# Benefits & Access to Services

## Benefits of intergenerational care

Research suggests that intergenerational care has health and social benefits for older and younger participants, particularly a positive impact on the quality of life. The program invites generations to exchange skills, values and knowledge leading to improved social cohesion in society (Cook & Stanley, 2009).

I would like to introduce you to the benefits of Kite’s Intergenerational program:

* Diminishing social isolation, loneliness and boredom amongst the elderly. Families are often establishing themselves, driven by time constraints or separated by distance – as such the elderly have an opportunity to be engaged with adults and children to reduce feelings and experiences of social isolation.
* A sense of purpose i.e – intergenerational activities show the elderly that they are valued as individuals that possess lifelong skills, rather than just being passive recipients of care. They can live a fulfilled life.
* Participating and engaging with community
* Socially connected and developing new friendships
* Motivation to complete tasks
* Opportunities to share skills, knowledge and abilities
* Informing and sharing cultural identity and heritage. For example: keeping connection with Aboriginal culture and kin.
* Those in a carers role benefit through having access to respite.
* For older adults, intergenerational programs have shown psychological benefits by creating a sense of purpose and enhancing dignity, and have led to changes in community expectations of existing care and support services available to older people, including those living with dementia.
* For children, intergenerational programs have benefits in terms of psychological and social development, and there is some evidence that intergenerational contact reduces delinquency in young adults.

On a lighter note:

* The elderly experience laughter and enjoyment
* Physical contact – affection.
* A sense of wellbeing

Benefits to the Aged Care providers in relation to the Kite Program include:

* Divisional therapy programs have an added resource pool through funding of aged care provider and playgroup.
* Interactions triggering memories of past experiences raising children.
* Dementia –
* Meeting required Aged Care Accreditation Standards: for example Outcome 2.13 – “Behavioural Management” research identified that the IP have benefitted elderly residents who have dementia with affect and mood. Participating in half an hour each day of IP interaction, the individuals remained happier for 30 minutes or more each day. (International Specialised Skills Institute, 2015).

## Benefits of Intergenerational care for community development

From a community development perspective benefits of the Kite Program include:

* Collaborative relationships and respect for the young and elderly. This enhances community cohesion, for example: the diversity of one’s background and experience of aging or ageism is valued.
* Generations work together to gain skills, values and knowledge. This aids social capital and social cohesion within the aging society.
* Intergenerational learning provides the opportunity for children to learn from the elderly. The elderly then feel valued and continue to contribute to local communities with inherent purpose.
* Intergenerational models of care are unique; they differ from existing programs as they contain a common educational curriculum across generations, as well as ongoing screening, monitoring and evaluation of all participants.
* Intergenerational care encourages social inclusion and will produce a cost effective alternative care arrangement.

Furthermore, it provides social work and community development workers prospective employment opportunity and conduct of research in relation to:

* Benefits of intergenerational care to community in terms of economic evaluation, community satisfaction, health and wellbeing and linking with other community service providers.
* Analysis of social policy and policy development.
* Systematic reviews
* Satisfying projects to build thriving resilient communities.
* Supporting marginalised and discriminated individuals such as the aging population.

## Access to services

As the Kite Program was developed in TAS, currently the roll out of this program has only been in Tasmania, although a facilitation and resources guide is available for other organisations to adopt and implement within their communities. From researching similar programs, most intergenerational care programs are occurring and being trialed in the states of QLD and VIC.

Given the benefits of intergenerational care we have highlighted, we hope to see other NGO’s and community support organisations take this program on and the implementation rolled out nationally. Access to the program can be at times strained if the program facilities are not co-located. Some services (child care and aged care) have their own transport methods, such as a communal bus that could easily transport the program users to participate in the session. If the program was required to hire a means of transport, this could impose an additional cost, which would have a significant effect for service users. Also, the influence around valuing the elderly can differ depending on local council and community commitment.

## Who are the users?

### **Elderly people**

Residents in Aged Care facility usually over the age of 60. Person running the intergenerational program will check each resident’s information such as medical condition, functional capacity, what people need assistance with and what people like doing, their hobbies and interests. Also it is important to remember when approaching the residents that you are a new person in their life and their routines. Identifying things makes people feel special if you take the time to listen to who they are and what interests them. People are more likely to be interested in you if you are interested in them. An Intergenerational program that focuses on the interests of both the elderly and the children involved will be more successful. There are two ways of gaining this information. You can gain a lot of information informally through your daily interactions with people or you can take a more formal approach and conduct a survey of what people like doing. Often people will feel more comfortable attending a Intergenerational Program session if the know what to expect.

• Tell the elderly who the children are, what ages they are, the sorts of activities they like doing.

• Describe what happens in the session.

• Let them know they can have as little or as much interaction as suits them.

One way of encouraging residents to become involved in the program is to highlight for them the  
sorts of things that they may get out of participating. Emphasis on the benefits without labelling  
them as such.

### **Children**

all age ranges of the young (generally under 20 years), from babies and pre-schoolers in playgroups or child care settings, through to school aged children and teenagers.

it is important for the children participating in the Intergenerational Program to be given information about what it will involve. This information will include things like where it will be located, who will be attending, what will happen in the session, behaviour that is expected, what the needs of the elderly are and what restrictions the elderly may have. Facilitator of Intergenerational program should spend time in the individual rooms at the Child Care Centre meeting the children, learning their names and finding out what is important to the children and what things they like doing. Some basic information is helpful for the child to understand some of the things they may see, such as wheelchairs and walkers, hearing aids and glasses. Help the children to know that the elderly have restrictions and discuss what they might be – hard to walk, can’t walk, can’t bend, slow, problems hearing little voices, difficulty seeing small things, problems lifting or holding things. Encourage the children to think of some ways they may be able to help the elderly, such as pick things up off the floor or talk a little louder. Also let children understand what type of behaviour is expected when visiting the elderly residents home, for example quiet voices and walking. When children enter a new environment for the first time they may be a little shy and reluctant to participate. Help the children to feel comfortable by showing them how to behave.

## Funding & politics

**Funding and Implementation**

**Joint program** conducted by OneCare’s Bishop Davis Court and St Michael’s Collegiate Early Learning Centre (Kingston, Tasmania)

**Monitoring and evaluation** grant from the Vincent Fairfax Family Foundation has sponsored the development of this Resource Guide to assist others to implement a KITE Program.

**A typical budget for an Intergenerational Program**:

* resources (administrative, specific furniture, equipment),
* risk analysis,
* legal costs for MOU agreements,
* memberships to organisations and journals.

**Some implementation questions to ask:**

• Are participants happy, more at ease in aged care?

• Are participants, carers and others respecting the humanity and dignity of the elders hearts

and minds?

• Is there harmony between young and old, carers, extended care assistants and others?

• Are those involved in the planning, implementation and running of the project sharing

commitment towards achieving projects aims?

Memorandum of Understanding

This document represents an arrangement between

* Purpose and scope

In particular, this MOU is intended to:

• Clarify the relationship and responsibilities of both entities

• Enhance the maintenance and development of the KITE program

• Establish the principles of operations

* Responsibilities of both aged care and child care centres
* Project officer
* Resource and facilities
* Financial arrangements
* Intellectual property
* Marketing and publicity
* Settlement of disputes
* Review and evaluation
* Effective date and signature

**Possible Funding sources**:

* Child care
* Aged Care
* Community Development

**Total Government expenditure of Aged Care**

2014-2015- 15.2 bn

2015-2016-16.2 bn

2016/2017- 17.5 bn

**Politics around Intergenerational care such as the KITE initiative**

**Who is responsible?**

The care of the young and old in any society is generally considered the role of the community and in particular women. (Radford, Oxlade, Fitzgerald & Vecchio, 2016)

**Why is this changing?**

* Female workplace participation
* Dual income households
* Structural ageing of the population
* The care of the very young and very old are considered social goods.

(Radford, Oxlade, Fitzgerald & Vecchio, 2016)

**Supports and Constraints to implementing intergenerational care**

**Supports**

* Client outcomes – similar standards with both aged care and child care
* Access and service delivery - scope for greater innovation and of intergenerational awareness and greater community support for young families and older people
* Management and administrations – sharing of management and administrative costs

**Constraints**

**Workforce** – up skilling of shared staff, staff ratios, qualification requirement in child care

**Client environment** – physical environments

## References

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