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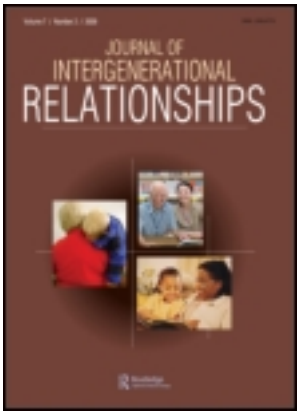


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# The Meadows School Project: Case Study of a Unique Shared Site Intergenerational Program

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*This paper describes a unique intergenerational project that the authors propose to be considered under the banner of "shared site" programs. The Meadows School Project shares important features with many intergenerational shared site programs. Its goals to build community, dispel stereotypes, and increase understanding and meaning in relationships between generations are achieved through intensive, high-quality interaction sustained over time. This case study highlights benefits and challenges in line with those noted in other studies of intergenerational shared sites and underscores the importance of further research on important environmental, community, program, and policy dimensions to inform theory and best practice guidelines.*

*KEYWORDS intergenerational programs, shared site programs, intergenerational relationships, social connections, qualitative research*

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## INTRODUCTION: THE MEADOWS SCHOOL PROJECT

Intergenerational shared site programs are defined as programs in which children and/or youth and older adults participate in ongoing services and programming concurrently at the same site (or on the same campus within close proximity) and where participants interact during regularly scheduled, planned intergenerational activities as well as through informal encounters (Goyer, 2001). This paper presents findings from a study of an innovative intergenerational program that does not strictly meet Goyer's criteria defining a shared site program but whose goals, outcomes, and challenges closely match those of shared site programs.

The Meadows School Project (MSP) started in 2000 in a rural community in south-central British Columbia, Canada. It was the brainchild of a long tenured public school teacher who wished to bring students and older adults[1] into more meaningful contact than occasional school visits achieve (MacKenzie, Carson, & Kuehne, 2011). This teacher gained approval to relocate her Grade 6 class to a nearby assisted-living facility (Coldstream Meadows) for five weeks in October through November. Later, starting in the school year 2003–2004, this stay was extended to also include three weeks in May. The students' daily calendar meshed with that of residents whose participation in the project was voluntary. Students formally met with residents on average twice each day in a two-on-one or group format. Together they participated in armchair fitness classes, seasonal craft projects (such as Halloween pumpkin carving), science fairs, spelling bees, sing-a-longs, and celebrations. Motivated residents helped plan and lead some activities. Participants also interacted informally as opportunities allowed. Students volunteered with service tasks such as setting lunch tables and serving tea. Residents and students thus increased the degree of control they had over activities in their daily lives. This affirming feature is usually difficult to achieve in the highly regimented environments of school and care facilities yet has been shown to be a key component of intergenerational shared site program success (e.g., Hayes, 2003).

The Coldstream Meadows facility is ideally suited for a shared site intergenerational program. Its spacious grounds provide students ample area to play during recess with chickens and rabbits onsite to entertain and be cared for by students. Notably, an unused chapel near the residents' lodge was converted to a classroom. Here, students worked on mandated curriculum activities each day and books, materials, and belongings were housed. The chapel classroom also provided an "escape space" for students, an environmental feature of shared site intergenerational program design that warrants greater attention (Kuehne & Kaplan, 2001).

Meticulous project planning involved engaging, training, and communicating with all stakeholders. The founding teacher secured a partnership with Coldstream Meadows whose owners were longtime acquaintances. In

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their preproject training, students learned about aging, including common chronic conditions, strategies for communicating with persons with hearing or speech impairments, and respectful social interactions. Coldstream Meadows staff collaborated with the teacher on activities, scheduling, and rules of engagement for students (e.g., expectations regarding behavior). Each staff member (e.g., kitchen, gardening, maintenance) was consulted for ideas on how students could meaningfully contribute to tasks (with teacher supervision). Ongoing communication efforts included preproject information meetings with parents and periodic updates provided to parents and caregivers during the project. Parents were encouraged to volunteer. Throughout the school year, residents and students maintained contact even when they were not together at Coldstream Meadows. For example, the class invited residents to attend their Christmas concert at the school and residents hosted students at an annual MSP reunion held at Coldstream Meadows in June.

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## MSP and Shared Sites: Differences

"Immersion" is the process of being absorbed or involved deeply in an activity. The MSP model is termed an "immersion" model of intergenerational programming because it promotes intense intergenerational connections over time. Clearly, this immersion program is different from typical shared site programs in that it is not ongoing. MSP students are together with residents for about 40 days, or 22% of one school year. Nevertheless, during this time period, the quantity and quality of intergenerational connections through both planned activities and spontaneous interactions may surpass that offered by traditional shared site programs.

A second major difference between the MSP and traditional shared site programs is that the MSP program relocates rather than co-locates students from the classroom to the care facility. A daily, eight-minute school bus ride transports students from school (after morning announcements) to the facility and back again at the end of the day. School ties are maintained by having students and the teacher back in their usual classroom one day each week (usually Fridays) throughout the duration of the program.

To our knowledge, the MSP is the only intergenerational immersion program in Canada or abroad, which, along with the following three unique features of the MSP, motivated us to study it. First, it involved youth between 10 and 14 years of age, unlike the majority of shared site programs that pair younger children or preschoolers with older adults, often in long-term care facilities (e.g., AARP, 1998; Hayes, 2003). Research has shown that the nature and outcomes of interactions between adolescents and older adults are very different (more complex and potentially more rewarding in areas such as cognitive development) than those between younger children and older adults (e.g., Kuehne, 2003). Second, the MSP took place in a rural

community, affording an opportunity to examine community relationships in a more geographically isolated setting. Finally, when studied in fall 2008, the MSP had been running for seven consecutive years, providing a wealth of historical understanding and a successful track record worth exploring vis-à-vis what it could offer to developers of intergenerational programs that may have faltered after one or two years in operation (Hamilton et al., 1999).

## METHODS

This study used a descriptive qualitative case study approach (Creswell, 2009) to explore potential health and educational impacts of the MSP on participants. In particular, the program's impact on older adults was a key focus, given that research funding came from the Canadian Institutes of Health Research Institute on Aging. Data collection began after receiving approval from the University of Victoria's ethics review board.

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### Data Collection

Data were collected from multiple sources and stakeholder groups (see Table 1).

In fall 2008, data collected for the "current" project year (2008) included:

- Individual semistructured interviews, audiotaped (with consent)
- "Reflective journal" entries, in which participating students wrote their daily thoughts on project experiences
- "Resident interview timelines," a chronology of highlights in residents' lives as articulated by students following interviews with residents
- Field notes from participant observations completed by research team members during onsite visits

Between May and September 2009, data were collected for a retrospective review of project years 2004–2007. These data included:

- Individual, semistructured interviews (audiotaped with consent)
- Archival materials such as media articles, photographs, and videos reviewed to gain insight into the project's history

### Data Analysis

Data analysis in case study research seeks to identify and correlate key themes or issues in order to provide a detailed description of the case/setting. Given that data were gathered from multiple sources, various methods of analysis were required. For interview data, grounded theory methods were employed, which involved initial readings of transcriptions

**TABLE 1** Summary of Data Collected: Sample Sizes and Source Information

| "Current" year (Fall 2008) | Data collected Oct–Nov 2008 | | Sample size = 31 |
|---|---|---|---|
| *Groups* | *Gender/Age* | *# Interviews* Total = 37 | *Other Data* |
| Residents N = 12 | 11 Female<br>1 Male<br>Age 61– 93 | 17 (including 5 post-program) | |
| Students N = 8<br>Grade 5/6 split | 6 Female<br>2 Male<br>Age 10–12 | 8 | Reflective journal entries (N = 7)<br>Resident interview timelines (N = 2) |
| Parents N = 4<br>Grandparent N = 1 | All female | 5 | |
| Facility Staff N =5 | All female | 6 | |
| Teacher N =1 | Female | 1 | |
| | | | Field notes (from participant observation) |
| Retrospective review (2004–2007) | Data collected May–Sept 2009 | | Sample size = 45 |
| *Groups* | *Gender/Age* | *# Interviews* Total = 45 | *Other Data* |
| Former residents N = 2 | 1 Male/90<br>1 Female/87 | 2 | |
| Family members N = 10 | 6 Males<br>−5 sons<br>−1 nephew<br>4 Females (daughters) | 10 | |
| Former students N = 15 | 9 Males<br>6 Females<br>Age 12–18 | 15 | |
| Former parents N = 15 | 13 Mothers<br>2 Fathers | 15 | |
| Former Staff | | 3 | |
| Activities Director N =1 | Female | 3 | |
| Principal N = 1 | Male | | |
| Teacher/Founder N = 1 | Female | | |
| | | | Archival material: media articles, photographs, videos |
| TOTAL N = 76 | | 82 | |

and field notes by at least two research team members separately to code the data for articulations related to health and educational outcomes. In checking for (in)congruence in codes between researchers, this effort served as a reliability check. Numerous codes were developed as part of the "open coding" stage, which was followed by focused, line-by-line coding of transcripts and field notes to develop analytically useful codes. The method of constant comparison of themes or codes among the team members at regularly held research meetings stimulated ideas and debate. Coding continued until category saturation was reached (i.e., when no new codes emerged from the

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analyses of the data). At this point, the team developed a series of concept charts or visual representations of the codes and their interrelationships to chart how key concepts (codes) were related to one another (Lofland, Snow, Anderson, & Lofland, 2006).

Analyses of printed journals, other writing and audiovisual material, recorded observations, media articles, photographs, and videos, were undertaken by at least two research team members separately. In these analyses, researchers followed a similar sequence of coding to select and narrow down key themes in the material in the health and education domains.

Data triangulation occurred after the analyses were completed and themes related to health and education had emerged. As a validity check, themes from interview data were confirmed with themes from printed and audiovisual material and vice versa.

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## RESULTS

Findings from the case study of the MSP revealed significant benefits to both students and residents. These benefits were reported by the participants themselves, their family members, facility staff, the teacher, and parents of the students involved. The central or core category that emerged from our analyses was "social connections." Figure 1, our concept chart, illustrates the central role of "social connections" represented as the hub of a wheel linking concepts that emerged from the data. Our analyses identified six major opportunities for social connections. Before briefly describing each opportunity in turn, three general comments about the diagram as a whole are presented.

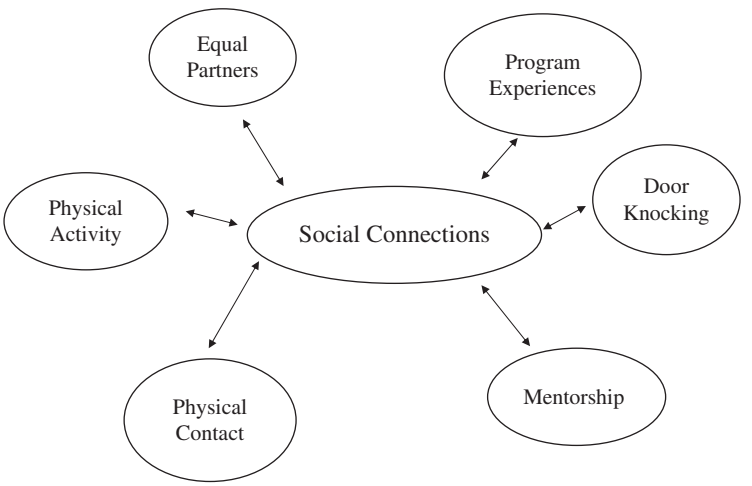


**FIGURE 1** Concept Chart.

First, the concepts relate to data that fit with the categories of health or educational outcomes. Second, examples of these concepts were noted from both intentional project activities and spontaneous, unplanned interactions between residents and students. Finally, these concepts emerged from analyses of "current" year data, reflecting short-term project impacts and data from previous years of the project, representing longer-term project impacts.

## Concepts

a. "Physical activity" refers to the participation of residents and students in activities involving fine and gross motor movements. These activities took place indoors or outdoors in pairs or small groups. Examples include scheduled armchair-fitness classes led by a recreation coordinator (an intentional program activity) or walks around the grounds by one or two students paired with a resident (a spontaneous activity).
b. "Equal partners," refers to comments and behaviours that reflected an egalitarian relationship between residents and students. An example is reflected in the following comment from the mother of a participating student: "I think that they [students and residents] just connected as people. I don't think either party was condescending to the other. And that was really awesome because . . . people tend to be condescending to kids and seniors . . . and they were able to break through that."
c. "Project experiences" refers to the range of intentional, planned activities that residents and students engaged in during the project. Participants recounted special memories that the project held for them. One student recalled, "The things that I enjoyed most were painting the pumpkins, sharing our science experiments with [the residents], joining [residents] for tea, sharing our collections and just visiting." Likewise, family members and staff recounted project experiences they had observed or had been told were meaningful to their loved ones. A former resident's son stated that his mother, now living in another facility due to her dementia, "still talks about [student] that used to go visit her."
d. "Door knocking" refers to a behavior that researchers saw repeatedly whereby students initiated contact with residents by knocking on their doors to personally invite them to participate in activities. It represents a spontaneous desire to reach out to residents. It emerged very powerfully in interviews as a key factor in residents' participation in the project. Its inclusion in the concept chart was warranted because it represented an entré to the social connections between students and residents.
e. "Mentorship" refers to the transfer of formal and informal knowledge and experience between members of the two groups. The data showed instances not only of residents mentoring students but of students mentoring residents in their own development and self-actualization as exemplified in this resident's quotation: "The kids have helped me a lot,

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just by giving me the gumption to bring my crochet work out and show it. That was the hardest. . . . It brought me out as well. And I know I was laughing and giggling and having a good old time." Students also played a mentorship role to help dispel stereotypes about their generation. As one student reflected, "I think that they [the residents] really enjoyed our company . . . and I think it totally made them realize that we're not bad. We're just kids."

f. "Physical contact" refers to contact through touch between students and residents. One structured project activity, for example, was hand massages that students provided to residents. Parents and students spoke in their interviews about how much residents appreciated these massages. They commented that this physical contact generated an emotional connection between students and residents, evidence of improved psychological well-being, and served to educate students about aging, particularly the attention and care needed when touching frail older adults. Spontaneous physical contact was also noteworthy. As a wheelchair-bound resident fondly recalled, "They'd [students] say 'Hi, Mrs. M—,' and they'd touch my back."

As illustrated by the double-ended arrows in Figure 1, social connections served as both antecedents and outcomes/consequences of planned interactions (e.g., project activities) and spontaneous (e.g., mentorship) interactions between students and residents. In other words, social connections intrinsically promote positive health and educational outcomes and also serve to mediate or enable these outcomes. For example, the positive relationship between regular physical activity and healthy aging has been well established (Centers for Disease Control and Prevention, 2010; Larson et al., 2006). Increased physical activity was observed to occur as a result of the positive social connections between students and residents. In other words, the connection itself facilitated each generation seeking out the other to go for walks or to participate in scheduled fitness activities.

The project, mediated by social connections, may also have facilitated improved cognition and mental well-being. As the former recreation activities director noted, "The residents are out of their rooms more. They have more energy. They're more animated and talking. You don't see so much sort of aimless wandering. There's more purpose to where they're going." The son of a former resident with mild dementia also remarked, "[The project] was probably the best thing that could've happened to her 'cause she felt like she was part of something. She was being active so she was working her memory. She was being actively involved in something that she liked." And a daughter of a former resident said, "I think it helped her self-esteem. Because the children enjoyed hearing her stories and she enjoyed telling them." Finally, a current resident, when asked whether the project had health benefits for her, replied affirmatively, "It did me a wonder, a world of good,"

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and, "You could be sulking or whatnot and they'll [the students] get you out of a sulk in no time flat. They're good at that."

Positive outcomes were also noted for the students, especially in the educational and developmental domains. For example, students increased their knowledge of the aging process. "At the end [of the project] it was not as hard to communicate with them [residents]," remarked one student. Furthermore, students gained a heightened appreciation of both the abilities of residents and the challenges residents face. "I learned that they [residents] can still learn a lot of stuff even though they are old," noted a student. Myths were dispelled as students spent time with residents: "The most surprising thing was about my buddy . . . she flew planes!" Another student reflected, "I think the most surprising thing I learned is how much they [residents] love children, they love us so much, I was really surprised to see how much fun they had with us." Finally, students gained historical perspective: "It was fun getting to know what it was like when they [residents] were younger . . . how they lived."

Behavioral changes were also reported by parents of former students in the project, changes that indicate attitudinal shifts, which are often difficult to gauge in research studies. One parent described how two years after her son's involvement with the MSP he spontaneously helped her friend's older mother out of her van and into a restaurant even though they had never met. This older woman apparently continues to talk glowingly about this teenager. This example illustrates the longer-term effects of the project on this student and demonstrates how students' positive experiences with residents in the care facility may translate to their encounters with older adult strangers in the community more broadly. Similar observations have been made by Heyman and Gutheil (2008) and Gigliotti, Morris, Smock, Jarrott, and Graham (2005) in research involving shared site programs. Indeed, the wider community impact of this project and its related implications for building communities and partnerships are important considerations in shared site program planning, practice, and research/evaluation (Kuehne & Kaplan, 2001).

The intensity of interaction between students and residents over an extended time period was the "value-added" dimension of the MSP's immersion model that strengthened positive emotional connections and promoted an ease and familiarity between students and residents. In turn it generated more informal styles of interaction that fostered an improved sense of well-being among both students and older adult residents. For example, a special memory for one student involved "door-knocking": "She [the resident] was so excited that we remembered to come and get her for an activity that she hugged me and thanked me for remembering her."

More informal styles of interaction promoted egalitarian relationships and collaboration between students and residents that was more bidirectional than commonly seen in institutions (e.g., schools, care facilities) where

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one generation is explicitly asked to provide a service or instrumental help to the other. A parent reported, "Because they [students] got to know each of these individuals [residents] and find out so much about their life experiences . . . I think that he [her son] felt that he was being seen as a person as well, not just a student or not just a kid."

## DISCUSSION AND NEXT STEPS

The research literature documents the link between social connections (or social participation) and health. Indeed, social participation has been identified as one of eight modifiable factors independently associated with good health in mid- to late-life community-dwelling individuals (Ramage-Morin, Shields, & Martel, 2010). A strong positive correlation between the self-perceived health status of residents in health care institutions and the frequency of their social involvement has also been reported (Ramage-Morin, 2006). Such research evidence is gaining recognition among policymakers. For example, social connectedness is one of five key issues identified by the WHO (World Health Organization, 2003) and endorsed in 2005 by Canada's Federal, Provincial, and Territorial Committee of Officials (Seniors) (2006) as an important focus for healthy aging. The MSP model, with social connections at its core, offers a cost-effective approach to promote the health of older adults.

Both young and old in our societies are marginalized (Wilkinson & Ferraro, 2002; Dominick & Ebrahimi, 2010). The MSP demonstrates the possibility and power of a society for all ages via an intentional shared environment that sees youth and older adults as both "agents and beneficiaries of development," a society that is "age-inclusive, with different generations recognizing—and acting upon—their commonality of interest" (Annan, 1999, p. P5).

The research objectives and methodology of this case study reflect the overarching goal to develop an initial conceptual framework that describes and captures the richness of the MSP project. It is important to recognize that the key themes that emerged reflect where saturation was reached in the current analyses given the limits of a one-year study and selected archival materials. Despite this limitation, the findings contribute significantly to the literature on intergenerational programs. In particular, the findings suggest directions and questions for further study in the areas of best practices, outcome indicators, theory development, and policy implications. For example, in the area of outcome indicators, important questions that emerge are the following:

- What health, educational, and developmental outcomes can be linked to the concepts that emerged in this study?

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- How can we conceptualize and measure the influence of social connections on such outcomes?
- What indicators are available or can be developed to capture these outcomes?

In the area of best practices and policy development, further questions are:

- How can health and developmental outcomes for older adults and youth be sustained over time?
- Given a well-designed, high-quality intergenerational program that values both structured and informal interaction between generations, what is the minimum "shared site" time required (in both intensity and duration) to achieve positive outcomes for both groups?
- How can we change the cultures of educational and care institutions for greater administrative "buy-in"? The MSP, for example, served as a catalyst in an entrenched school culture adopting alternative ways to deliver curriculum and engage youth and the wider community. What other community settings may lend themselves to an intergenerational immersion experience?

Regarding theory development, we suggest that future studies examine existing theories related to concepts that emerged from this study. Mentorship, for example, has been traditionally conceptualized as a role undertaken by older adults to impart knowledge, skills, and experience to youth. The MSP case study, however, questions this one-way, hierarchical approach. As described in this study, students and residents alike assumed mentorship roles. In this regard, exchange and reciprocity theories, for example, may better reflect a paradigm shift in intergenerational research and practice that has traditionally focused on how projects do things *to* and *for* participants (Bernard, 2006) rather than on how participants find common ground and relate to one another as equal partners in a society for all ages. The questions posed here resonate among shared-site researchers and identify important needs for knowledge development related to physical environment, community context, and program and policy factors that can influence shared site program successes (Kuehne & Kaplan, 2001).

## CONCLUSION

This case study has demonstrated that the Meadows School Project is a unique model of shared-site programming. Its findings inform shared-site research and practice. Goyer (2001) states that demand for quality children and youth services compounded with the increasing need for creative older

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adult programs creates an environment ripe for innovative age-integrated care incorporating shared site programming. She further states that because many communities face limited resources for construction and rehabilitation of facilities, the use of space by multiple generations makes common sense. Debates over how best to address school closures or overcrowding would be well-served to consider how programs serving older adults may concurrently provide alternative learning environments for youth. Similarly, a burgeoning older adult population will benefit from partnerships that facilitate high-quality social connections between generations. The institutional cultures in both education and residential care could evolve to become more community oriented through such collaborations. Indeed, Canadian government advisors on older adult issues state, "While older Canadians have choices around social connectedness, it is an enabling environment, with family and community supports, that often makes it possible and desirable for seniors to be active participants in their communities" (Federal, Provincial, and Territorial Committee of Officials (Seniors), 2006, p. 18). An expanded definition of shared site intergenerational programs should include enabling infrastructure and process aspects of intensive programs like the MSP. Such programs have the demonstrated potential to achieve successful, sustainable intergenerational outcomes for participants and communities alike.

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## NOTE

1. Throughout this paper, the term "older adults" is used to refer to persons who are two or more generations older than the students involved in the project, typically those who are 65 years and older. The term "residents" is used to refer to older adults who reside at Coldstream Meadows Retirement Facility and who participated in the project.

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