NINOVATION IN ELDER AND CHILD CARE: AN INTERGENERATIONAL EXPERIENCE

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INNOVATION IN ELDER AND CHILD CARE: AN INTERGENERATIONAL EXPERIENCE

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Education about aging should be a high priority for all people who work with children, because youth today will live longer than previous generations and their attitudes about growing older and elders are associated positively with intergenerational experiences. An observation instrument, interview schedule, and picture test for children were validated and found to be reliable for measuring the attitudes of elders and children toward shared intergenerational activities and experiences as well as the feelings of each age group about the other.

Providing for the similar needs of residential elders and day-care children in the same facility is a new concept that can help meet familial, emotional, social, financial, and societal needs. The Glenwood, a Level III facility in rural Vermont, provides residential care for six elders, day care for preschoolers, and after-school care for school age children. It is economically profitable at an 80% occupancy rate. A similar facility with additional day care for elders would realize even greater profits.

It is recommended that specific regulations and accreditation standards be established by the states for combined elder-child care facilities because none exist now, and this concept has the potential to be economically profitable as well as to provide opportunities to enhance the quality of life of both elders and children.

The changing demographics associated with the longevity revolution of the 20th century have made aging everyone's business. Because this is also the child care era, intergenerational programs that affect the quality of life for both elders and children by providing activities and services for both groups in the same setting are becoming increasingly important. Instead of compartmentalizing people by age levels and competing for funds, cooperation is much more desirable. The quality of life improves for both generations in intergenerational programs.

Presently, 66% of American women are in the labor force, and by the

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turn of the century women are predicted to account for 70% of all workers. According to a 1988 U.S. House of Representatives report (Beck et al., 1990), the average American woman will spend 17 years raising children and 18 years helping aging parents. As the population continues to age, more and more families will be caring for elderly relatives. Because of delayed childbirth, more couples are finding themselves sandwiched between their children’s and their elders’ needs.

Caring for an elderly relative is especially difficult for family members who are employed. Sizemore and Jones (1990) have summarized studies that show that many caregivers experience conflict between the demands of their employment and their elder care responsibilities. Employed caregivers sometimes have to cut back on time worked, rearrange their schedules, and take time off without pay to meet elder care responsibilities. Stresses associated with elder care have detrimental effects on productivity through increased absenteeism, tardiness, employee turnover, and benefits costs.

Many women shop, cook, and clean for their parents before work, after work, and on lunch hours. Sometimes they use company time to hold things together by telephone during the day. Bernard M. Kilbourn, a former regional director of the U.S. Health and Human Services Department and now a consultant with Caregivers Guidance Systems, Inc., was quoted in Newsweek as saying, “Caring for a dependent adult has become for many a second full-time job” (Beck et al., 1990, p. 49).

According to a 1988 Department of Labor report, both parents work in almost 12.8 million families. These families are faced with a shortage of quality child care centers. Businesses and industries are aware of this problem, as evidenced by the findings of a recent survey of 307 businesses and industries in Vermont (Smith & Chamberlain, 1990). It was found that 79% of the respondents employed human service workers. In addition, 45% of the employers projected an increased need in the next 10 years for workers who will care for preschoolers. The increased need for human service employees to work with elders was projected to be 35%.

As the federal government reduces spending on many social programs, both nonprofit community organizations and profit-seeking private enterprises have been exploring creative and cost-effective approaches to providing needed services and support for the many families that are caring for elderly parents and/or rearing children.

Lowenthal and Egan (1991) cited several studies that suggest that elders’ decline in life satisfaction and younger people’s increased belief in negative stereotypes about aging seem to be associated with the
trend toward age separation. Intergenerational programs, however, promote contact between young and old when family life-styles and social norms today tend to separate them. In the past, elders in a household passed down traditions within the family and the culture. Their wisdom and skills were used by the entire family. A family's identity was often retained and handed down from generation to generation by grandparents. Living in multigenerational households provides young people with a sense of continuity, and their value systems are often shaped by seeing their linkages to the past. In a way, elders are our guardians of traditional values. With the increasing number of youth and families in our society at risk of not reaching their educational, emotional, social, or economic potential, it behooves us to help reconnect the generations.

CHILDREN'S ATTITUDES TOWARD AGING

Children today are expected to live longer than any previous generation and, barring unforeseen circumstances, should live out their lives in a progressively aging society. When today's children become tomorrow's elders, millions of them will live into their 90s and 100s. Unfortunately, this greater longevity is occurring in a society whose culture is so youth oriented that its children are psychologically ill prepared for the realities of a long life.

Age is frequently denigrated. Deeply entrenched stereotypes about aging and older people are perpetuated through our media, literature, language, and humor. Elders are typically portrayed as incapable of learning, forgetful, physically handicapped or frail, and dependent.

Seefeldt, Jantz, Serock, and Bredekamp (1982, 1987) conducted a study at the University of Maryland involving 180 children ages 3–11. They found that children begin as early as 3 years of age to internalize stereotypes about elders and soon develop negative attitudes toward their own futures as elders. Dellmann-Jenkins, Lambert, and Fruit (1991) cited additional studies that show that the benefits of intergenerational programs are especially valuable for preschoolers because many of the negative and stereotyped attitudes about elders and growing old are formed in the very early years of life. Findings from several studies suggest that if preparation for the future is a goal of educational gerontologists, education about aging should be a high priority for all people who play a role in working with and socializing children.

Couper, Sheehan, and Thomas (1991) pointed out that several studies have shown that direct experience with elders in controlled settings appears to be more effective in changing children's attitudes than providing them with information about aging. The attitudes children de-
velop as a result of direct experiences with elders are more positive than those formed through indirect experiences.

Many educators and professionals working with children have become convinced that children's attitudes about aging and older people are derived not only from what they see and hear, but also from what they do not see and hear. Ironically, in spite of the large (and continuously increasing) number of elders in the population, most children today have little or no regular contact with older people. Some retirement communities even prohibit children from visiting. In our highly mobile society, children often live hundreds of miles from grandparents and older relatives, and grandparent-grandchild relationships are frequently severed by family separation and divorce. Outside the family, there are few opportunities for young and old to interact because most educational, recreational, social opportunities are set up on an age-specific basis. Consequently, young and old live in separate worlds. Without positive role models for a long life, children in an age-segregated society are particularly vulnerable to gerontophobic influences.

What most children do not learn, unless specifically taught, is the concept of aging as a lifelong process of growth and development. Generally, it is only in the context of programs of aging education and intergenerational programming that children become aware that people can enjoy good health, live independent and active lives, and serve as resources to their communities even late in life. In the past decade, more and more educators and others involved with the socialization of children have recognized the need to prepare young people for a long life. This has been one of the major motives behind the fast-growing intergenerational programming movement.

ADVANTAGES OF INTERGENERATIONAL PROGRAMS

A fact that does not have to be proven, however, is that elders and children need similar kinds of services to survive. Providing for the needs of both groups in one facility can be an economically profitable business, as is demonstrated later in this article.

There are hundreds of rural communities in the United States that have been supported in the past by resource-based economics in agriculture, mining, fishing, or forestry. These communities are currently in a state of transition—caught between sociological and economic ties to traditional life-styles and the need to adapt to inevitable change. Most of the unemployed and displaced populations have low educational attainment levels and skills that do not transfer to high-technology industries without extensive and costly retraining (Wall, 1990). The socioeconomic conditions of many rural Americans indicated a
need for new and innovative employment and revenue-generating opportunities. In intergenerational caregiving, the possibility exists for rural residents who have been losing economic ground to begin to pull themselves back to a level that is not a drain on local, state, or federal resources. Many rural homeowners could generate income by operating an intergenerational facility.

Large homes that were prevalent in rural areas in the past are inappropriate for the smaller families of today but often provide adequate space for residential elders to have rooms of their own and provide adequate space for a child care facility as well. These older homes are also obsolete for single-family residences because they are expensive to maintain and heat if they are not revenue-producing.

Recent study results (Wall, 1990) have documented reasons to increase the number of intergenerational facilities in the United States: Children who interact with elders increase their understanding of the aging process; have a heightened appreciation of the past; provide needed services that increase their self-esteem; and learn, grow, and receive support for specific problems.

There are advantages for the elders, too. Older adults who interact with youths can experience increased personal fulfillment by being involved in meaningful activities, establishing new friendships while receiving and providing services, strengthening their self-esteem and mental health, and sharing their life experiences.

**TYPES OF INTERGENERATIONAL PROGRAMS**

The National Council on Aging defines intergenerational programs as activities that increase cooperation and exchange between any two age groups. Typically, the programs involve interaction between the old and the young in which there is a sharing of skills, knowledge, and experiences. A diverse population of older adults, children, and youth has participated. Programs have been developed that include older people from 60 to 100 years of age and younger people ranging from several months to 22 years. The programs have been conducted in a variety of settings, including schools, senior citizen centers, nursing homes, churches/synagogues, centers for children with special needs, human service agency centers, detention homes, and universities. Intergenerational approaches are being used to enrich public and private educational programs and to address such social issues as latchkey children, child care, at-risk youth, and the isolation of the homebound or institutionalized child. Staffing and activities in these programs vary greatly.

Although there are many programs in which elders and children
interact, intergenerational facilities, to date, can be classified into three main types: (a) elders living in a nursing home in which child day care is provided; (b) elders and children interacting through community, school, or business groups; and (c) adult and child day care being provided in the same facility.

THE GLENWOOD: A NEW CONCEPT IN INTERGENERATIONAL PROGRAMMING

Background

The primary purpose of a Small Business Innovation Research Grant awarded by the U.S. Department of Agriculture for $50,000 was to establish an intergenerational community care facility, The Glenwood, in Bridgewater, Vermont. A secondary purpose of the project was to determine the economic feasibility of four sizes of intergenerational care facilities. In addition, the project directors decided to develop instruments to determine the attitudes of participants toward their intergenerational experience.

Before the grant was received, a local assessment had provided data substantiating the need for an establishment such as The Glenwood. Forty percent of the parents of children 1-12 years of age in Bridgewater (population 970) were contacted by telephone. Seventy-five percent of the elders attending the Senior Center and 25% of the elders receiving services from a local Visiting Nurses Association responded to a questionnaire.

A survey of the licensing agencies in all 50 states revealed that The Glenwood is the only community care home in the country that provides residential care for elders, day care for preschoolers, and after-school care for school age children. It is a Level III facility, meaning that the six residents require minimal care. There are 14 children in day care on a regular basis.

Elderly residents can participate as much or as little as they desire in the intergenerational program. At first there were structured and planned activities to encourage interaction between the two age groups. Within a few weeks, however, a natural and more spontaneous type of interaction developed. Sometimes an elder can be found reading to a child or playing a game with a small group of children. One of the elders "adopted" a preschooler as her "granddaughter." (This particular child does not have a grandmother.) Participation by elders is voluntary. "Some of the residents just like to sit and watch the children play," one of the owners explains. "They say it adds to life at The Glenwood," (Crocker, 1990, p. 4).
Assessment of Participants' Attitudes Toward Their Intergenerational Experience

To assess the attitudes of the elders and children toward their intergenerational experience, an observation instrument was developed and validated for content by a panel of experts consisting of two professionals with expertise in evaluation, an elder care specialist, and a home economist. The instrument was tested on 11 children enrolled in a Head Start program in another town to determine interrater reliability, which was found to be 80% or higher for each interaction observed. At The Glenwood, positive and negative interactions of both elders and children were tallied during intergenerational activities at the beginning, middle, and end of a 3-month test period. These observations produced data showing the ratio of positive interactions to negative interactions (Table 1).

A pattern emerged, with one exception, showing more positive interactions as time went on.

An interview schedule, used for pre-/post-assessment of elders' attitudes toward the intergenerational experience, was validated by a panel consisting of an evaluation expert, a professor of nursing, and a senior citizen advocate. It was pilot-tested on 11 elders living in a similar community care home in another community. Questions pertaining to the elders' grandchildren and great-grandchildren were asked, such as how often they saw them and how they spent their time with them. Other questions asked at the first interview were

What words describe preschoolers?
What activities do you enjoy with preschoolers?
Would you like to spend more time with preschoolers? Why or why not?
What don't you like about preschoolers?

At the interview conducted at the conclusion of the test periods, some of the same questions were asked as during the first interview. Additional questions were

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What have been the best aspects of this intergenerational program?
What is your most memorable experience from being with the children?
Has your attitude toward preschoolers changed? If so, how?
How would you describe preschool children?
Would you recommend an intergenerational program to your friends? Why or why not?

Unfortunately, only 3 of the 6 elders participated in the follow-up interview. One woman had moved to another facility because she became unable to care for herself. A 100-year-old blind resident chose not to participate in the last interview, and one other woman said that she was having a bad day. Of those who did participate, positive attitudes were evident.

A third research tool consisted of pictures of three men and three women at different chronological ages from young adult to elder adult. Questions such as “Who enjoys life most?”, “Which person exercises?”, and “Who is happy?” were asked. The pictures and accompanying questions were pilot-tested on 8 children ages 3–5 years in another child care situation. Interrater and test-retest techniques were used to assess reliability. This instrument was validated by three specialists in research and evaluation, a professional in gerontology, two school adjustment counselors, a gerontological nurse, and a pediatrician.

Although the number of responses linking elders in the pictures with inactivity increased at the end of the test period, the children voiced positive responses when asked specifically about their “friends” at The Glenwood. When 5 children ages 3 and 4 years were asked if their friends were old, all of the children answered, “No.” Children said they enjoyed seeing their friends, thought their friends were happy, and said their friends made them happy.

The sample in this study was too small to provide data for statistical analysis but provided sufficient data to substantiate the positive effects of an ongoing intergenerational experience. The procedures used in this project produced valid and reliable instruments that may be used in broader based projects. Phase II of this project will involve a larger sample that should generate sufficient data for more stringent statistical analysis. Margaret Maher, one of the co-owners of The Glenwood, was one of three graduate students who conducted the surveys, developed the evaluation instruments, and collected the data as part of their master’s degree programs.

Having faculty and students at the land grant university research a problem in the local community in testing the economic feasibility of a model intergenerational community care home illustrates cooperative
involvement of academic researchers and the private sector. The role of Extension professionals is to interpret research and deliver educational programs to improve the well-being of our nation's families. This project involved faculty members at the University of Vermont and the University of Connecticut, Extension specialists at the University of Massachusetts and the University of Vermont, and the two businesswomen in Bridgewater.

Economics of The Glenwood Concept

Intergenerational care facility costs were calculated for four sizes of operation to provide data for individuals contemplating entering the industry. In the smallest facility, around-the-clock care would be provided for two full-time elderly residents, and day care would be provided for two children. A two-bedroom house, with the two elders sharing one bedroom and the resident manager occupying the other, served as the model for this smallest facility. The next larger facility also would have two full-time elderly residents, but the number of day-care children would increase to six. This size facility could also be accommodated in a two-bedroom house, with the addition of a family room or recreational area for use by the six day-care children.

The next size facility would provide for six full-time resident elders plus 14 day-care children, the size of The Glenwood. This facility requires a minimum of four bedrooms, with the resident manager occupying one and each of the other rooms being shared by two resident elders. The largest facility considered would have six resident elders, six other elders on a day-care basis, and 14 day-care children. In most practical situations, the addition of the six day-care elders to a home housing six resident elders would require little or no additional housing space; hence, the two largest models are predicated on similar square footage requirements. All four facilities could be operated from buildings similar in size to many family residences.

Given these descriptions, the capital needed to start an intergenerational care facility is estimated to range from $100,000 for the smallest model to $180,000 for the largest facility. Fixed costs consisting of interest, taxes, insurance, depreciation, and repairs are estimated to range from $12,800 annually for the smallest facility to $23,000 for the two larger models.

Variable costs include utilities, transportation, trash and snow removal, laundry, office supplies, teaching and recreational materials, and advertising. The smallest unit is considered a home-based business and therefore can benefit from some government programs, such
as reimbursement of some food costs for children. Other reimbursement programs depend on the financial status of the clients. Income tax advantages need to be considered as well.

Wages for aides were calculated at $5.00 per hour, or $10,400 per year. It was assumed that aides would care for both elders and children. A half-time aide would be needed in the smallest unit, and two full-time and one three-quarter-time aides would be needed in the largest facility. Employment figures for a resident manager were calculated at $12 per hour, or almost $25,000 per year. Total labor costs in the smallest unit would be about $33,800, and those in the largest unit would be approximately $60,000. Labor costs do not vary with use rates, because employees have to be retained so they are available when needed. Of course, variable costs fluctuate with changes in the occupancy rate, as does gross income. Total variable expenses for the smallest unit can be expected to be about $40,000 per year, and those for the largest unit can be expected to be just over $82,000.

Fees for residential elders were calculated at $1,200 per month, or $14,400 per year, and child care fees at $2.50 per hour, or $5,200 per year, the actual amounts paid at The Glenwood. If there were day-care elders, income could be estimated at $9,100 per year.

Data analyzed by Chamberlain, Fetterman, and Maher (1992) indicate that the largest facility, with six residents, six day-care elders, and 14 day-care children, offers the greatest potential for profitability, with annual returns of $131,000 above costs possible. This facility can break even at less than 50% occupancy, which was the lowest occupancy rate considered. At 100% occupancy at The Glenwood, returns above costs were $108,623.

Calculations indicate that profitability for the smaller facilities greatly depends on the rate of occupancy. The smallest unit, however, with two elders and two day-care children, shows negative returns above total costs at all levels of occupancy. The next size unit, with two elders and six day-care children, is profitable when the use rate reaches 80%. Total costs for all four of these models, in addition to the funds needed to purchase the house, also include a salary for a resident manager, who may be the owner-operator, and other aides, who may be family members. In such cases, operation of an intergenerational community care facility might be attractive economically despite the failure to cover total salary costs completely. The facility would provide employment for the owner-operator and his or her family.

It has been determined that intergenerational facilities for resident elders and day-care children can be economically feasible in rural areas, meet the needs of many families living in sparsely populated areas, and can make use of the underused space often found in older
homes. Intergenerational programs can also meet family and societal needs.

THE FUTURE OF INTERGENERATIONAL PROGRAMS

Survey results (Wall 1990) indicated that in all 50 states there are intergenerational programs of various types, but no state has specific regulations for combined elder–child care facilities. Furthermore, regulations differ from state to state for both community care for elders and child care centers. It would seem that intergenerational care facilities would benefit from meeting the requirements of a national accreditation standard similar to the process used to accredit schools. Accreditation would be one way to determine whether a facility were meeting specific standards of care. Franchised businesses that meet accreditation standards would have a marketing edge because consumers would be more confident about receiving quality care for their dependents, and the franchise owners would be given the training and competencies needed to provide quality care.

A pressing need exists to furnish family caregivers providing day care for elders and children, particularly those in rural areas, with the education and skills necessary to provide high-quality care. In fact, the availability of quality care has surfaced as a key issue in the development of intergenerational programs in the United States. Professionals are needed who have expertise and background in both gerontology and child development to prepare intergenerational caregivers for their responsibilities in providing a supportive and nurturing environment and appropriate age-related activities.

The professionals working on the residential elder care and child day-care project reported in this article have received a $225,000 Small Business Innovation Research Grant for Phase II of this project. Some of the foci of Phase II will be to

- Assess the attitudes of elders, children, parents of children, and caregivers toward intergenerational experiences in a variety of programs.
- Test the economics of a variety of intergenerational care facilities for revenue-generating feasibility.
- Develop partnerships between businesses and industries and intergenerational caregivers in rural areas.
- Assess the market for intergenerational materials such as curricula, videotapes, and written guidelines for establishing new intergenerational facilities.
- Develop a partnership with a university to provide space and facilities for an Intergenerational Center.
REFERENCES


