

ONE TRIBE, ONE SPACE – THE ART OF AUTHENTIC INTER-GENERATIONAL INTERACTIONS

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ABSTRACT

This presentation attempts to share the learning gained from developing and improving the quality of the inter-generational programmes (IGPs) within a nursing home in Singapore. We are a nursing home that pioneered a co-located infant and childcare centre in 2017 in Singapore. Using three existing programmes run by the allied health services (AHS) department and the infant and childcare centre (ICC), we evaluated the structure and impact of these three IGPs when we first began and compared it to how we are currently improving upon them. We will share the lessons learnt by the two teams involved in IGPs and the elements we believe will strengthen the quality of our current and future IGPs. The three chosen IGPs are storytelling, creative art and physical exercise. All programs have common outcomes for both children and elderly – building and supporting language and listening skills, motor skills and creative and aesthetic expression. The two groups engaged in our IGPs are elderly residents with moderate dementia from the dementia residential unit with an average age of eighty years old, and the children from the childcare centre aged between three to four years of age.

Updated: please note – We featured two instead of three programs in our oral presentation for the conference.

INTRODUCTION

St. Joseph's Home (SJH) has provided long term aged care for residents since 1978. In March 2017, after four years of considerable planning and major rebuilding, it moved into a new redeveloped six-storey facility that incorporated improved residential living areas for residents, including a dementia-specific unit, a co-sited infant and childcare centre (ICC) and a wheelchair-friendly playground for all ages. The entire facility operates as a single entity under the purview of its Executive Director, with the ICC viewed as a new department created to join the traditional administrative, clinical and estate operations departments of a typical nursing home. This means that SJH is a single provider for all educational and healthcare services within the facility.

The home's vision is to uphold human dignity and for residents, this is realised through the provision of care and support beyond just the physical aspects of living. Our care philosophy has always been "adding life to remaining years" and we embed this in services and programmes to nurture residents emotionally, psychologically and spiritually to support well-being. A good example currently is intergenerational programming. With a co-located ICC in place within the new facility, the home was able to action its vision of bringing the elderly in daily contact with children, enabling intergenerational interactions to become an integral part of the life at SJH. On a daily basis, both young and old have many opportunities to meet, greet, play, learn, teach and chat.

Various forms of inter-generational interactions began in the last quarter of 2017. The ICC took the lead in initiating the work, with one senior staff planning and scheduling all activities. Many

of these early activities chosen took place on an ad hoc basis, with little structure on when and for how long each would last as well as the elderly residents with whom to do them. They were typically extensions of school activities that the children were participating in during their scheduled curriculum where sessions, instead of being carried out in the school classrooms, would be moving to spaces and areas where elderly residents occupied, for example residential common dining and activity areas and a volunteer programme room.

After some time using this format, the ICC then attempted to involve other departments in these interactive sessions. The staff from ICC realised that while they had expertise mainly in early childhood education and could manage the children's needs, they wanted to leverage on the expertise and capabilities of their nursing home colleagues that oversee areas of work directly involving elderly residents. The department that ICC first collaborated with was the Allied Health Services (AHS). Staff in AHS were knowledgeable about the elderly's medical and health conditions and were familiar with them so could provide valuable insight to the residents as well as support to inter-generational activities.

In this paper, we will feature some examples of our IGPs. We will highlight how the early lessons informed the way we designed and improved our later IGPs. Many of our current programmes are an evolution of this early work, but with clearer definitions and objectives. They are also, in themselves, evolving entities.

BACKGROUND

Having no prior internal benchmarks for what defines or constitutes a desirable IGP for our own context, our initial intergenerational programmes started with two simple models. The first would centre on a visitation-type setup where teachers and children would bring an activity to where residents are in an attempt to engage a group of elderly to join in. Some examples of this include a drumming percussion group, Sunshine Beanies Exercise (a gross motor learning programme for children) and the storytelling activity. We will use the last activity i.e. storytelling, to illustrate our learning points from this approach.

The second model we used was the concept of activity through dyads. Fixed pairs of young and old would come together to engage in a planned task. An example of this is the expressive art programme, one of the first collaborations ICC did with the AHS. We will use this programme to illustrate the insights gathered from this approach.

FIRST FEATURED PROGRAMME - STORYTELLING PROGRAMME INITIAL PROGRAMMING (2017 to 2018)

As the childcare centre was just in its first year of operation in 2018, the ages of the children were varied - ranging from two to six years old – and the group small. Due to this, most of the children's activities and initial programmes involved the entire group as a whole.

To kick-start the intergenerational programme, our teachers chose storytelling as the way to initiate engagement between both the young and old. The Giggle Palace, which was the Home's hair salon where residents went to get their hair cut and dyed, was chosen as the location for this programme. The teachers had the objective of using the residents' waiting time for the hair services to bond with the children. However, as they started, they soon began to face the following challenges:

1. The location was not child-friendly as there were no appropriate chairs for the children to sit on.
2. As the children were of mixed ages with variable attention spans, the group as a whole became easily disruptive and could not sit still, resulting in class management issues for the teachers.
3. The stories chosen were mainly targeted at the pre-schoolers and always orally recited in English, with no props or other stimuli items.
4. Some residents who were present at sessions were hard of hearing. Most also spoke little or no English. This made it difficult for them to engage in the stories.
5. There was always different residents getting haircuts at the scheduled storytelling sessions. This became difficult for the teachers to achieve their objective of fostering relationships and building rapport between the young and old as the faces of the elderly would change constantly and the children could not recognise them with familiarity.
6. The teachers came to a quick realisation that since they were only trained in early childhood education, they had no fundamental understanding of ageing and the elderly to plan for elder-appropriate activities.

The teachers voiced their feedback from this storytelling experience at the Giggle Palace and expressed frustration at not being able to achieve their primary objective - authentic intergenerational interaction. They felt that a review of strategy was much needed. The top most factor that they wanted to address was their lack of knowledge about ageing and the eldercare experience. They felt that with some basic understanding, they could better plan more appropriate activities and programmes and enhance the experiences for both the young and old.

As a result of this feedback, the Vice Principal of the ICC and the Head of AHS got together with an external expert to design an intensive educational course aimed at addressing this knowledge gap. The entire childcare team attended a six-month in-house course on “Understanding Ageing, Cognition and Impairment”. The course entailed lectures, a three day immersion experience as a resident at the home, observations of residents and an applied application of learning on a resident. A post-course evaluation was carried out on the teachers and they gave overwhelming positive feedback that the information and practical learning formats opened up their eyes to the ageing experience, making them more empathetic towards the elderly residents in the Home.

SUBSEQUENT PROGRAMMING (2019)

Armed with renewed enthusiasm and newly acquired knowledge, the childcare team delved into planning and designing new intergenerational programmes for 2019. They also gave particular attention to creating programmes targeted at residents with dementia. In fact, the residents living in the Home’s dementia wing were chosen as the group to pilot the new storytelling programme. This was done to ensure that the teachers could practice and apply as much of their new knowledge as possible. In addition, as a whole, the residents at the dementia wing were less frail than their counterparts – most of whom were bedbound and chronically ill - living elsewhere in the Home. Many were still independently mobile and alert. The teachers felt that this would allow them to engage the residents better. The children chosen for the new pilot were also of the older age group – four years old - as the teachers felt that they would be easier to manage as a class.

To begin the relationship-building process between the children and residents in preparation for the storytelling programme, the teachers started off by bringing the children for weekly visits to the dementia wing and engaging both groups in simple sing-along sessions. This

allowed both young and old to nurture their budding friendship in a highly social, fun and casual manner. The teachers noted that the residents soon became familiar with the children and became more conversant and at ease with them. Correspondingly, the children also warmed up to the residents over the course of their weekly sing along sessions. These visits also allowed the teaching staff to interact and get to know the nursing staff caring for the residents with dementia. This was advantageous as it gave the teachers an opportunity to learn more about the residents as individuals as the nursing team was most familiar with the residents' backgrounds and personalities.

With an improved understanding of all the residents, the teachers introduced the storytelling programme again. Aside from being able to better chose appropriate stories that would resonate with both the children and the elderly, having biographical information about the residents allowed the teachers to even create special roles for certain residents. For example, there was one resident who used to be a Sunday school teacher and she was "recruited" to lead the sessions in prayers as well as to choose the stories to be shared. Other residents were roped in to work with the teachers to prepare materials for subsequent sessions.

The stories chosen began to take into account both groups of audience. Many had universal themes that were appropriate for both young and old, and delivery of the stories was done using multiple languages to accommodate both English and non-English speaking individuals. The teachers also became extremely creative at using various stimuli items and props to enhance the engagement experience during storytelling. For example, there was a storytelling session during the Chinese New Year period, where the teacher tapped on a familiar song sung during the 60s that the residents were familiar with to introduce the story. The teacher was able to use the TV screen at the dementia wing to flash the lyrics of the song and most of the residents recognised the artiste straightaway. Furthermore, as part of the entire storytelling experience, a cooking element was incorporated into the programme, where both residents and children were tasked to prepare the ingredients for the stock to make a traditional soup. Everyone was also able to partake of the soup afterwards. This is just an example of how the teachers were better able to design a more meaningful experience for both groups.

With the revised format of delivery in the intergenerational storytelling programme, the teachers feedback that they felt their own relationships with the residents improved as well. They were extremely satisfied that their increased efforts really paid off as it was noticeable how at ease some of the residents were with them, and were able to joke, dance and even giggle just like the little ones during their interactions. The table below summarises some of the significant changes that the childcare team observed.

2018	2019
Stories chosen were only targeted at children	Teachers tapped on their newly acquired knowledge of residents including the ageing experience, knowledge of cognitive impairments, knowledge of their personal biographies of past experiences of the olden days, songs etc. to choose appropriate stories with universal themes that can engage both young and old

Location at the Giggle Palace was noisy and not convenient for children as there were no chairs for seating. Children sat on the floor, far away from teachers and residents	Children sit on proper high chairs. Sitting format for everyone was an open circle where teachers, children and residents can face each other, in order to maintain good eye contact and facilitate interactions
Orally recited stories delivered only in English	Use of multiple languages and story-delivery methods including oral recitation, use of video and audio media, props and stimuli items for multi-sensory experiences to retell stories
Teachers with no fundamental understanding of the elderly and no prior experience interacting with residents	Teachers armed with basic knowledge of ageing and cognitive impairment ensuring that they were better able to understand and make detailed observations of residents. They also learnt to include residents proactively in the sessions by assigning meaningful roles
No relationship building opportunities with residents who were waiting for haircuts as they would be ad-hoc and irregular. Little physical or social signs of familiarity and friendships	Working with a single group of residents for a fixed period of time allowed both residents and children to get to know each other by name. This familiarity extended beyond programming time where they recognised each other and can wave at each other as they moved about the nursing home daily. Interactions during programming also improved, with both groups being more at ease with each other where they welcomed hugs, kisses and smiles with each other
No biographical information of residents to take into account during planning of activities	The nursing team and allied health therapists shared information of the functional abilities, cognition and important biographical information of the residents with the childcare team. This enabled the childcare team to create personalised experiences for residents who could take on meaningful roles during programming

SECOND FEATURED PROGRAMME – EXPRESSIVE ARTS PROGRAMME

INITIAL PROGRAMMING (2017 to 2019)

In the initial stages, the broad objective of this expressive art programme was to allow both young and old to foster friendships and unleash their creative self-expression through expressive arts. We chose art because as a medium, it is suitable for young and old. Activities can also be modified to accommodate extensive and various cognitive and motor skill levels for all ages. Table 1 below summarises the structure of the trial and subsequent programmes.

Structure	Trial programme	Subsequent programme 1	Subsequent programme 2
Main facilitator	Art Therapist		
Facilitator assistant	Teacher from ICC		
Frequency	Once weekly	Once weekly	Once weekly
Total sessions	6	10	6
Duration per session	Average one hour	Average one hour	Average one hour
Number of dyads	2	2	7
Ratio of dyads to main facilitator	2:1	2:1	7:1
Profile of elderly	1. Full cognition 2. Average age 75 3. 1 male, 1 female	1. Mild cognitive impairment 2. Average age 75 3. Both males	1. Moderate dementia 2. Average age 75 3. 5 males, 2 females
Profile of young	1. Average age 6 2. Both boys	1. Average age 6 2. Both boys	1. Average age 4 2. 6 boys, 1 girl
Tool to collect subjective feedback	None	Happiness Scale A	Happiness Scale B
Other feedback	Art Therapist and teacher from ICC documented their observational notes from all sessions		

Table 1. Summary of structure of trial and subsequent expressive arts IGP

TRIAL PROGRAMME

Both ICC and art therapy teams decided to engage kindergarteners and elderly with normal cognition in the trial. The assumption was that this would allow the main facilitator to manage the sessions better as both groups would be able to understand and follow activity instructions, possess a longer attention span and have some ability to converse with their art partners. The art therapist had no prior experience in managing children in an arts programme hence she felt more confident dealing with older children to start.

At the time of the trial, only two kindergarteners enrolled in the ICC, therefore only two dyads could form. Pairing with the elderly resident was random, the only criteria being that when asked, the elderly resident expressed interest in participating in an activity with a child. At every session, a teacher from the ICC assisted the facilitator.

The art therapist proposed six sessions at trial as a typical arrangement for art group work is between six to eight sessions long. Both teams also rationalised it as any lesser than six would not allow the dyads sufficient time to become buddies and to create a tangible end product. The agreed duration of an hour per session is the average time of a typical art therapy session.

SUBSEQUENT PROGRAMMES

The main changes between trial and subsequent programmes were the number of dyads, the age of the children chosen, the profile of the elderly residents and the total number of sessions conducted. When choosing the residents with dementia to attend the programme, the art therapist selected those who expressed they enjoyed being with children and would like to participate in an activity with them.

In making the changes for the subsequent programmes, both ICC and art therapy teams wanted to determine the influence of the factors listed below on this IGP. Some of the questions they were seeking answers for included:

1. What is the ideal number of dyads a facilitator could have in a typical IGP in order to have optimal outcomes?
2. Would a younger age group of children be appropriate for an IGP?
3. What changes would planners need to accommodate a younger group of children in an IGP?
4. Would different profiles of elderly i.e. normal cognition and residents with dementia, require different structure in IGP?
5. What is the ideal number of total sessions for an IGP to achieve its objectives?

INSIGHTS FROM TRIAL AND SUBSEQUENT PROGRAMMES

The table below summarises the general learning gathered from this initial expressive arts IGP.

	Factors	Learning points
1	Frequency	<ol style="list-style-type: none"> 1. Weekly sessions are sufficient to achieve the broad and specific objectives we set out for our art-based IGP. 2. This is also ideal for time management for both young and old in relation to other programmes and activities found at SJH. We recognise that being in an IGP would only be one of the many programmes that the old and young would be involved in as part of their daily lives at SJH.
2	Total sessions	<ol style="list-style-type: none"> 1. We observed that if the objective is to foster a personal relationship between the young and old, the first three sessions of any new programme cycle should be set aside to facilitate this. After the unfamiliarity of the first two sessions, the third session seems to be the turning point when both the child and the elderly person appear to recognise the other as their buddy. 2. In addition, between six to eight total sessions are optimal to provide sufficient time for the dyads to nurture the budding friendship and work on creating a product together. 3. The final number of total sessions chosen would depend on the complexity of end product of the chosen art activity.
3	Duration per session	<ol style="list-style-type: none"> 1. An hour is optimal. On occasion, any longer periods we observed that the elderly tend to feel over-stimulated by the high energy of the young, especially in people with dementia. The frailty of the elderly participants also influenced their ability to focus and tolerate longer sessions. 2. Due to the relative young age of all child participants, an hour is ideal in managing the right balance between requiring them to concentrate on a single task and recognising their need to switch

		focus in the event they perceive no further personal enjoyment at task. This is especially when managing the four year olds.
4	Number of dyads	During this initial stage, the number of children in each cohort limited the number of dyads we could form for the IGP. However, we also recognise that space constraints will limit the number of dyads at any one time.
5	Ratio of dyads to facilitator	<ol style="list-style-type: none"> 1. To ensure optimal management of the creative art processes and to foster relationships between the old and young, the maximum ratio of dyads to facilitator in a creative art programme is preferably eight pairs to one facilitator. 2. We observed that for any lesser number, the resources set aside to run the IGP would be similar to having eight pairs. Both ICC and art therapy teams agreed that this is not putting resources to best use.
6	Facilitator assistant	<ol style="list-style-type: none"> 1. In all arts-based IGPs programmes to date, the art therapist took on the role of main facilitator while a teacher from the ICC participated as the facilitator's assistant. One assistant is sufficient. 2. The role of the assistant is important, as she was to act as the point of familiarity for the children in order to build a sense of security in a new interaction scenario. She was also the "child expert" and could advise and assist the facilitator to manage the children during the activity.
7	Profile of elderly	<ol style="list-style-type: none"> 1. Elderly of all cognitive levels are suitable for arts-based IGP. We observe that in both subsequent programmes, the residents with cognitive impairments came out of their shell and actively participated with the children. 2. The same programme structure can be used for both participants with normal and cognitive impairments. The structure between the trial and subsequent programmes did not need any alterations.
8	Profile of young	Children between four to six years old are suitable for an art-based IGP. The activity chosen for the interaction would have to be age-adjusted.
9	Tool to collect subjective feedback	<ol style="list-style-type: none"> 1. A Happiness Scale with descriptive terms and numerical values from 1 to 5 can be used as a very simple and approachable method to get subjective feedback our elderly with dementia to indicate their mood pre and post programme 2. Facilitator will need to clearly explain to participants how to use scale prior to every session

10	Other feedback	<ol style="list-style-type: none"> 1. During trial and subsequent programmes, both facilitator and assistant acted as observers as well. It will be desirable if for future IGPs, a different staff member takes on this role to prevent bias 2. For future IGPs, it will be desirable for observers to use validated tools like Dementia Care Mapping or Well-being Profiling Tool to provide additional feedback
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Table 2. Summary of insights from initial arts-based inter-generational programmes

The unexpected discovery from this initial art-based IGP however was that many of the newfound friendships had immediate impact on the daily lives of both young and old. When the children and elderly met for the first time at the IGPs, the facilitator and assistant played important roles to help both groups overcome the unfamiliarity of each other. However, it was discovered that consistently with both trial and subsequent programmes, by the third session, both young and old were able to recognise and feel comfortable in each other's company and began growing their friendships organically outside of IGP. For example, when the children met their elderly buddies along the common walkway during the day, they were quick to acknowledge them with a personal greeting. Parents would also report to the ICC teacher that their children would share with them stories about meeting their new older friend and of the activities that they would do together. The elderly resident also began to show concern for their young friends. They would make purchases of sweets and be excited to see their young counterparts to give them their treats. Even those elderly with cognitive impairments could recall the names of their young friends or recognise their faces when they see them. Nursing care staff reported that the residents would frequently talk about their young friends fondly.

LIMITATIONS OF INITIAL INTERGENERATIONAL PROGRAMMES

The teams from ICC and art therapy agreed that the main limitation they experienced during the initial stage was that while they had domain expertise in child development and art therapy respectively, they had a poor understanding of the other's profile group. The teachers who assisted in facilitating IGPs had no prior knowledge in ageing, eldercare, gerontology or dementia and they feedback that this posed a significant disadvantage, as they did not understand the population. This was a large disadvantage with specific groups like those with cognitive impairments. For example, the teachers could not understand why people with dementia would behave or respond in certain ways during an activity with the children. Being unfamiliar with the elderly residents also resulted in them having poor insight into their backgrounds, biography, likes, dislikes and health conditions. This led to some activities, especially those of the visitation-type, not being interesting nor meaningful for the old, thus reducing levels of engagement.

Likewise, the art therapist expressed that she had never worked with children of young age before, and had no knowledge of how to plan and design appropriate creative arts programmes to take into account their cognitive and motor developmental stages. Being unfamiliar with the children also meant that she did not know them personally and this could influence her ability to manage their behaviours and responses to the tasks she designed. The uncertainty gave her anxiety during the planning stage.

Both ICC and AHS teams also felt they needed more frank and open discussions during the planning stage of IGPs, to agree on and create programme goals that would achieve both the learning objectives required by the children's pre-school educational curriculum, as well as the therapeutic goals of the clinical art therapy service all within the same activity chosen for the IGP. Honest discussions are also crucial to identify appropriate activities and goals for IGPs that are neither too childish nor too complicated, resulting in the elderly feeling infantilised and the children rejecting complex tasks. Finding the right balance would then bring meaning for both the children and the elderly as they interact.

Action taken to address these initial limitations include:

1. Providing training for the entire ICC team on basic knowledge of ageing and dementia to provide them with an understanding of the elderly residents' lived experience. Topics included common aged related health conditions, and cognitive impairment and its impact on the sufferers. Plans are underway to create similar training programmes for staff from any departments who will collaborate in IGPs so that everyone will possess basic eldercare knowledge. Dementia champions who already work with the elderly residents are available for consultation should they have any need for clarifications.
2. Providing attachments for the AHS team to the ICC to observe and have an appreciation of the mental and physical abilities of the children, as well as to get to know their different personalities. These insights will further assist the AHS team to co-plan appropriate IGPs with the ICC team. There will be further opportunities for departments who collaborate in IGPs to have similar attachments for learning.
3. Forming an IGP Workgroup (IGPW) comprising various stakeholders to facilitate clearer communication and better design and planning of future IGPs. Members include senior representatives from the ICC, the AHS and the Community Partnerships (CP) teams. Including the CP team is important as our future IGPs will expand to include children from our school volunteer group programme and youth volunteers from various institutions of higher learning.

CONCLUDING COMMENT

This current coronavirus year of 2020 has forced St Joseph's Home to cease all face-to-face intergenerational programmes due to the social distancing and strict conditions regarding protecting our frail elderly from being exposed to the virus. This has meant that we have not been able to carry out the plans we had for the IGPs, including testing out various assessment tools and piloting IGPs involving music-based programmes. Contact between the young and old have still continued this year, mainly through remote and tele-virtual methods. However, this has been ad-hoc and irregular in nature and our experience has been that these formats are both advantageous yet filled with multiple shortcomings. The IGP Workgroup intends to pick up its work again in 2021 should conditions support its implementation plans.