THE INTERGENERATIONAL CARE PROJECT

TRIAL EVALUATING AN INTERGENERATIONAL LEARNING PROGRAM IN AUSTRALIA

Presenters:
Professor Anneke Fitzgerald
Dr Katrina Radford
Dr Nerina Vecchio
Griffith University
Gold Coast, Australia
Gold Coast
Australia
About the Project

- **Aim**: To evaluate an intergenerational learning program implemented within two modes of care

  - **Shared Campus**
  - **Visiting Campus**

- **Objectives**
  
  a) **Socio-economic**
     i. To explore the cost-effectiveness of care for participants and organisations
  
  b) **Workforce**
     i. To develop a new career model for childcare and aged care employees
     ii. To develop a better understanding of the impact an intergenerational care program has on employee retention and turnover
  
  c) **Educational**
     i. To develop a formalised curriculum that underpins a purposeful intergenerational care program
The Trial

- Sessions facilitated by the respective workforce from both the aged care and childcare centres who have completed the Workforce Orientation Program

- Learning program developed collaboratively by workforce based on theoretical frameworks

- Activities designed around promoting engagement with the activity and between the generations

- Mini-Documentary:  
  https://www.youtube.com/watch?v=IAOjvpWHZbE&feature=youtu.be
This study identified feasible models of care of children and older people in a shared setting to determine consumer preferences and willingness to pay.

Models were constructed in extensive consultations with a panel of experts and considered based on the practical implementation within an Australian setting.

Survey data (n=816) were analysed to identify fundamental drivers of preferences and consumer willingness to pay for Intergenerational Care programs.

We identified the shared campus and visiting models as feasible models.

- Key attributes included: respite day care; a common educational pedagogy across generations; screening; monitoring; and evaluation of participant outcomes.

Although parents were more likely to take up Intergenerational Care compared to the status quo, adult carers reported a higher willingness to pay for these services.

Educational attainment also influenced the likely uptake of Intergenerational Care.
Economic Evaluation of an Intergenerational Program

- Limited health care budgets and population aging have resulted in a need to determine value for money for care programs.
- Economic evaluations from early childhood and older care programs demonstrate that the impacts of intergenerational care are likely to be broader than the psychological aspects currently reported in the literature.
- A challenge for analysts is the evaluation of intergenerational care programs that capture multiple aspects.
- Results from an economic analysis is particularly useful to agencies seeking to identify the business implication of changing cost items, regulations and staff ratios.
- Our results provides fundamental economic information needed by agencies looking to adopt the program in the pursuit of cost effective and sustainable service options under a rapidly evolving service market.
Preliminary Results: Cost analysis

- Budget impact to an agency under changing staff ratios and resources across different visitation scenarios.
  - The overall total cost for the first year of implementation in the four scenarios ranged between AU$8,025 and AU$15,905, at a cost per session of between AU$223 and AU$442.
  - The cost across the scenarios was between $365 and $1,435 per participant in the first year, equating to $10.13 to $39.87 per participant per session.

- Additional costs required to implement intergenerational care programs were minimal, but considerable variation driven primarily by staffing ratios that differ depending on whether the program is delivered within the child or aged care centre.
  - When children are required to travel off site to the aged care centre, the incremental increase in cost is approximately double.
  - Information on the marginal costs of intervention from the perspective of the agencies was also considered in the context of the business case of the program.
Preliminary Results - Consequence analysis

- More than half of the participants were willing to pay extra per day for the intergenerational care program.
- The estimated mean willingness to pay for the participating care recipients and their informal carers was estimated at $6.87 and $6.31, respectively.
- The mean willingness to pay for the parents was slightly lower at approximately $4.50.
- The majority of care recipients and their informal carers, and parents were shown to value the service because they reported that they were willing to pay an extra amount per day for the intergenerational program.
- This monetary value of the intergenerational care program was elicited to be between $4.50 and $6.87.
Education Program - Dr Jennifer Cartmel Lead

- Sites developed their program based on their expertise, then our team reviewed the program in light of engagement scores from Leuven scores using Neurosequential Model (NME)

- Neurodevelopmentally-informed, biologically respectful perspective on human development and functioning) to help understand behaviour and performance.

- NME is not a specific “intervention”; it is a way to educate staff about brain development and developmental trauma and then to further teach them how to apply that knowledge to their work.
Six principles underpinning NME

1. The brain is organised in a hierarchical fashion, such that all incoming sensory input first enters in the lower part of the brain.
2. Neurons and neural systems are designed to change in a ‘use-dependent’ fashion.
3. The brain develops in a sequential fashion.
4. The brain develops most rapidly early in life.
5. Neural systems can be changed, but some systems are easier to change than others.
6. The human brain is designed for a different world.
- **Cortex (3-6 years)**
  - Abstract cognitive functions
  - Socioemotional integration
  - Abstract reasoning
  - Creativity and drama
  - Respect
  - Moral and spiritual foundation
  - Complex conversations
  - Social interactions
  - Exploratory play
  - Solitude, safety and security
  - Storytelling
  - Drama
  - Formal Activities
  - Traditional insight oriented or cognitive behavioural activities
Key Findings

- Need time to develop relationships so the same group of people. Repetition and familiarity helps wellbeing.
- Need to have physical movement but not too taxing for elders or complicated for children
- Facilitators relationship with participants and attitude enhance program results
- The venue space and facilities have an impact
- Numbers need to be large enough for participants to not be left out but small enough so they do not feel overwhelmed
- Program needs to come from participants likes/dislikes

- New people to the group lower the score. Results generally improve over the weeks.
- Children have lower scores without enough movement or they cannot understand and adults have lower scores when it becomes too taxing
- Both groups can need support to form relationships, collaborate together and help to maintain those relationships
- Too small an area, no outside space, not enough bathrooms, space for walkers etc
- Elders overwhelmed with too many children, but sad if they feel left out
- If something isn’t working or they are not interested in doing it both groups lose interest
Thinking about sessions

- Does the session allow for sensing, processing, storing, perceiving and acting?
  - In other words - is it relevant and age appropriate

- Does the session include some repetition, creating order and predictability in chaos?
  - In other words - is it repetitive or predictable?

- Does the session allow for patterned, repetitive, rhythmic stimulations?

- Does the session involve the limbic brain: stories, singing, arts, working with others?
  - In other words - is the activity relational, allowing for collective participation?

- Does the session influence creating something new, learnt?

- Does the session allow for socio-emotional effects?
  - In other words is it rewarding, pleasurable, fun?
Workforce Key Findings

- Changes employees’ perception of being a carer – “deepening understanding and purpose (CC 3)”
- Expanded knowledge and job expansion = greater job satisfaction
- Added more meaning and value to their work
- Changed clients’ overall wellbeing which positively impacted staff satisfaction
- Opens potential career paths and strengthens perception of current career path
Key Learnings and Recommendations

1. Program Development
   a) Workforce training
      i. Knowledge on the operational aspects of the other sector
      ii. Their specific roles in facilitating an intergenerational care program
   b) Participant Orientation
      i. Knowledge on how the other generation thinks, acts and feels

2. Program Implementation
   a) Implementation procedures and program logistics
      i. Logistics considerations such as day, time, length of session, length of program, travel, transport etc are all critical
   b) Participants
      i. Size of group needs to be large enough for participants to not feel left out but small enough where they do not feel overwhelmed
      ii. Good to ensure same group of participants attend the program for every session to foster a lasting intergenerational bond
2. Program Implementation

c) Activities
   i. Need to come from participants’ likes and dislikes. Meetings could be held between childcare and aged care staff prior to the sessions to plan out the activities
   ii. One on one activities which allow children and older people to be paired and work together should be prioritised
   iii. Activities planned taking into consideration of older adults’ physical limitations and children’s stage of brain development

d) Environment
   i. The venue, space and facilities have an impact and need to be taken into consideration

e) Facilitators
   i. Facilitators’ relationship with participants and attitude enhance intergenerational care program results. Both groups can need support to form relationships, collaborate together and help maintain those relationships
### 3. Program Evaluation

<table>
<thead>
<tr>
<th>Evaluation Measure Utilised</th>
<th>Recommendation for future research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood Scales</td>
<td>No</td>
</tr>
<tr>
<td>Adult Social Care Outcomes Toolkit</td>
<td>Yes but use the simplified version</td>
</tr>
<tr>
<td>WHO (Five); Wellbeing Index</td>
<td>Yes</td>
</tr>
<tr>
<td>Service Satisfaction Survey</td>
<td>No</td>
</tr>
<tr>
<td>Video Ethnography</td>
<td>Yes</td>
</tr>
<tr>
<td>Workforce Reflective Journals</td>
<td>No</td>
</tr>
<tr>
<td>Interviews</td>
<td>Yes</td>
</tr>
</tbody>
</table>
CONTACT US

Program Evaluation Team:

Professor Anneke Fitzgerald
Health Management
Department of Business Strategy & Innovation
Griffith Business School
Email: anneke.fitzgerald@griffith.edu.au

Associate Professor Neil Harris
Griffith School of Medicine
Menzies Health Institute Queensland
Email: n.harris@griffith.edu.au

Economic Evaluation Team:

Dr Nerina Vecchio
Senior Lecturer (Economics)
Griffith Business School
Menzies Health Institute Queensland
Email: n.vecchio@griffith.edu.au

A/Prof Tracy Comans
NHMRC Boosting Dementia Leadership Fellow
Centre for Health Services Research
The University of Queensland
Email: t.comans@uq.edu.au

Dr Paul Harris
Senior Lecturer (Disability Studies)
Co-editor Journal of Social Inclusion
Griffith School of Human Services and Social Work
Email: p.harris@griffith.edu.au

Nicole Moretto
Centre for Health Services Research
The University of Queensland
Email: n.moretto@uq.edu.au

Workforce and Education Team:

Dr Katrina Radford
Lecturer
Department of Business Strategy & Innovation
Griffith Business School
Email: k.radford@griffith.edu.au

Dr Jennifer Cartmel
Senior Lecturer
Griffith School of Human Services and Social Work
Griffith University
Email: j.cartmel@griffith.edu.au
Thank You

http://www.intergenerationalcare.org/

https://www.facebook.com/Intergenerationalcareproject/

https://twitter.com/TheIntergenera1