

**Memorandum**

Date . JAN 11 1995

From June Gibbs Brown
Inspector General *June G Brown*

Subject Co-located Intergenerational Activities in Department of
Health and Human Services' Programs
(A-05-94-00009)

To Fernando Torres-Gil
Assistant Secretary for Aging

Mary Jo Bane
Assistant Secretary for
Children and Families

The attached final report presents the results of our audit, "Co-located Intergenerational Activities in Department of Health and Human Services' Programs." The objectives of our audit were to identify: (1) benefits that co-located intergenerational facilities provided to children, seniors, and the community; and (2) common concerns with the implementation of such programs.

As the population of older adults continues to increase, more opportunities, through the establishment of inter-generational centers, would provide for meaningful social relationships and productive activities. The expansion of Head Start funding allows grantees to acquire facilities and may provide additional opportunities to co-locate programs that serve children and the elderly. Other opportunities may exist for AoA and ACF to increase the number of co-located, intergenerational programs, such as adult day care and child care.

We recommended that AoA and ACF examine whether the demonstrated successes in co-locating programs and facilities in the private and public sector can be more broadly applied on a voluntary basis.

The AoA and ACF responded to our report on December 20, 1994 and December 1, 1994 respectively. They agreed with its conclusions and recommendations. The AoA indicated that it has always strongly supported intergenerational and multigenerational programming as a way to strengthen communities and to help build bridges across age groups. The AoA stated that they would continue to explore potential areas of collaboration with ACF and look at various ways to provide innovative intergenerational opportunities to seniors.

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If you have any questions, please contact me or have your staff contact John A. Ferris, Assistant Inspector General for Administrations of Children, Family, and Aging Audits at (202) 619-1175.

To facilitate identification, please refer to Common Identification Number A-05-94-00009 in all correspondence relating to this report.

Attachment

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**CO-LOCATED INTERGENERATIONAL
ACTIVITIES IN DEPARTMENT OF
HEALTH AND HUMAN SERVICES'
PROGRAMS**



JUNE GIBBS BROWN
Inspector General

JANUARY 1995
A-05-94-00009

EXECUTIVE SUMMARY

BACKGROUND

Intergenerational activities provide a means for bridging the gap between the young and old by increasing social interaction, cooperation, and exchange between children and the elderly. The co-location of intergenerational programs at a common facility is not a new concept. The Administration on Aging (AoA) Strategic Plan states that older Americans are rich in knowledge and skills, and are seeking opportunities to contribute to their communities.



OBJECTIVES

Our review focused on the co-location of programs and activities which increase interaction between children and seniors. The objectives of our limited review were to identify:

- ▶ benefits that co-located intergenerational activities provide to children, seniors, and the community; and
- ▶ common concerns with the implementation of co-located intergenerational programs.

To accomplish our objectives, we judgmentally selected and made visits to four senior centers, three Head Start facilities, one child day care center, and one adult day care center in Illinois to obtain their opinions on the feasibility of establishing co-located programs. We also visited seven intergenerational centers that were located in Illinois, Massachusetts, Kentucky, and California to observe their operations and methods employed to make the intergenerational concept work.

RESULTS OF AUDIT

At the seven intergenerational centers visited (see Appendix A), we observed that seniors and children benefit in many ways by participating in shared activities. Our observations were corroborated by the opinions of officials of the centers and recognized intergenerational experts in the field.

In addition, prior independent studies have shown that many benefits result from interaction between the young and the elderly. Seniors benefit from the increase in their activity levels and sense of self-worth as a result of their social interaction with children. Children, in turn, benefit from sharing the knowledge, skills and experiences of the seniors, enriching both the childrens' and the seniors' lives. Children learn to accept aging as a natural part of the life experience. In addition, cooperation between organizations serving children, families and older adults benefits the community.

Interviews with intergenerational officials indicated some common concerns with implementing intergenerational programs. The compilation of a national data base for intergenerational programs would be helpful, especially information on "best practices" of existing successful programs. Coordinated AoA and Administration for Children and Families (ACF) policy guidance and standards would be useful to avoid or resolve potential regulatory conflicts relating to safety, health, nutrition and licensing at the facilities. When planning the renovation, expansion, or acquisition of Head Start facilities, considerations should be given to accommodating intergenerational programs. More importantly, the officials stressed that for any intergenerational programming to be successful, it must be voluntary.

During our visits to several senior center, adult day care, child care and Head Start facilities, officials indicated that they are interested in having an opportunity to establish co-located, intergenerational programs. They suggested, and we agree, that the support and promotion of more co-located programs and facilities by the AoA and ACF is needed for the advancement of this concept.

The AoA and ACF Headquarters and regional office staff generally supported the study and promotion of intergenerational activities, specifically the voluntary co-location of Head Start programs with senior centers. In addition to the many benefits to children, seniors, and the community, intergenerational officials stated that co-located programs would encourage efficiency, better utilization of space, and allow seniors to contribute by volunteering to serve as classroom monitors and helpers. Any savings resulting from combining facilities and programs could be used to increase the level and quality of services, such as by hiring additional Head Start instructors or elder care assistants.

Combining facilities and programs could increase the level and quality of services.

CONCLUSION AND RECOMMENDATION

The concept of intergenerational centers and programs has many positive aspects which can play an important role in the effective delivery of services to children and seniors. Voluntary participation of seniors and children in center activities increases the well-being and activity levels of seniors, increases their sense of self-worth, and could delay the admission of some seniors into nursing homes.

The application of the intergenerational concept capture, in positive terms, the spirit of the Vice President's National Performance Review by stressing customer service, innovative ideas and creativity, and maximizing the impact of Federal dollars. It also is consistent with AoA's goals to: (1) provide national leadership through coordinating services among agencies to assure a continuum of improved services and collecting and disseminating information; (2) develop and promote teamwork to meet its customers' needs; and (3) promote intergenerational programs that enhance relationships between the old and young.

As the population of older adults continues to increase, more opportunities, through the establishment of intergenerational centers, would provide for meaningful social relationships and productive activities. The expansion of Head Start funding allows grantees to acquire facilities and may provide additional opportunities to co-locate programs that serve children and the elderly. Other opportunities may exist for AoA and ACF to increase the number of co-located, intergenerational programs, such as adult day care and child care.

Because the scope of our review was limited, we are unable to make a recommendation that co-location be implemented nationwide. However, we are recommending that AoA and ACF examine whether the demonstrated successes in co-locating programs and facilities in the private and public sector can be more broadly applied on a voluntary basis.

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INTRODUCTION

BACKGROUND

Title III of the Older Americans Act of 1965 (Act), as amended, was enacted to help older persons secure and maintain personal independence and dignity in a home environment. The AoA provides Federal funds to be used to promote a continuum of care for the elderly, such as transportation services, nutrition programs, and adult day care. In addition, the Act fosters the development of facilities called senior centers. These facilities are places where seniors can dine, engage in social activities and crafts, and obtain information about programs and services available to the elderly. There are about 6,000 senior centers nationwide and over 32 million individuals age 65 and over.

The AoA disburses Federal funds to the State Agencies on Aging, basing the amount on a population based formula grant. The State Agencies on Aging then award grants to the Area Agencies on Aging (AAA) and local service providers through formulas which take into account those in greatest social and economic need. It is the role of the AAAs to determine the needs of the elderly in a community and to build a system of services which meets these needs, for example, senior centers, transportation programs, and nutrition programs. The AoA does not directly fund senior centers. According to AoA, most senior centers are supported by private or local funding.

The AoA, under Title IV of the Act, has the authority for awarding grants and contracts to eligible organizations to establish demonstration projects that provide older individuals with intergenerational activities. Priority areas for funding are determined by the Assistant Secretary for Aging each year.

The AoA has the authority to establish projects for intergenerational activities.

The Head Start program was established under Title V of the Economic Opportunity Act of 1964. The program is administered by ACF regional offices which award Head Start grants to public or private nonprofit agencies. Head Start generally serves low-income families and provides health, educational, social and other developmental services to children from age 3 to the age

of compulsory school attendance. Head Start operates on the premise that children are best prepared for success in school when they and their parents participate in a comprehensive program that addresses their needs. There are about 13,000 Head Start centers nationwide. The Administration is committed to providing Head Start services to all eligible children. For Fiscal Years (FY) 1990 through 1993, over \$1.5 billion in expansion funds have been made available to increase enrollment and improve the quality of Head Start services. Additionally, in FY 1992, 27 States and Territories provided adult day care and 49 States and Territories provided child day care through the Social Services Block Grants awarded to States under Title XX of the Social Security Act. Child care is also available through other Department of Health and Human Services' (HHS) programs such as Child Care and Development Block Grants, Child Care for Aid to Families with Dependent Children recipients (Job Opportunities and Basic Skills Training), and At-Risk Child Care.

Generations United, a national coalition which is involved in intergenerational issues and programs, was founded in 1986 to study and highlight intergenerational activities. Their publication titled, Older Adults Caring for Children: Intergenerational Child Care, which was funded by the AoA, states that one of the fastest growing segments of the population is that of individuals age 65 and older. Since 1980, the number of older Americans increased by 21 percent (or 5.3 million), compared to an increase of 8 percent for the population under 65 years. Based on census data from 1992, the U.S. Bureau of the Census estimates that there were 32.3 million individuals age 65 and over.

The co-location of intergenerational programs at a common facility is not a new concept. As the population of older adults continues to increase, there is a need for establishing more opportunities for meaningful social relationships and productive activities. Our review was focused on programs and activities which would increase interaction between children and seniors through co-location of programs.

SCOPE AND METHODOLOGY

Our review was conducted in accordance with generally accepted government auditing standards. It focused on the co-location of programs and activities which increase interaction between children and seniors. The objectives of our limited review were to identify: (1) benefits

that co-located intergenerational activities provide to children, seniors, and the community; and (2) common concerns with the implementation of co-located intergenerational programs. We are concerned with: improving the quality and level of services, demonstrating efficiency of programs and eliminating or reducing certain costs, providing social and learning experiences for the children and enhancing the well-being of seniors.

Facilities were selected for site visits on a judgmental basis because AoA and ACF did not maintain a complete listing of co-located intergenerational facilities. Also, information was not available to identify problems with establishing intergenerational centers. We visited four senior centers, three Head Start facilities, one child day care center, and one adult day care center in Illinois to obtain their comments on establishing co-located programs. We also visited seven intergenerational centers that were located in Illinois, Massachusetts, Kentucky, and California to determine how well these worked. Three of the centers receive Federal funds from AoA and ACF to operate senior service programs and Head Start projects. The three centers also receive AoA grant funds to operate a transportation program and provide congregate dining for the elderly. The other four intergenerational centers are predominantly privately funded.

We interviewed staff and toured the facilities, observed participant activities, and interviewed various Federal and State officials to obtain their views on the concept of co-locating intergenerational programs. We met with AoA and ACF staff in Region I, V and IX (Massachusetts, Illinois, and California) and interviewed State aging officials in Illinois and California.

To obtain background information for our review, we researched and reviewed available literature on intergenerational topics and issues and contacted national child care and senior citizen organizations for information. Literary sources included books, pamphlets, magazines, newspapers and studies. We obtained information from the Public Health Service's National Institute on Aging (NIA) and national organizations including the National Council on Aging, the American Association of Retired Persons, the Child Welfare League of America and Generations United. We obtained opinions of national organization officials on benefits and concerns associated with co-located intergenerational activities.

We corroborated our observations by seeking the opinions and testimonies of known intergenerational experts. These experts included doctors of philosophy, registered nurses, service provider directors, child care instructors, and elder care assistants. We obtained their opinions and testimonies through in-person inquiries, telephone interviews and written correspondence. We also solicited comments and suggestions on establishing intergenerational activities from Head Start program directors at a conference they held in Springfield, Illinois during January 1994.

The sites we visited in Illinois were judgementally selected based on the close proximity of a senior center to a Head Start facility. Day care and intergenerational facilities were selected based on available information concerning their integrated programs and shared facilities. In addition, we visited intergenerational centers located in California, Kentucky, and Massachusetts. We selected these centers based on discussion with the NIA and from materials provided by Generations United. Our fieldwork was performed during the period October 1993 through June 1994.

We made site visits to facilities at the following locations:

Senior centers	Springfield, Carbondale, Vienna, and Quincy, Illinois
Head Start facilities	Springfield, Vienna, and Carbondale, Illinois
Child day care center	Decatur, Illinois
Adult day care center	Springfield, Illinois
Intergenerational facilities	Libertyville, Des Plaines and Taylor Springs, Illinois; Cambridge, Massachusetts; Winchester and Berea, Kentucky; and San Francisco, California

Refer to the attached Appendix A for a brief description of the facilities and operations of the above intergenerational facilities.

RESULTS OF REVIEW

At the seven intergenerational centers visited (see Appendix A), we observed that

Seniors and children benefit by participating in intergenerational programs.

seniors and children benefit by participating in intergenerational programs. Co-locating AoA's senior centers with ACF's Head Start classrooms facilitates interactions and can be mutually beneficial to both seniors and children. Interviews with officials of intergenerational centers and recognized intergenerational experts in the field corroborated our observations and conclusion that co-location of adults in senior centers with Head Start children would increase the quality and level of services offered to participants. Integrated activities allow seniors to increase their activity levels while sharing their experiences with children. In addition, officials at the intergenerational centers we visited indicated that the use of shared facilities can result in a decrease in total expenditures for such items as equipment, administrative costs and overhead. These funds could then be used to increase the quality and level of services provided for both seniors and children.

According to intergenerational facility officials, increased activity between older adults and children can sometimes postpone or delay admission of seniors into institutions, such as nursing homes. They feel that with improving the quality of life of the elderly there may be avoidances of health care costs.

During our interviews, officials at the various facilities expressed a strong interest in participating in HHS intergenerational programs and demonstration projects.

Facility officials expressed interest in participating in HHS intergenerational programs and demonstration projects.

They indicated that they would consider offering intergenerational activities as part of a scheduled curriculum. In fact, two Head Start directors and one senior center director said that, if funds are made available, they are ready and willing to participate in

any demonstration project involving a single combined facility offering intergenerational activities.

To facilitate the implementation of more intergenerational programs, HHS needs to establish: a data base containing information on existing intergenerational facilities and programs; joint AoA and ACF support and policy guidance; and demonstration projects. Illinois Department on Aging officials agreed, stating that it would be beneficial to both seniors and children if the Federal Government would promote the establishment of more intergenerational programs and centers on a voluntary basis.

The AoA and ACF Headquarters and regional staff that we met with, generally supported the study and promotion the concept of co-located facilities and were of the opinion that the benefits to all generations and families are numerous. They also agreed that voluntary co-location of Head Start programs with senior centers can increase the quality and level of services for both programs. The regional staff told us that increased collaboration between their agencies could facilitate the expansion of intergenerational centers. The AoA and ACF have developed programs which have shown that the concept can be successful.

We believe that AoA and ACF should explore the benefits of increasing the number of co-located, intergenerational programs including, for example, adult day care and child day care. The concept of shared facilities might also be expanded to other Federal programs, particularly subsidized housing for the elderly.

INTERACTION IS MUTUALLY BENEFICIAL

The intergenerational concept provides a means for the young and old to socially interact with each other. Our interviews and observations support a conclusion that interaction between seniors and children is mutually beneficial.

At one private intergenerational center (see Appendix A, page 1), the children called the seniors "grandpa" and "grandma" and they sang together. Everyone appeared to be enjoying



themselves by participating in the activities. One of the officials told us that most of the children do not have the opportunity to see their real grandparents often because they live in distant cities. The same is true for seniors, they do not see their grandchildren often. We observed similar interactions at the other intergenerational centers that we visited. In our highly mobile and age-segregated society, opportunities for the young and old to connect and build relationships have been greatly diminished. Co-location of facilities will help rediscover the value of contact among people of all ages. As AoA indicated in its strategic plan, older Americans are rich in knowledge and skills, and are seeking opportunities to contribute to their communities.

Benefits to Seniors

Many seniors derive a sense of self-worth and an increase in their daily activity levels as a result of their social interaction with children. A study conducted by the University of Pittsburgh indicated that older adults who participated in intergenerational child care programs were found to have increased feelings of self-worth (feelings of being needed and valued) and increased social contact with children [Kleyman 1990].

Generations United indicated that there were other benefits to older adults resulting from their participation in intergenerational child care programs:

- ▶ expanded social experiences and relationships with age groups other than peers;
- ▶ opportunities to share talents, knowledge, and life experiences with younger generations;
- ▶ rekindled appreciation and understanding of the needs of young people and their families;



- ▶ provided an opportunity to learn new skills; and
- ▶ elders are able to serve as mentors for young families and thus bridge the generation gap.

In addition, intergenerational programs provide opportunities for seniors to volunteer their services to children. These interactions improve the overall well-being of seniors and promote their personal independence.

Benefits to Children

Intergenerational programs have a positive impact on children. Children benefit from the experiences and wisdom of the seniors. They often have little opportunity to

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interact with older adults. At one intergenerational center (see Appendix A, page 1), child care staff reported that the children who were initially hesitant to interact with seniors eventually responded in an open and affectionate manner. For example, they began seeking out seats close to seniors during activities and exchanged hugs with the seniors.

In a 1991 published study [Newman and Riess 1991], child care teachers stated that the impact of older adults' presence upon the classroom environment was positive. Children were more motivated to learn, more cooperative, more relaxed and less aggressive. The sensitivity, availability, attentiveness and patience of older adults helped reduce frustration and anxiety, which would have had a negative effect upon classroom performance.

Benefits noted by Generations United also include:

- ▶ children receive extra attention and affection from older adults;
- ▶ children gain an understanding of older adults' abilities and limitations;
- ▶ children develop a positive image of older adults and the aging process; and
- ▶ children develop a capacity for compassion and an ability to nurture others.

Benefits to the Community

Intergenerational programs have a positive impact on the community. Intergenerational programs foster mutual respect, understanding and acceptance between generations. Seniors who are sensitive to the needs of children and families may be more supportive of community services to meet their needs, than elders who have not participated in shared activities. Intergenerational programs and facilities benefit the community by facilitating collaboration and cooperation between organizations serving children, families and older adults.

Collaboration between community leaders and local social service organizations was a key factor in the development of the intergenerational facilities in Taylor Springs, Illinois, and Winchester and Berea, Kentucky (see Appendix A, pages 3, 5, and 6).

CLOSE PROXIMITY FACILITATES JOINT ACTIVITIES AND INTERACTIONS

The proximity of children and seniors in shared facilities presents a convenient setting for mutual activities and interactions. A shared facility provides opportunities for frequent and sometimes spontaneous interactions between the generations. This encourages the development of meaningful relationships between the two groups and fosters a "sense of family and community" among program participants. These relationships are less likely to occur if the programs are at separate facilities.

Shared facilities provide opportunity for frequent and spontaneous interaction. Frequent interactions encourage development of bonds and enhance quality of relationships.

A common facility helps alleviate the logistical problems of transporting seniors or children to visit each other and participate in intergenerational activities. A shared facility enables intergenerational staff to schedule regular and frequent activities for seniors and children. Frequent interactions encourage the development of bonds and enhance the quality of relationships between the two groups. The benefits gained from these interactions should be the primary

reason for considering the feasibility of co-locating programs.

QUALITY AND LEVEL OF SERVICE COULD BE IMPROVED

Co-location of children in Head Start programs with adults in senior centers can result in an increase in the quality and level of services offered to both participants. Expenditures for such items as equipment, administrative costs and overhead can decrease if a single, combined facility is used for both children and seniors. Any savings from combining the facilities could be used to increase the quality of services by hiring additional elder care assistants or Head Start instructors.

The intergenerational facility we visited in Taylor Springs, Illinois (see Appendix A, page 3) successfully co-located Head Start children with individuals from the senior center in a single combined facility over 5 years ago. Independently, neither program could afford the cost of a suitable facility. Cost reductions due to consolidation allowed both programs to build and share a new facility.

Combining the two facilities into one newer building resulted in more social interaction and improved services to the children and seniors. For example, the number of seniors participating in congregate dining increased from an average of about 3 or 4 seniors a day at the previous separate facility to approximately 20 seniors at the combined facility. The new intergenerational facility at Taylor Springs was able to hire two additional Head Start instructors. This allowed 24 more children to be enrolled and participate in the Head Start program.

We observed seniors who had volunteered to participate in intergenerational activities with the children such as telling stories and singing songs. We saw that the seniors were motivated to remain at the facility after their meal to continue to participate in various activities with the children. Facility staff told us that co-location has encouraged seniors to volunteer their services.

Officials at the various centers we visited (see Appendix A) stated that costs can be reduced through shared facilities. Among the cost categories cited were:

Operating Costs

- ▶ Photocopier
- ▶ Fax machine
- ▶ Kitchen facilities
- ▶ Administrative personnel
- ▶ Transportation

Overhead Costs

- ▶ Space costs
- ▶ Utility costs
- ▶ Insurance costs
- ▶ Maintenance costs

Any savings might be used to increase the level and quality of services provided by the over 6,000 senior centers and 13,000 Head Start centers nationwide.

In our visit to Winchester, Kentucky (see Appendix A, page 5), we were told that there were three groups in separate facilities who needed more space, better facilities and location. Children in Head Start were served in one cramped site. Across town, the seniors met for meals in a small building. Young parents who sought help to feed their families, get a job, or repair their homes met at yet another inadequate store front office. All were brought together in one new building which, we were told, costs less than renting the three previous facilities. The facility, which was named The Generations Center, was built as a community effort.

The Generations Center captures the volunteer efforts of the many elderly who are looking for an opportunity to reach out and help others. Senior volunteers assist child care staff who are attempting to meet the needs of many children. Seniors are especially helpful in assisting a new child successfully adapt to the classroom. Volunteer services can be used as in-kind contributions to meet Head Start matching requirements. In addition to serving the seniors and Head Start children, the Generations Center fosters interaction among local community groups, the school system, businesses and individuals.

ENTRY INTO NURSING HOMES MAY BE DELAYED

Officials at the intergenerational facilities we visited told us that activities involving children and older adults improve the overall well-being of the participants. The increased activity levels enable seniors to maintain or increase their personal independence. The officials said that in some instances increased personal independence can sometimes delay a senior's entry into a nursing home. Where this occurs, the increased activity may lower the need for expensive

health care costs by both the seniors and the Federal Government.

Intergenerational center officials cited the following examples where, in their opinion, participation in activities with the children helped the seniors recover from their physical conditions:

- ▶ One senior was very mobile and active while participating at the intergenerational center. She was admitted to a hospital where she became disoriented and was confined to a bed. Upon her discharge, she resumed her visits to the intergenerational center. Soon she could again participate in its activities.
- ▶ Doctors told an individual that because of her physical condition, she could expect to be bedridden. She persuaded the doctors to let her spend time at the local intergenerational center. Her condition improved and soon she was able to use a walker.
- ▶ An individual said that the intergenerational day care center gives her mother "a reason to get up in the morning." If not for this program, her mother would have to be institutionalized. Children are the only people she relates to well. At \$160 a week, adult day care is a lot cheaper than a nursing home.

Accurate data is not available to quantify the reduction of health care costs and the length of delays in nursing home admissions that can be credited to intergenerational activities. However, there may be cost avoidances to both Federal programs and to the elderly and their families if only a small portion of the millions of seniors in the United States are able to delay their entry into a nursing home as a result of their active participation in intergenerational programs.

AoA AND ACF INITIATIVES

The AoA and ACF have collaborated on several intergenerational demonstration projects. The objectives of these projects were: to

The AoA and ACF have collaborated on several intergenerational demonstration projects.

provide intergenerational volunteer opportunities for older adults; to bring Head Start children and older adults together in mutually rewarding activities; and to recruit and retain senior volunteers for the Head Start program. Early indications of the success and cost-effectiveness of these programs have led ACF to enter into an interagency agreement with AoA to continue to explore the long-term benefits of intergenerational activities. In August 1990, the agencies funded demonstration projects in 10 communities to facilitate intergenerational activities and programs.

In addition, AoA awarded a 1-year grant to Generations United to develop a book and data base of intergenerational child care programs. The book is titled, Older Adults Caring for Children: Intergenerational Child Care. The project was intended to:

- ▶ facilitate networking among program developers;
- ▶ encourage the development of intergenerational child care programs; and
- ▶ provide opportunities to utilize the wisdom and skills of older adults.

The book contains implementation guidelines, program summaries, a bibliography, and a list of experts for intergenerational child care programs.

The ACF launched a national multi-media campaign to increase awareness and stimulate volunteerism in local Head Start programs. The campaign includes television, radio, cable and print advertising. An 800 number will link potential volunteers with local Head Start programs.

COMMON CONCERNS IN IMPLEMENTING INTERGENERATIONAL PROGRAMS

During our interviews, we asked officials, "What can the Federal Government do to assist you in implementing intergenerational programs or facilities?" Although the responses varied, some common suggestions were as follows:

- ▶ compile a nationwide data base of intergenerational programs and centers, and allow grantee access to the database;
- ▶ publicize and promote successful programs;

- ▶ issue coordinated policy guidance and standards to resolve potential regulatory conflicts;
- ▶ allow grantees more flexibility in "build versus lease" options for facility space;
- ▶ award demonstration projects; and
- ▶ encourage and promote voluntary participation.

Details are discussed in the following paragraphs.

Nationwide Data Base

Officials at the facilities frequently expressed a concern that information about intergenerational centers and programs is not readily available to help improve their programs. Several individuals told us that the compilation of a national data base for intergenerational programs throughout the United States would be helpful. This data base could include useful demographic data, such as facility sizes, locations and funding levels, as well as information about successful programs. Electronic access to the data base would also be beneficial to users. It would enable the officials to inquire about "best practices" and facilitate the exchange of useful information or data. In addition, access to a national data base might also encourage officials of Head Start and senior center programs to offer or expand integrated activities, and to explore the possibility of promoting co-location in facilities supported by Federal programs.

Publicizing Successful Programs

During our site visits, facility officials suggested that publicizing and promoting successful intergenerational centers would be helpful to them in establishing their own intergenerational program. This information, for example, could be included as an insert or attachment to the annual grant award notices sent to Head Start programs. The AoA could disseminate information to States and AAAs using program information memorandums. The insert could contain useful information and identify Head Start programs and senior centers that have successfully co-located or that offer integrated activities. The officials stated that "getting the word out" about intergenerational programs is a critical step in the establishment of more combined facilities.

Need for Policy Guidance

Several individuals suggested that coordinated policy guidance and standards to resolve potential regulatory conflicts would be useful in implementing intergenerational centers. We were told that there are different regulations for safety, health, nutrition and licensing of Head Start programs and senior centers. Facility staff stated that it could be difficult to follow two sets of sometimes conflicting regulations. Coordinated policy guidance or waivers promulgated by the AoA and ACF would be helpful to resolve differences, such as the following:

- ▶ Fire safety codes for Head Start centers often allow for less minimum square footage per person than is required for senior centers. A potential regulatory conflict could arise when seniors visit children at a Head Start facility.
- ▶ Immunization requirements and facility sanitation standards for the Head Start program differ from senior center requirements.
- ▶ Nutritional requirements for senior meals differ from the Department of Agriculture recommended daily allowances for Head Start meals. The fat, salt, and calorie content recommendations for persons over 65 are different than those for children.
- ▶ Licensing standards regarding staff/participant ratios and staff certification requirements for seniors differ from Head Start requirements. Disparities may occur when providers attempt to cross-utilize staff.

Intergenerational program providers indicated that these potential or perceived conflicts were, at the most, more of a hindrance than a barrier to shared facilities. Some providers utilized the following methods to avoid regulatory conflicts: children and seniors met in small groups; providers compiled health histories for program participants; they altered meal portions; and cross-trained staff.

Build Versus Lease Option

Some officials were concerned about the lack of adequate facilities for Head Start programs. We were told that in some rural areas, existing available buildings are often

dilapidated and not adequately designed for relocation of a Head Start program. These buildings would require extensive renovation. The officials stated that more flexibility in Head Start and senior center regulations would help alleviate the lack of adequate facilities. They suggested that consideration be given to building or acquiring a facility that would be adequate to accommodate intergenerational programs, and the cost benefits and programmatic requirements. In some instances, they believed it would be less expensive to purchase or construct a facility for use of both children and adults than renovate an older existing facility.

Demonstration Projects

Several providers were eager for an opportunity to participate in intergenerational programming. One senior center director suggested that AoA and ACF issue a nationwide open invitation to all senior centers and request replies from those interested in Head Start participation. The AoA and ACF could then select some of the senior centers for demonstration projects based on their willingness to participate. Two Head Start directors and one senior center director expressed a strong interest in participating in any type of intergenerational pilot program that HHS might make available in the future. In addition, ACF could use information from open invitations to promote co-located intergenerational facilities in its programs.

Voluntary Participation

Officials emphasized that any intergenerational programming be voluntary to be successful. The voluntary aspect must be developed at both the provider and participant level. Mandating co-location is not recommended.

At a private child and adult day care center in Des Plaines, Illinois, their initial attempt to implement a program was not successful because participation in intergenerational activities by children and seniors was not voluntary. The program was later reinstated on a voluntary basis, and currently is an example of a successful program. Mandatory participation does not create the spirit of cooperation required for successful intergenerational activities.

CONCLUSIONS AND RECOMMENDATIONS

The concept of intergenerational centers and programs has many positive aspects which can play an important role in the effective delivery of services to children and seniors. Voluntary participation of seniors and children in center activities increases the well-being and activity levels of seniors, increases their sense of self worth, and could delay the admission of some seniors into nursing homes. Seniors also benefit from expanded social experiences and increased activity levels. The intergenerational concept also provides social and learning experiences for the children who benefit from the social interaction and wisdom of seniors. The needs, desires, and feelings of both groups are often the same.

Common facilities provide a forum for frequent interactions between seniors and children. This fosters the development of meaningful bonds and relationships between the two age groups.

Information on intergenerational programs needs to be made more accessible to potential participants. We believe that collaboration by HHS agencies can provide opportunities to expand the intergenerational concept to Head Start and senior centers as well as to other HHS programs, such as adult day care and child day care. The concept of co-locating facilities might also be expanded to other Federal programs such as Department of Housing and Urban Development housing programs for the elderly.

RECOMMENDATIONS

Because the scope of our review was limited, we are unable to make a recommendation that co-location be implemented nationwide. However, we are recommending that the AoA and ACF examine whether the demonstrated successes in co-locating programs and facilities in the private and public sector can be more broadly applied on a voluntary basis. Where benefits for the young and old are recognized, AoA and ACF should:

- Include provisions in their strategic plans to promote and encourage intergenerational programs and shared facilities on a voluntary basis.
- Pursue demonstrated opportunities and benefits available under the intergenerational concept by

promoting more intergenerational activities and by encouraging more voluntarily co-located programs.

- Strengthen and coordinate their volunteer programs to encourage elders to provide their services to Head Start and other programs involving children.

AoA and ACF Response

By letter dated December 20, 1994, the AoA agreed with our draft report. The AoA indicated that the report is effective in highlighting the significant benefits of intergenerational programming for both the young and aging populations. They also stated that they have always strongly supported intergenerational and multigenerational programming and will continue to explore potential areas of collaboration with ACF.

The AoA also agreed that disseminating information on intergenerational programming to State and AAA is important. The AoA is planning to distribute a technical assistance document, Connecting the Generations: A Guide to Intergenerational Resources, recently published under an AoA grant with Generations United, to State and AAA. Also, in an effort to improve dissemination efforts, AoA is funding a National Aging Dissemination Center, which will distribute information about all of the projects and products prepared under the AoA Discretionary Funds Program.

The ACF, by letter dated December 1, 1994, also responded to our draft report. In its response, ACF generally agreed with the report and with its conclusions and recommendations. The ACF indicated that it would share the final report as a way of disseminating its results.



APPENDIX A

*DESCRIPTION AND OPERATIONS
OF INTERGENERATIONAL
CENTERS
VISITED BY OIG STAFF*

CONDELL DAY CENTER**Background**

- *Intergenerational day care facility for seniors and children located in Libertyville, Illinois.*
- *Condell offers both adult day care (over age 55) and child care (age 6 weeks to kindergarten) under 1 roof. Integrated activities are part of the daily curriculum.*
- *Condell Medical Center sponsors both programs. Participant fees and private donations are the primary source of funding.*

Facility

- *The Condell Day Center was built in 1992 and is located on the Condell Medical Center campus.*
- *The facility has 27,000 square feet and was built at a cost of about \$5.5 million.*
- *Accommodates up to 140 children and 30 adults. Provides separate space for each age group and common areas for joint activities.*
- *The elder care area adjoins the children's center to accommodate both shared and separate activities.*

Intergenerational Activities

- *Once a day on a regular basis, children and seniors interact in an organized group activity which can be anything from a sing-a-long to an hour in the garden.*
- *Seeing each other on a daily basis helps both groups develop bonds that are an important part of the learning process. All activities are carefully supervised, and seniors have the option of not participating.*

Program Goals

- *Provides an enriching environment designed to meet the individual needs of both children and the elderly.*
- *Provides opportunities for interaction which fosters realistic and healthy attitudes on both sides, and links the generations by allowing the elderly to share cherished skills, knowledge and cultural identities with children.*
- *Provides opportunities to help and be helped, to teach and be taught, and to love and be loved.*

PARKSIDE OLDER ADULT SERVICES**Background**

- *Intergenerational day care facility for seniors and children located in Des Plaines, Illinois.*
- *Project was undertaken based on the belief that both age groups could benefit from interaction. The two programs have shared a common facility since 1983.*
- *A successful effort to introduce intergenerational activities into two co-located programs, adult's day care and children's day care.*
- *Participant fees and private donations are the primary sources of funding.*

Facility

- *Located in a former public elementary school.*
- *Adult program occupies approximately 4,000 square feet. Serves about 40 people per day. Space includes a dining room, activity room, living room, rest area and a small kitchen.*
- *Child program occupies approximately 13,000 square feet. Serves about 170 children per day. Space is divided into classroom size units according to age groups.*

Intergenerational Activities

- *Many of the intergenerational activities take place in the adult day care portion of the facility.*
- *Seniors visit the infant's room for the "rock-a-baby" program, go to the childrens' rooms to read, or visit individually with a child. Additional activities include crafts, storytelling, arts, games, and holiday celebrations.*

Program Goals

- *To blend the talents, experiences, and insights of individuals in adult day care with those in child day care to create an environment that meets their common needs for nurturing, socialization and stimulation.*
- *To present a convenient setting for joint activities and spontaneous interactions between the generations.*

MONTGOMERY COUNTY SENIOR CENTER AND HEAD START PROGRAM

Background

- *Intergenerational facility located in Taylor Springs, Illinois.*
- *The facility is a multi-service center which incorporates all senior service programs and Head Start into a "one-stop" service center. Integrated activities are part of a scheduled curriculum. The programs have been co-located for about 5 years.*
- *The CEFS Economic Opportunity Corporation sponsors both the senior and Head Start programs.*
- *Title III of the Older Americans Act and Head Start grants are the primary source of funding. Also operates a transportation program and congregate dining program funded by AoA.*

Facility

- *Located in a common facility that was built about 5 years ago.*
- *Community desire and local collaborative efforts initiated the concept of co-locating. Both Head Start and the senior programs were in need of additional space and a central location.*
- *The building provides separate areas for the senior and Head Start programs.*

Intergenerational Activities

- *Seniors volunteer their time and talents to the Head Start program. These activities include reading, craft demonstration, and serving as classroom assistants.*
- *Children entertain the seniors with songs and games. Once a month, the seniors and children dine together.*

Program Goals

- *To offer intergenerational activities which mutually benefit both children and seniors by:*
 - ◆ *enhancing each child's social and cognitive development;*
 - ◆ *providing social stimulus for seniors; and*
 - ◆ *increasing cooperation and awareness of each other's needs.*
- *A shared facility provides a forum for frequent and meaningful interactions between children and seniors.*

STRIDE RITE INTERGENERATIONAL CENTER

Background

- *Facility is located in Cambridge, Massachusetts.*
- *Project was undertaken to add elderly care to an already existing child care center.*
- *Intergenerational activities at the center have been successful.*
- *Majority of funding comes from the Stride Rite Charitable Foundation. Remainder is received from the State for low income families, the Department of Agriculture for children's meals, and from participant fees.*

Facility

- *Located within the Stride Rite Corporation's headquarters building.*
- *Center design allows traffic pattern that encourages informal interaction between children and elders while providing privacy for each group.*
- *Center is divided into two separate wings, connected through a large central area.*
- *Currently there are approximately 12 seniors and 47 children participating in the program.*

Intergenerational Activities

- *An intergenerational project generally takes place each morning. Among the more popular activities are music, arts and crafts, field trips and planting.*

Program Goals

- *To provide a replicable model for intergenerational day care.*
- *To study the social effects and policy implications of work-based intergenerational day care.*
- *To meet the local community's immediate elder care and child care needs.*

THE GENERATIONS CENTER

Background

- *The Generations Center is an intergenerational multi-service facility located in Winchester, Kentucky.*
- *The Kentucky River Foothills Development Council (KRFDC) sponsors both senior services and Head Start programs. Title III of the Older Americans Act and Head Start grants provide the funding.*
- *The programs have shared a new facility for about 3 years. Integrated activities are part of a scheduled curriculum.*
- *The building contains approximately 10,000 square feet of space with children in one wing and seniors in the other. The kitchen and administrative offices are in two opposite wings.*

Facility

- *Construction of the building was financed by Federal, State, local and private sources. Federal funding sources included a Community Development Block Grant, an HHS equipment grant, and a Farmer's Home Administration loan. The KRFDC collaborated with community leaders to develop a comprehensive funding package.*
- *The multi-service center was built to encourage interactions, provide community programming and outreach services, and provide efficient use of financial resources.*
- *The children's area includes an enclosed playground and the senior section has game and meeting rooms. A multi-purpose meeting hall is shared by children, seniors and the community.*

Intergenerational Activities

- *Services at the facility are geared toward intergenerational activities such as games, crafts and storytelling.*
- *Program coordinators plan joint activities and solicit community involvement at the center and participant feedback.*

Program Goals

- *To provide an opportunity for children and seniors to interact daily and build lasting relationships.*
- *To provide intergenerational activities which facilitate the sharing of ideas and skills between the two groups.*

INTER-GENERATION CENTER

Background

- *Intergenerational facility located in eastern Kentucky in the town of Berea.*
- *The facility was developed out of the need of senior citizens in the community for a new center. It is a multi-service center which incorporates several senior service programs and Head Start in one facility.*
- *The center opened in October 1993 and is similar to the Generations Center in Winchester, Kentucky.*
- *The city of Berea submitted a proposal to the State's Community Development Block Grant (CDBG) agency for the development of a intergenerational center, a concept supported by the state. The city received over \$320,000 in CDBG funds.*

Facility

- *The center was built to take advantage of the camaraderie of its occupants. The children have an enclosed playground; the adults have games and meeting rooms. A multi-purpose meeting room is shared by the children, seniors and the community.*
- *The building contains approximately 6,800 square feet of space. Community programming and outreach services are provided in the center.*

Intergenerational Activities

- *Program coordinators plan intergenerational activities, involve the community in the center and seek the ideas of participants. Integrated activities are part of a scheduled curriculum.*

Program Goals

- *To combine programming for the area's oldest and youngest citizens to interact daily and build lasting relationships.*
- *To foster a sense of family and community between program participants.*

GENERATIONS

Background

- *Intergenerational day care program located in the Chinatown section of San Francisco, California.*
- *Since September 1990, the Generations program has featured an intergenerational component for preschool children and the frail elderly.*
- *Two nonprofit organizations, On Lok and Wu Yee, operate Generations as a joint venture. Both organizations contribute staff, materials, supplies, and etc. Private donations are the primary source of funding.*
- *The Generations program receives support from On Lok and Wu Yee as well as the surrounding community.*

Facility

- *Generations is located in a 4-story victorian building. It offers child care, adult day care and a housing program for the frail elderly.*
- *Each floor has a common area for intergenerational activities.*

Intergenerational Activities

- *Intergenerational activities can be grouped into several categories: ongoing indoor programs, outdoor cooperative play, physical sports, sensory, cooking, homemaking, music, arts and crafts, holiday activities and special events.*

Program Goals

- *To provide opportunities for children and the elderly to interact and develop positive relationships that enrich their lives.*
- *Provide a range of supervised activities, both structured and unstructured (self-directed), to create a safe environment for growth and exploration.*
- *To foster spontaneity through careful attention to logistics and program planning. Contact between the generations is regular and routine to provide the time to build relationships and bonds.*



Washington, D.C. 20201

DEC 20 1994

TO: June G. Brown
Inspector General

FROM: Deputy Assistant Secretary for
Program Operations and Intergovernmental Affairs

SUBJECT: Administration on Aging Comments on Inspector General
report, "Co-located Intergenerational Activities in HHS
Programs" - A-05-94-00009

Thank you for the opportunity to review and comment on the draft Inspector General report entitled, "Co-located Intergenerational Activities in Health and Human Services' Programs." The report is effective in highlighting the significant benefits of intergenerational programming for both young and aging populations.

AoA has always strongly supported intergenerational and multigenerational programming as a way to strengthen communities and to help build bridges across age groups. We will continue to explore potential areas of collaboration with ACF and look at various ways to provide innovative intergenerational opportunities to seniors.

We agree that disseminating more information on intergenerational programming to State and Area Agencies on Aging (AAA) is important. On an ongoing basis, through our Title IV Discretionary Funds Program, AoA is sharing information on intergenerational programming to the degree possible within current budget constraints. One such example of this information sharing is Connecting the Generations: A Guide to Intergenerational Resources. This is a technical assistance document that was recently published under an AoA grant with Generations United. This publication provides an overview of intergenerational programming and provides a selected listing of books, manuals, and other resources. AoA is planning to distribute this publication to State and Area Agencies on Aging. In an attempt to improve our dissemination efforts, AoA is funding a National Aging Dissemination Center which distributes information about all of the projects and products prepared under the AoA Discretionary Funds Program.

Page 2 - Ms. Brown

AoA supports the provision of intergenerational volunteer opportunities for older persons in programs such as Head Start. The Older Americans Act clearly encourages the Aging Network to organize and promote the use of older individuals as volunteers in the community.

Thank you again for the opportunity to review and comment on the report.



William F. Benson



DEPARTMENT OF HEALTH & HUMAN SERVICES

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GENERAL

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Administration for Children and Families
Administration on Children, Youth and Families
330 C Street, S.W. PDIG
Washington, D.C. 20201 DIG-AS

✓ (w/report)

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AIG-MP _____
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EXSEC ✓
DATE SENT 12/2

TO: June Gibbs Brown
Inspector General

FROM: Associate Commissioner
Head Start Bureau

SUBJECT: Comments on Draft Report on "Co-located
Intergenerational Activities in Department of Health
and Human Services' Programs"

Thank you for the opportunity to comment on the subject report. We are in general agreement with the report and with its conclusions and recommendations, and will share the final report as a way of disseminating its results.

We appreciate and fully agree with the observation that intergenerational programming must be voluntary in order to be successful. The Administration for Children and Families (ACF) and the Administration on Aging (AoA) have previously funded demonstration projects with an intergenerational theme and a strong emphasis on voluntary participation. ACF's current project with the Ad Council to attract volunteers to work in the Head Start program is being shared with AoA so that senior volunteers can be involved significantly in intergenerational aspects of the program.

As you may know, Head Start did not receive as large an appropriation increase as was requested in Fiscal Year 1995 and a major increase in the funding of facilities will not be possible. While some grantees may choose to utilize scarce funding for co-locating with programs for seniors, the reauthorization of the Head Start Act and the Report of the Advisory Committee on head Start Quality and Expansion put priority on improving the quality and scope of core Head Start services, at least for the next several years.

We look forward to receiving a the final version of this report. Than you again for the opportunity to comment on the draft.

(m) Douglas Kuehn
Helen H. Taylor