

Implementing an Intergenerational Program at an Adult Day
Health Care Center in Southern California

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A Community Project Submitted to the Department of Social Work
California State University, Bakersfield
In Partial Fulfillment for the Degree of Masters of Social Work

Spring, 2011

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By

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2011

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This community project has been accepted on behalf of the Department of Social Work by his/her faculty supervisor:



5/20/11

Jong Choi, Ph.D.

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Dedication

I would like to dedicate this project to those members of my family who are here and who are gone. Without their love and support, none of this would have been possible. I would like to say a special thank you to my mother, Bonita, for being my own personal cheerleader throughout my academic career. I would like to especially thank my father, Nicholas, for giving me the unconditional support needed to achieve my goals, both academically and in life. Most of all I would like to thank my daughter, Tanna, for being patient with me through my countless years of study. Without her there would be no me. She is my favorite noun.

Abstract

Intergenerational programming has benefits for both the older adults and the children involved in them. The objective of this project was to work toward the implementation of an intergenerational program at an adult day health care center in Southern California. A thorough literature review was conducted focusing on intergenerational programs and the benefits of such. In addition, qualitative data was collected through in person interviews, telephone interviews, and email correspondence. The knowledge gained from the literature review and qualitative data collected for this project will help with the implementation of an intergenerational program at an adult day health care center in Southern California and may encourage more adult day health care centers to look into implementing their own intergenerational programs.

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Introduction

The concept of an intergenerational program is not an entirely new one. For generations young people have been interacting with older adults. In a family setting one can often see grandchildren and great-grandchildren interacting with their grandparents in some way or another. These interactions can take place in person, through letters, through phone calls, through emails, or any other way that interaction can take place. These interactions can serve different purposes and more often than not, bring a smile to the face of each person involved.

For generations it was not uncommon to see families living within close proximity to each other, often in the same household. During this time it was easier for older adults to have regular contact with their children, grandchildren, and sometimes great-grandchildren. They were able to share stories with them, teach them different things, and interact with them on a different level than today. With today's society being such a remote one it is more difficult to interact on such an intimate level with family members. Although it is true that there are emails, letters, and phone calls that can take place across the country between family members, it does not bring the same kind of satisfaction that face-to-face interactions do.

Adult day health care centers are designed for adults over the age of 18 who have a physical disability, a mental disability or both. Many of the participants at adult day health care centers are socially isolated for one reason or another. The reasons for this social isolation vary from no family and friends or distant family and friends, no adequate skills in social interaction, mental limitations to social interaction, physical limitations to social interaction, as well as many others. One of the many things that adult day health care centers provide for the participants is the chance to socially interact. However, many of these interactions are with peers with similar circumstances.

If an older adult has no family or friends within close proximity often times they will have limited or no interaction with younger generations. When there is such interaction it is usually limited to brief moments in passing, for example, at the grocery store, on the bus, in line at the post office, or similar situations. Many of the participants that attend adult day health care centers are unable to get around in the community and are often confined to their own homes, board and cares, or the homes of their caregivers which limits the interaction with younger generations even further.

Intergenerational programs in adult day health care settings have been around for a number of years. In Van Nuys, CA, the ONE Generation program has been integrating several of its adult day care and child care services since 1994 (ONE Generation, 2011). In San Francisco, CA, the On Lok, inc. program has been integrating their programs since 1990 (On Lok, inc., 2011). The ONE Generation program and On Lok, inc. as well as a number of similar programs across the country have successfully brought together young people and older adults for a range of activities benefiting both young and old alike.

The rapid increase of the older adult population in the United States is indisputable. The need for services for these older adults is only growing as well. It is imperative that new and innovative programs for these adults be created. Just as society changes as times go on, the needs for older adults also change. One type of program that has proven to meet some of the changing needs of older adults today is intergenerational ones at adult day health care settings. By integrating young people and older adults in the adult day health care setting, both young and old are able to teach and share with each other things that they might not be able to otherwise.

Purpose Statement

The purpose of this project was to work toward the implementation of an intergenerational program at an adult day health care center in Southern California. Although there are several intergenerational programs already in place at adult day health care centers in California, the need for more of these programs is an ever growing one. Many of the adult day health care centers that have intergenerational programs in place have child care centers at the same site as the adult day health care. The adult day health care center taking part in this project does not have a child care center affiliated with it.

The intergenerational program this project aims to implement will bring children from the community together with participants of an already established adult day health care center. The interactions will take place at the adult day health care center. This program will give older adult participants of the adult day health care center a chance to interact with a much younger generation which is something that they might not have had the opportunity to do before.

The main goal of this project is to help bridge the gap between generations. By bringing older adults and children together to interact, this project will help to bridge that gap. Not all intergenerational programs are going to be set up the same. Since every population is different, there is no standard way of running an intergenerational program. The general concept of bringing older generations and younger generations together for some sort of interactions is the main idea that this project is building on. This project aims to find out what works best with this particular population and create an intergenerational program based on that.

Literature Review

There has always been a need for services for older adults. This is especially true today as it is well known that the 'baby boomer' generation is getting older. Included in this generation are those who were born between the years 1946 and 1964. In 2006 the oldest of the baby boomer generation turned 60-years-old. According to the U.S. Census Bureau (2009) 10.6% of the population in Los Angeles County, California was over the age of 65 and 11.2% of the total population in California fell into this age category. The population of disabled people aged 21-64 combined with people over the age of 65 is even greater, totaling 22% in Los Angeles County (California Association for Adult Services, 2000).

With the population of older adults growing, the need for programs that serve the older population is also growing. As Le Faou, Ozguler, Okra, & Laudet (2004) point out:

The aging population is progressively becoming a critical Public Health concern, particularly the increasing number of chronic diseases and dementia and related disability and dependency. As a result, there is an ever-growing need for hospital use, institutional care and demand for resources as well as the economic consequences associated with the rising percentage of retired people. (p. 11)

Adult day health care centers and the programs within them are some of the ways to serve the disabled and older adult population.

The idea of interactions between older adults and young people in intergenerational programs is nothing new; these programs have been around for years in one form or another. Intergenerational programs in the community officially started with the Foster Grandparents Program (FGP) in 1963 (Newman, 1989). According to Newman (1989):

The concept of intergenerational programming was introduced with the establishment of the FGP by the Office of Economic Opportunity as a Community Action Project. The initial intent of the program was to demonstrate the capabilities of lower income older persons. However, in 1965, when the FGP program became a member of the volunteer ACTION network, its focus was described as an intergenerational model concerned with matching of lower income, healthy older adults to children with special or exceptional needs. (p. 2)

Since 1963, intergenerational programs have been introduced in many different settings, adult day health care centers being one of them.

In families, older generations have been interacting with younger generations since the beginning of mankind. Often times you will see grandparents playing an integral part in their grandchildren's lives. When visitation is possible, one study found that girls are more likely to visit their grandparents than boys are (Aldous, 1967). It is not uncommon to see generations of family members living within close proximity to each other so that they may interact face-to-face on a regular basis. In today's society, however, a number of contributing factors may have made it difficult for generations of family members to stay physically close to one another. These displaced family members may keep in contact through telephone calls, emails, letters, text messages, etc. Although there is usually some form of interaction still taking place, the importance of face-to-face interactions between older generations and younger ones has not changed.

The importance of human interactions is indisputable. It is human nature for people to interact with one another. No one wants to go through life alone; everyone gets lonely at one point or another. Interactions between older and younger generations can be as simple as sitting

and talking together in order to bring a smile to the faces of the people involved. The importance of intergenerational interactions is one that is recognized internationally. Much like in the United States, “in the interactions of youth and elderly in traditional Japanese society, the accumulated knowledge, skills, and customs of generations were passed on, and the old stories and local history were repeated over and over to the children” (Yamazaki, 1994, p. 455).

Although there may be many different barriers preventing older generations of family members to interact face-to-face with younger generations, not all people have younger generations of family members to interact with. Many people simply never had children or grandchildren. As people grow older, it seems that their social networks grow smaller. This can be for a number of reasons as well, friends and family may have moved away, died, or simply lost touch with one another. While this decrease in social interactions can be true for everyone, it is especially true for older adults and disabled people.

Social isolation is one of the largest problems affecting older adults and disabled people. In addition to having distant friends and family or no family and friends, a large majority of this population has lost the ability to transport themselves out into the community. This means that if there were activities outside of the home that an older or disabled person would enjoy participating in, they would have to rely on others to get them there. Older adults and disabled adults often have assisted devices such as walkers, wheelchairs, canes, scooter chairs, etc. to help them get around, making it even more difficult to transport this population. When older adults and disabled people are able to be transported somewhere, there are not that many places for them to go to interact with other people. One kind of place available for this population to go to interact with others is adult day health care centers.

Adult day health care centers are day programs that provide services to the elderly and people over the age of 18 who are disabled either physically or mentally. Although the initial purpose of adult day health care centers were to provide respite care for caregivers of elderly and disabled adults, research has found that it has benefits for the individual as well as their caregivers (Barbero, 1989; Baumgarten, Lebel, Laprise, Leclerc, & Quinn, 2002; Dabelko, & DeCoster, 2007; Dabelko, & Zimmerman, 2008; Gigliotti, Graham, Jarrott, Morris, & Smock, 2005; Gitlin, Dennis, Hauck, Mathieu, & Reeve, 2006; McCann, et al., 2005; McInnis-Dittrich, 2009; Schacke, & Zank, 2006; Valadez, de Vries-Kell, Lumadue, & Gutierrez, 2006).

One of the benefits provided by adult day health care centers is the opportunity for social interaction for those who might not otherwise be able to socially interact in the community.

Adult day health care centers are typically open Monday through Friday with varying business hours. They service people who are not quite independent and yet not dependent enough to be placed in long term facilities. Participants come to adult day health care centers from their homes, whether they live with family or friends, alone, or in board and care facilities. There are many different activities that the participants of adult day health care centers can partake in with other participants (Cox, 2006). Some of these activities include games, arts and crafts, group therapy, group exercise, birthday and holiday parties, meal times, and socialization times, among others.

Although intergenerational programs have formally been around since 1963, it wasn't until the 1980s that they expanded to adult day care centers (Newman, S., 1989). Since the 1980s, intergenerational programs in adult day care settings have gained a growing interest among social workers and researchers. One of the questions that researchers have asked is whether or not intergenerational programs benefit all generations involved. In a comparative

study involving two day care centers with intergenerational programs in place, Salari (2002) found that “intergenerational programs in aging services and adult day centers can have very positive benefits for both generations” (p. 332).

Another important question that researchers have asked regarding intergenerational programs at adult day health care centers is the age appropriateness of the activities involved in these interactions (Salari, 2002). Depending on the age and cognitive abilities of the young people involved, not all activities may be appropriate. The same can be said of the ages and cognitive abilities of the older people involved. For example, some more cognitive older adults may not find an activity involving coloring with a child of interest to them, while some children might not find playing bingo with an older adult to be interesting. When people are engaged in an activity that they are capable of and that interests them, it will benefit them mentally and emotionally.

It is important for the children involved in intergenerational programs to have a positive experience. Everyone has their own feelings and attitudes about older adults and disabled people, children are no exception to this. Research has shown that participation in intergenerational programs can have an effect on the attitudes that children have toward older generations as well as the attitudes that older adults have toward children (Aday, McDuffie, & Sims, 1993; Dunham & Casadonte, 2009; Gigliotti, Graham, Jarrott, Morris, & Smock, 2005; Lee, Camp, & Malone, 2007; Lynott & Merola, 2007; Middlecamp & Gross, 2002; Pinguart, Sorensen, & Wenzel, 2000; Schwalbach & Kiernan, 2002).

According to Middlecamp & Gross (2002), “aging education, accompanied by intergenerational contact or by itself, has been shown to promote school-aged children’s positive attitudes about the elderly” (p. 285). The age appropriateness of activities in intergenerational

programs is especially important for younger children. Younger children, in general, are very active and want to play with other children. In a study of 33 3-5-year-old children, using the CATE, Children's Attitudes toward the Elderly, and an activity scale, Middlecamp and Gross (2002) found that "in general, children rated older adults less positively than they did younger adults, and they believed that older adults could participate in fewer activities than children could", emphasizing the importance of age appropriate activities (p. 271).

Another study found that persons suffering from dementia, residing in a special care unit of a nursing home, had positive experiences when participating in Montessori-based intergenerational programming with preschool children (Lee et al., 2007). Lee et al. state that "taking part in [Montessori-based intergenerational programming] was consistently related with higher levels of positive engagement and lower levels of negative forms of engagement in these residents with dementia than levels seen in standard activities programming on the unit" (p. 477). The activities in this study were designed to be fairly simple to ensure that all of the participants were able to participate.

In a study conducted over two consecutive summers, Gigliotti et al. (2005) implemented "an intergenerational program involving persons with dementia and preschool children" (p. 425). The staff involved in this study reported that "the children were able to learn empathy while becoming more accepting and tolerant, and less judgmental of others" (p. 433). Despite a number of challenges they faced in their study, Gigliotti et al. "learned that continuity of interactions facilitates progress towards the long-term goals of sustainability, as the program's visibility was enhanced, the stakeholders were involved, and the participants continued to benefit through meaningful relationships with one another" (p. 439). If programs such as this were to take place every summer or throughout the year, the results would be equally positive.

The benefits of intergenerational programs can also be seen with older children. In a study conducted once a week over a five month period, consisting of 4th graders and “special friends” residing in a nursing home, Schwalbach and Kiernan (2002) concluded that:

Overall, the fourth graders’ attitudes toward aging were realistic after the program. They had a balanced view of the challenges and benefits of growing old. Their attitudes toward their own aging and their special friends were positively impacted by the program. Students consistently showed concern and care for their special friends. (p. 185)

The activities in this study included board games, educational games, reading, crafts, singing, musical instrument playing, and shared experiences (Schwalbach & Kiernan, 2002).

Similar to Schwalbach and Kiernan (2002), Lynott and Merola (2007) conducted an intergenerational program study involving 4th graders and older adults. For five months per year, over a four year period, Lynott and Merola brought together a different fourth grade class with older adults to participate in a number of meaningful activities “to work together in imaginative ways to accomplish a common goal—learning from each other about each other” (p. 72). Consistent with Schwalbach and Kiernan, Lynott and Merola also found that the attitudes of the children involved in the intergenerational program improved towards older people.

Research has shown that group activities in intergenerational programs improve children’s attitudes toward seniors (Pinquart, Sorensen, & Wenzel, 2000). Pinquart et al. brought together “32 8- to 11-year-old children and 20 elderly adults” in small groups to interact in different activities to see how the attitudes change toward each other (p. 523). Pinquart et al. found that through the group activities, the senior’s attitudes toward the children remained as positive as they were before the groups, but the children’s attitudes toward seniors improved.

Even in the control groups where the children and the seniors worked independently but still had visual contact with each other, the children's attitudes toward the seniors improved.

Intergenerational programs do not necessarily have to take place where seniors reside or attend day programs. Dunham and Casadonte (2009) conducted a study that placed senior volunteers in the classrooms of elementary and junior high school students to supplement science instruction. One of the goals of the study was "to see if there would be a positive effect on children's attitudes toward aging in intergenerational programs that were not designed to specifically address attitude change" (p. 461). In their research, Dunham and Casadonte found that even in a program not specifically designed for attitude change, the seniors "presence had a positive effect on children's attitudes" (p. 461).

Younger children are not the only ones whose attitudes have improved toward seniors through intergenerational programs; the attitudes of older children have been shown to improve through intergenerational programs as well. Aday, McDuffie, & Sims (1993) found that through a number of group activities, the attitudes of 19 11th and 12th grade black students who interacted with 19 seniors in an intergenerational program over an eight week period also improved toward seniors. Aday et al. state:

Through a number of shared activities, an intimate relationship emerged that was pleasant for the young and old alike...The activity most frequently mentioned by both groups as their favorite involved the activities directly related to the puppet show. It appears that activities with structure and a definite purpose provide the bonding that is so important to the overall success of intergenerational programming. (p. 671)

Whether it is a puppet show, a play production, story time, oral histories, or any other interaction together, these activities benefit children of all ages, and seniors alike.

The attitudes of older adults involved with intergenerational programs have also been shown to improve (Herrmann, S., Sipsas-Herrmann, Stafford, & Herrmann, N., 2005; Hernandez and Gonzalez, 2008). Through a program ran by young university students designed to introduce physical activities to slightly depressed older adults, Hernandez and Gonzalez found that the depressive symptoms were lowered in the older adults after participation in the program. According to Hernandez and Gonzalez (2008), “the state of mind of the elderly people participating in the movement program improved significantly, particularly among those who interacted with the young people; the state of mind of the group that did not interact worsened significantly” (p. 300).

Much of the available literature regarding intergenerational programs evaluates the effects that such programs have on the children involved, not so much the older adults. As noted by Herrmann et al. (2005) “most empirical evaluations of intergenerational programming have sought to determine how such programs affect the young people involved, far fewer have examined how older adults may be affected through their participation” (p. 124). Herrmann et al. designed an intergenerational program where senior citizens taught life skills to 6th grade students over an 8-week period. Through their study, Herrmann et al. found that “participating seniors had significantly higher levels of positive psychosocial change at posttest time compared to nontrainers” (p. 123). Intergenerational programs are designed to benefit all persons involved so it is important that this be kept in mind when creating such programs.

Intergenerational programs can take place in any community with seniors and younger people; they do not have to only happen in large communities. Osborne and Bullock (2000) successfully developed “the Befrienders program”, an intergenerational program in a rural community (p.169). Designed to assist seniors who were homebound or isolated in their homes,

the Befrienders program recruited university students and young adults from the community to aid the participating seniors. Through having the participants do program evaluations on the Befrienders program, Osborne and Bullock found that overall, the seniors and young adults were satisfied with the program.

Adult day care and adult day health care centers are among the many settings that intergenerational programs can take place. In 1996, Short-DeGraff and Diamond looked at one adult day care program that integrated child care into some of the morning programs at the center. Through their research, Short-DeGraff and Diamond found that “cognitively impaired elderly members of an adult day care center exhibit enhanced social interaction as a result of their involvement in a regular half-day [intergenerational] program” (p. 477). Although some of the participants were unable to remember the program after some time had gone by, they all enjoyed the program while it was taking place.

There are many different activities that take place in adult day care and adult day health care centers for the participants that attend. These activities can include such things as arts and crafts, bingo, news time, puppet shows, walks, gardening, as well as many other activities. Most of the activities that are already in place at adult day centers would easily accommodate the addition of children as well. When people grow older, it seems that simple activities interest them. The simpler activities are also the kind that most children can partake in.

Some of the activities that have been shown to work well in intergenerational programs in adult day care settings are those involving art. Larson (2006) states that “because each person has a unique creative voice, the arts are an ideal medium for helping older and younger people look beyond their generational stereotypes and know each other (body, mind, and spirit) as individuals” (p. 39). Art activities are some of the most versatile activities that young and old

alike can participate in together. Something as simple as coloring a picture together is sometimes all it takes to bring young people together with older adults.

While intergenerational programs can indeed take place in many different settings, there are many adult day health care centers that have child care centers at the same site as the adult day care. By having a child care center on the same site as an adult day care or adult day health care centers, it much more convenient. Instead of having to transport the children to where the older adults are, or the older adults to where the children are, they can simply walk to different parts of the center in order to interact together for the intergenerational programs.

In San Francisco, CA, the On Lok, inc. program has been integrating child care and adult day health care programs since 1990 (On Lok, inc., 2011). At On Lok, inc., the participants “range in age from 2 to 102” and “come together for activities specifically designed to create opportunities for the development of mutually beneficial and significant relationships” (On Loc, inc. Intergenerational Programs section, para. 1). On Loc, inc. staff and participants have expressed the benefits of having an intergenerational program. The On Loc, inc. website states that “seniors in the Intergenerational Programs report feelings of being loved and needed. Staff members report seeing withdrawn or depressed seniors show signs of improved mood and increased life satisfaction” (On Loc, inc. Benefits to Seniors and Children section, para. 3).

Since 1994, the ONE Generation program in Van Nuys, CA has run a successful intergenerational program (ONE Generation, 2011). According to the ONE Generation information website:

Our unique Intergenerational Program provides exciting activities such as creative art, cooking, movement, music, pet therapy, gardening and games. These caring connections between the children and the seniors help children acquire new interests and skills and

learn the meaning of acceptance, cooperation and compassion. (Childcare section, para. 2)

The ONE Generation program and On Lok, inc. as well as a number of similar programs across the country have successfully brought together young people and older adults for a range of activities benefiting both young and old alike.

Theories

There are several psychosocial theoretical perspectives that can be applied to intergenerational programming in an adult day health care setting. These psychosocial theoretical perspectives include Disengagement Theory, Activity Theory, Continuity Theory, Life Course Perspective, and Social Construction Theory. While these psychosocial theoretical perspectives can be applied in most human service settings, they are predominant in social gerontology (Hutchison, 2008).

Disengagement theory suggests that as older adults age, they gradually disengage from society by decreasing their social interactions and their ties to society (Hutchison, 2008). Many of the participants of adult day health care centers live in board and care homes or with family. If there are younger children in the family, the interaction with them is usually limited. Often, going to the adult day health care center and interacting with other participants is the only form of social interaction that the participants receive.

Activity theory suggests that higher levels of life satisfaction are related to higher levels of activity and social involvement for older adults (Hutchison, 2008). As many people grow older, the level of activities they were once involved in or capable of participating in naturally decreases. Attending an adult day health care center is an activity in itself for many older adults; however, many of the participants at these centers are also not as active as they once were.

There is no question that most young children are more active than older adults. By bringing children and older adults together for an intergenerational program, it will promote higher levels of activity amongst the older adults.

Continuity theory suggests that older adults use the same coping methods that they have always used in order to adapt to new situations and changes in life and to adopt new roles as they get older (Hutchison, 2008). According to Hutchison, “continuity theory was developed in response to critiques of the disengagement and activity theories” (p. 383). One of the main ideas of continuity theory is, if an older adult was active in something throughout their life, their will to participate in that activities will continue throughout their late adulthood. Adult day health care centers have many activities for older adults to participate in, and children are usually capable of helping older adults with these activities if they no longer can do them for themselves.

The life course perspective suggests that “human development continues through aging” and that “the era [older adults] live in, the cohort they belong to, and personal and environmental factors influence individuals during these transitions” (Hutchison, 2008, p. 385). The life course perspective also suggests that deep relationships do not have to be solely with life-long friends or family, but can indeed be with a family of choice that an older adult may get close to later in life (Robbins, Canda, & Chatterjee, 2006). At adult day health care centers, participants can form new bonds with other participants and in an intergenerational program.

Social construction theory suggests that “self-concepts arise through interaction with the environment” (Hutchison, 2008, p. 383). The more positive social interactions an older person has with a social environment, the more positive affirmations the older person will have of themselves. Intergenerational programs in adult day health care centers are a perfect setting for older adults to have positive social interactions in their social environment.

Methods

This study was conducted using a qualitative research design utilizing in-person interviews, telephone interviews, observations, and field notes. The purpose of the data collection in this project was to explore different factors of intergenerational programs and interactions that have taken place between older adults and younger people. Since no such program has previously been implemented at the adult day health care center that was used for this project, it was imperative to collect as much data as possible on the subject.

Approval

Prior to beginning this project this researcher received approval from the administrators of the adult day health care center in Southern California, where her internship took place, to work on this project (see Appendix A).

This researcher received an approval letter from the Internal Review Board (IRB) to obtain data dated November 9, 2010 (see Appendix B). The IRB approval letter was signed by Steve Suter, University Research Ethics Review Coordinator. This researcher was given approval from protocol 10-149: Authorization following exemption from full review.

Data Collection

This researcher developed an interview guide using both open and closed ended questions (see Appendix C). There are a set of questions for the adult day health care centers that already have an intergenerational program in place at their center, and a set of questions for child care providers who might be interested in participating in the proposed intergenerational program. These questions were used as a guide while the researcher conducted in-person and telephone interviews with the staff or owners of the adult day health care centers and child care providers regarding intergenerational programs.

Consent

This researcher developed a consent form to participate in a research study (see Appendix D). All of the staff or business owners who were interviewed signed a consent form. For the interviews conducted over the phone, an explanation was given on the consent form as to why the person answering the questions was unable to sign the consent form themselves. The original signed consent forms will be kept in a locked file in the student researcher's home office for one year following the completion of the study and then destroyed per IRB requirements. Confidentiality was kept by changing the names of the staff and owners of the businesses who participated.

Data Analysis

Data analyzed included in-person interviews, telephone interviews, observations, and field notes. Responses to the interview guide were recorded and analyzed. Commonalities of the adult day health care centers with intergenerational programs already in place based on the results from the interview guide were distinguished and discussed in the results section of this study. Results from child care providers were also analyzed and discussed in the results section of this study.

Results

Using the interview guide created for this study, this researcher was able to gather data from two of the country's leading adult day health care centers with intergenerational programming as well as two local child care providers. Although the number of participants for this study was not as high as this researcher had originally expected or desired, the data that this researcher was able to gather was thorough and comprehensive.

Adult Day Health Care Centers

This researcher was able to interview the intergenerational specialists at both On Lok, inc. in San Francisco, CA and ONE Generation in Van Nuys, CA. Correspondence with On Lok inc. took place over the phone and through emails. This researcher was able to visit ONE Generation and spend the day there speaking face-to-face with the staff as well as observing the day's activities. Both intergenerational specialists were very enthusiastic to help this researcher out in any way they could, and were more than willing to take time out of their busy days to answer questions and share their experiences with this researcher.

Using the questions on the interview guide this researcher created as a guide, this researcher was able to identify several commonalities of the adult day health care centers that participated in this study. Since both of the adult day health care centers with intergenerational programs that participated in this study have been around for a number of years, they were both excellent sources of information.

Proximity. Both of the adult day health care centers that participated in this study are close in proximity to the child care centers that are involved with their intergenerational programming. At ONE Generation, the child care center is in a different building than the adult day health care center, but they are both on the same site. According to the intergenerational

program director at ONE Generation, having the children and seniors within walking distance from each other makes it much easier to integrate intergenerational programming into the children and seniors daily schedules (personal communication, April 4, 2011). ONE Generation is also very involved in the local community, often involving seniors from the adult day health care center in activities outside of the center such as visiting group homes for teenagers and youth centers.

On Lok, inc. not only has an adult day health care center and a child care center; they also have a residential facility on the same site that also participates in their intergenerational programming. In addition to the child care center neighboring the adult day health care center, at On Lok, inc. some of the local elementary and junior high schools also participate in the intergenerational programs. By involving the local community, both On Lok, inc. and ONE Generation have created some of the top intergenerational programs that have the community support one needs to be successful.

Frequency and duration. Of the two participating adult day health care centers for this study, On Lok, inc. had less frequency of intergenerational programming. On Lok, inc. has intergenerational programming three times per week between young and old. ONE Generation, on the other hand, has intergenerational programming eight times per day. Each age group of children has the opportunity to participate in an intergenerational program for at least 30 minutes per day. Participation in the intergenerational programs at ONE generation is completely voluntary, but is available according to the schedule of activities.

According to the intergenerational program coordinator at ONE Generation, when ONE Generation first started the intergenerational programs at the adult day health care center, they were only once per week (personal communication, April 4, 2011). When working with young

children, older adults, and disabled adults, once per week was not frequent enough to have a successful program. By having intergenerational programs only once per week, it left enough time for the participants involved to forget about the programs and each week they would have to adapt to it all over again as if it were something new. The staff at ONE Generation felt that if they were going to have a successful intergenerational program, they would need to integrate it into their daily activities, as part of the norm, not a once in a while activity.

Activities. The intergenerational program activities are very similar at On Lok, inc. and ONE Generation. Since both programs have been around for a number of years, they have had plenty of time to discover what works well and what doesn't when working with older adults and children. By having staff from the adult day health care centers as well as the child care centers involved in the planning of activities for the intergenerational programs, On Lok, inc. and ONE Generation were able to come up with programs to spark their participant's interests and meet their needs.

Some of the intergenerational activities that On Lok, inc. and ONE Generation have found to be successful and satisfying for both the children and the older adults are as follows: cooking, bingo, arts and crafts, music, dance, board games, story telling, lunchtime helping, among other activities. Most intergenerational activities require some sort of structure and guidance from staff members in order to be the most beneficial. Intergenerational programs are not as simple as putting older adults together with children and asking them to interact with each other. According to the intergenerational specialists at both On Lok, inc. and ONE Generation, finding out what your specific population is interested in and doing that as much as possible is the most important thing for an intergenerational program (personal communications, April 2011).

Benefits. The benefits of intergenerational programming can be seen in both the adult participants and the children involved. The intergenerational program coordinator at ONE Generation stated that “aside from the obvious developmental benefits (cognitive, motor) there is unconditional acceptance (both sides) and the joy of friendship” with the seniors and children participants (personal communication, April 4, 2011). The staff at ONE Generation also reported that the children involved in the intergenerational programs love to interact with the seniors and give a sense of purpose to the older adults.

The intergenerational program director at ONE Generation told this researcher about an older gentleman at their center who had had a stroke and had paralysis on one side of his face. When he first came to the center he was very insecure about his physical appearance and was hesitant to interact with the other participants. The gentleman also did not want to participate in many of the center’s activities. With a little encouragement from the staff, the gentleman who had had a stroke agreed to participate in some of the intergenerational programs at the center. Once the gentleman realized that the children he interacted with not only did not care about his physical impairments, they seemed to be oblivious to them; he began to feel comfortable about his own appearance. The gentleman now participates in as many intergenerational programs that he can at the center, and interacts with his peers as well as the children. The children consider this gentleman to be one of their favorites and if given the opportunity, they would all interact with him.

The benefits seen by the staff at On Lok, inc. are similar to those at ONE Generation. According to the intergenerational specialist at On Lok, inc., “elderly persons participating in intergenerational programming report feelings of being loved and needed” and “staff members report seeing grumpy or depressed seniors showing signs of improved mood and increased life

satisfaction” (personal communication, April 15, 2011). Since participation in the intergenerational programs is not mandatory, the participants never feel forced therefore creating a much more enjoyable and beneficial environment.

Policies. Since both of the adult day health care centers that participated in this study are located on the same site as the child care centers involved with their intergenerational programs, fewer policies were put into place than this researcher had expected. When asked about special policies that might be in place with regards to the intergenerational programs at On Lok, inc., the intergenerational specialist could not think of any specifics pertaining to them.

At ONE Generation, the intergenerational specialist could only think of one special policy that had to be implemented for their intergenerational program. ONE Generation had to create with a policy for what to do in case of an emergency or accident while the intergenerational programs were taking place. At ONE Generation, if an accident or emergency occurs while an intergenerational program is taking place, the adult day health care staff is to be in charge of the adults and the child care staff is to be in charge of the children. As calmly as possible, the staff is to separate the adults from the children and take them back to their own buildings. The staff at ONE Generation felt that by acting as cool, calm, and collected as possible, it will keep the participants that way as well. When working with older adults and children, it is important to not let things get out of control, which they quickly can in emergency situations.

Child Care Providers

This researcher had less than favorable outcomes with the child care providers she was able to interview. Several child care providers this researcher contacted were unable to answer questions or never returned messages left for them by this researcher. This researcher was able

to speak to two local day care owners. Neither of the day care owners had heard of intergenerational programming with seniors and children; this researcher had to explain the concept to both of them. One of the day care owners stated that she was familiar with animal therapy with seniors and disabled people, but that she had never heard of children interacting with seniors and disabled adults (personal communication, April 12, 2011).

One of the day care owners stated that she would not be interested in participating in an intergenerational program since the children she provides services for are her own children or her friend's children (personal communication, April 12, 2011). The owner of the other day care center stated that she would be interested in participate in an intergenerational program as long as she was able to get it cleared through her licensing agency (personal communication, April 19, 2011). In order to receive approval through her licensing agency, the second day care owner stated that she would have to find out if the seniors and disabled people would have to be live scanned, as well as getting permission from all of the parents she provides child care for (personal communication, April 19, 2011).

Both of the child care providers this researcher was able to interview run their child care centers out of their own homes. This researcher thought that it would be easier to spark an interest in participating in an intergenerational program from day care owners who ran their business from their homes but this was not the case. As with any new program, there are rules and regulations that have to be worked through in order to begin something new, especially when working with older and disabled adults and children, some of the most vulnerable populations.

The greatest advantage that the two adult day health care centers this researcher interviewed was that the child care centers involved in their intergenerational programs were actually located at the same site as them. Being part of the same company allowed for the child

care center and the adult day health care center to interact on a regular basis while following the companies own policies and procedures. The adult day health care center that this project is focused around does not have the convenience of having a child care center located at the same site. In order to recruit local day care providers to participate in an intergenerational program at the adult day health care center, the rules, regulations, policies, and procedures of the day care center will have to be taken into consideration.

Discussion

The purpose of this project was to work toward the implementation of an intergenerational program at an adult day health care center in Southern California. By gathering information from experienced, reliable, and knowledgeable sources, this researcher was able to find out pertinent information that one would need in order to begin an intergenerational program at an adult day health care center that has never had such a program. The adult day health care centers that participated in this study are two of the nations leading centers. These two adult day health care centers have had their intergenerational programs in place for many years and they were able to share with this researcher what has worked for them and what has not.

Although intergenerational programs have been around for many years in adult day health care centers, the concept is still a new one to many professionals. The number of adult day health care centers with intergenerational programs is still lower than one would expect and there is always room for more. The two adult day health care centers that participated in this study had the child care centers on the same site, making it easier and much more convenient for them to run their intergenerational programs. Not all adult day health care centers will have the option to have child care centers at the same site so other measures will have to be taken in order for them to have intergenerational programming.

Since it is not possible for all adult day health care centers to have a child care center on the same site as them, children will have to be brought to the adult day health care centers by some other means. Once an agreeable child care center is found, the details of frequency can be worked out between the adult day health care center and the child care providers.

Intergenerational programming does not have to take place on a daily basis like the centers that

participated in this study. Any amount of interaction between young people and older adults is good.

Activities for intergenerational programs are also very flexible. Based on the results from this study, the staff involved with intergenerational programming has to see what works for their particular population. The idea of intergenerational activities is for them to be fun for everyone involved. If the staff at an adult day health care center comes up with what they believe to be a fabulous program for older adults and young children, and when it comes down to it and the older adults or the children are not having fun doing those activities, then something else needs to be done. With intergenerational activities, there is a general idea of what may or may not work, such as crafts, story time, bingo, etc. but you will never know what works for your population until you try it.

Intergenerational programming has been shown to enrich the lives of older adults and young people alike. The parents of the children involved in intergenerational programs have reported that their children are much friendlier toward older adults when out in the community and in their own families. The children themselves have expressed their happiness in participation in intergenerational programming. Older adults involved in intergenerational programs have reported a decrease in depression, an increase in sense of purpose, and an overall increase in life satisfaction. The staff working with older adults and children in intergenerational programs has reported that they themselves have had an increase in job satisfaction.

Since the number of baby boomers is growing and people are living longer, the need for innovative services to accommodate this population is also growing. The baby boomer generation is not necessarily one of tradition, this group of people like change and new ideas. As the baby boomer generation starts to need services such as adult day health care centers, having

intergenerational programming at such centers is the perfect kind of program for this population, and any population of older adults.

Strengths and Weaknesses

Strengths

This researcher collected data from individuals that had been working at adult day health care centers with established intergenerational programs. By interviewing experienced individuals, this researcher was able to collect up-to-date qualitative data. The interview participants were able to share with the researcher their personal experiences as well as the feedback they have received from the community regarding their programs.

Since this researcher lives an hour away from one of the leading intergenerational centers in the country, ONE Generation, she was able to visit the center for an entire day. The Intergenerational Program Coordinator allowed this researcher to observe the intergenerational activities throughout the program day. This researcher was also able to spend a large amount of one on one time with the Intergenerational Program Coordinator getting all of the questions she had answered. By visiting an adult day health care center with a very successful intergenerational program in place, this researcher was able to see first hand how such a program works instead of reading about it or hearing about it over the phone.

Although not all intergenerational programs are set up the exact same, the general idea is very similar. When gathering information for this project, this researcher was able to recognize these similarities and analyze the data accordingly. In the human service field, it is important for new programs to remain versatile. When creating a program such as an intergenerational one, it is very important to take into consideration the needs of the clients the agency will be working with. By collecting data from different sources, this researcher was able to get many different ideas for implementing a new intergenerational program.

Weaknesses

This study was conducted using a qualitative research design, which some researchers believe is less reliable than quantitative data. Since the data collected for this project was mostly through personal interviews, personal opinion was present. Many of the participant's answers to the researcher's interview questions were subjective. The interview participants answered the questions based largely on their own personal experience with intergenerational programs which again, is subjective.

Although intergenerational programs have been around for a number of years in adult day health care settings, there is a lack of professional literature available. This researcher had a somewhat difficult time locating journal articles and books having to do specifically with intergenerational programming in adult day health care centers. Often, this researcher had to branch out to broader subjects in available literature for information. Much of the available literature was older, dating back to the 1980s, and would be considered out-of-date to many researchers and professionals.

One of the greatest weaknesses of this project was finding people willing to participate in the interview portion of it. Although this researcher was able to speak to very reliable sources, there were few. Many of the adult day health care centers with intergenerational programs have web pages with information available as far as scheduling and activities. Several of the adult day health care centers claiming to have intergenerational programs on their web pages simply said that they did not have any specific programs when the researcher contacted them. Many of the employees of adult day health care centers did not respond to messages this researcher left.

Another weakness of this project has to do with the child care providers that this researcher was able to speak with. Most of the child care providers had never heard of intergenerational programs and this researcher had to explain such programs. Explaining

intergenerational programming was not a problem for this researcher, however, once the programs were explained, the child care providers showed little or no interest in participating in such a program for one reason or another.

Implications for Social Work

As with any vulnerable population, social workers play an essential role in the aging community. As people grow older, many of their resources and connections to the community seem to dwindle. Many older or disabled people do not have help or do not know how to get help to gain access to resources that they might need, such as adult day health care services. Social workers have both the knowledge and the training to be able to advocate for and help older and disabled adults get what they need.

It is well known amongst social workers that there are many more social workers in the mental health and children services fields than there are in the gerontology field. With the baby-boomer generation only getting older, the need for social workers specializing in the aging field is growing. Not only is there a need for more social workers in the field of aging, there is also a need for new innovative programs to service this population. In this researcher's opinion, the baby-boomer generation is much different than previous generations; they are more likely to embrace change from the traditional services offered to older adults.

Although intergenerational programs have been around for years, they are still somewhat of a new concept for many professionals in adult day health care settings. When trying to implement a new program at an establishment that may not be too familiar with such a program, it is imperative that you have people with the knowledge, training, and skills to do so; social workers have these assets. Since social workers are versatile, even if they did not have experience in intergenerational programming, they would be able to take their social work knowledge and skills and use them to ensure a successful program.

In the human service field there will always be a need for qualified social workers. With the growing number of older adults in society, the need for social workers and services to

accommodate older adults is also growing. Working with older adults is not for everyone. It takes a special kind of social worker to work with this population. As with any vulnerable populations, older adults take a lot of compassion, patience, understanding, empathy, and respect.

All social workers should follow the National Association of Social Workers (NASW) Code of Ethics as a general rule, but it is especially important to follow these principles when working with older adults. There are six ethical principles according to the NASW; service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence (NASW, 2006, p. 5). Not all workers in the human service field abide by these principles, social workers do.

Recommendations

Based upon the literature review and in person interviews, this researcher has no question as to if intergenerational programming in adult day health care centers is beneficial to the older adults and children involved. The adult day health care centers that already have intergenerational programs in place are beyond satisfied with the outcomes they have seen from their programs. It may have taken many years to get to where these programs are, but they had to start somewhere, it is certainly not a process that happens overnight.

In general, people usually try to stick to what they know and what they are comfortable with. There may not be that many intergenerational programs in adult day health care centers because people stick with what they know and it is sort of a new concept. As with any new program in human services, one has to see what works for their particular population and what does not. By going off of the information that this researcher has gathered for this project, one will be able to take the next steps toward implementation of an intergenerational program at an adult day health care center that has not had such a program previously.

Since social workers are knowledgeable in the sensitive nature of human services, policies, and new and innovative ideas, they are the perfect people to implement intergenerational programs at adult day health care centers. Social workers have the skills, knowledge, and training to think outside the box and find the resources that it would take to start up a new program. Older adults and children are some of the most vulnerable populations; therefore it takes a special kind of person, like social workers, to work with them.

Research is something that is never complete; there is always room for more, especially when working with human beings. Just as the times change, people change. There is always room for improvement on current programs as well. This researcher was able to interview and

get information from two of the top adult day health care centers with intergenerational programming. Both of the adult day health care centers that participated in this study had child care centers at the same site as them, making it easier to have intergenerational programs at their centers. This researcher was unable to find any adult day health care centers that did not have a child care center at the same site that were willing to participate in this study. Although the information gathered by this researcher for this project is sufficient enough to start working toward the implementation of an intergenerational program at the adult day health care center in Southern California that this project was for, more research is always helpful.

This researcher had less than desirable results from the day care providers that participated in this project. From the information gathered from two day care centers that participated in this project, this researcher decided that it would be useful to look outside the scope of day care centers to use for the intergenerational program at the adult day health care center in Southern California. Since the adult day health care center in Southern California that this project was created for does not have a child care center located at the same site, children will have to be brought in from the outside to participate in intergenerational programs. Licensed child day care centers have to go through licensing and insurance in order to participate in intergenerational programs at adult day health care centers.

There are several other options to find participants for intergenerational programming at adult day health care centers that would need further research. One of the options that might be able to participate in intergenerational programs at adult day health care centers would be Girl Scout and Boy Scout troops. Starting at 5-years-old, Girl Scouts and Boy Scouts are very involved in the community and as they get older, they have to do a certain number of community service hours. Participating in intergenerational programs at adult day health care centers would

give the Girl Scout and Boy Scouts the hours that they need as well as bringing joy to older adults lives.

Since many professionals like to stick with what they know and are hesitant to begin new programs, one recommendation that this researcher has would be to integrate an intergenerational program with what is already in place at their adult day health care centers. Many activities that adult day health care centers have in place for their older adults and disabled adults would be child appropriate as well. It would be much easier for adult day health care centers to include children in the activities that are already in place and see how that works than it would to try and start a whole new program. Once the staff is able to see how the older adults and disabled adults react to having children around and involved in their activities, the staff will be able to see what works with their particular population and what does not.

Educating professionals and social workers of the benefits of intergenerational programs is also an important step to implementing programs such as these. The more people that are aware of how great intergenerational programs can be, the better. Starting new programs in human service fields can be scary for many professionals; however, with the right kind of information and training, more of these intergenerational programs can be brought to adult day health care centers where there previously was nothing of the sort.

References

- Aday, R. H., McDuffie, W., & Sims, C. R. (1993). Impact of an intergenerational program on black adolescents' attitudes toward the elderly. *Educational Gerontology, 19*, 663-673.
- Aldous, J. (1967). Intergenerational visiting patterns: Variation in boundary maintenance as an explanation. *Family Process, 6*, 235-251.
- Barbero, S. L. (1989). Community-based, day treatment for mentally retarded adults. *Social Work, 34*, 545-549.
- Baumgarten, M., Lebel, P., Laprise, H., Leclerc, C., & Quinn, C. (2002). Adult day care for the frail elderly: Outcomes, satisfaction, and cost. *Journal of Aging Health, 14*, 237-259.
- California Association for Adult Day Services (2010). Long term care county data book: Los Angeles County. Retrieved February 26, 2011 from <http://www.caads.org/lcdata/lcdata/Los%20Angeles.pdf>
- Cox, H. G. (2006). *Later life: The realities of aging*. Upper Saddle River, NJ: Pearson Prentice Hall.
- Dabelko, H. I., & DeCoster, V. A. (2007). Diabetes and adult day health services. *Health & Social Work, 32*, 279-289.
- Dabelko, H. I., & Zimmerman, J. A. (2008). Outcomes of adult day services for participants: A conceptual model. *Journal of Applied Gerontology, 27*, 78-92.
- Dunham, C. C., & Casadonte, D. (2009). Children's attitudes and classroom interaction in an intergenerational education program. *Educational Gerontology, 35*, 453-464. doi: 10.1080/03601270802605473

- Gigliotti, C., Graham, B., Jarrott, S. E., Morris, M., & Smock, S. (2005). An intergenerational summer program involving persons with dementia and preschool children. *Educational Gerontology, 31*, 425-441. doi: 10.1080/03601270590928161
- Gitlin, L. N., Dennis, M. P., Hauck, W. W., Mathieu, E., & Reeve, K. (2006). Enhancing quality of life of families who use adult day services: Short- and long-term effects of the adult day services plus program. *Gerontologist, 46*, 630-639.
- Herrmann, D. S., Herrmann, N. C., Sipsas-Herrmann, A., & Stafford, M. (2005). Benefits and risks of intergenerational program participation by senior citizens. *Educational Gerontology, 31*, 123-138. doi: 10.1080/03601270590891522
- Hernandez, C. R., & Gonzalez, M. Z. (2008). Effects of intergenerational interaction on aging. *Educational Gerontology, 34*, 292-305. doi: 10.1080/03601270701883908
- Hooyma, N. R. (1992). Social policy and gender inequalities in caregiving. In J. W. Dwyer & R. T. Coward (Eds.), *Gender, families, and elder care* (pp. 181-201). Newbury Park, CA: Sage Publications, Inc.
- Hutchison, E. (2008). *Dimensions of Human Behavior: The Changing Life Course*. Thousand Oaks, CA: Sage Publications, Inc.
- Larson, R. (2006). Building intergenerational bonds through the arts. *Generations, xxx*, 38-41.
- Le Faou, A. L., Ozguler, A., Okra, N., & Laudet, J. (2004). A geriatric day-care unit: A health prompting hospital initiative. *Promotion & Education, 11*, 11-16.
- Lee, M. M., Camp, C. J., & Malone, M. L. (2007). Effects of intergenerational Montessori-based activities programming on engagement of nursing home residents with dementia. *Clinical Interventions in Aging, 2*, 477-483.

- Lynott, P. P., & Merola, P. R. (2007). Improving the attitudes of 4th graders toward older people through a multidimensional intergenerational program. *Educational Gerontology, 33*, 63-74. doi: 10.1080/03601270600864041
- McCann, J. J., Aggarwal, N. T., Evans, D. A., Gilley, D. W., Hebert, L. E., Li, Y., ... Wolinsky, F. D. (2005). The effect of adult day care services on time to nursing home placement in older adults with Alzheimer's disease. *Gerontologist, 45*, 754-763.
- McInnis-Dittrich, K. (2009). *Social work with elders: A biopsychosocial approach to assessment and intervention*. Boston: Allyn & Bacon.
- McInnis-Dittrich, K. (2009). *Social work with older adults*. Boston: Pearson.
- Middlecamp, M., & Gross, D. (2002). Intergenerational day care and preschoolers' attitudes about aging. *Educational Gerontology, 28*, 271-288.
- National Association of Social Workers. (2006). *Code of ethics of the national association of social workers*. Washington, DC: NASW.
- Newman, S. (1989). A history of intergenerational programs. In Newman, S., & Brummel, S.W. (Eds.), *Intergenerational programs: Imperatives, strategies, impacts, trends* (pp.1-16). Binghamton, NY: The Haworth Press.
- OneGeneration. (2011). Programs. Retrieved on February 1, 2011 from <http://www.onegeneration.org/programs>
- On Lok, Inc. (2011). About On Lok, inc. Retrieved on February 1, 2011 from <http://www.onlok.org/Sharesite/content.asp?catid=240000335&scatid>
- Osborne, S. S., & Bullock, J. R. (2000). Intergenerational programming in action: Befrienders. *Educational Gerontology, 26*, 169-182.

- Pinquart, M., Sorensen, S., & Wenzel, S. (2000). Changes in attitudes among children and elderly adults in intergenerational group work. *Educational Gerontology, 26*, 523-540.
- Robbins, S. P., Canda, E. R., & Chatterjee, P. (2006). *Contemporary human behavior theory*. Boston, MA: Pearson Education, Inc.
- Salari, S. M. (2002). Intergenerational partnership in adult day centers: Importance of age-appropriate environments and behaviors. *The Gerontologist, 42*, 321-333.
- Schacke, C., & Zank, S. (2006). Measuring the effectiveness of adult day care as a facility to support family caregivers of dementia patients. *The Journal of Applied Gerontology, 25*, 65-81. doi: 10.1177/0733464805284195
- Schwalbach, E., & Kiernan, S. (2002). Effects of an intergenerational friendly visit program on the attitudes of fourth graders toward elders. *Educational Gerontology, 28*, 175-187.
- Short-DeGraff, M. A., & Diamond, K. (1996). Intergenerational program effects on social responses of elderly adult day care members. *Educational Gerontology, 22*, 467-482.
- U.S. Census Bureau. (2009). State and County QuickFacts: Los Angeles County, California. Retrieved February 26, 2011 from <http://quickfacts.census.gov/qfd/states/06/06037.html>
- Valadez, A. A., de Vries-Kell, S., Lumadue, C., & Gutierrez, B. (2006). Las Comadres and adult day care centers: The perceived impact of socialization on mental wellness. *Journal of Aging Studies, 20*, 39-53. doi: 10.1016/j.jaging.2005.02.003
- Yamazaki, T. (1994). Intergenerational interactions outside the family. *Educational Gerontology, 20*, 453-463.

Appendix A
Project Proposal

From the following list, please check which social work skills and competencies will be used in the proposal project:

- Ability to identify, access, and critically evaluate scientifically appropriate information as it relates to the community project
- Ability to critically evaluate policies, regulations, and programs related to clients in any part of the life span, especially those in underserved and vulnerable groups as it applies to the community project
- Ability to apply direct social work practice skills as needed in designing and implementing the community project
- Ability to develop social work interventions and/or policy practice/advocacy strategies using an evidence based approach
- Ability to apply appropriate social work theories and frameworks to a complex social issue/problem related to the proposed project
- Ability to use, apply and/or integrate technology as needed for the proposed project
- Ability to effectively communicate verbally and in writing
- Ability to apply social work ethical principles as needed in developing and implementing the community project
- Skills in the application and integration of evidence based research to agency programming
- Skills in program evaluation or needs assessment
- Skills in providing direct services
- Skills in developing research methodology
- Skills in data analysis
- Skill in identifying the strengths of diverse populations
- Skills related to the awareness of cultural issues that may impact the project
- Skill in working collaboratively with your agency/organization, faculty sponsor, and other systems involved in the community project
- Other social work related skill(s) (please specify): Skills in program development and implementation.

Are there other agencies or organizations involved or could be involved in the project?

Yes _____ No X *Not yet.

If yes, please list below and give contact information if available:

1. _____ Contact info: _____

2. _____ Contact info: _____

3. _____ Contact info: _____

Available times to meet with student(s) about the project (at least 1-2 times a month):

Day: Monday & Tuesdays Time: 8am-4pm

Any additional information about the project?

We understand that this is going to be a lengthy process. We are proposing that Jessica Smith work towards the implementation of the intergenerational program for our center.

Signature of agency person approving submission of proposal:

On File _____

Print name: Rosemary Flores-Gordon _____

Submit the proposal to the assigned project instructor.

Appendix B
IRB Approval



Grants, Research, and Sponsored Programs
California State University, Bakersfield

24 DDH
 9001 Stockdale Highway
 Bakersfield, California 93311-1022
 (661) 654-2231
 FAX (661) 654-3342



Institutional Review Board for Human Subjects Research

Date: 09 November 2010
To: Jessica R. Smith, MSW Student
cc: Paul Newberry, IRB Chair
 Jong Choi, Social Work Department
From: Steve Suter, University Research Ethics Review Coordinator
Subject: Protocol 10-149: Authorization Following Exemption from Full Review

Anne Duran, Ph.D.
 Department of Psychology
 Scientific Concerns

Roseanna McCleary, Ph.D.
 Masters of Social Work
 Scientific Concerns

Thomas Blommers, Ph.D.
 Department of Modern Languages
 Nonscientific/Humanistic Concerns

Lily Alvarez, B.A.
 Kern County Mental Health
 Community Issues/Concerns

Grant Herndon
 Schools Legal Service
 Community Issues/Concerns

Tommy W. Tunson, J.D.
 Criminal Justice
 Community Issues/Concerns

Kathleen Gilchrist, Ph.D.
 Department of Nursing
 Scientific Concerns

Paul Newberry, Ph.D.
 Department of Philosophy/
 Religious Studies
 Nonscientific/Humanistic Concerns
 IRB/HSR Chair

Yeunjo Lee, Ph.D.
 Department of Special Education
 Nonscientific/Humanistic Concerns

Steve Suter, Ph.D.
 Department of Psychology
 Research Ethics Review Coordinator
 and IRB/HSR Secretary

I am pleased to inform you that your protocol, "Implementing an Intergenerational Program at an Adult Day health Care Program in Southern California", has been approved, following exemption from full review. This research activity was exempted as defined in Paragraph 46.101 of Title 45, *Code of Federal Regulations* based on the following criteria: (1) Research involving the use of [standardized] educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior, **UNLESS:** (a) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects, and (b) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation. Approval is based on your materials received on 11-03-10.

This authorization is strictly limited to the specific activities that have been authorized by the IRB. If you want to modify these activities, notify the IRB in advance so proposed changes can be reviewed. If you have any questions, or there are any unanticipated problems or adverse reactions, please contact me immediately.

The following person[s], only, are authorized to interact with subjects in collecting data or obtaining informed consent. Investigator is responsible for ensuring that any assistants interacting with data having personal identifiers are HSPT certified.

Human Subjects Protection Training Certified:
Jessica R. Smith [1-20-09] & Jong Choi [11-04-02]

Any signed consent documents must be retained for at least three years to enable research compliance monitoring and in case of concerns by research participants. Consent forms may be stored longer at the discretion of the principal investigator [PI]. The PI is responsible for retaining consent forms. If the PI is a student, the faculty supervisor is responsible for the consent forms. The consent forms must be stored so that only the authorized investigators or representatives of the IRB have access. At the end of the retention period the consent forms must be destroyed [not re-cycled or thrown away]. Please destroy all audio tapes after scoring.

This authorization will be valid until the end of October 2011.


 Steve Suter, University Research Ethics Review Coordinator

Appendix C
Interview Guide

JESSICA SMITH INTERVIEW GUIDE

The following is just a guideline to some of the questions that can be asked during the interactions with other centers that have intergenerational programs already in place. More or less questions may be asked.

Questions for Adult Day Health Care Centers

1. Can you tell me about how the intergenerational program works at your center?
2. How often do the seniors interact with the children and how long are these interactions?
3. What kind of activities do the seniors and children participate in together?
4. Have you tried any other activities that you found did not work?
5. What are some of the benefits to the seniors and the children that you have seen come from the intergenerational program?
6. What kind of policies or special precautions have you had to put in place in order to have this kind of program?
7. Can you tell me about any barriers that your center has come across with having a program like this?

Questions for Childcare Providers in the Antelope Valley

1. Are you familiar with intergenerational programs where children and seniors come together to interact in daily activities at an adult day health care center?
2. Would you and your establishment be interested in participating in an intergenerational program at the local adult day health care center?
3. If yes to #2, what would we need to do to have your center participate?

Appendix D
Consent Form

CONSENT TO PARTICIPATE IN A RESEARCH STUDY
PROJECT TITLE: IMPLIMENTING AN INTERGENERATIONAL PROGRAM AT AN
ADULT DAY HEALTH CARE CENTER IN SOUTHERN CALIFORNIA
[Authorized by the CSUB Institutional Review Board/Human Subjects Research: Protocol
10-149]

I understand that the purpose of this study is to gather information about intergenerational programs that are already in place at adult day health care centers.

I understand that I will be answering questions about intergenerational programs to the best of my knowledge and ability. I understand that these questions will be asked by the social work student researcher and interactions can take place in person, via phone, and via email correspondence. I understand that these interactions will take place at a time and place that is mutually convenient to myself and the student researcher.

I understand that all information which might link me to this study will be kept confidential. A false name will appear on all printed material. The original signed consent form will be kept in a locked file in the student researcher's home office for one year following the completion of the study.

I understand that my participation in this study is entirely voluntary and I can chose not to participate at any time. If I chose to no longer participate in this study or to withdraw any time during the study, it will not have any negative consequences on myself or my agency.

Benefits: I understand that this study may or may not directly benefit me. It is not designed to directly benefit the interview subjects. Rather, it is designed to further the available information on intergenerational programs so that more programs may be implemented at adult day health care centers in the future.

Risks: I understand that I might experience a minimal amount of risk and some stress while participating in this study.

If I have further questions about the research itself, I may contact:

Jessica Smith
 CSUB Social Work Department
 c/o Jong Choi
 9001 Stockdale Hwy
 Bakersfield, CA 93311
 661-654-2390
 jsmithcsub@gmail.com

In addition I may contact the social work faculty member serving as thesis/project committee chair with questions about the research, or if I have a research-related problem:

Dr. Jong Choi
 CSUB Social Work Department
 9001 Stockdale Hwy.
 Bakersfield, CA 93311
 661-654-2390
 jongchoi@csub.edu

For questions regarding my rights as a research subject, I may contact:

Dr. Steve Suter
 University Research Ethics Review Coordinator
 Institutional Review Board/Human Subjects Research
 Department of Psychology
 California State University, Bakersfield
 Bakersfield, CA 93311-1099
 (661) 654-2373

Authorization: I have read this form completely and have decided that I will participate in the study described. The general purpose, the requirements of participation and possible hazards and inconveniences of participating have been explained to my satisfaction. I will be given a copy of this consent form. My signature indicates my consent to participate.

Participants
 Name _____ Date: _____

Signatures:

Participant: _____ Date: _____

Researcher: _____ Date: _____