelity.

As part of the Intergenerational Care Project evaluation, the team worked together to draw from the operational fidelity domains to guide the development of new theoretical and end user domain components. This included identifying the core components of: design, training, intervention delivery and intervention receipt. These core components were used to generate a summary table of implementation fidelity, containing each of the domains and how to measure them, specific to the Intergenerational Care Program. We then used the data that was collected throughout the program to populate the table to assess the level of fidelity in relation to the implementation of the intergenerational learning program. The measures selected for each of the domains are presented in Table 9.

Table 9: Implementation fidelity domains and measurement methods

Domains	Measurement methods
Theoretical implementation fidelity (Deciding the permissible level of innovation adaptability at outset. Identification of the core components of program)	Review of project notes Documents related to the program – including information documents for participants
Operational implementation fidelity (Deciding the permissible level of innovation adaptability at outset. Identification of the core components of program)	Grant application Review of project managers notes Video recordings Interviews with participants Focus groups with participants Interviews with project leads Reflective journals Scales (Engagement, Leuven, mood, carer stress)
End user implementation fidelity (The degree to which an intervention reaches end users)	Review of project notes
Sustainable implementation fidelity (The degree to which an intervention reaches end users)	Interviews with project leads

Sustainability

Table 10: Sustainability key elements

Time: Is it still there in the	• short term? • medium term? • long term?
Continued delivery	• Is the IGC still being delivered?
Program may evolve	• Has the program evolved from the original?
Continues to produce benefits to individual	• Look at outcome measures

Program evolution questions from Pérez D, Van der Stuyft P, Zabala MdC, Castro M, Lefèvre P. A modified theoretical framework to assess implementation fidelity of adaptive public health interventions. Implementation Science. 2016;11(1):91.

1. What: Was the content changed in any way? How? Was any topic suppressed? Which one? Why? Was any topic replaced? By which one? Why? Was any topic added? Which one? Why?
2. How: Was any principle of the pedagogical model adapted (e.g. objectives, logic, learning methods)? Which one? How? Why? Was the pedagogical model replaced by another? By which one? Why?
3. How frequently: Was any adaptation introduced in the frequency of the training (e.g. number of sessions, number of hours per sessions)? How? Why?
4. Were the workshop's sessions split over time? How? Why? Was there any adaptation introduced in the length of the span period intended to provide the training? How? Why?
5. To whom: Was the learning group adapted in any way (e.g. quantity of the participants, role of the stakeholders in relation to IGC activities)? How?
6. Why? Was the learning group replaced by another teaching strategy? By which one? Why?
7. By whom: Was any facilitator not trained? Why? Was any principle of the pedagogical model adapted while training the facilitators? Which one? How? Why? Was the pedagogical model replaced by another? By which one? Why?
8. Specifications related to the context: Was there any change in the number of IGC facilities used? Why? Was there any change in the number of facilitators involved? Was there any replacement of facilitators? How? By which one? Why? Were there modifications brought to the methodological support (e.g., provision of guidelines, content of the guidelines, methodological counselling)? How? Why? Was there any change in the childcare centre/RAC to affect participation by children/people with dementia and how they were involved? Were there any changes in the micro, meso or macro context/environment that affected the ability to implement this project? What and how did it impact? Were any adaptations made as a result? What changes? How were they implemented?

Step 2: Data management

3.2.1 Data management plan

A data management plan should be developed as early as possible in the research process and should include, but not be limited to, details regarding:

i. physical, network, system security and any other technological security measures

ii. policies and procedures

iii. contractual and licensing arrangements and confidentiality agreements

iv. training for members of the project team and others, as appropriate

v. the form in which the data or information will be stored

vi. the purposes for which the data or information will be used and/or disclosed

vii. the conditions under which access to the data or information may be granted to others, and

viii. what information from the data management plan, if any, needs to be communicated to potential participants?

While it may not be practical to keep all the primary material (such as ore, biological material, questionnaires or recordings), durable records derived from them (such as assays, test results, transcripts, and laboratory and field notes) must be retained and accessible.

Source: nhmrc.gov.au/sites/default/files/documents/attachments/Management-of-Data-and-Information-in-Research.pdf

3.2.2 Data entry and data cleaning

You will need to set up databases to store all of your data. Excel is a practical format to store your data, however other database applications can be used to facilitate data entry. It is important to keep a MASTER file of your raw data and then make a copy of the file for cleaning and save as MASTER CLEAN. Data cleaning involves checking for anomalies and missing data, and transforming data as required. Then this file can be copied and used for data analysis.

Step 3: Data analysis

3.3.1 Quantitative data analysis

Most of your quantitative data analysis can be conducted using SPSS , or for more complex analyses you may need to use other software programs such as STATA. Basic quantitative analysis should include descriptive statistics, and may also include t-tests, chi-squared test, correlation and regression analysis. You may wish to consult an experienced statistician to assist you with the analysis.

3.3.2 Qualitative data analysis

Analysis of your qualitative data can be conducted either manually, or using computer software programs such as NVivo or Leximancer. Qualitative data analysis generally involves a thematic analysis which involves coding your data and categorising the codes into themes.

Below are some recommended readings to find out more about data analysis and research methods:

Creswel, J. W. (2009). Research design: Qualitative, quantitative, and mixed methods approaches. Los Angeles: University of Nebraska–Lincoln.

Neuman, W. L. (2014). Social research methods: qualitative and quantitative approaches (Pearson new international; Seventh; ed.). Harlow, Essex: Pearson.

Tracy, S. J. (2019). Qualitative research methods: Collecting evidence, crafting analysis, communicating impact: John Wiley & Sons.

Step 4: Disseminating findings

Sharing your experience and learnings from your project is important to transfer knowledge and continue to develop our understanding around intergenerational programs and improve practice. A dissemination strategy should be developed to target key stakeholder groups including academics, industry, government and the broader community.

3.4.1 Academics

The best way to target academics is through peer-reviewed journals and research conferences. It is important to select the most relevant journal for your publication, and make sure you review the submission criteria for any peer-reviewed journal you are considering. Information on upcoming conferences can be found through searches on the Internet. Generally, you will be required to submit an abstract for peer review and you may be selected for either a poster or oral presentation.

3.4.2 Industry

Industry presentations and reports are a good way to reach industry professionals. These types of reports and presentations should be more practically-oriented, rather than having an academic, research focus. Make sure that you present the findings from your project to your industry partners. A number of industry reports have been published in the area of intergenerational practice. Please see our website for a range of industry publications.

Book chapters are another effective way of reaching industry professionals. Book chapters will generally have a specific focus. For example, see Cartmel, J., Radford, K., Bell, K., Golenko, X., & Fitzgerald, A. (2019). Hearing children's voices in intergenerational learning and practice Intergenerational Learning in Practice (pp. 80-96): Routledge.

3.4.3 Government

Inviting members of your local council to visit your program may be an option. This is a good opportunity for them to see the benefits first hand, and may inspire them to look at ways they can support further intergenerational programs and initiatives.

3.4.4 Broader community

Website

A website is a good way of having a central point where people can access information about your project.

E-Newsletter

An e-newsletter can be an effective way of disseminating key highlights over a short period of time e.g. 1 to 3 months. E-newsletters can provide updates on project developments and has feature articles on lead members of the research team and our partner organisations. E-newsletters can be made available on the website, distributed through social media and via email to a list of email subscribers.

Social media

Social media platforms include Facebook, LinkedIn, Twitter and YouTube. They can be useful platforms to share content regarding the research project and news items as well as other related projects and information. A strong social media presence can create positive awareness of your project and to expand your networks both in Australia and overseas.

Media

Media platforms such as print, radio, TV and online are great ways to create awareness about your intergenerational program. You can start with local media from your area, but also target state-wide and national programs. Journalists will often request an interview and they like to come and take photos. This may be intimidating at first, but it is important to spread the word about your program!

Intergenerational Learning Program Toolkit

Tools and Templates for the Development, Implementation and Evaluation of Intergenerational Learning Programs

1: Planning and development tools

In this section, you will find a range a tools and templates to assist you with the planning and development stage of your project. Each of the tools and templates presented in this section support Stage 1: Planning and development in the Operational Guidelines.

The following tools and templates are presented in this section:

1.1 Project plan template

1.2 Project logic example

1.3 Evaluation framework example

1.4 Budget template

1.5 Workforce training modules

1.6 Intergenerational learning program plan

1.1 Project plan template

The starting point for any project is to write a plan! Your plan should outline the key components of your project.

The template can be used as a guide and may or may not include all the components as outlined below.

1.1.1 Introduction

The introduction should introduce and provide a brief overview of the proposed project including starting with the purpose and context. The overall purpose should be clearly defined, e.g. is it addressing social isolation among the elderly, or to change the attitudes of children towards the elderly, or address other social, health or economic issues within particular groups? The context sets the scene for project i.e. where and with who you will be conducting your research. For example, it may be within a particular population group, or a particular model of intergenerational care (shared campus, visitation, playgroup etc). You should also state how your project will be funded (through the organisation, a grant etc). The Introduction should also include a summary of existing similar programs and relevant literature. You should use this information to provide a justification for the need for such a program.

1.1.2 Project aim

This section should include the overall aim of your project and state the program goals and objectives.

The objectives must be SMART: specific, measurable, achievable, relevant, and time-based.

You should also include a statement about the expected implications or impact of the program for the participants as well as the organisation / community group and society as a whole.

1.1.3 Project site/s and participants

This section states more specifically where you will be conducting your program and with who. You should state if there are any partnerships between organisations or community groups, and the characteristics of your participants e.g. children aged 3 to 5 years; older people with moderate stage of dementia etc.

1.1.4 Project description (Project implementation plan)

Describe exactly what your project implementation will entail i.e. the process and procedures including the duration of the program, the types of activities, and how it will be implemented.

1.1.5 Project logic

The project logic sets out what a project will do and how it will do it; i.e. it identifies the overarching project goal and links the project inputs and activities with expected outcomes.

Figure 3: Project logic example

Project goal:

To develop, implement and evaluate an intergenerational learning program consisting of purposeful activities that are designed to promote engagement and build meaningful relationships between children and older adults, and is beneficial to both groups.

Inputs	Activities	Short-term outcomes	Mid-term outcomes	Long-term outcomes
• Funding • Partnering organisations • Program site • Program participants • Staff to co-design, plan and facilitate program • Staff training modules • Theory and evidence to inform program development • Materials • Evaluation tools	• Consult with key stakeholders • Train staff • Co-develop program • Select and recruit participants • Plan and facilitate program • Monitor program • Evaluate program	• Improved sense of well-being among older adults • Improved communication and confidence around older adults for children • Improved job satisfaction among workforce • Development of innovative and cost-effective program offered by organisation / service provider	• Intergenerational programs rolled out more broadly • Improved quality of life outcomes for older adults • Improved attitudes towards aging and older adults among children • Alternative models of care and programs for children, older adults, carers and families • Reduced turnover in aged care and child care workforce • Development of recognised intergenerational practice qualification	• Normalisation of intergenerational programs and practice within educational and care services • Creation of age-friendly communities and increased social cohesion • Delayed need for higher levels of care among older people • Reduction in anti-social behaviours among adolescents • Cost-effective solution to economic and social impact of aging population

1.1.6 Project evaluation framework

Evaluating your program is the third stage of your project, however planning your evaluation from the start of the project to ensure that you are measuring how well you are achieving your intended goals. Program evaluation will enable you to assess how well you achieved your intended goals and to measure the effectiveness or impact of your program. To do this, you need to firstly work out what you are going to measure and how.

An outline of your evaluation plan needs to be included in your project proposal. Often this is presented in the form of an evaluation framework which summarises your evaluation process and procedures.

Table 11: Project evaluation framework example

Evaluation component	Program objectives	Indicators	Data sources
Outcome evaluation (program effectiveness)			
Participant outcomes	To improve health and well-being of participants from before starting the program to completion of the program compared to people in usual care programs	• Health • Well-being • Mood	• Surveys • Interviews
Education (learning) outcomes	To identify types of activities and program delivery aspects that create higher levels of engagement among participants	• Level of engagement • Program satisfaction • Job satisfaction • Retention • Program satisfaction	• Video ethnography • Program journal • Interviews
Workforce outcomes	To improve job satisfaction and reduce intention to leave among workforce participants	• Job satisfaction • Retention • Program satisfaction	• Surveys • Individual reflective journal • Interviews
Economic evaluation			
Socio-economic outcomes	To describe the costs and cost-benefits associate with implementing an intergenerational learning program	• Cost analysis • Willingness to pay • Cost benefit analysis	• Surveys • Cost data spreadsheet
Process evaluation			
Program fidelity and sustainability	To identify the core components of the program, that are critical to its success, and other components which can be adapted to suit different contexts	• Did we do as planned? • Why / why not? • What would we do differently?	• Surveys • Reflective journals • Video ethnography • Interviews

1.1.7 Ethics

This section should identify the ethical considerations relevant to conducting an intergenerational project. This is really about potential risk to participants including exposure to physical and emotional risk, participant consent etc.

1.1.8 Timeline

The timeline presents the expected timeline of what actions will be taken when. This is generally presented in a table with the key steps and expected time-frames.

1.1.9 Budget

The budget should include a spreadsheet of the expected costs and also a written justification explaining what the money will be spent on.

Your budget is a critical component of your research proposal. It is a good idea to start with a wish list and overestimate the expected costs, that way you can work backwards and come up with a more realistic figure.

Costs for running an intergenerational program may include:

Labour costs for managers, child care staff, aged care staff to attend initial meetings and planning, staff training, facilitating program and session reflection and planning.

Non-labour costs may include initial set up costs for purchase of equipment, and ongoing costs such as materials for session activities.

Table 12: Budget template

Item	Expected expenditure		
	Year 1	Year 2	Total
Salaries			
Backfill for staff			
Consultants / contractors			
Marketing and Communications			
IT (Software, online surveys, website etc.)			
Equipment and materials			
Travel and accommodation			
Training and development			
Consumables			
TOTAL			

1.2 Workforce orientation program modules

1.2.1 Data collection tools

- Circles of Change Revisited (COCR) Model of Critical Thinking and Reflection
  Download PowerPoint presentation from intergenerationalcare.org/Toolkit
- Leading Learning Circles: Critical reflective practice as a process of self-evaluation using the tacit knowledge of others as well as research and theory
  docs.education.gov.au/system/files/doc/other/learning_circles_resource_0.pdf
- Leuven Scale: Observing learning outcomes
  Download PowerPoint presentation from intergenerationalcare.org/Toolkit

1.2.2 Value of Play

- Playwork practice
  https://www.playwales.org.uk/eng/playwork
- Intergenerational learning framework
  Download PDF document from intergenerationalcare.org/Toolkit

1.2.3 Neurosequential model of education

- Neurosequential model of education
  Download PowerPoint presentation from intergenerationalcare.org/Toolkit
- Attachment theory, building relationships

1.2.4 Talking with children about death

- Talking with children about death
  Download PowerPoint presentation fromintergenerationalcare.org/Toolkit

Please access and use these resources in the manner in which they were intended, if you have any questions please do not hesitate to ask!

1.3 Collaborative planning session to co-develop an overall plan of the weekly sessions

Use the table below to identify your learning outcomes for each week and the relevant activities designed to achieve the outcomes.

Table 13: Weekly session plan

Sessions	Learning outcomes	Activities
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

2: Implementation tools

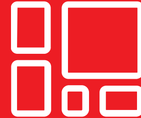
In this section, you will find a range a tools and templates to assist you with the implementation stage of project, Each of the tools and templates presented in this section support Stage 2: Program Implementation in the Operational Guidelines.

2.1 Advertising and recruitment flyer/ poster example

2.2 Participant information sheet

2.2.1 Participant consent form (older adults/ informal carers)

2.2.2 Participicent consent form (parents/children)



2.3 Session planning template

2.4 Ideas for session activities

2.5 Program reflection template

2.6 Program monitoring form

2.1 Advertising and recruitment flyer/poster example

Research Team

Dr Katrina Radford
Workforce Lead

Professor Anneke Fitzgerald
Program Evaluation Lead

Dr Nerina Vecchio
Economic Evaluation Lead

Dr Jennifer Cartmel
Education Lead

Associate Professor Neil Harris
Program Evaluation

Dr Xanthe Golenko
Project Manager

Dr Paul Harris
Program Evaluation

Associate Professor Tracy Comans
Economic Evaluation

Professor Wendy Moyle
Aged Care

Ms Liz Drew
Aged Care

Ms Dianne Holman-Taylor
Child Care

Professor Susan Kurrle
Aged Care and Dementia

Dr Dianne Goeman
Aged Care

Intergenerational Care Project
Griffith Business School

Griffith University
Gold Coast campus
Parklands Dr, Southport Qld 4215

intergenerationalcare.org@gmail.com
intergenerationalcare.org

The Intergenerational Care Project

Research evaluating intergenerational learning programs in Australia

intergenerationalcare.org

Introduction

The Intergenerational Care Project is a research project being conducted by Griffith University on the Gold Coast, Australia. Funded by Dementia and Aged Care Services (Grant Activity ID: 4-424CN56), this project officially commenced in June 2017 and will run for a period of two years. This project is based on three years of background research investigating the feasibility of providing intergenerational care programs within the Australian context, which was largely funded by the Ku-Ring-Gai Hospital and Health Services. The trial is expected to commence in mid-2018, with the final results available by mid-late 2019.

Intergenerational programs are defined as planned ongoing activities that purposefully bring together different generations to share experiences that are mutually beneficial. Our program focuses on the educational, workforce, economic and social benefits that intergenerational care programs bring to Australia.

For children, intergenerational programs have benefits in terms of psychological and social development, and there is some evidence that intergenerational contact reduces delinquency in young adults. For older adults, intergenerational programs have shown psychological benefits by creating a sense of purpose and enhancing dignity, and have led to changes in community expectations of existing care and support services available to older people, including those living with dementia.

Project Aims

This project aims to evaluate two models of intergenerational care within community day care settings to benefit older people and carers, and younger children (3-5 years). The two models of intergenerational care being evaluated are:

1. Shared campus model: Aged day care and child day care centres offer their programs on the same site with shared infrastructure and facilities. The intergenerational care program is then provided in a multi-function room common to both aged care and children care facilities.

2. Visiting campus model: Centres are located separately and either children or older people are transported to the other site and intergenerational activities are held on that site for 1 – 2 hrs, twice per week.

Expected Outcomes

This is the first time different models of intergenerational care have been formally trialled and evaluated in Australia. While the psychological and social benefits of intergenerational care for children and older people are well recognised, our research will investigate:

1. The **socio-economic** implications of intergenerational care to Australian society

2. The **educational** implications of developing an intergenerational curriculum and creating an eldergogy

3. The **workforce** implication of intergenerational care in terms of attractiveness to staff, developing new career models, and investigating the impact this has to employee retention in child care and aged care organisations.

Findings from this research will inform the development of policy and operational guidelines that could be used in the planning and delivery of the intergenerational care models in the Australian community setting and contribute to building age-friendly communities.

2.2.1 Participant information sheet

Intergenerational Program
Project Information Sheet for Participants

Project aim

Our project aims to develop, implement and evaluate an intergenerational learning program specifically designed to benefit older people and pre-school aged children attending care services.

Findings from this research will inform the development of policy and operational guidelines for intergenerational programs to be implemented in care centres across Australia and create more age-friendly communities.

Benefits of Intergenerational Learning Programs

- **For Children**

Provide an oppurtunity to learn from and connect with older generation

- **For Older People**

Provide a sense of purpose and enhance their dignity

Improve social outcomes and encourage older people to remain living in their home for longer

What will my participation in the intergenerational program involve?

- The sessions will be held for 1 hour, once per week for 8 consecutive weeks.
- Children from the (name of childcare) are invited to participate in an intergenerational learning program with older adults from (name of aged care).
- We would like to have the same people participating in the program for the whole 8 weeks, however we understand there may be some absenteeism during that time.
- Parents and informal carers do not participate in the weekly sessions.
- The learning program will involve a range of activities such as games, singing, art, gardening and reading which are designed around promoting engagement with the activities as well as between the generations.
- Through this program we aim to build respectful and reciprocal relationships between the generations, where everyone feels safe and secure.

What information is being collected for the research?

1. Survey:

- You will be asked to complete two surveys: one before we start the program and the second when the program has finished. The surveys will take around 15 minutes to complete. Please note parents are to complete the survey on behalf of the children
- The survey includes a range of questions. They include demographic and health-related questions, and also your perception of the service provided by the centre. In the second survey there are also some extra questions around the intergenerational learning program itself. We are happy to provide assistance in completing the survey if required.

2. Video recordings:

- We will be video recording three of the sessions (Sessions 1, 4, 8)
- There will be 4 cameras in the room. Three will be placed around the outside of the room and then one will be on a clamp fixed to a table to gain a closer view of specific activities.
- The children may also be given still cameras during some of the sessions so they can take their own photos.

3. Staff observation:

- The staff will also be observing the session and making notes in a reflective journal that we are providing to them.

Dissemination of the research findings

Findings from this research will be disseminated through journal publications, conferences presentations, policy guidelines, and industry reports. The findings will also be presented to participating research sites and to the broader population through media and social media outlets.

2.2.2 Participant consent form for senior/informal carer

Consent Form
Senior Participant

I consent to participate in <insert title of project> conducted at <insert name of organisation>

1. My participation in this program is voluntary. I understand that I will not be paid for my participation. I may withdraw and discontinue participation at any time without penalty. If I decline to participate or withdraw from the program, it will not affect my current arrangements with my care provider.
2. I understand that if I feel uncomfortable in any way during the programs sessions, filling out the survey and/or the filming of video footage, I have the right to decline participation within the program, survey and filming.
3. Participation involves eight one-hour sessions. If I do not want to be involved in the sessions, I will not be able to participate in the program.
4. Participation involves filling out a survey at two points in time; at the beginning of the program and the end of the program. If I do not want to answer the survey, I will not be able to participate in the program.
5. Participation involves photography/audio-visual recording whilst attending three of the 8 sessions. If I do not want to be photographed/recorded, I will not be able to participate in the program.
6. I understand that the researcher will not identify me in any reports using information obtained from the survey, and that my confidentiality as a participant in the survey will remain secure. My anonymity will be protected.
7. I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study.

Senior Participant or informal carer if unable to consent

I acknowledge by signing this consent form I agree to participate in the intergenerational program and complete data collection requirements as stated in the Participation Information Sheet provided:

☐ Senior participant

☐ Informal carer

____

My Signature

____

My Printed Name

____

Date

2.2.3 Participant consent form for child/parent

Consent Form
Child/Parent

I consent for my child to participate in <insert title of project> conducted at <insert name of organisation>

1. My child's participation in this program is voluntary. I understand that I will not be paid for my child's participation. My child may withdraw and discontinue participation at any time without penalty. If I decline for my child to participate or withdraw from the program, it will not affect my arrangements with my care service provider.
2. I understand that if my child feels uncomfortable in any way during the programs sessions. my child has the right to decline participation within the program and filming.
3. Participation involves eight one-hour sessions.
4. Participation involves filling out a survey at two points in time; at the beginning of the program and the end of the program.
5. Sessions will be video recorded and photos taken.
6. I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree for myself and my child to participate in this study.

Primary carer of child care recipient

I acknowledge that by signing this consent form as the child's primary carer on behalf of the child care recipient whereby they are unable to provide informed consent, I am indicating my level of consent by selecting the appropriate boxes and providing my signature.

____

My Signature

____

My Printed Name

____

Date

2.3 Session planning template

Session 1 Date: ______________________________

Time of commencement of session: ______________________________

Time of conclusion of session: ______________________________

Location: ______________________________

Expected number of children: ______________________________

Expected number of older adults: ______________________________

Expected number of staff: ______________________________

Roles of staff:

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

Additional assistance required (e.g. activity specialists)

Learning outcomes anticipated:

Planned activities:

Materials required:

Layout of the space:

(Draw plan if possible)

(Draw plan if possible)

2.4 Ideas for session activities

Program sessions

Introduce each session with a Getting Connected or Introductory Activity. There activities are designed to help build connections and help people to learn each other's names. The following suggestions from 'Tried and True"

Download Tried and True
gu.org/app/uploads/2018/05/SharedSites-Report-TriedandTrueActivitiesGuide.pdf

Who Took the Cookie from the Cookie Jar (p 32)

Intergenerational Nametags (p 35)

Body Puzzles (p 26)

Animal Puppets (p 44)

Pipe Cleaner Letters (p 51)

Music Making p72

Cream cheese and crackers snack p74

The body of the sessions should be filled with opportunities for participants to make choices about what they would like to do

One-on-one	Small group	Large group
Body Puzzles p 26	Space Bingo p 28	Bubbles p 29
Phlexiglas Portraits p27	Gardening p54	Who Took the Cookie from the Cookie Jar p32
Clay sculptures p46		Treasure hunt p36
Gardening p54		Clay sculptures p46
		Gardening p54

The conclusion of the session may be an opportunity for participants to draw or discuss what they had enjoyed doing during the session.

Farewell activities

Music Making p72

Cream cheese and crackers snack p74

2.5 Session reflection template

Was any content changed from the original curriculum

If yes, which one?

Why was it changed?

Was any topic suppressed from the original curriculum

If yes, which one?

Why was it suppressed?

Was any topic added to the original curriculum?

If yes, which one?

Why was it added?

Reflection

Referring back to your planning for this session, which learning outcomes were achieved for this session, and which were not achieved? Why not?

In your opinion, tell us how the session was:

Relevant/age appropriate:

Relational:

Repetitive/patterned/predictable:

Rewarding/fun:

Facilitator self-evaluation:

On a scale of 0 = not at all true, 1=somewhat true, 2=mostly true, 3 = N/A, please rate the facilitators for each of the statements:

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

The childcare worker and the aged care worker.....	Childcare Worker	Aged Care Worker
1. Shared facilitation		
2. Encouraged intergenerational participant interaction		
3. Were responsive to needs of participants, regardless of age		
4. Demonstrated age-appropriate communication and behaviour		
5. Were intrusive and over-involved with participants		
6. Disengaged from activity		
7. Brought a positive attitude to the session		
8. Communicated effectively		

Additional comments:

2.6 Program monitoring form

Session number:	Date:
Observer:	Location:
Start time:	Finish time:

Notes

1. Environment
   (venue, space, comfort, suitability, amenities)
2. Resources
   i. Human resources
   ii. Facilitator/participant level of use/appropriateness
   iii. Additional resources used
3. Activities
   i. Description of session (types of activities completed)
   ii. Timing/duration
4. Implementation
   i. Management of session (time, support)
   ii. Resources (use of facilitator manual, equipment)
5. Session facilitator/s
   i. Communication
   ii. Awareness of dynamics of group/environment
   iii. Flexibility/adaptability
   iv. Knowledge of activities/resources
   v. Time management
6. Participation
   i. Attitudes/behaviours towards others/activities
   ii. Interactions (level of participation/interest)
   iii. Levels of support/cooperation

3: Evaluation toolkit

In this section, you will find a range a tools and templates to assist you with the evaluation stage of your project.

The following tools and templates are presented in this section:

3.1 Baseline demographics

3.2 Participant outcomes (health and well-being)

3.2.1 World Health Organisation Well-Being Index (WHO-5) (1998 version)

3.2.2 Adult Social Care Outcomes Toolkit (ASCOT) - SCT4

3.2.3 Use of health services

3.2.4 Service satisfaction

3.2.5 Life Orientation Test Revised (LOT-R)

3.2.6 Mood

3.3.7 Kingston Caregiver Stress Scale (KCSS)

3.3 Learning Outcomes

3.3.1 Engagement of a Person Living with Dementia Scale (EPWDS)

3.3.2 Involvement and Wellbeing (Leuven Scale)

3.3.3 Program Evaluation

3.3.4 Program Journal

3.3.5 Participant Interviews

3.3.6 Follow up interviews with participants

3.4 Workforce outcomes

3.4.1 Child Care Worker Job Stress Inventory (CCW-JSI)

3.4.2 Interviews

3.5 Economic outcomes

3.5.1 Costs

3.5.2 Willingness to pay

3.6 Program fidelity and sustainability

3.6.1 Theoretical fidelity

3.6.2 Operational fidelity

3.6.3 End User Fidelity

3.6.4 Sustainable Fidelity

3.1 Baseline demographics

Date ______________________________

Name ______________________________

Information about you

1. What is your date of birth? ______________________________
2. What is your gender? ☐ Male ☐ Female ☐ Prefer not to say
3. What is the highest level of education you have completed?
   - ☐ Year 10 or below ☐ Year 11 ☐ Year 12 ☐ Certificate/Diploma/Trade
   - ☐ Bachelor / Postgraduate Degree ☐ Other ____________________
4. What is your marital status?
   - ☐ Single ☐ Married / De facto
   - ☐ Separated / Divorced ☐ Widowed
5. What is your current living arrangement?
   - ☐ Live alone ☐ Live with spouse
   - ☐ Live with others (family / friends) ☐ Residential care
6. Do you currently receive a government pension?
   - ☐ Full pension ☐ Part pension ☐ No pension
   - ☐ Concession card ONLY ☐ DVA ☐ Other ____________
7. Who is your primary informal carer?
   - ☐ Spouse / partner ☐ Parent ☐ Child ☐ Sibling
   - ☐ Friend ☐ Residential care staff ☐ Other ____________
8. 8. Do you currently have any pre-existing health conditions? (Select all that apply)
   - ☐ Asthma ☐ Diabetes mellitus ☐ Mental health issues
   - ☐ Arthritis ☐ Kidney disease ☐ Behavioural issues
   - ☐ Cancer ☐ Dementia/Alzheimer ☐ Cognitive impairment
   - ☐ Osteoporosis ☐ Sight and hearing problems ☐ Heart and circulatory conditions
   - ☐ Other long-term conditions ______________________________________

3.2 Participant outcomes (health and well-being)

3.2.1 World Health Organisation (Five) Well-Being Index (WHO-5) (1998 version)

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. Notice that higher numbers mean better well-being.

Example: If you have felt cheerful and in good spirits more than half of the time during the last two weeks, put a tick in the box with the number 3 in the upper right corner.

In the last two weeks...	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
1. I have felt cheerful and in good spirits.						
2. I have felt calm and relaxed.						
3. I have felt active and vigorous.						
4. I woke up feeling fresh and rested.						
5. My daily life has been filled with things that interest me.						

Source: Heun, R., Bonsignore, M., Barkow, K., & Jessen, F. (2001). Validity of the five-item WHO Well-Being Index (WHO-5) in an elderly population. *European archives of psychiatry and clinical neuroscience*, 251(2), 27-31.

3.2.2 Adult Social Care Outcomes Toolkit (ASCOT) – SCT4

1. Which of the following statements best describes how much control you have over your daily life? By 'control over daily life' we mean having the choice to do things or have things done for you as you like and when you want.

Please tick one box.

- I have as much control over my daily life as I want ☐
- I have adequate control over my daily life ☐
- I have some control over my daily life but not enough ☐
- I have no control over my daily life ☐

2. Thinking about your personal care, by which we mean being clean and presentable in appearance, which of the following statements best describes your situation?

Please tick one box.

- I feel clean and am able to present myself the way I like ☐
- I feel adequately clean and presentable ☐
- I feel less than adequately clean or presentable ☐
- I don't feel at all clean or presentable ☐

3. Thinking about the food and drink you get, which of the following statements bests describes your situation?

Please tick one box.

- I get all the food and drink I like when I want ☐
- I get adequate food and drink at OK times ☐
- I don’t always get adequate or timely food and drink ☐
- I don’t always get adequate or timely food and drink,vand I think there is a risk to my health ☐

4. Which of the following statements best describes how safe you feel? By 'feeling safe' we mean feeling safe both inside and outside the home. This includes fear of abuse, falling or other physical harm and fear of being attacked or robbed.

Please tick one box.

- I feel as safe as I want ☐
- Generally I feel adequately safe, but not as safe as I would like ☐
- I feel less than adequately safe ☐
- I don't feel safe at all ☐

5. Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?

Please tick one box.

- I have as much social contact as I want with people I like ☐
- I have adequate social contact with people ☐
- I have some social contact with people, but not enough ☐
- I have little social contact with people and feel socially isolated ☐

6. Which of the following statements best describes how you spend your time? When you are thinking about how you spend your time, please include anything you value or enjoy including leisure activities, formal employment, voluntary or unpaid work and caring for others.

Please tick one box.

- I'm able to spend my time as I want, doing things I value or enjoy ☐
- I'm able to do enough of the things I value or enjoy with my time ☐
- I do some of the things I value or enjoy with my time but not enough ☐
- I don't do anything I value or enjoy with my time ☐

7. Which of the following statements best describes how clean and comfortable your home is?

Please tick one box.

- My home is as clean and comfortable as I want ☐
- My home is adequately clean and comfortable ☐
- My home is not quite clean or comfortable enough ☐
- My home is not at all clean or comfortable ☐

8. Which of these statements best describes how having help to do things makes you think and feel about yourself?

Please tick one box.

- Having help makes me think and feel better about myself ☐
- Having help does not affect the way I think or feel about myself ☐
- Having help sometimes undermines that way I think and feel about myself ☐
- Having help completely undermines the way I think and feel about myself ☐

9. Thinking about the way you are helped and treated, and how that makes you think and feel about yourself, which of these statements best describes your situation?

Please tick one box.

- The way I'm helped and treated makes me think and feel better about myself ☐
- The way I'm helped and treated does not affect the way I think or feel about myself ☐
- The way I'm helped and treated sometimes undermines the way I think and feel about myself ☐
- The way I'm helped and treated completely undermines the way I think and feel about myself ☐

Source: Netten A, Burge P, Malley J, Potoglou D, Towers A, Brazier J, Flynn T, Forder J, Wall B (2012) Outcomes of Social Care for Adults: Developing a Preference-Weighted Measure, Health Technology Assessment, 16, 16, 1-165. DOI: http://dx.doi.org/10.3310/hta16160

Note: ASCOT is free of charge for not-for-profit use but a licence is required. To obtain a licence you must download, complete and return our Microsoft Excel registration form via email, having agreed to the terms and conditions included. See https://www.pssru.ac.uk/ascot/licensing/

3.2.3 Use of health services

How many times in the last 2 weeks did you visit a Health Professional?

- [ ] I did not visit a health professional in the last 2 weeks
- [ ] 1 to 2 times
- [ ] 3 to 4 times
- [ ] 5 or more times

3.2.4 Service satisfaction

What is the reason for your care services?

- [ ] Cognitive impairment
- [ ] Mobility / physical impairment
- [ ] Other (please specify) ______________________

How many days per week are you using care services?

- [ ] Less than 1 day
- [ ] 1 day
- [ ] 2 days
- [ ] 3 days
- [ ] 4 days
- [ ] 5 days
- [ ] 6 days
- [ ] 7 days
- [ ] Full time residential care

Overall, how would you rate your current care program?

- [ ] Very poor
- [ ] Poor
- [ ] Neither poor nor good
- [ ] Good
- [ ] Very good

We are interested in finding out how satisfied you are with the current care service provided for you. Please read each statement and select the response that most closely corresponds to your answer.

	Strongly disagree	**Disagree**	**Not sure**	**Agree**	**Strongly agree**
Overall, I am satisfied with my care service.					
The staff at the care service are friendly.					
The staff at the care service are polite.					
The atmosphere at the care service is cheerful.					
The staff at the care service take care of my personal needs.					
The care service is a useful service for me.					
The staff at the care service are sensitive to my emotional needs.					
The activities at the care service are appropriate to my needs.					
I enjoy going to / being at the care service.					
The activities at the care service are well organised.					
The care service is available when I need it.					
The amount charged for the care service is reasonable.					
I receive as many days at the care service as needed.					
The staff at the care service do extra little things for me.					

3.2.5 Life Orientation Test – Revised (LOT-R)

Please indicate for each of the statements which is closest to how you feel. Please be as honest and accurate as you can throughout. Try not to let your response to one statement influence your responses to other statements. There are no "correct" or "incorrect" answers. Answer according to your own feelings, rather than how you think "most people" would answer.

	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
In uncertain times, I usually expect the best.					
It's easy for me to relax.					
If something can go wrong for me, it will.					
I'm always optimistic about my future.					
I enjoy my friends a lot.					
It's important for me to keep busy.					
I hardly ever expect things to go my way.					
I don't get upset too easily.					
I rarely count on good things happening to me.					
Overall, I expect more good things to happen to me than bad.					

Source: Scheier, M.F., C. Carver, and M. Bridges. Life Orientation Test--(LOT-R). Measurement Instrument Database for the Social Science. 2013; Available from: www.midss.ie.

3.2.6 Mood

Name: ______________________ Session nr __________ Date ______________

Adapted from Kunin, T., The Construction of a New Type of Attitude Measure 1. Personnel psychology, 1955. 8(1): p. 65-77.

3.2.7 Kingston Caregiver Stress Scale (KCSS)

Some people report feelings of stress surrounding certain aspects of care giving. To what extent, if any, do these apply to you in your role of care giving to your spouse or relative? Using a 5 point rating scale, where 1 equals no stress and 5 equals extreme stress, indicate the extent of the stress or frustration you feel surrounding the following issues (circle the appropriate number for each question).

Care giving issues					
To what extent....	**Feeling no stress**	**Some stress**	**Moderate stress**	**A lot of stress**	**Extreme stress**
Are you having feelings of being overwhelmed, over worked and/or overburdened?	1	2	3	4	5
Has there been a change in your relationship with your spouse / relative?	1	2	3	4	5
Have you noticed any changes in your social life?	1	2	3	4	5
Are you having any conflicts with your previous daily commitments (work/volunteering)?	1	2	3	4	5
Do you have feelings of being confined or trapped by the responsibilities or demands of care giving?	1	2	3	4	5
Do you ever have feelings related to a lack of confidence in your ability to provide care?	1	2	3	4	5
Do you have concerns regarding the future care needs of your loved one?					

Family issues					
To what extent....	**Feeling no stress**	**Some stress**	**Moderate stress**	**A lot of stress**	**Extreme stress**
Are you having any conflicts within your family over care decisions?					
Are you having any conflicts within your family over the amount of support you are receiving in providing care?					

Financial issues					
To what extent....	**Feeling no stress**	**Some stress**	**Moderate stress**	**A lot of stress**	**Extreme stress**
Are you having any financial difficulties associated with care giving?					

Source: Sadak, T., et al., Psychometric evaluation of kingston caregiver stress scale. Clinical gerontologist, 2017. 40(4): p. 268-280.

3.3 Learning outcomes

3.3.1 Engagement

Engagement of a Person with Dementia Scale (EPWDS)

To capture different expressions of engagement towards a psychosocial activity, the EPWDS measures five dimensions of engagement: affective, visual, verbal, behavioural, and social. Each dimension of engagement should be assessed separately but interpreted collectively to generate a comprehensive overview of the person with dementia's experience of engagement toward the stimulus. Every The Engagement of a Person with Dementia Scale (EPWDS) measures the behavioural and emotional expressions and responses of people with dementia when presented with a psychosocial activity (i.e. non-pharmacological). The scale is designed to examine whether an individual with dementia exhibits an emotional or behavioural expression/response of engagement with, in, or following the introduction of the activity.

Dimension consists of a subscale that measures positive engagement and a subscale that measures disengagement or negative engagement. The EPWDS acknowledges that not all psychosocial activity involves the five dimensions of engagement, but a low score on a certain dimension of engagement may suggest a limitation of the psychosocial activity for the person with dementia assessed.

How to use the scale:

- The EPWDS is developed primarily for research with people with dementia across settings (e.g. acute, community and long-term care).
- It is recommended that the EPWDS is used for observational periods with a minimum observation duration of 10 minutes.
- The EPWDS can be used to establish a baseline comparison prior to the introduction of the psychosocial activity.
- Each item is measured on a 1 - 5 Likert scale. Please tick a value for each of the items.
- The "not applicable" option should only be used when a certain type of engagement is irrelevant or unable to be determined for the person with dementia (e.g., a person who has lost verbal capability after a stroke).

How to score the scale:

- Items 2, 4, 6, 8, and 10 are reverse scored items. After scoring the observational period on the EPWDS, simply reverse the numerical scoring of items 2, 4, 6, 8 and 10. This means that, a score of 5 becomes 1, 4 becomes 2, 3 remains as 3, 2 becomes 4 and 1 becomes 5.
- After reverse scoring items 2, 4, 6, 8, and 10, add the scores for all 10 items to get an overall measure of engagement for the person with dementia.
- If all items across the five dimensions of the EPWDS are measured, the total score will range from 10 – 50. The higher the total score, the higher the level of positive engagement exhibited by the person with dementia. The lower the total score, the higher the level of disengagement or negative engagement exhibited by the person with dementia.
- To examine and control for environmental effects on the engagement level of the person with dementia, an inter-correlation analysis can be conducted between the total EPWDS score and the environmental rating under the section titled "Details of Observation Period and Psychosocial Activity".

Details of observation period and psychosocial activity:

Start time of observation period: ______________

End time of observation period: ______________

Total duration of observation period: ______________

Type of psychosocial activity: ______________

Group or individual psychosocial activity: ______________

Location of psychosocial activity: ______________

Appropriateness of the environment:

Please indicate the extent to which you agree or disagree to the following statement:

The overall environment (e.g., lighting, noise level, and presence of other) is appropriate for the target psychosocial activity to induce positive engagement in people with dementia.

1	2	3	4	5
☐	☐	☐	☐	☐
Strongly disagree				Strongly agree

Affective engagement

Please indicate the extent to which you agree or disagree to the following statements: the person with dementia...

#	Statement	1 (Strongly disagree)	2	3	4	5 (Strongly agree)	Not applicable
1	Displays positive affect such as pleasure, contentment or excitement (e.g., smiling, laughing, delight, joy, interest and/or enthusiasm).	☐	☐	☐	☐	☐	☐
2	Displays negative affect such as apathy, anger, anxiety, fear, or sadness (e.g., disinterest, distressed, restlessness, repetitive rubbing of limbs or torso, repeated movement, frowning, crying, moaning, and/or yelling).	☐	☐	☐	☐	☐	

Visual engagement

Please indicate the extent to which you agree or disagree to the following statements: the person with dementia...

#	Statement	1 (Strongly disagree)	2	3	4	5 (Strongly agree)	Not applicable
3	Maintains eye contact with the activity, materials used, or the person/s involved.	☐	☐	☐	☐	☐	☐
4	Appears inattentive, has an unfocused stare or turns head/eyes away from the activity, materials used, or the person/s involved.	☐	☐	☐	☐	☐	

	Verbal engagement Please indicate the extent to which you agree or disagree to the following statements: the person with dementia…						
5	Initiates, participates, or maintains verbal conversation, sounds or gestures (e.g., nodding) in response to the activity, or the materials used, or the person/s involved.	1 ☐ Strongly disagree	2 ☐	3 ☐	4 ☐	5 ☐ Strongly agree	☐ Not applicable
6	Refuses to participate in the activity or in a conversation related to the activity by verbalising e.g. "no", "stop", etc. OR verbalises negative comment, complaint, and sound (e.g., groaning, or cursing, or swearing) in response to or related to the activity, or the materials used, or the person/s involved.	1 ☐ Strongly disagree	2 ☐	3 ☐	4 ☐	5 ☐ Strongly agree	

	Behavioural engagement Please indicate the extent to which you agree or disagree to the following statements: the person with dementia…						
7	Responds to an activity by approaching, reaching out, touching, holding or handling the activity, the material used, or the person/s involved.	1 ☐ Strongly disagree	2 ☐	3 ☐	4 ☐	5 ☐ Strongly agree	☐ Not applicable
8	Responds to an activity by avoiding, shoving away, pulling back from, hitting, or mishandling the activity, the material used, or the person/s involved.	1 ☐ Strongly disagree	2 ☐	3 ☐	4 ☐	5 ☐ Strongly agree	

	Social engagement Please indicate the extent to which you agree or disagree to the following statements: the person with dementia…						
9	Uses the activity or the material/s to encourage others to interact, or as a communication channel to interact and talk with others (e.g., staff and other residents).	1 ☐ Strongly disagree	2 ☐	3 ☐	4 ☐	5 ☐ Strongly agree	☐ Not applicable
10	In response to the activity, is distracting or disrupting others (e.g., staff/ facilitator and other residents).	1 ☐ Strongly disagree	2 ☐	3 ☐	4 ☐	5 ☐ Strongly agree	

Source: Jones, C., B. Sung, and W. Moyle, Assessing Engagement in People With Dementia: A New Approach to Assessment Using Video Analysis. Archives of Psychiatric Nursing, 2015. 29(6): p. 377-382.

3.3.2 Involvement and well-being (Leuven Scale)

How would you describe the participant's well-being (W-B) on the scale below?

5. Extremely high – The participant looks happy and cheerful, smiles, cries out with pleasure. They may be lively and full of energy. Actions can be spontaneous and expressive. The participant may talk to him/herself, play with sounds, hum, sing. The participant appears relaxed and does not show any signs of stress or tension. He/she is open and accessible to the environment. The participant expresses self-confidence and self-assurance.

4. High – The participant shows obvious signs of satisfaction (as listed under number 5). However, these signals are not constantly present with the same intensity.

3. Moderate – The participant has neutral posture. Facial expression and posture show little or no emotion. There are no signs indicating sadness or pleasure, comfort or discomfort.

2. Low – The posture, facial expression and actions indicate that the participant does not feel at ease. However, the signals are less explicit than under level 1 or the sense of discomfort is not expressed the whole time.

1. Extremely low – The participant clearly shows signs of discomfort such as crying or screaming. They may look dejected, sad, frightened or angry. The participant does not respond to the environment, avoids contact and is withdrawn. The participant may behave aggressively, hurting him/herself or others.

How would you describe the participant's level of involvement (Inv) on the scale below?

5. Extremely high – The participant shows continuous and intense activity revealing the greatest involvement. They are concentrated, creative, energetic and persistent throughout nearly all the observed period.

4. High – Continuous activity with intense moment. The participant's activity has intense moments and at all times they seem involved. They are not easily distracted.

3. Moderate – Mainly continuous activity. The participant is busy with the activity but at a fairly routine level and there are few signs of real involvement. They make some progress with what they are doing but don't show much energy and concentration and can be easily distracted.

2. Low – Frequently interrupted activity. The participant will be engaged in the activity for some of the time they are observed. but there will be moments of non-activity when they will stare into space, or be distracted by what is going on around.

1. Extremely low – Activity is simple, repetitive and passive. The participant seems absent and displays no energy. They may stare into space or look around to see what others are doing.

Name	1		2		3		4	
Children	W-B	Inv	W-B	Inv	W-B	Inv	W-B	Inv
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Name	5		6		7		8	
Children	W-B	Inv	W-B	Inv	W-B	Inv	W-B	Inv
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Name	1		2		3		4	
Older Adults	W-B	Inv	W-B	Inv	W-B	Inv	W-B	Inv
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Name	5		6		7		8	
Older Adults	W-B	Inv	W-B	Inv	W-B	Inv	W-B	Inv
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Source: Laevers, F., Well-being and Involvement in care settings. A process-oriented Self-evaluation Instrument (SIC's). 2005.

3.3.3 Program evaluation

Overall, how would you rate your loved one's care program?

Very poor	Poor	Neither poor nor good	Good	Very good
☐	☐	☐	☐	☐

Suppose that all the characteristics of your loved one's current care service remains the same, however, a new intergenerational learning program is now included in the usual day care program.

The intergenerational learning program provides a formal program for young children (aged between 3 and 5 years) and older adults (aged 65 years and over) in a shared setting for the purpose of sharing and learning together.

The program involves activities lasting for a maximum of 1-2 hours per day. During this time both children and older adults are supervised in an age friendly activity space.

All participants are carefully screened to ensure their suitability for the program. Participation is voluntary.

Given the information presented, please select your preference from the options below.

☐ Intergenerational learning program (as described above) included in the usual day care program.

☐ Your usual care program without an intergenerational learning program.

If your loved one's current care service included an Intergenerational learning program for the SAME price as your current care, would you use this service?

Very unlikely	Unlikely	Unsure	Likely	Very likely
☐	☐	☐	☐	☐

3.3.4 Program journal

The program journal should include a constant reflection on practice. Using the circles of change methodology (Cartmel, et al, 2015; Macfarlane, et al 2014), one way is to ask the following questions after each session. The following template may be of use

Program reflection journal		
Session number:	**Who was present:**	**Date:**

Describe what has happened today.

What activities were planned and what activities were completed and of interest for participants? What were not of interest?

What were the things that we took for granted about this session?

Some examples are: We had the resources here already, or all staff were trained and ready to go? There were no illnesses in the sessions or nothing unplanned happened.

Why do you think this was the case?

Here it is useful to draw upon any theory, or research you have read or even understandings about this practice you have heard about before to start to depict why you saw what you did and what you could expect next time (or even some of the unexpected outcomes you may get if things were different). Unpacking the underlying reasons is important here so you are prepared for the next session.

Now that you have examined why that is the case, how else could we think or do things differently next time? What would some of your lessons be for the next person who is running the program with the same activities you planned for this session?

3.3.5 Participant interviews

Follow up interview questions for seniors

- Were you looking forward to the program?
- How did being in the program make you feel?
- Did you enjoy being with the children?
- Did you see a change in the children over time?
- What did you like about the program?
- What didn't you like about the program?
- How could the program be improved?
- Would you like to take part in another program with children?

Follow up group interview questions for children

Follow up interviews with the children should be conducted in small groups and photos and drawing materials can be used to assist children to express their thoughts and opinions.

Open-ended questions may include:

- Tell me about your visits with the older adults
- What is happening in these photos?
- What do you remember about these times?
- Using this paper and pencils draw a picture of going/ being with older adults. Tell me about it.

3.4 Workforce outcomes

3.4.1 Child Care Worker Job Stress Inventory (CCW JSI)

In aged care, your job is demanding and the recipients of care may display behaviours and tendencies that make your job even more difficult. This next scale assesses how demanding your job is on you.

Job demands

Please read the following statements and tick the box that matches your job demands best.

	Rarely/ Never	Sometimes	A fair amount	Frequently	Most of the time
Informal carers come late to pick up their loved one.					
Informal carers are slow or late to pay for care.					
Informal carers blame bad behaviour on day care.					
Older people have behaviour problems that are hard to deal with.					
I feel there are major sources of stress in the older people's lives that I can't do anything about.					
Informal carers bring in loved ones who are sick.					
Informal carers expect me to care for their loved one when they have a day off.					
Informal carers don't let me know where they are during the day.					
I feel I should be paid more for the work that I do.					
I need to be nice no matter how I really feel.					
I feel like I have to be carer and teacher to the older people.					
I feel like I have to be both a friend and business person with the informal carers.					
I buy supplies for older people out of my own money.					
I have to work long hours.					
All of the older people need attention at the same time.					
I feel like I must look after the needs of my own loved one while I am working.					
I feel pressure from my family to do a different kind of work.					

Job resources

Please read the following statements and tick the box that matches your job resources best.

	Rarely/ Never	Sometimes	A fair amount	Frequently	Most of the time
I know the older people are happy with me.					
I know the older people want to be with me.					
I feel the love of the older people for me.					
I feel like I become close to the older people.					
I have one-on-one time with the older people.					
I see older people do special things before their informal carers do.					
I know that I am appreciated by the informal carers.					
I get praise from the informal carers for the work that I do.					
I feel respected for the work that I do.					
I feel the satisfaction of knowing I am helping the informal carers.					
I see that my work is making a difference with an older person.					
I feel like I am doing a "real" job.					
I know that the work that I am doing is important.					
I feel like I am helping the older people grow and develop.					
I know that the people who are important to me think I am doing a “real job”.					
I have fun with the older people.					
I feel like I am teaching the older people the skills they need for life.					

Job control

Please read the following statements and indicate the level of control you feel you have over the following items.

	Very little/ No control at all	A little/ Some control	A fair amount of control	Much/ A lot of control	Very much / Full control
When daily activities take place.					
The types of daily activities that you do.					
When the older people go on field trips or other outings.					
How often you work late.					
Getting the older people to do what you want.					
The availability of supplies that you need.					
Getting informal carers to be consistent with you in how to deal with the older person.					
Getting the informal carers to work with you on a behaviour problem.					
Getting the informal carers to follow the rules and policies.					
How much you are paid.					
When you are paid.					
The number of older people you care for.					
Taking time off from work when you need it					
Cutting back on the number of hours that you work.					
How easy it would be for you to change jobs.					
When informal carers pick up their loved ones.					
Taking time by yourself during the workday.					

Sources:

Curbow, B., et al., Development of the child care worker job stress inventory.
Early Childhood Research Quarterly, 2000. 15 (4): p. 515-536.

3.4.2 Interviews questions for workforce participants

Questions will differ depending on the type of focus, however some examples are below.

Sample baseline questions:

- Can you tell me about a typical day in your job?
- Why do you work in aged care or child care?
- How do you feel about intergenerational care programs?
- Where do you see yourself in your career 5-10 years from now?
- What is the most challenging part of your job?
- What is the most rewarding thing about working in your field?

Sample follow-up questions

- Can you tell me about a typical day here
- Why do you work in aged care or child care?
- How do you feel about intergenerational care programs?
- Has working with this program changed your perception of working in the child care or aged care industries? Why/why not?
- Would you consider a career In the opposite sector to where you are now employed? Why/why not?
- Where do you see yourself in your career 5-10 years from now?
- What is the most challenging part of your job?
- What is the most rewarding thing about working in your field?
- Have these changed over time after working with intergenerational care?

3.5 Economic outcomes

3.5.1 Costs

In this section we present three tables that you can use to gather your cost information.

This spreadsheet is designed to assist in budgeting your organisation's costs of implementing an Intergenerational Learning program. It includes one-off and start-up costs and recurring costs of your organisation.

One off costs

One off costs and start-up costs associated with the implementation of the Intergenerational Care program. One off costs include set up costs. They are expenses incurred during the process of setting up the Intergenerational Care program. It includes the unusual charge, expense, or loss that is unlikely to occur again in the normal course of a business. One off costs include write offs such as design, development, and investment costs, and fire or theft losses, lawsuit payments, losses on sale of assets, and moving expenses.

Item no.	One off expenses	Item description	One off costs
		Insert details below (e.g. 20 books, one desk for admin)	Insert costs below
	1. Property expenses		
	Lease property/facility		
	Renovation/preparation of the site to meet health and safety requirements		
	Purchase of property (e.g. finding an appropriate property, renovation)		
	2. Equipment and educational expenses		
	Safety equipment (e.g. car seats for child transportation)		
	Educational equipment (e.g books for the facilitation of the Intergenerational program)		
	Furniture (e.g. outdoor or shared)		
	Recreational equipment		
	Special needs equipment		
	Cleaning equipment		
	Hospitality equipment (e.g. microwave, fridge, oven)		
	Medical or first-aid equipment		
	Staff amenities		
	Computer		
	3. Transport		
	Vehicles (including registration and licensing)		
	4. Technical		
	Implementation of computing system (including equipment and personal costs)		
	Printing facilities		
	Software (e.g. Intergenerational program software to record, monitor and evaluate outcomes)		
	Connection of phone services or communication services		
	Television, music or recreational computing facilities		
	5. Administrative		
	Licensing		

	Legal fees (including legal consultation)		
	Insurance (initial insurance costs)		
	Initial marketing efforts (includes printing costs, advertisement costs and mailing costs)		
	Recruitment of participants (e.g. into the Intergenerational learning program)		
	Selection/screening and consent into Intergenerational learning program		
	Blue card, Police checks		
	Recruitment and selection of staff into Intergenerational learning program		
	Communication with staff about the Intergenerational learning program		
	Uniforms		
	6. Initial training		
	Training necessary to begin the centre and resources		
	Training costs (e.g. Intergenerational program staff, training resources, facilitator, supplies)		
	7. Additional costs		
	Volunteers		
	8. Other (please specify)		
	TOTAL		

Recurring costs

Current recurring costs associated with running an Intergenerational Program. Recurring costs are regular, fixed expenses an organisation expects to have on an ongoing basis as an ordinary cost of doing business.

Item no.	Reccuring expenses	Item description	Reccuring costs
		Insert details below (e.g. vehicle rental per week)	Weeks 1 – XX (total)
	1. Property expenses		
	Lease property/facility		
	Utilities (includes electricity, gas, water and heating)		
	Maintenance of property (e.g. lawns, gardening, waste removal and pest control)		
	Rates		
	Ongoing renovation		
	2. Equipment and educational expenses		
	Educational equipment (e.g. crafts for the facilitation of the Intergenerational program)		
	Repair Costs		
	Upgrade or replacement of equipment		
	Software maintenance, upgrading and license renewal		
	Replacement of supplies (e.g. bathroom supplies, medical supplies, linen and cleaning)		
	Catering costs (ongoing cost of food and other supplies)		
	Hosting of events and/or excursions		
	3. Transport (vehicle related)		
	Vehicle hire or transport service		
	Insurance		
	Fuel		
	Servicing costs		
	Lease		
	4. Technical		
	IT support for computing system and software		
	Phone services and communication services		
	Television, music or recreational computing facilities		

	5. Administrative		
	Insurance (e.g. liability, theft and fire)		
	Blue card, Police checks		
	Uniforms		
	Conferences or meetings		
	Marketing and advertisement		
	Audit fees		
	Postage and freight		
	Other (e.g. printing, stationary, mobiles, travel, accommodation, subscriptions, bank charges)		
	6. Salaries and wages (Intergenerational program incl. preparation, travel, backfill)		
	Supervisor wages (management)		
	Staff wages (including all relevant teaching staff, allied health, nursing and substitutes)		
	Administrative staff (e.g. bookkeeper and secretary)		
	Other wages (e.g. hospitality, gardening, maintenance)		
	Workforce specialists in Intergenerational program: deliver, record and report outcomes		
	Consultants		
	7. Additional wage related costs		
	Superannuation		
	Annual leave provision		
	Long service leave provision		
	Sick leave provision		
	Work cover insurance premium		
	Other benefits provided to staff		
	Ongoing training expenses		
	Training specific to the Intergenerational program (e.g. staff, resources, facilitator, supplies)		
	Updating of current staff training (e.g. first aid)		
	Additional training as required		
	Training resources as required		

	9. Additional ongoing costs		
	Bad debt		
	Security		
	Donations		
	Volunteers		
	9. Other (please specify)		
	TOTAL		

Summary of total costs

Organisation and program details	
	Insert details below
Name of your organisation	
Branch	
Intergenerational learning program: Session duration (e.g. 2 hours)	
Intergenerational learning program: Session duration (e.g. 2 hours)	
Intergenerational learning program: Sessions per year (e.g. 36 weeks/year)	
SUMMARY	
ONE OFF COSTS:	
Total savings/(costs)	
REOCCURRING COSTS:	
Total savings/(costs)	
Total	

DISCLAIMER:

This spreadsheet (including any enclosures and attachments) has been prepared as a guide only. This spreadsheet does not provide advice on how to budget the intergenerational learning program, but rather is a list of expenses that could be incurred as part of implementing an intergenerational learning program. The list of expenses contained in this spreadsheet is not an exhaustive list. There may be additional expenses that need to be considered. All relevant policies and regulations should be taken into account when completing the budget. Griffith University makes no warranty, express or implied as to the accuracy or completeness of the spreadsheet or any information used in compiling the spreadsheet. To the extent permitted by law, Griffith University disclaims all liability for any loss or damage of any nature whatsoever which may be suffered by any fault or negligence of Griffith University or otherwise.

3.5.2 Willingness to pay

Taking into consideration your loved one's current cost of care, what is the maximum EXTRA amount per day that you would be willing to pay for the Intergenerational learning program?

☐ $0 ☐ $1-$5 ☐ $6-$10

☐ $11-$15 ☐ $16-$20 ☐ $21-$25

☐ Over $25

3.6 Program implementation fidelity and sustainability

Rajna Ogrin and Anneke Fitzgerald

Implementation fidelity includes four domains: Theoretical, Operational, End User, and Sustained Fidelity. The tables below have guidance questions for each domain, and these are recommended to be incorporated in the planning of implementation to allow them to be evaluated.

3.6.1 Theoretical fidelity

Deciding the permissible level of innovation adaptability at outset. Identification of the core components of program.

Subdomains	Questions to be answered	Outcomes Yes/ Partly/No (and measures)	Learnings and next steps
Curriculum	Were the core components for the IGC program curriculum articulated?		
Core learning objectives	Were the core learning objectives for the IGC articulated?		
Training	Were the core components for the training of staff for IGC articulated?		
Competencies of staff	Were core competencies for staff delivering IGC articulated?		
Delivering IGC program	Were the core components to be delivered for the IGC program clearly articulated?		
	Was the dose of the core components to be delivered for the IGC program clearly articulated?		
Environment	Were key requirements for the environment to hold IGC programs articulated?		

3.6.2 Operational fidelity

The intervention is being implemented as intended.

	Subdomains	Questions to be answered	Outcomes Yes/ Partly/No (and measures)	Learnings and next steps
Design	**Framework**	Did the program develop a theoretical orientation?		
		Were the core learning objectives for the IGC articulated?		
		Were program goals clearly articulated?		
		Were study participant characteristics clearly articulated (Inclusion & Exclusion criteria)?		
		Were interventionist characteristics clearly articulated?		
		Was necessary environment clearly articulated?		
		Was governance clearly articulated and implemented?		
		Was mode of delivery clearly articulated?		
		Was team structure clearly articulated?		
	Establish curriculum	Was curriculum content developed by the sites themselves – including the educators with appropriate qualifications and aged care experts?		
		Was the curriculum mapped to the core requirements?		
	Establish training protocols	Did the program clarify roles and responsibilities of: • Trainers; • Supervisors; • Interventionists?		
	Develop training manual	• Was a manual developed to provide training? (review manual) Did it include core components?		

Training	**Training protocols**	Were the providers trained to well-defined procedures?		
		Was there certification of training?		
		Were provider differences accommodated? Including: • Education; • Experience; • Expertise; • Behaviours?		
	Supervision protocols	Was supervision clearly articulated and implemented?		
	Maintenance protocols	• Was delivery of program monitored in the following way: • Ongoing training; • Minimize drift in provider skills?		
	Threats to training	• Were internal threats to training monitored? Including: • Drift; • Complexity?		
		Were external threats to training monitored? These included:		
		• Variability of interventionist training?		
		• Variability in supervisors' training?		
		• Staff turnover/attrition?		
		• Absenteeism		
		• Financial resources?		
	Measurements for training meeting objectives	Did the training meet the learning objectives?		

Monitoring and intervention delivery	**Differentiation**	Was there adherence to intended core elements of: • Professional practice and Professional boundaries?		
		• Discussing death with children, parents and amongst themselves?		
		• Education pedagogy?		
		• Understanding both adult and children learning styles?		
		• Understanding programming?		
		• Flexibility?		
		Was there adherence to proscribed interventionist behaviours?		
		Were non-proscribed components/ behaviours excluded?		
	Intervention components	Were core elements of IGC delivered?		
		Were prohibited elements excluded?		
		Was the effective dose of IGC delivered?		
	Interventionist behaviours	Were the core IGC behaviours delivered? Were the prohibited IGC behaviours not delivered?		
	Interventionist competence	Were the staff competent in the specific IGC skills?		
	Monitor participant enactment	Was IGC program enacted by: • Aged care home staff, people with dementia and their families? • Early childcare centre staff, children and their parents?		
	Raters follow established rating protocols	Did raters follow established rater protocols?		
	Maintenance	Was the IGC program core components maintained as assessed by: Monitor drift; Consistency?		

Monitoring and intervention delivery	**Feedback**	Were corrective feedback procedures included?		
	Threats	Were internal threats monitored, including: • Motivation/buy-in; • Experience?		
		Were external threats monitored, including: • Organisational characteristics; • Interventionist attrition?		
Monitoring and intervention reciept	**Monitor dose received**	Was the dose of IGC received to be effective, as measured by session attendance?		
		Were the core elements of the session received?		
	Monitoring participants included	Was the intervention delivered to the intended participants?		
	Determine comprehension of core elements	Was the comprehension of the core elements by participants determined?		
	Maintenance	Was delivery of ICG maintained as measured by session attendance: • number of sessions; • portion of session; • dropout?		
		• Did monitor drift of the IGC occur, as measured by in session receipt of core elements?		
	Threats	Were internal threats measured?		
		Were the external threats to IGC delivery addressed?		
Outcome	**Health and well-being of the older person and carer**	Does IGC influence the health and well-being of older people in society?		
	Workforce	Does IGC influence the perception of the workforce on their career path?		
	Economic	Has the costs of delivering program been articulated?		
	Educational	Does IGC influence children in terms of engagement and educational outcomes?		

3.6.3 End user fidelity

The degree to which an intervention reaches end users.

Subdomains	Questions to be answered	Outcomes Yes/Partly/ No (and measures)	Learnings and next steps
Monitoring participants awareness and recruitment	Were eligible community members aware of the intervention being available to them?		
Monitoring participants included	Was the intervention delivered to the intended participants?		

3.6.4 Sustainable fidelity

The intervention being implemented is sustainable.

Subdomains	Questions to be answered	Outcomes Yes/Partly/ No (and measures)	Learnings and next steps
Time	Is it still there in the: short term?		
	medium term?		
	long term?		
Continue delivery	Is the IGC still being delivered currently?		
Program may evolve	Has the program evolved from the original?*		
Continues to produce benefits to individual	Measure benefits as above.		

Tables adapted from:

Gearing RE, El-Bassel N, Ghesquiere A, Baldwin S, Gillies J, Ngeow E. Major ingredients of fidelity: A review and scientific guide to improving quality of intervention research implementation. Clinical Psychology Review. 2011;31(1):79-88

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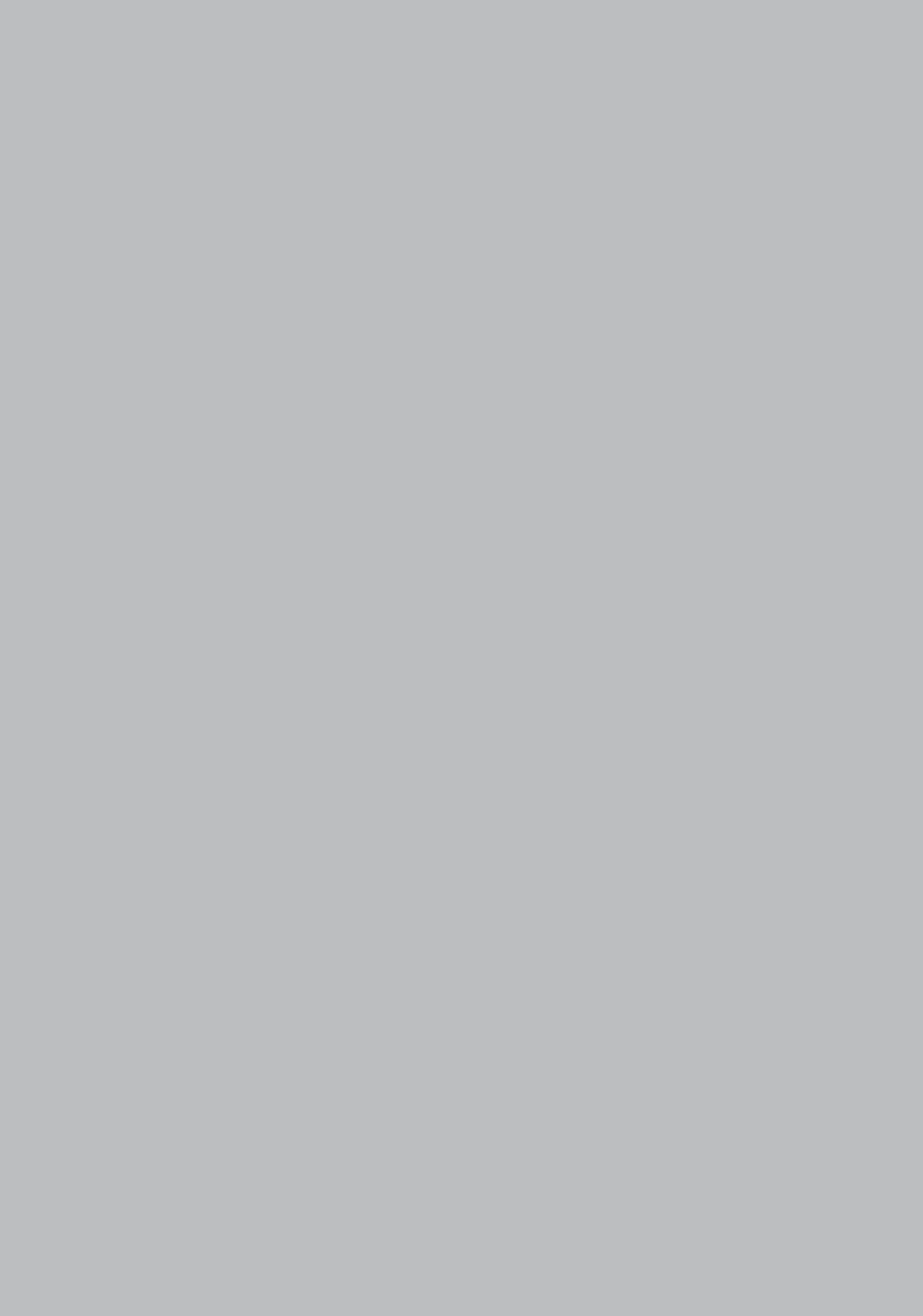

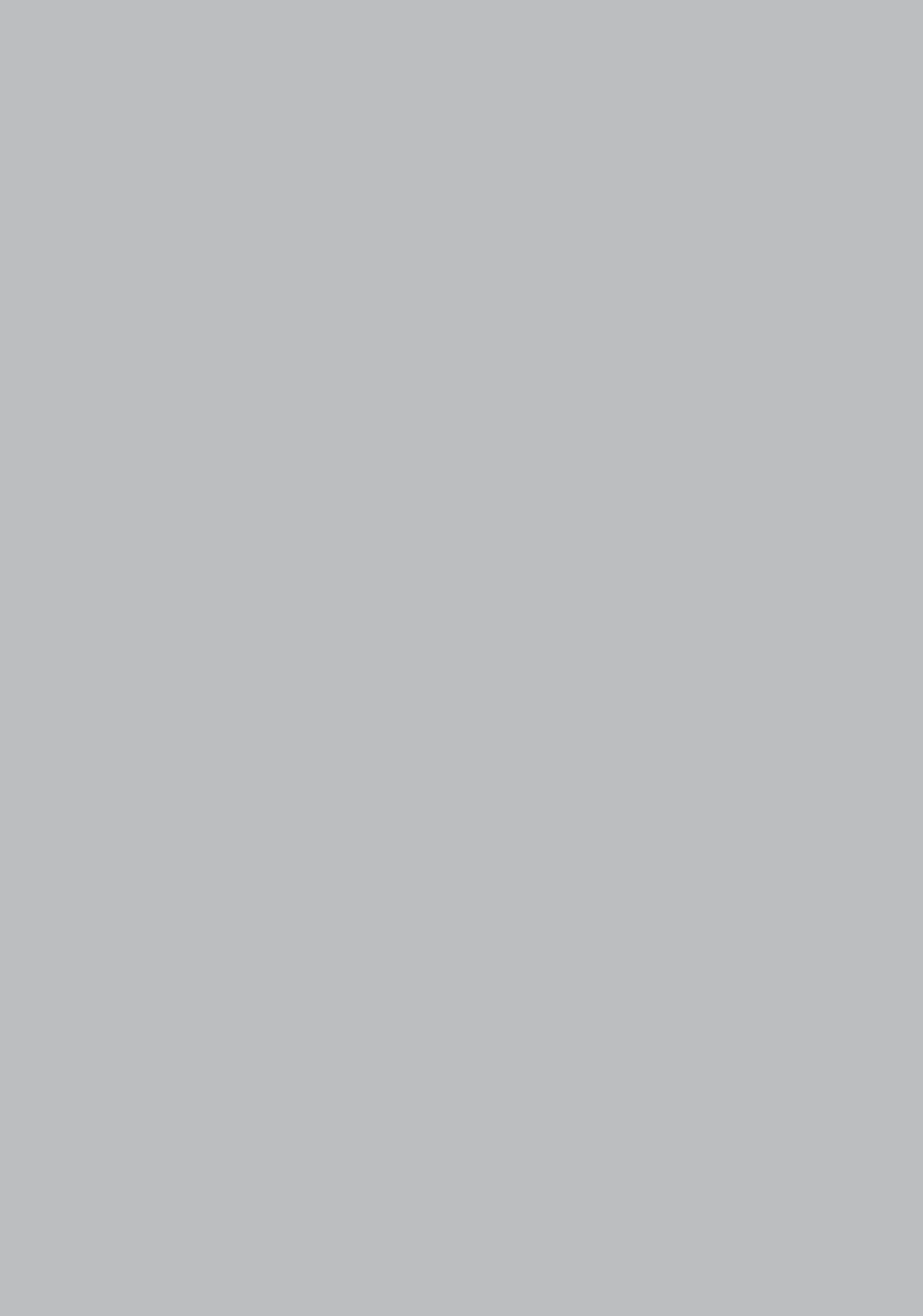

CRICOS No. 00233E

Contact Us

Griffith University
Gold Coast campus Griffith Business School (G42 5.07)
58 Parklands Drive
Southport, QLD 4215
E: anneke.fitzgerald@griffith.edu.au