

**Case Study of the Generation Connection Program:  
An Intergenerational Program Transfer Initiative**

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## Abstract

The Generation Connection Program (GCP), an intergenerational program transfer initiative, was examined as the focus of this study in order to determine how an enabling agency approach can advance the implementation and sustainability of innovative intergenerational programs throughout a community. Teachers and long term care staff from three sites with active programs and staff from two sites that had disbanded programs participated in this study. Additional data included field notes from intergenerational program activities and orientations observations, journal articles, implementation package materials, newspaper articles, and the GCP's internal written documents. This study was largely exploratory, as the critical factors for the successful transfer of social programs are not clearly understood. Five themes emerged from the data: the process of program transfer as a continual process, the transfer of knowledge and skills, building collaborative relationships between long term care staff and teachers, continual innovation, and building capacity through networks. The findings suggest that a community-based managed network approach, combining central agency leadership with capacity in long term care centers and schools/child care centers, can advance the implementation and institutionalization of intergenerational programs.

## **Dedication**

*For Samara, Grandpa Broeder, and Grandpa Haas*

Through my late daughter, Samara, and late grandfathers Walter and Adam,

I have realized the preciousness of all life

-- young, old and in-between –

and the necessity of transforming my own life

to promote this realization among others.

Samara was, is and will always be my guide.

## **Acknowledgments**

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I am also fortunate to have a mom and dad who have always supported my continual growth in many ways. I began annoying my parents as a child, always asking “Why?” and saying, “But I don’t understand.” Thank God their annoyance did not end in exasperation but rather led to encouragement to seek answers and solutions! Beyond encouragement, my parents have also taken a sincere interest in my work and have provided me with further insight and motivation by candidly discussing their own anticipatory thoughts about retirement and growing old.

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Koebel, and Melanie Uttech went beyond academic support and have contributed to my personal development and thinking in numerous ways. These individuals are experts in their respective fields of Gerontology, Planning, and Qualitative Research. This study and paper are unquestionably considerably richer due to their academic guidance and insights, as well as personal encouragement. I will always remember Melanie's words of encouragement, "I think I can, I think I can!" I look forward to collaborating with these individuals in the future.

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## **Introduction**

### **1.1 Introduction and Rationale**

In traditional Japanese society, souls of elders and of children were thought to be deeply connected. The continuity of life was emphasized as it was believed that souls of the old were reborn into children. Elders were transmitters of their culture and educators of children. Conversely, close relationships between young and old were a nexus through which elders could recognize their own aging, their role in society, and their value in old age (Yamazaki, 1994). Similarly, in American western society, meaningful relationships between young and old have been an integral part of families and communities (Calhoun, Kingson, & Newman, 1997).

In contemporary Japanese society, elders have lost their social status (Yamazaki, 1994). Parallels can be drawn in our post-modern American society, as older adults are generally not valued for their contributions, and children and grandchildren distance themselves from elders' wisdom and cultural heritages (Henkin, Santiago, Sonkowsky, & Tunick, 1997). Changes in society have played a large role in this altered status of older adults. Shifts in social and family structures and values, geographic mobility, economic growth as well as strain, age segregated communities, a growing number of older people, increasing life-spans and the corresponding likelihood of chronic illness, earlier retirements, new demands on health and social service systems, and diminishing resources for all age groups characterize our current United States society (Ames & Youatt, 1994; Friedman, 1997; Henkin et al; Kocarnik & Ponzetti, 1991; Wilson & Simson, 1991). Concern regarding the impact of these changes on both young and old individuals prompted professionals in human service

fields, including both childhood and older adult specialists, to collaborate. As a result, intergenerational approaches addressing issues pertaining to both generations emerged. These approaches highlight both the importance of elders' participation in society and relationships between generations (Newman, 1997).

Intergenerational programming's roots can be traced to the 1960s. The field has experienced tremendous growth since the mid-1980s (Ames & Youatt, 1994; Newman, 1997; Wilson & Simson, 1991). Initially focusing on the segregation and isolation of generations, intergenerational programs emerged as a new type of human service with the goal of providing intentional and systematic contact between the young and old to benefit both populations (Calhoun et al, 1997; Newman & Smith, 1997). Whereas social problems (such as isolation, insufficient support, and segregation of generations from one another and their communities), economic problems (such as insufficient employment opportunities for both generations), and political problems (such as conflicts for scarce human service resources) provided an impetus for intergenerational programs (Newman & Smith), the current purpose of intergenerational programs transcends generational boundaries (Calhoun et al). Social problems concerning all generations are addressed by intergenerational programs, such as an increasing need for quality child care, increasing numbers of single parent families, escalating numbers of families needing assistance with care for elders, and increasing costs and lack of preventative interventions associated with health care (Calhoun et al).

Currently, intergenerational programs are widely accepted among practitioners and academicians, however, these programs are typically not seen as a primary agenda in their own right. Instead, they tend to be viewed as niceties. This view is reinforced in



part by the biomedical model of health care in the United States that is predominant, despite increasing evidence that social, behavioral, and environmental factors mediate the effects of health (Lund, 1999). Although the biomedical model has contributed significantly to longer life spans and advances concerning acute diseases, less headway has been made concerning quality of life issues. Additionally, the biomedical model tends to problematize aging, which is often seen as a period of unavoidable decline and characterized by illness and dependency (Estes & Binney, 1989). Aging is viewed primarily as biological and physiological, while the social and environmental implications are largely ignored. This approach is particularly troublesome with the number of older adults in the United States rapidly increasing. As a society we are approaching a time when there will be more older adults than ever before. Without a holistic approach to aging, we run the risk of expending excessive amounts of time, energy and resources to pull “a seemingly endless parade of people out of a rushing stream without investigating who is upstream pushing them in” (McKinlay, 1981, as cited in Estes & Binney, p. 595).

The potential for intergenerational programs to contribute to elders' health and well-being may be particularly relevant for older adults residing in long term care facilities, given the limited opportunities for these elders to participate in community activities or to develop relationships outside of these settings, especially with children (Kocarnick & Ponzetti, 1991). Indeed, the number of intergenerational programs within nursing homes does appear to be increasing. Although in 1991 the number of programs within nursing homes was few (Kocarnick & Ponzetti), by 1997 nursing homes

were viewed as one of the most common long term care settings in which intergenerational programs occur (Travis, Stremmel & Harrison, 1997).

Despite the growing acceptance and expansion of intergenerational programs in nursing homes, in the majority of facilities the full potential of such programs is not recognized or developed. For example, many programs tend to consist of entertainment for elders performed by children, with various groups of children visiting the nursing homes sporadically. It is problematic that the seniors and children do not have the opportunity to develop close relationships with one another because they are brought together for a short period of time on an infrequent basis.

Researchers have shown that maximum benefits are achieved through intergenerational programs that foster close relationships between children and senior participants, who become friends through positive interactions centered on activity that is meaningful to both generations (Aday, Sims, & Evans, 1991, as cited in Ward, 1997; Dellman-Jenkins, 1997; Mack & Wilson, 1989, and Bee, 1987, as cited in Ames & Youatt, 1994). Another key component is for the abilities of children and seniors to be matched such that seniors can work effectively as mentors and take pride in their ability to help children learn and develop (Camp et al, 1997). Additionally, “success” of intergenerational programs hinges on developmentally appropriate activities that take into account competencies and limitations of both generations (i.e. readiness to create and explore, and decreased mobility and cognitive functioning) (Ames & Youatt; Camp et al; Griff et al, 1996; Kocarnick & Ponzetti, 1991; O’Rourke, 1997), and appropriate planning and evaluations, involving seniors as much as possible to ensure program goals are met (Dellman-Jenkins; Kocarnick & Ponzetti).

There is a growing body of academic literature and programming resources for practitioners, such as program manuals aimed at implementing intergenerational program models. Academicians and practitioners have attempted to provide guidelines for successful intergenerational programs (Ames & Youatt, 1994; Camp et al, 1997; Dellman-Jenkins, 1997; Griff, Lambert, Dellman-Jenkins, Fruit, 1996; Henkin, Santiago, Sonkowsky, & Tunick, 1997; Kocarnick & Ponzetti, 1991), including a conceptual model I developed based on a literature review of intergenerational programming, aging theories, and childhood development theories. The conceptual model I developed advocates programs that facilitate meaningful activity through approaches that foster generativity, purposefulness, activity within the zone of proximal development, self-efficacy and self-initiative, socioemotional satisfaction, and community capacity.

Unfortunately, despite the numerous resources available, few intergenerational program initiatives last more than one or two years (Hamilton et al, 1998). Where programs have endured, professionals have often provided coordination, ongoing guidance, and encouragement (Tice, 1985). There are numerous local and national level coalitions and organizations dedicated to intergenerational policy, programs and issues. Two prominent organizations include Generations Together, based out of the University of Pittsburgh, which offers training, consultation and technical assistance to existing or new programs including a manual and video, and Generations United, based out of Washington, D.C. However, community-based program transfer initiatives are much rarer, specifically those focused on providing the necessary hands-on initial and ongoing assistance to move intergenerational programs from infrequent, sporadic visits to regular, ongoing occurrences that become an integral part of participating facilities.

Yet such community-based initiatives may be critical, if ongoing intergenerational programs focused on fostering close relationships between children and seniors are to become incorporated into long term care centers and schools/child care centers.

Insight into the critical approaches necessary for community-based initiatives to promote change in long term care centers and schools/child care centers via intergenerational programs can be gained by examining organizational theory and innovation research. Early researchers studying organizations examined them through a closed systems lens (Daft, 1989). In this view, organizations were seen as closed sets of interacting elements, functioning autonomously, “sealed off from the outside world” (Daft, p. 11). In contrast, recent organization theory researchers have taken on an open system view, recognizing the importance of an organization’s interaction with its environment, often including other organizations. The need for organizations to change and continually adapt is stressed.

Daft (1989) outlines five subsystems of organizations: boundary spanning, production, maintenance, adaptation, and management. Boundary spanning refers to subsystems that handle exchanges with an organization’s external environment. Closely related, adaptation subsystems handle organizational change, scanning for problems, opportunities, and technological developments. In order for organizations to successfully implement a change or innovation, five elements must occur: identification of the need for change or of a perceived problem, development of an idea for a new way to address the problem, adoption of the new idea, implementation of the new idea, and resources to sustain the implementation (Daft). Corporations use separate innovation departments, venture teams, and encourage idea champions in order to

achieve these elements, yet often, the need for adaptation and change originates in the external environment, from other organizations. Indeed, the very separateness of an external agency from the restraints of corporations themselves fosters increased creativity, commitment, and innovation. The reality that external agencies often are the initiators and creators of change within other organizations may be particularly relevant for elder and child care facilities, which often experience frequent staff turn-over as well as staff shortages.

Whereas there is nothing particularly innovative, or new, about intergenerational programs that consist of infrequent visits with children as entertainment for elders residing in nursing homes, regular, frequent and ongoing contact centered on building meaningful relationships between children and elders *is* innovative. Researchers have defined an innovation as “an idea, practice, or object that is perceived as new to an individual or another unit of adoption” (Rogers, 1995, p. 132). Researchers do not tend to consider “institutionalization” of an innovation, defined as “the extent to which a new program becomes embedded or integrated into the ‘normal operations’ of an organization” (Loughlin et al, 1998, p. 703) innovative in itself. Institutionalization is also referred to as sustainability, continuation, long term viability, built-in-ness or survival, durability or longevity, and long term maintenance (Loughlin et al). Yet, in this case, institutionalization of the type of intergenerational programs described in this paragraph into long term care centers and schools/child care centers would truly be an innovation in itself, precisely because these programs would no longer be viewed as special adjunct programs, but as necessary and integral to participating organizations. An

innovation that is institutionalized is a part of an organization's mission, standard operations, and budget (Loughlin et al).

The innovation literature identifies four types of innovations: technology, product or service, administrative, and human resource (Daft, 1989). Intergenerational programs can be viewed as a type of technological innovation, as they reflect a change in existing programs, both in terms of activities for seniors in nursing homes as well as curriculum for child development and learning in day cares and/or schools. Indeed, some researchers refer to the terms "innovation" and "technology" synonymously (Rogers, 1995).

Rogers differentiates two components of technological innovations: "hardware" and "software." Whereas hardware consists of physical or material objects, software consists of the knowledge base for the hardware. In the case of innovative intergenerational programs, the hardware component consists of the senior and child facilities, as well as the children and seniors themselves. The concepts, ideas and information pertaining to the intergenerational program constitute the software component, or in other words, the knowledge base pertaining to how to partner facilities and program participants to achieve the innovation. As mentioned, in this case, the innovation consists of not only intergenerational programs that are frequent, regular, ongoing, and foster close relationships between children and elders, but furthermore, that are institutionalized into long term care centers and schools/child care centers.

Other researchers further classify technological innovations that consist of inseparable multiple components, with interactions across these components, as complex product systems (CPS) (Tidd, 1995). CPS performance is dependent on not

only the quality of the component systems, in this case the senior and child facilities including the children and seniors who participate in the program themselves, but also on the interface between these systems. Further, innovative intergenerational programs can be classified as a type of architectural innovation. Architectural innovation refers to new ways of linking components together, without changing the essence of the components (Tidd). Because of the new linkages necessary for architectural innovation, close collaboration between participating organizations is required. The issue of close collaboration is particularly of concern when applied to long term care facilities and child care facilities/schools due to high staff turn-over rates at all levels within both organizations. For example, it is not uncommon for a new long term care administrator to replace his or her entire staff when coming aboard, or for a teacher to move from one classroom grade to another.

The transfer of technology refers to the movement of a product or program and its knowledge base from one organization to another. Researchers have concluded that the process is neither unilateral nor simple. Researchers have identified stages of technology transfer, including knowledge or awareness, decision to adopt, and use or implementation (Loughlin, 1998; Rogers, 1995). In knowledge transfer or awareness, the receiving organization becomes aware of the innovation. During the decision to adopt, receiving organizations consider characteristics of the innovation, including its relative advantage, compatibility, observability, complexity, triability, adaptability, riskiness, and disadvantages (Johnson et al, 1998; Rogers). Transfer of use or implementation is more complex, where the receiving organizations implement the technology for their own use. Technology transfer often fails, in part, because

practitioners often underestimate the amount of effort required for it to occur (Rogers). Indeed, individuals involved in social planning are generally accustomed to developing approaches and programs that are effective, but are not as astute at gaining acceptance and general use of these procedures (Fixen & Blase, 1993; Goldberg, 1995).

Researchers have also recognized an additional stage termed “incorporation” that exists when an external agency or research institution develops the innovation (Loughlin et al, 1998). During incorporation, the receiving organization “gradually assumes entire responsibility for the intervention as the external agency retreats and disengages from the decision-making process and from financial and managerial control of the program” (Loughlin et al, p. 703). Institutionalization is the final phase of program transfer. This stage is characterized by mutual adaptation, where the external agency and receiving organization “change in interaction with each other” (Loughlin et al, p. 703).

The concept of diffusion, as used by Rogers (1995), applies to both the spontaneous, unplanned spread of innovation, as well as that which is directed and managed, which some authors refer to strictly as “dissemination.” The spread of intergenerational programs has tended to be more spontaneous and less planned. Where specific models for intergenerational programs have been developed to guide practitioners, the approach has been similar to many other program dissemination strategies. Paine, Bellamy, and Wilcox (1984, as cited in Fixsen & Blase, 1993) describe these strategies as being similar to an attempt “to recreate a well-known hamburger franchise by selling cookbooks on burger preparation” (p. 10). Exacerbating



the situation, even when long term care centers and schools/child care centers manage to implement intergenerational programs using available resources, institutionalization often fails. Intergenerational programs commonly disband when key individuals depart, sponsors dissolve, or funds expire (Hamilton et al, 1998). The critical factors for the successful transfer of innovative intergenerational programs are not clearly understood. The problem is not specific to intergenerational programs; researchers have found that, as a group, planners of social programs are not proficient at obtaining and maintaining resources to support programs (Goldberg, 1995).

Federico Faggin, who advocated new computer technological approaches, described a seven-step process for innovation dissemination (1985, as cited in Fixsen & Blase, 1993). This process includes the “aha” phase, followed by reduction to practice, contestation, endorsement, and acknowledgement. During acknowledgement, the innovation is widely used; intergenerational programs are currently situated here. Invisibility is the next phase, where the innovation is “incorporated into the fabric of society,” followed by disappearance. During this final stage, the innovation is either discarded or merges into something larger. As mentioned, community-based intergenerational program transfer initiatives are rare, despite their potential viability to successfully facilitate the transition of innovative programs from the acknowledgment phase to the invisibility stage. In order to determine how an enabling agency approach can advance the implementation of innovative intergenerational programs throughout a community, one such initiative was examined as the focus of this study.

## **1.2 Research Significance and Questions**

The focus of this project was the Generation Connection Program (pseudonyms were used for all organizations and participants in this study), a non-profit intergenerational program transfer initiative. The Generation Connection Program began in 1988 with the goal of implementing and institutionalizing regular, ongoing intergenerational programs in nursing homes and schools/child care facilities, in order to foster friendships between children and elders. Rooted in a major metropolitan area, the program began with five pilot programs, expanding to twenty-two at its peak. Although the Generation Connection Program has experienced successful program transfer within its metropolitan region, it has not evolved without challenges and failed attempts, and a comprehensive examination of the critical features associated with program transfer had not been attempted. This program was therefore ideal for studying how an enabling agency approach can advance the implementation and institutionalization of innovative intergenerational programs throughout a metropolitan community, considering successes as well as challenges. Specifically, I investigated the following research question:

- How does the Generation Connection Program (GCP), as an enabling agency, facilitate implementation and institutionalization of innovative intergenerational programs?

Because the concept of program transfer has not been sufficiently studied, there is scarce literature to guide such research. Consequently, this study was largely exploratory in nature, with the following four areas of inquiry used as a guide:

- Knowledge and skills development of teachers, activity coordinators, and long term care staff;

- Access to and control of resources, including funding and transportation;
- Organization at the intergenerational program site level; and
- Local linkages, including external agencies, coalitions, alliances and networks.

The focus of this research was therefore twofold. First, as mentioned, this case study served to explicate how an enabling agency approach can advance the implementation and institutionalization of innovative intergenerational programs throughout a community. Second, based on the experience of the Generation Connection Program, identification of the critical features for designing a community-wide program to promote transfer of social programs was sought. Program development focuses on identifying sufficient conditions for success. Similarly, if successful programs are to be replicated and institutionalized in receiving organizations, program planners must identify the approaches and structures necessary for this to occur (Fixsen & Blase, 1993).

By conducting a qualitative case study of the Generation Connection Program, significant insight was gained to facilitate successful program transfer of intergenerational programs via the Generation Connection Program. Additionally, this research contributes to the general knowledge base concerning the issue of program transfer specifically within the intergenerational program field, and more generally within the planning discipline. Knowledge within both fields concerning program transfer is limited. Although it is generally assumed that successful innovative programs will disseminate through society via informal networks and be sustained, failed and short-lived program transfers provide evidence to the contrary (Fixsen & Blase, 1993; Goldberg, 1995; Hamilton et al, 1998).

### **1.3 Organization of Paper**

The remainder of this paper consists of three major sections. Section two, Research Framework, discusses the methodology used to investigate the research question and describes the organizations and individuals who participated in this study. Section three, Research Findings, describes the themes that emerged as critical factors for the transfer of innovative intergenerational programs via the Generation Connection Program. Section four, Conclusions and Recommendations, is designed to describe strategies for transferring intergenerational programs via a community-based enabling agency approach, and recommend future research that would benefit both the intergenerational program and planning disciplines from a program transfer perspective. Rather than present separate literature reviews of intergenerational program and program transfer concepts, this paper interweaves the participant descriptions, study findings, and conclusions with relevant literature.

## **Research Framework**

### **2.1 Methodology**

A case study approach was used to examine how the Generation Connection Program has facilitated implementation and institutionalization of innovative intergenerational programs. The case study approach allowed an intrinsically bounded system, selected because it is an instance of some concern or issue, to be examined (Merriam, 1998). This approach resulted in research that is particularistic (focusing on the issue of community-based intergenerational program transfer), descriptive (including description that is holistic, lifelike, grounded and exploratory), and heuristic (illuminating understanding of the program transfer process so that previously unknown relationships and insights were discovered). As an interpretive case study, this research led to the development of conceptual categories that both illustrate and challenge theoretical assumptions. Unlike other qualitative research that may employ only one source of data, interviewing, observation, or document analysis, as a case study, this research integrated all three techniques. Merriam explains this process as simply watching, asking and reviewing in an interactive and holistic process.

During the latter half of May, 2001, two weeks were spent conducting interviews and observing intergenerational program visits at several long term care facility sites that have adopted the intergenerational program approach advocated by the Generation Connection Program. Purposeful sampling was used to select participant sites rich in information, from which the most could be learned (Merriam, 1998). To gain insight into the critical features associated with various stages of program transfer, several sites

were asked to participate that reflect the range in the various lengths of time that the individual intergenerational program initiatives have been operational.

The initial possible participant pool consisted of employed staff at long term care facilities and child-care or school sites that had partnered together to implement intergenerational programs via the Generation Connection Program, and that had continued their intergenerational programs as of 1997, the time when the Generation Connection Program coordinator last contacted all program sites. As of 1997, the coordinator had record of twenty-two ongoing programs. When contacted in the spring of 2001 for the purposes of this study, the coordinator updated her records to reflect the current status of these twenty-two programs: eight programs were still ongoing, four did not respond to the coordinator's inquiry via telephone; and ten were no longer ongoing. Of the ten programs that had disbanded since 1997, staff involved with six of them indicated the program was not currently operational, but expressed interest in implementing a program again. For four of the ten disbanded programs, the staff members originally involved in the intergenerational program were no longer employed at the facility, there was no current intergenerational program, and current staff members were unaware of the Generation Connection Program. Consequently, the revised possible participant pool for staff involved in ongoing, active intergenerational programs consisted of staff associated with the eight active programs as of the spring of 2001. Of this pool, staff members associated with three programs were asked and agreed to participate in this study.

The three sites with active, ongoing intergenerational programs participating in this study included: one of the five pilot programs that have been operational since

1988, Learning Tree School and Spring Creek Care Center, a program replication initiative that began in 1989, the year following the pilot programs, Our Lady Catholic School and Southern Village Care Center, and Lancerlot Day Care and Woodlawn Retirement Community, an initiative currently underway to improve an existing intergenerational program via the Generation Connection Program. To gain a holistic understanding of the programs, twenty-three interviews were conducted with staff members, children, and seniors at the various facilities and with Generation Connection Program staff members.

Participants took part in one face-to-face interview lasting approximately one hour. Between three and five staff members involved in the intergenerational program at each site, including teachers and long term care staff, participated in individual interviews. Additionally, the Generation Connection Program Director, Coordinator, and Co-founder individually participated in one face-to-face interview lasting approximately ninety minutes. Children and senior participants took part in separate small group interviews, consisting of approximately three to five persons. At each of the three sites, one group of children and one group of seniors were interviewed. The content of the interviews included the context and details of participants' experiences, as well as reflections of their experiences (refer to Appendix for interview guides). Interviews consisted of semi-structured, open-ended questions in order to emphasize participants' perspectives and understandings and avoid mere reactions to my preconceived notions. This allowed me to respond to new ideas or unanticipated participant views that emerged, and put participant voices at the center. With participant permission, the interviews were recorded and later transcribed for data analysis, with the exception of

the child and senior participant interviews. The child and senior participant interviews were recorded but not transcribed, as the majority of the data that emerged from these interviews was not directly related to the issue of program transfer. Nonetheless, information obtained from these interviews contributed to a contextual understanding of the individual intergenerational programs.

Intergenerational program activities were also observed while at each site. The purpose of these observations was threefold: (a) to triangulate my interview findings, (b) to provide contextual understanding of intergenerational program activities and orientations, and (c) to provide specific incidents and behaviors that were used as reference points in the interviews. Specifically, at the Learning Tree School and Spring Creek Care Center and Our Lady Catholic School and Southern Village Care Center sites, I observed each site's last intergenerational program activity of the school year. At the Lancerlot Day Care and Woodlawn Retirement Community site, where the Generation Connection Program recently began working with the site's staff to improve their existing intergenerational program, I observed one intergenerational program activity as well as child orientations for three different age groups of children, and one parent orientation. Field notes were constructed during my observations.

Written documents, including two published journal articles authored by Generation Connection Program staff, feedback forms completed by parents, children, seniors, and staff who participated in the pilot programs, and program replication resources consisting of a curriculum and planning manual and three videotapes, were also reviewed to triangulate the data. Other documents reviewed include: Advisory Board minutes documenting all meetings from 1988 until the last meeting in 1995; local



newspaper articles published between 1988 and 1993 describing the Generation Connection Program; a video-tape of local news coverage of the Lancerlot Child Care Center and Woodlawn Retirement Community intergenerational program in 1997; the Generation Connection's coordinator's update notes on individual sites who had implemented intergenerational programs via the Generation Connection Program, dating from 1988 to 1996; and the Generation Connection's Objective/Planning Charts prioritizing their goals and objectives in 1990 and 1991.

A second possible participant pool was also developed. This pool consisted of staff members from the six sites that had intergenerational program initiatives that were facilitated by the Generation Connection Program, had active and ongoing intergenerational programs as of 1997, and had disbanded their intergenerational programs as of the spring of 2001. These staff members also participated in face-to-face interviews lasting approximately one hour. Specifically, I interviewed two long term care staff persons from two sites: one of the five pilot programs that had an intergenerational program via the Generation Connection Program from 1988 to 1997, Life Manor Nursing Home Nursing Home, and one of the replication programs facilitated via the Generation Connection Program that was ongoing from 1990 to 1999, Heritage Health Care Center. These interviews also consisted of semi-structured, open-ended questions and provided further insight into the challenges associated with intergenerational program transfer.

A combined approach was used for data analysis, consisting of content analysis and the constant comparative method (Merriam, 1998). Interview transcripts, field notes from observations, and documents were reviewed and constantly compared to one

another. At the same time, data coding was conducted using the transcripts, field notes, and documents while simultaneously constructing emerging categories. Relevant literature pertaining to the categories was simultaneously reviewed and coded. Data analysis took place during the months of July and August.

## **2.2 The Generation Connection Program**

The Generation Connection Program is the brainchild of Kim, a geriatric doctor who initiated the program in conjunction with one of her friends in elementary education, Sue. In 1982, Sue and Kim had been hiking and talking about the idea of getting children and elderly people together. Kim's interest was in improving nursing homes by involving the larger community. She comments, "I thought the best thing you could ever do for nursing homes was to get people to go in . . . get the community to go in because they are so separated." Her larger goal has been to start an entirely different concept of what a nursing home would be. Consequently, Kim established a non-profit organization shortly after her conversation with Sue in 1982. Her initial idea was "to create a place, a multi-aged place for people to live. [The organization that became the Generation Connection Program] was going to buy an apartment complex, put in some old people and some younger people and run kind-of a home-care concept." Kim has spent years working in nursing homes. Before earning her medical degree, she worked in a nursing home with a Ph.D. in psychology. Not only is she appalled at the current state of nursing homes, she has adopted three children and also points out problems with the public school system,

Oh I think nursing homes are just inhuman. You know they are medical, they are not homes. They need to be home. . . . the community needs to stream in and

out of nursing homes and instead you know they are afraid of them and it's like a self-fulfilling prophesy. The less [the community is] in and out, the less humane they are. . . . I don't know, I mean it should be part of something bigger, you know it should be part of making nursing homes more humane and teaching kids values, the things that aren't happening in public schools. I mean I am just appalled. . . . [children] are not learning real values. . . . So that needs to change and nursing homes really need to change.

Similarly, Kim's long-time friend Sue is interested in alternative pedagogy, emphasizing compassion and loving kindness, Buddhist concepts. In fact, Sue and Kim met by way of a Buddhist group. From Sue's perspective, linking children and elders in nursing homes together was an opportunity to "set up a situation where it would help the kids develop that sense of loving kindness and compassion . . . in a way that . . . would enrich everybody's lives." Continuing, she says,

I think it's an opportunity for the kids to develop a certain kind of compassion that I don't think they would have in any other way. . . . there was just something that they were able to give [the elders] that I don't think, I don't know of any other situation where they . . . would have that opportunity.

In 1982 Kim had only recently relocated to the city where she developed the Generation Connection Program. Consequently, she felt that initiating a smaller scale project would be more feasible as a first step towards changing nursing homes and schools. The goal of the project that became the Generation Connection Program was not only to have children visit nursing homes on a regular basis, but to also encourage the children's parents to visit elders in nursing homes as a consequence of their

children's visits, facilitating close relationships between elders and children as well as the so-called "middle generation." Kim began researching intergenerational programs and was struck to find that although they were not a new phenomenon, it was very common for initiatives to disband after only one or two years. She says,

I mean [intergenerational programs are] going on all over, and I called everywhere . . . and I did a search to see what was out there, and everywhere I called they would say, "Yeah we used to have that program, but it ended." Or, "Yeah we had that, but the lady who started it went away." Or, "Yeah that went great for two years, but it ended."

Indeed, researchers have identified the presence of a program, idea, or innovation champion as one factor contributing to program implementation (Daft & Becker, 1978) and institutionalization (Loughlin et al, 1998; Rogers, 1995). This person senses the need for the innovation, gains acceptance of it, and does the necessary work to ensure it is implemented and sustained.

Consequently, Kim decided that the over arching goal of the Generation Connection would be to implement intergenerational programs that "wouldn't end or be dependent on [the Generation Connection Program.]" She continues, "There is nothing original about the Generation Connection Program. There is really nothing different about it except we wanted [the intergenerational programs] to last." The present coordinator of the Generation Connection Program, Karen, echoes Kim,

Our goal was really to set up and foster those relationships, help change the culture in both the nursing home and in the school. . . . to create within those

groups a sense of belonging, a connectedness between them and therefore change culture there.

She explains the approach used to accomplish this goal, “The role of [the Generation Connection Program] was always to diminish the grand leadership and make . . . the sites feel empowered and that they own their project and that they made it what they made it, and that we were just troubleshooters.” Karen and Kim’s sentiments reflect a tacit understanding of the need to move beyond the implementation stage of program transfer, to successfully facilitate incorporation and institutionalization by the receiving organizations.

The process Kim used during this initial planning phase is similar to that commonly used by planners developing social programs. For example, in one study exploring the planning and implementation of fourteen social programs, three fourths of the study participants determined needs through available data as part of the acquisition of new knowledge, prior to implementing a pilot program (Goldberg, 1995). Similarly, the initial stage of program planning has been called “definition of the planning task,” in which a casual understanding of a social problem is used to guide development of a solution (Goldberg). In the case of the Generation Connection Program, the larger unmet need that provided the impetus for Kim to form the non-profit organization is the current state of both nursing homes and schools. The impetus for the development of the Generation Connection Program itself was the knowledge acquired while attempting to define the planning task, which revealed that intergenerational programs involving elders in nursing homes and children often disband after a key person departs.

Numerous researchers have identified the presence of a “change agent” as a key individual in the innovation dissemination process (Rogers, 1995). A change agent “is an individual who influences clients’ innovation-decisions in a direction deemed desirable by a change agency” (Rogers, p. 335). Rogers identifies seven roles of change agents: the development of a need for change, the establishment of an information-exchange relationship with potential adopters of the innovation, the diagnosis of problems among potential adopters, the creation of an intent in potential adopters to change, the translation of an intent to action, the stabilization of adoption and prevention of discontinuance, and the achievement of a terminal relationship. During this last role, the implementing organization “moves from a position of reliance on the change agent to one of self-reliance” (Rogers, p. 337).

As mentioned in the previous section of this paper, despite the prevalence of intergenerational programs in long term care facilities, the majority of programs tend to consist of sporadic visits by various groups of children, who typically perform entertainment for elders. In order to develop innovative intergenerational programs that involve consistent and ongoing visits with the goal of fostering friendships between elders and children, Kim sought additional information from others experienced in implementing similar intergenerational programs to guide development of the Generation Connection Program. Specifically, Kim enlisted the help of an organization facilitating intergenerational programs based out of the Northwest,

There was one program that I really liked . . . and we paid for that woman who started it . . . to come to [our city] and train us. . . . there wasn’t any other program that was doing [what they were] . . . I thought we needed to go see it.

Researchers investigating innovations in public organizations point out that the largest source of innovative ideas and their adoption in research and development labs are informal contacts between professionals (Loveless & Bozeman, 1983).

During this initial planning stage, Kim fulfilled the role of what some researchers call an “initiator,” actors who “gather information and seek to frame discussions of problems of opportunities, and solutions” (Loveless & Bozeman, 1983, p. 403).

Researchers identify another role as that of “advocate,” individuals who “push the proposed innovation, seeking adoption and acceptance of the innovation” (Loveless & Bozeman, p. 403). In 1989, Kim took on the role of advocate during the implementation of five prototype, or pilot, programs. During this phase, a working model is developed to test ideas, evaluate the effects of procedures, organize participating agencies, and gain hands-on experience on a small scale (Fixsen & Blase, 1993). Others refer to this initial implementation phase as “process planning” (Goldberg, 1995). Process planning is seen as an opportunity to evaluate program procedures and modify them accordingly, and is distinguished from “blueprint planning,” a process in which changes are not expected during implementation (Goldberg). Program evaluations, reports to funders, and published articles describing pilot programs are common during this phase, along with critical modifications to improve programs such as changes in organizational structure, acquisition of resources, implementing training programs for staff involved, and sustaining staff commitment and morale (Goldberg).

After obtaining \$12,000 in funds from the Area Agency on Aging, and working with a group of approximately eight Advisory Board members, Kim spear-headed the implementation of five pilot programs. The individuals who participated were largely

personal acquaintances. Five nursing homes and children from a Head Start program, a third grade class from the alternative school that Sue founded and operated, a sixth grade class from a public school, a fifth grade class from a public school, and a high school participated. During this phase, the Advisory Board and Kim explored ideas and options, “In the beginning we weren’t sure what we were going to do, we had lots of options.” Kim continues, reading from the first Advisory Board meeting minutes, “Need to determine scope areas, pilot projects, and the information gathering time. We have lots of connections. We need to see what people would do, who is committed, discuss the tentative funding sources.” The pilot programs were video-taped with the intent being that the tape would serve as a fund-raising tool later on, illustrating “how the program works.” Although the tape was used for fund-raising, it also became apparent later on that the tape was an effective tool to introduce the concept to potential participating organizations – schools and nursing homes. Interviews were conducted with parents, children, teachers, and long term care staff and became part of the video-tape. Evaluations were also conducted with children’s parents, seniors, teachers and long term care staff using feedback forms, and with children by evaluating their journal entries documenting their ongoing reflections and experiences with the program.

Researchers in program development and dissemination identify the stage after process planning or pilot program implementation as “program replication” (Fixsen & Blase, 1993), or as the “stabilization stage” (Goldberg, 1995). Fixsen and Blase view program replication as the critical stage distinguishing pilot or demonstration projects from program development, because the factors considered to be critical for successful implementation during the pilot programs are rigorously tested via replication. The



replicated programs provide the opportunity to test what factors are critical to a successful program by comparing replication program factors with prototype programs. In this stage, program developers often standardize their procedures or technologies through a manual or handbook (Goldberg, 1995). Although the intent may be for the program to be the same regardless of context, it is recognized that in actuality, during this phase the emphasis often shifts from a one-to-one interactive approach to a contextualist approach (Fixen & Blase). In other words, program replication materials must be geared towards enabling the program to be implemented successfully in a variety of contexts. Additionally, researchers have shown that a factor contributing to program implementation and institutionalization is the degree of “fit” of the program to the individual organizational goals and norms (Loughlin et al, 1998), or “compatibility” (Rogers, 1995), making innovation reinvention an integral part of the program replication stage.

The three years following implementation of the pilot programs, from 1990-1992, can be viewed as a program replication/stabilization stage of the Generation Connection Program. During this time-frame, the five pilot programs continued, and several sites were contacted to replicate the program; in 1989-1990 there were a total of twelve programs, in 1990-1991 there were fifteen programs, and in 1991-1992 there were eighteen programs. Three programs during this time frame failed and disbanded. Although the pilot program phase was largely a period of unanticipated successes, with all programs flourishing with only minor problems during the first year, uncertainty and change within the Generation Connection Program characterized the replication/stabilization stage.

The departure of the first coordinator of the Generation Connection Program in 1991 contributed to this uncertainty and change. Reading from the Advisory Board meeting minutes in 1991, Kim describes this period,

Here is 1991, and [the coordinator] was leaving. Here is Board meeting 1991, review of the current status. Do we want to complete the video manual package and just market it and help with all the groups that had programs, but not set up more programs or continue to set up local programs? Work on two programs a year? Did we want to focus on getting positions for a permanent coordinator for the schools or the nursing homes? Or do we want to present to school boards. . . . So you can see we are struggling with where we want to go.

The first coordinator of the program, Estelle, had worked 20 hours per week and was involved in several facets of replicating the intergenerational programs, including the transfer of skills and knowledge. For example, she conducted most of the orientation sessions to prepare children prior to their first visit with elders in nursing homes, and in the process, trained activity directors at the nursing homes so they could conduct the orientations themselves. Kim and Estelle shared responsibility for pairing up nursing homes and schools and acted as liaisons or mediators when difficulties arose between teachers and activity directors. For example, Kim explained one particular situation in which there were communication problems.

The teacher would come back and say, “Oh he doesn’t want to do [the intergenerational program],” so I would call him and say, “What do you mean you don’t want to do it ?” “Oh I didn’t say I didn’t want to do it, I just can’t do it Tuesday morning or Thursday afternoon and Wednesday and this and blah, blah,

blah". . . . Sometimes it just took a mediator. And to people who've never done [an intergenerational program] before, it's hard.

Additionally, the Generation Connection Program served as a vehicle to facilitate implementation of innovative intergenerational programs by simply providing examples of success stories using the video-tape of the pilot programs that had documented how the program works. In this way, the Generation Connection Program reduced the uncertainty about the technological innovation in the mind of organizations implementing the program. Rogers (1995) notes that technological innovations create uncertainty about their anticipated consequences, along with offering an opportunity to effectively address a perceived problem. Kim says,

[The Generation Connection Program] gave people confidence. . . . It's just a lot of things to work out. And a lot of fears . . . what if the kids are injured, what if the kids see somebody expose themselves, what if the parents complain. It will be bad for the kids . . . what about liability issues, what if they don't learn anything, what if Johnny's mom complains because Johnny saw somebody drool and got upset. All of those things that showing . . . a video which is so clearly positive made a big difference.

When Estelle left the program, Kim and the Advisory Board found themselves struggling with the issue of how the Generation Connection Program should evolve, with the initial goal still in mind; initiating intergenerational programs that wouldn't end or be dependent on the Generation Connection Program. They were also struggling with how to best support the programs they had already implemented. Not uncommon to organizations seeking to replicate social programs, the Generation Connection Program

was simultaneously faced with limited resources in terms of both funding for and time commitments of their own staff and Board. In fact, some individuals involved in replication of social programs point out that program replication is not only the most critical phase of program development and dissemination, it is also the most difficult to acquire funding for because funding from grant sources is typically not geared towards multi-site replication (Fixsen & Blase, 1993). In many cases the program technology may be standardized, but programs are not made permanent, or institutionalized, and therefore may never be formally stabilized (Goldberg, 1995).

For the Generation Connection Program, replacing Estelle was problematic due to both funding and available time commitment. In order to replace Estelle, the Board discussed hiring someone who would be interested in doing fundraising to provide himself or herself a salary. During this phase, the initial energy and commitment started to wane as well. Kim had largely carried the program up until this point, being both initiator and advocate. As she says,

I think if we wanted to we could have kept on raising money for it and made it grow and grow and grow, but nobody was as totally into it as I was. I was always the one that pulled people together so when I stopped doing that [the Generation Connection Program] went.

A replacement coordinator, Karen, was found and began working ten hours per week in 1991. Karen joined the Board in 1991, and had been the activity director at the Head Start pilot program site. Her duties included supporting existing programs and initiating new programs if time permitted. Consequently, after 1992 only a small number of programs were actually initiated: in 1992-1993 there were nineteen programs, in

1993 through 1995 there were twenty-one programs, and by 1997 there were twenty-two programs.

The distinction between the Generation Connection Program's replication and dissemination stages is not clear-cut. The dissemination stage of program development is viewed as synonymous with technology or program transfer by some researchers (Goldberg, 1995). Technology transfer is commonly attempted through published articles, conference presentations, program descriptions, legislative advocacy, and training staff of other organizations (Goldberg). Andre' Delbecq distinguishes program transfer from implementation, considering it a separate stage that is often neglected due to the common lack of interest in "going on the road and training new organizations" by individuals involved in pilot program development (Goldberg, p. 636). Delbecq's conception of program transfer may be too narrow. Whether program transfer is considered to encompass program replication as well as dissemination, there is scarce literature to guide the process of program transfer and to identify the critical factors for successful transfer of social programs.

Although the Generation Connection Board made a decision to publicize and disseminate program resources in 1994, prior decisions and actions were also characteristic of program dissemination. For example, in 1992, two videotapes and a curriculum and implementation manual were made available through a national non-profit organization. Consequently, the period between 1992 and 1994 might best be characterized as a transition stage, where the focus was not solely on replication or dissemination. Kim identifies this period as the "evaluation" stage, in which Karen spent the majority of her time trouble-shooting problems in existing programs.

The Generation Connection Program entered a quasi-dissemination stage in 1995 when the Board agreed not to replicate any more programs unless solicited to do so and accordingly reduced Karen's time to three hours per week for a period of one more year. The collective energy of the Board had waned considerably by this time.

Kim says,

You know things work a certain way and there wasn't the energy. It felt like a strain to get people together. . . . If you said, you know, this is what I want to do, I want to make this my job, somebody could have made an agency out of this easily . . . that just isn't what happened. . . . I think [Karen] and I just got sick of the whole thing, like it is so hard to get [Advisory Board members] to come . . . [in 1995] we finally said we will just have an ad hoc advisory board and we will call you if we need help, and that was sort of the last time we met.

Nonetheless, Kim and Karen wanted to make program replication materials available with the intent of allowing individuals to implement a program without professional support. The "implementation package" developed includes three video-tapes: an introductory tape describing the program, a child orientation tape to be used prior to the first visit between children and elders, and a tape including additional tips and advice for activity directors and teachers. Additionally, a program manual outlining curriculum ideas and implementation steps was developed, as mentioned. A national non-profit organization sold the first implementation package in 1996, although the tapes and manual that had been previously completed had been sold separately through the non-profit organization since 1992. Additionally, Karen agreed to present information about the Generation Connection Program at a National Activity Directors Conference, and

Kim agreed to write an article describing the program, which was later published in an academic journal. Karen completed the last update of existing programs in 1996.

Kim describes the current state of the Generation Connection Program as being “a hibernating entity.” She elaborates,

The [Generation Connection Program] is there and the Foundation is there. If somebody came along and wanted to do something with it they could. Nothing is closed. I mean, I could go out and raise money for it like that I’m sure, but who wants to do it? Who has, you know, the energy behind it?

Reflecting on her larger goal to change nursing homes and improve schools, and the work she has invested in the Generation Connection Program, she says, “I think it’s a good thing, but . . . it’s still a band-aid, and it’s still a very fine band-aid, but it’s not the solution in either institution, the school or the nursing home.”

### **2.3 A Pilot Program: Learning Tree School and Spring Creek Care Center**

As mentioned, Learning Tree School and Spring Creek Care Center was one of the first pilot programs begun in 1988. Sue began the Learning Tree School in 1977 with nine children in the garage of her home. The school has grown considerably and now offers a toddler program, pre-school, and kindergarten through fifth grade classes. Several philosophical principles have remained through the school’s evolution, guiding its curriculum. Among them are:

- The curriculum should be meaningful and interesting to children, accomplished through real-life activities. Children learn best by doing and being engaged with others.

- The school's vision should be all-encompassing to facilitate children's awareness of their role as citizens.
- There should be opportunities for children to learn the value of the preciousness of life.
- Prejudices can be overcome by celebrating differences as well as similarities.
- Development of a sense of community in the school and classroom is a foremost concern.
- An attitude of loving kindness and compassion must be cultivated from a young age.

To accomplish these principles, the curriculum is augmented with parent participation and special programs, among them the intergenerational program. Learning Tree's goals for the intergenerational program directly coincide with the school's philosophical underpinnings. Teachers at Learning Tree who participated in this study commented that the children have an increased acceptance of and comfort level with elders, feel a part of their larger community, build relationships akin to grandparent-grandchild relationships, and learn about aging. One teacher, Merideth, says,

We do a lot of service in the school . . . and giving back to our community, being an active part of our community. And that is part of what the nursing home is about too is giving, another avenue to go out and be an active service giving back to the community.

Three teachers from Learning Tree participated in this study, including Sue. While Kim was involved in creating the Generation Connection Program, Sue was involved in developing the practical application aspects of the intergenerational



programs. She says, “Everything from what you do when you get there to how you train the kids and how you set it up, just all of that stuff, the evaluation process.” She documented how the Learning Tree intergenerational program worked during the first year, collaborated with a colleague to develop the manual in 1990 that was later used for program dissemination, and offered advice to other teachers involved in implementing programs during the Generation Connection Program’s replication stage.

During the pilot program year, Sue and her first grade class at Learning Tree participated in the intergenerational program, along with her assistant at the time, Kirstin, who also participated in this study. About the first year of the intergenerational program, Sue says, “We did a lot that year to kind-of start preparing and developing the program. We spent a lot of, we put a lot of effort into really preparing [the children]. I think that was a big thing that year.” After the first year of the pilot program, Kirstin took over the first grade class and Sue moved to the second grade class. This past school year, 2000/2001, Sue moved to the third grade class. Consequently, this was the first year that Sue hasn’t participated in the intergenerational programs with her class. She explains,

Part of it . . . is my focus changed a little bit as far as what I want to do with my kids. . . . some of the kids for [first and second grade] . . . got to do the nursing home project . . . I think it’s good for them to have some variety.

Kirstin continues to teach the first grade class, which continues to visit the residents at Spring Creek every other week with her.

On alternating weeks, Merideth, the third teacher at Learning Tree who participated in this study, and her combined class of approximately twenty first-graders

and second-graders visit the residents at Spring Creek. Merideth started student teaching at Learning Tree with Sue in 1999, and learned about how to run the intergenerational program partly through modeling Sue. She attended Learning Tree herself as a student, and remembers her younger sister, who also attended the school, participating in the intergenerational program,

So [the intergenerational program] was started after I left the school as a student, but my younger sister . . . was a student when it was going on. . . . her class was taking trips to the nursing home. . . . I was sort of jealous of her that she was going because, growing up, my dad is a doctor, and so growing up she and I made weekly trips to the nursing home with my dad. . . . So for us it was like an extension of that.

Operational since 1986, Spring Creek is like many long term care facilities, with a care center offering private and semi-private rooms, skilled nursing and personal care, a range of therapists on staff such as physical therapists, housekeeping, religious services, and a beauty / barber shop. Two senior staff members from Spring Creek participated in this study, Leslie, the activity director, and Marie, the assistant activity director. Leslie is clear to distinguish Spring Creek from a “nursing home,”

We like to call our facility a care center. We really don't like to use the word “nursing home” here. . . . Things have changed a lot. We really like to make this feel at home as much as we possibly can. . . . We like the residents to be able to plan their activities and meals.

Neither Marie nor Leslie were at Spring Creek when the intergenerational program with Learning Tree first began. Leslie has been at Spring Creek for four years

and Marie has been there for eight years. Although Spring Creek has other intergenerational programs, like many other long term care facilities, as mentioned, they consist of sporadic visits by different groups of children, whose visits are typically not conducive to the development of ongoing relationships with the seniors. The program with Learning Tree is unique in that, as Leslie says, “[It is] regular.” She continues,

For the residents who do remember looking forward to seeing their kid, they call them their child. . . . [The children from Learning Tree] are here regularly, our residents get to know them a little bit more, the programs are more organized – the crafts and what the kids do.

As outcomes of the intergenerational program with Learning Tree, Leslie and Carmen note the improved quality of life for residents, one-on-one relationships that develop between the elders and the children, and the children’s increased comfort level with the elders. Leslie says,

When it works it really works well . . . it seems to put [the residents] more at ease. It’s like being around a grandparent or with the grandchildren. . . . You just see some kind of peace or happiness with the resident that you usually don’t see. . . . And thinking about it with the kids, we hope that . . . visiting the residents and understanding the residents and not being afraid of them will affect them for the rest of their lives.

Although a child care facility’s or school’s philosophy and an intergenerational program’s goals may or may not be conducive to a good “fit” in terms of integration into the curriculum, in almost all long term care facilities intergenerational programs have a

place, although a regular, ongoing program may be slightly more difficult to integrate.

As Kim points out,

[Nursing homes] need activities so we were an activity . . . they have a slot for it. They were used to the one shot visit, and it took more work on the activity director's part so if you had an activity director who was inexperienced or just, you know, wanted to do very, very traditional things it might not fit. But generally at least they had a slot to put it in.

Although both Learning Tree and Spring Creek have integrated the program into their organizations to a certain extent, and the program has been operating successfully for the last twelve years, it has not been fully institutionalized by the organizations themselves. This fall, the second grade class will be taught by a new teacher, who may not continue the program. When asked what the course of action would be if this were the case, Kirstin says,

It's not like a school policy to do it. . . . I guess [the teacher] wouldn't have to do it. . . . And another class might take their place. Maybe Sue's class would get back into it again and go in place of them. That's what . . . I would like to see happen if a class decided not to do it. We would probably discuss it with each other, not necessarily a formal meeting about it, but it would probably come through Sue. I probably would express my concerns about it and then we would go from there to discuss it.

Indeed, the organizational structure of Learning Tree may not be conducive to full-fledged institutionalization of the program. Organization theory identifies two types of organizational control, organic and mechanistic (Daft, 1989). Organic control refers to

loose control, or a free-flowing management approach characterized by decentralization, low formalization, and low standardization, whereas mechanistic control refers to tight control and rigid management. Highly standardized organizations are characterized by similar work being identically performed regardless of locations, with individuals at the top hierarchical levels responsible for making decisions. Researchers have shown that an organic structure tends to be conducive to the creation of innovations, but non-favorable to adoption of innovations (Daft & Becker, 1978) or their subsequent implementation (Daft). Employees can choose whether to implement as well as continue the innovation. This appears to be the case at Learning Tree. Notably, Sue, Learning Tree's founder, supports the intergenerational program. Top management support is recognized as being a required element of the innovation implementation process. Indeed, lack of this support is one of the most common causes of implementation failure (Daft).

However, some teachers at Learning Tree may view the intergenerational program as largely substitutable with other programs that also emphasize community service and compassion. If this were to occur, the program would experience what researchers identify as replacement discontinuance. Whereas disenchantment discontinuance is the result of dissatisfaction with an innovation's performance, replacement discontinuance results when an innovation is rejected "in order to adopt a better idea that supersedes it" (Rogers, p. 182). Teachers who were not employed at Learning Tree when the program was first implemented are more likely to replace the program. Significantly, researchers have noted that discontinuers tend to have less

change agent contact, and that “later adopters are more likely to discontinue innovations than are earlier adopters” (Rogers, p. 183).

#### **2.4 A Replication Site: Our Lady Catholic School and Southern Village Care Center**

A long-time private Catholic school, Our Lady, was asked by the Generation Connection Program to partner with Southern Village during the first year of the Generation Connection’s Program replication stage, 1989/1990. As mentioned, during this year seven programs were implemented. Celeste, a study participant and teacher at Our Lady, and her third grade class of approximately twenty-five children currently visit the seniors at Southern Village monthly. When the program first began, the children’s visits were bi-monthly. Celeste explains, “Originally we went twice a month, we went every other week, but it proved to be too much time out of the classroom and we would have to take the [public transportation] bus because we don’t have a school bus . . .” Unlike many study participants, Celeste does not have colleagues at her school who are also involved in the intergenerational program, although on occasion, as with this past year, a child’s parent or grandparent will volunteer to help with the program. She explains how their intergenerational program was launched and how she became involved,

Well the purpose was to get the . . . children to interact with adult residents in care homes. And we were approached through the [Generation Connection Program] and the [coordinator from the Generation Connection Program] that came to see us said that someone had mentioned that our school had done some community service projects and they thought we might be interested in this program. They originally wanted second graders, first or second graders to go

and to do that . . . and as it worked the second graders went the first year . . . which was about twelve years ago. The second graders went and it didn't work out. So they asked if, I was in the fourth grade at that time. They asked if I would be interested in maybe taking my fourth grade group. . . . And I thought it was a great idea, and the principal said, you know, "Would you be willing to do this?" And I said, "Yeah," so we just kind-of worked out the logistics. . . . This is my eleventh year because the second grade started and then I took it up with the fourth grade, and then with third grade, so this is my eleventh year.

Indeed, an intergenerational program was not a new concept to Celeste, who had taken her second grade class where she taught prior to teaching at Our Lady to a nursing home on holidays. Like many study participants, the idea of an ongoing, regular program, conducive to fostering close relationships between seniors and children, was what made the intergenerational program innovative. She says, "I mean it wasn't anything really new to me. It was just going to be on a more regular basis."

As with Learning Tree, the intergenerational program fits well into Our Lady's curriculum. Celeste explains,

Well you know, being a Catholic school, we have our religion lesson every day, and our religion lessons really are conducive to discussing compassion for people and that kind of thing. And you know . . . it's really interesting, but [the children] will bring up their partners or their residents or if there is a story in the reader about old people or handicapped people, you know, they will say, "Oh well that is just like [Susie]. She is in a wheelchair." . . . And so I think really it fulfills a need in [the children] to be a helper to somebody, to be valuable to somebody

or to be important to somebody. . . . but they are friends. You know, they are looking forward to seeing their friend [Margaret], then they become partners. You heard [Thomas], he said, “[Mr. Martin] & I make a good team.”. . . And too, you know, when we are learning our religion, a very important part of our religious studies is being of service to people. That is brought in a lot too, that we are doing service that it’s a Christian, part of our Christian value is to be of service to others.

Southern Village is a skilled care facility located on a large regional medical center campus and integrated with the hospital system, offering sub-acute and transitional care as well as long term care. Similar to Spring Creek, Southern Village offers services such as psychological and social service, pastoral service, exercise programs, and recreational therapies, along with respite care and hospice services. Also like Spring Creek, the staff members who are currently at Southern Village were not involved when the intergenerational program was initially implemented.

Cindy and Vicky, study participants, are both recreational therapists. Vicky has been at Southern Village for three years, while Cindy has been there for seven years. Although neither has any knowledge of the Generation Connection Program, the intergenerational program with Our Lady was in place when they arrived. In addition, another staff member at Southern Village had been involved in the intergenerational program with Celeste from shortly after the time it was implemented until this spring, when she resigned from Southern Village.

Cindy is largely responsible for working with people in the sub-acute and transitional care section of the care center, while Vicky tends to work with most people



in the long term care section. Although individuals in both the sub-acute and transitional and long term care sections are offered the choice to participate in the intergenerational program, typically six to ten individuals in long term care participate. Unlike the other long term care sites participating in this study, Southern Village approaches individual involvement in the intergenerational program more from the standpoint of the biomedical model, commensurate with the care center being a part of a regional medical center, although social and emotional needs are also considered. Vicky explains how participants become involved in the intergenerational program,

Well, we do our interest surveys on every single person that comes through the door. . . . Then we also do our assessment, their physical, cognitive, emotional needs, social needs, and from there we look at those needs and what they want. And based on our goals, our objectives and the goals, and approach it from there and see if that group is appropriate for them and that is what they want.

Within their models of care, Cindy and Vicky view the intergenerational program as addressing “emotional or reminiscing” needs. As Cindy puts it, “The residents love younger children because a lot of them don’t see their grandchildren or they don’t have grandchildren, so it just helps them relive when they were younger and makes them . . . happy.” Vicky feels similarly, noting the intergenerational program improves seniors’ “quality of life.” She elaborates,

It just brings out a lot that they can remember and that age group, they like to go back into the past and they like to think about things that they were able to do. And it kind of gives them time to escape and get away from this thing, Oh I am in a wheelchair, I am at the care center. So those kids bring them out with all that

energy too. . . . It's a lot of stimulation. . . . Maybe someone who is cognitively confused, they will . . . be more into reality. They will come into reality, Oh aren't you cute. You know, Come over here and give me a hug, where before they wouldn't respond.

Although Cindy had no prior knowledge or experience with intergenerational programs prior to joining Southern Village, Vicky did have some positive hands-on experience herself. However, like many study participants, the program which she previously experienced did not consist of regular, ongoing visits. She says, "It was the same, Oh my gosh look at that cute little girl, very positive. That wasn't a regular thing. That was like maybe two events for the whole summer."

By and large, the intergenerational program between Our Lady and Southern Village has functioned well, and in some ways can be considered a success story as Celeste no longer thinks of the program as an adjunct, but rather as an integral part of her classroom. Celeste says, "Originally [the intergenerational program] was, it was a program. . . . it was like taking a test, you know, writing up what you needed to do. But now it's not like that. It's not a program we are doing; it's what we do." However, the ongoing status of the program is threatened, as is the case with many programs in which a key individual leaves, by Celeste's departure from the classroom. This fall, Celeste is the principal at Our Lady. The program's future may be jeopardized, as there are no other teachers at Our Lady who participate in the program.

Although Celeste has asked other faculty if they would be interested in running the program, she says, "No one really wanted it. No one stepped forward and said, 'Oh sure, I will do it.' No one did, and I said, 'Just think about it.' No one has come to me."

Although Celeste, as an individual, had institutionalized the program in her classroom, the program has not been institutionalized in Our Lady, the organization itself. The situation is similar, to a certain extent, to that at Learning Tree, in that the program could experience replacement discontinuance due to Our Lady's organic organizational structure. Indeed, Celeste says when she told Vicky and Cindy that she was going to be the principal, "They were real happy for me, but they were also concerned, you know, what would happen to the program. They want the program to continue."

## **2.5 A Dissemination Site: Lancerlot Child Care Center and Woodlawn Retirement Community**

Co-located on the same "campus of care" as Woodlawn, a large multi-level retirement complex, Lancerlot opened in 1997 as an intergenerational child care center, offering child care and education for children from infancy through age five. From its inception, Lancerlot's goal has been to provide care and education through quality staff, augmented by the kindness and wisdom of elder volunteers, whose own lives are enhanced by the joy and exuberance of children. The center was conceived as an ideal child care facility, the fantasy of working parents, by incorporating elders who are experienced, patient and loving. Increased positive attitudes about elderly adults is a goal for children as well as parents and staff members. Rhonda, a study participant and the Volunteer Coordinator and Assistant Director at Lancerlot for the past year, describes the concept,

[Lancerlot's founders] thought it would be a good mix to have for children whose parents are gone all day working, they would have someone to love them and care about them in addition to their teachers. And also, especially I will see in the infant care, when you have ten children and three teachers and babies crying

and need to be fed at the same time. It gave us an extra hand in there, and someone to hold them because touch is so important.

For elder volunteers, living both on the campus as well as in the larger community, goals include:

- Improved well-being, through increased self-confidence and self-image, life and job satisfaction, optimism toward life, and social interaction.
- Increased positive attitudes toward children and families.
- Increased positive attitudes about the intergenerational program.

Rhonda elaborates on the benefits of the program and how it works,

It gives the seniors something to look forward to. . . . The nurses will say they are grumpy all the time, they never smile. And then the children come and it makes it all worthwhile. It also gives the children a better understanding of the aging process. So they aren't so afraid of seniors then. A lot of them, especially in [this city], it's such a transient community that a lot of people move here and the children don't have grandparents, so this gives them a link to someone older. . . . We do have a woman that is in the [assisted living facility] in a wheelchair, and we just pick her up once a week and bring her over in the morning. The kids will come up on her lap and she will read stories to them, and we have other volunteers that work in the garden. We have a woman that comes and sells muffins on Fridays for our parents. . . . She never had children and she doesn't feel comfortable, but she loves being over here. The children love her and she says she is not good with them, but she really is. And we have a woman that comes over every day and does all our filing, [Agnes]. She comes over and does

all our filing so we don't do any of it and it's quite a bit of work. We would have to hire somebody if it wasn't for her.

In addition to the elder volunteers that contribute their time to Lancerlot, the facility has had on-going and regular visits between various age groups of children and the elders who are not as high-functioning, including those with dementia and Alzheimer's Disease in the skilled nursing section, since it opened. Explaining how these elders' involvement with the children is different than those who are higher functioning, Rhonda says,

They aren't really providing any service to us, you know, other than enhancing the children's life and experience. Most of them are Alzheimer's and dementia patients. And they couldn't come over here to do anything. Nor would [the staff] be able to bring them over here probably.

Karen, the Generation Connection Program coordinator previously mentioned, joined Woodlawn as a dementia unit coordinator and social worker in 1997, after leaving Heritage Health Care Center, one of the organizations which had implemented an intergenerational pilot program via the Generation Connection Program during its pilot program stage. Although Woodlawn and Lancerlot had established regular and ongoing visits between the children and the elders who reside in the assisted living or skilled nursing sections of the campus who did not volunteer at Lancerlot, the program was not conducive to fostering close relationships between children and elders. Karen explains,

Teachers were not comfortable with the aging process, therefore they did not touch, did not show behaviorally that acceptance of an older person . . . so this is the first thing I saw. The second thing I saw is in the construction of the visits that they had

prior to any influence from [the Generation Connection Program]. [The staff involved] didn't do things in such a way that there was the optimum interaction between seniors and children, so you just had children coming in and playing, which was visually very stimulating and very nice. We got a lot of smiles, but the residents didn't feel connected to it. You could see they weren't involved. They were there, but they weren't invested in it. And the children were just playing and having a good time and they weren't really interacting with the residents. So here I am thinking in my mind . . . we can create this awesome opportunity for [the seniors] to feel like they are contributing.

Thus, although by 1997 the Generation Connection Program was not working to replicate their pilot programs and in fact had entered their dissemination stage at least two years prior, it was apparent to Karen that the intergenerational program at Lancerlot Child Care Center and Woodlawn Retirement Community had the potential to be significantly improved, particularly since the children and elders were located on the same campus. Karen explains her approach to the resident services administrator at Woodlawn,

I said, "Look, you know, these visits really could be so much more than what they are, and we have this incredible resource here on campus. . . . you guys had such foresight to create an environment in which children are going to be [nearby] on a daily basis . . . let me see what I can do to help you."

Consequently, in March of this year, Karen began working with the teachers at Lancerlot and the activity directors at Woodlawn to improve their program. Although Rhonda has since become aware of the Generation Connection Program through

Karen's involvement, awareness of the Generation Connection Program among teachers and activity directors involved in the intergenerational program is not widespread. For example, Dana and Hope, teachers at Lancerlot that participated in this study, and Judy, an activity assistant that participated in this study, have little to no knowledge of the Generation Connection Program itself, although they do know Karen and value her recent contributions to the program.

Having been a teacher at Lancerlot since it opened, Hope has been involved in the intergenerational program for the past four years. Prior to Karen's involvement, Hope had taken her class of three- and four-year-old children to visit seniors with Alzheimer's Disease and related dementia bi-weekly. In May, Hope and her class switched to weekly visits with seniors in the assisted living section of Woodlawn. Dana has been at Lancerlot approximately six months, and currently teaches four- and five-year-olds. Dana and her class participate in weekly visits with seniors who have Alzheimer's Disease and related dementia. Despite their past experiences with a less than ideal intergenerational program, both Dana and Hope view the intergenerational program as beneficial for both the elders and children. Hope also sees the program as beneficial to herself. She explains,

For [the children] it's play time. Just like grandmas and grandpas . . . they just play and have their attention from [the seniors,] and I think do see it as kind of a grandma/grandpa relationship even though it's not. It may not always seem that way to us as an adult . . . I am kind of closed off to it myself sometimes. I don't see everything the children do. . . . I am thinking, I have never seen this person before in my life, you know. I don't know anything about them and the more I go

the more I learn about them too. So I get more connection too. . . . [The goals of the program are] to ease children's fears . . . you may be afraid of [the seniors] . . . I think that is part of the goal is to help the children benefit from the elderly just as much as the elderly benefit from the children. It's like a two-way street. . . . [The seniors get] enjoyment, pure enjoyment. . . . they enjoy it and that is all that they really want. I think at that point in their life they just want something to enjoy and something to touch.

Like many study participants, Hope, Dana and Rhonda had little or no prior knowledge or experience with intergenerational programs. Dana says, "I first heard about intergenerational about my second year of college, and I thought it was really interesting. I had never seen it being done, I just read about it."

Affiliated with a Christian church, the Woodlawn campus itself offers a range of living arrangements for elders, including independent living, assisted living, and skilled nursing, similar to Spring Creek. A "full-service retirement community," services and amenities include personal care assistance, nursing, transportation, housekeeping, a campus recreation program, and a pharmacy, gift shop, bank, hair salon, and ice cream parlor. Kate, the Activity Assistant in the skilled nursing section, and Judy, Activity Assistant in the assisted living section, participated in this study. Both Kate and Judy are fairly new to Woodlawn; Kate has worked there for approximately one year, while Judy had worked there for two months as of May. Although Kate did not have previous hands-on experience with formal intergenerational programs, like Merideth's father, she has "always believed in having kids around [elders]." She says,



I used to bring my daughter when she was like two or three years old into places I worked, and just watching the kids' and the residents faces light up. . . . she is not afraid of older people because she grew up in nursing homes.

In contrast, unlike most study participants, Judy had previous experience with an innovative intergenerational program through her work as both an activity assistant and a day care teacher. She explains,

I started working [at the nursing home] as an assistant. I did part-time there and part-time at the [child] day care. I was with both groups, as an activity assistant and as a teacher. . . . [The intergenerational program] was great for the residents because it gives them a change of scenery, something different. . . . I would say four times out of the month, twice we would go over [to the nursing home] and twice they would come to us. So this was back in 1991.

In terms of institutionalization, the program at Lancerlot Child Care Center and Woodlawn Retirement Community is successful, albeit in large part because Lancerlot was founded based on intergenerational program principles. This case is unique in that the program was nearly fully institutionalized during the implementation stage.

However, as mentioned by Karen, in the case of Lancerlot Child Care Center and Woodlawn Retirement Community, other factors threaten the viability of the program to foster close relationships between the children and elders. This is no small point for intergenerational program practitioners to recognize.

## **2.6 Disbanded Program Sites: Life Manor Nursing Home and Heritage Health Care Center**

Life Manor Nursing Home was one of the five pilot program sites, where, as mentioned, Karen worked as an Activity Director from approximately 1985 until 1997.

Like Celeste, Karen did not have colleagues at Life Manor Nursing Home who also participated in the intergenerational program. Karen explains how the project began and what the outcomes were,

Initially I was a program facilitator in one of the pilot projects, and I was on the nursing home side and actually worked with the teachers to set up the Head Start portion of the pilot project the first year. And we had the initial first visit that was ever done I believe . . . it was really an experiment . . . a dry run to see how residents would respond, to see how children would respond, to see what kinds of problems might occur. I wasn't really privy to all of that because being a facilitator, [the Generation Connection Program coordinator] didn't want to cue us to what was going on. They just said, "We have this opportunity for you, here you go." And the thing was, it was magic, and the residents and the children related very well to one another. . . . What we did set up was a very nice initial visit between a group of about twenty seniors and about twenty children. . . . And it was really, really successful. . . . we had the children come every week, every Friday. That was nice because we had a chance to kind of look at what the children were doing in school, how we could help the children . . . and how the seniors fit into the curriculum, how they could help . . . what kinds of little things could we do that were really mutually beneficial to both groups. . . . If we really want our residents to feel like they are contributing then we need to construct our visits in such a way that the seniors were kind of in a position of not really authority, but in a position of being the helper not the helpee. . . . [Children] don't see a person for their infirmities and if you can teach them about that young, if

they understand that the grandpa with no leg is no different than the grandpa with the leg then that is something that they can take and use for the rest of their entire life.

Children and seniors participating in the pilot program were video-taped by the Generation Connection Program as part of the documentation of the pilots. Lisa, a study participant and the office manager at Life Manor Nursing Home who has been there for over twenty years, says of the video,

It was our residents, most of them, that were in the video, saying what they enjoyed. . . . We had one resident who just passed away . . . and he is in that video. And [Andrew, he] is probably one of the only ones who is still around from the original crew . . . they are the ones on the videotape because we did the taping here, most of it.

The program continued successfully after the initial pilot year, so much so that by 1992 there were two groups of children, third graders and fourth graders from public schools, participating bi-weekly, along with the children from Head Start. Lisa explains the apparent benefits of the program to the residents,

[Family members of the seniors] got to see what these kids were doing and they got to see their mother smile for the first time in fifteen years. You know, we had some little ladies that sit here with little grumpy faces, but let a two year old walk up and they smile. The first time we had ever seen them smile. . . . I really think the intergenerational program is probably one of the best things that ever happened to the residents and the best thing for them.

However, despite the apparent success of the program, it ended rather abruptly in 1997 when Karen left Life Manor Nursing Home to work at Woodlawn. Lisa explains,

[The intergenerational program] worked for quite a few years here and then the change of activity directors. We got an activity director who was a recreational therapist and not an activity director. And her emphasis was more on recreational type things . . . and not so much the crafty activity type stuff. So she felt that her time was better off doing that instead of doing the intergenerational program so she, at the end of the school year, said, "Well this is it you know". . . . When she stopped the program it was at the end of the school year so the residents were not expecting children. . . . We had some residents in the facility that were here the previous year asking why, and you know [the new activity director] explained that she had a different program that she was running . . . in place of the intergenerational program.

As it was, the activity director who replaced Karen ran the intergenerational program for three months, until the end of the school year, before terminating it. Although Karen's successor has since left, the intergenerational program was not started up again, despite interest from Life Manor Nursing Home's current administrator and activity director. However, Lisa explains that as of late, Life Manor Nursing Home has decided to start the intergenerational program again, with Karen's help,

I have already talked to [Karen] and she has contacted different schools. . . . It all started because the gentleman who had passed away who had been here for twenty-seven years. And we called her to . . . tell her when his funeral was . . .

and we started talking about [the Generation Connection Program] and it was like, 'We want to get it started back.'

As is the case with other organizations participating in this research, the apparent organic organizational structure at Life Manor may not be conducive to full-fledged institutionalization of the intergenerational program. Lisa explains, "You try to stay out of [the activity director's] department . . . you can't really put your nose in where it doesn't belong." As mentioned, organic organizational control is characterized by low standardization and decentralization (Daft, 1989). Other researchers describe this type of organizational structure as a "loosely coupled system" (Weick, 1976, as cited in Daft & Becker, 1978, p. 165). In this type of system, the "subparts are relatively independent, so that actions taken in one subpart have little effect, or are relatively slow to effect, another subpart. . . . they can retain more novel solutions, but their diffusion through the organization might be difficult" (p. 165). Daft & Becker identified a process in high schools that further explicates how a decentralized organizational structure and innovation processes interface,

Innovations enter the organizations in different functional areas. Each functional area concerns itself with problems relevant to itself without clear connection to other areas. Decisions at the top of the hierarchy frequently reflect whatever the lower-level experts want to do. There is little conscious effort to coordinate one group with another. . . . There seems to be no single person or mechanism that orchestrates the innovation process in order to ensure congruence with organizational goals (p. 176).

Life Manor appears to consist of loosely coupled systems, or departments, in which individual activity directors have the authority to restructure the facility's activities to a large extent, including discontinuance of intergenerational programs.

In contrast to Life Manor, Heritage Health Care Center does not currently have plans to start their intergenerational program again. As mentioned, an intergenerational program at Heritage Health Care Center was implemented via the Generation Connection Program in 1989/1990, the first year of the Generation Connection Program's replication stage. Rose, a study participant and the activity director at Heritage Health Care Center, has been at Heritage Health Care Center since the fall of 1996. As of July 1996, the date the last update on the various intergenerational programs was recorded by Karen, the program was reportedly "running smoothly," with the children visiting the nursing home bi-monthly. However, unlike the situation at Spring Creek and Southern Village, there was no transfer of the intergenerational program to Rose from her predecessor, or from other staff members, when Rose began working at Heritage Health Care Center in the fall of 1996. Rose also has no knowledge of the Generation Connection Program. She explains how a weekly intergenerational program was implemented with the nearby Head Start elementary school with children age three to seven after she arrived,

I went to [the school] because they were looking for an intergenerational group. So I went to them because they are just right down the corner . . . so I just went and actually I invited them over here for a Halloween party and had them come back and trick and treat and it went from there.

Both Rose and an activity assistant were involved in the program, along with a teacher at the school, although “through the years [who the teacher was] changed often.”

Although Heritage Health Care Center has intergenerational programs now, they tend to be like many long term care facilities, as mentioned, consisting of sporadic visits with various groups who entertain the seniors. Rose differentiates between the two programs,

There was a little more one-on-one and a little more structure with [the elementary school]. . . . [With the groups now] it’s a little bit of an entertainment . . . a lot of them will come in and have a skit prepared and entertain. . . . It makes a difference too, because if you have the same kids that are coming every time, and you know the residents start getting used to them or you know certain ones will like certain ones, and so it will kind of be a little bonding thing that would start happening too. And with the . . . [other groups] coming in and, in and out and stuff you don’t hardly see much bonding. Too many different groups . . . ”

Although the program with the Head Start elementary school continued successfully for a number of years, the combination of a shift in Heritage Health Care Center’s focus as an organization and decreased funding for the school to support transportation ultimately caused the program to disband in 1999. Rose explains,

It got that I was footing the whole bill for everything. [The school] ran out of money. Yes and it got very expensive. The transportation was the main expense. . . . [The school is] about a mile and a half away, but we had to hire a school bus. . . . And at that time too, [Heritage Health Care Center] started changing a little bit. We are no longer just a long term care facility. We have got

everything from [age] 102 to 16. . . . It's [now] a health care center. . . . a lot of nursing homes have transferred over to care centers and insurance will only pay so many days at a hospital and then they will usually send them to some kind of health care center if they are needing any more, if they have a broken knee or a broken leg and need more rehab. . . . And the activities no longer centered over, not that the intergenerational is not important, which it is, but it no longer centered on just the elderly. I have, you know, about half of my facility was younger, under 55.

Despite these changes, Rose would like to see a regular, ongoing intergenerational program implemented again, if the funding issue could be overcome. She comments,

It would make things a lot easier on me because part of your state requirements is to have intergenerational activities. . . . So if you don't, it looks real bad. . . . you will get a deficiency on it. . . . I would love to have it. I am not sure I could afford any more in my budget though. . . . It would have to be more of a free type thing.

Although a representative from the partnering Head Start elementary school was not a study participant, when asked if she thinks the teachers lost interest in the program, Rose says,

No, I don't think so. . . . The teachers that I had in here, there were a variety of them, they were always right in the middle of everything, sitting on the floor, clapping their hands, you know, teaching us songs or whatever. They were right in the middle of it. . . . I think this was a great activity for them too.



In this case, the apparent lack of resources, namely transportation funding, among both partnering organizations may be due to a lack of top management support for the intergenerational program. Admittedly, a holistic understanding of Life Manor and Heritage Center is lacking, due to the inability to interview staff from child facilities who had previously partnered with Life Manor and Heritage Center. However, it appears as though the staff directly involved in the programs remained satisfied with the programs throughout their existence. Notably, as demonstrated, long term care staff participants distinguish intergenerational programs that foster close relationships through regular, ongoing visits from other activities. Subsequently, such intergenerational programs are not in jeopardy of being replaced by substitute programs in long term care facilities in the same way that they are in child facilities.

## **Research Findings**

### **3.1 Process of Program Transfer: Drifting In and Drifting Away**

As mentioned, researchers have identified stages of technology transfer, including knowledge or awareness and decision to adopt. While this study does not address these first two stages of technology transfer, the factors associated with implementation, incorporation, and institutionalization are examined. The connections and relationships between these latter three stages are also examined. The technology transfer process is often depicted as “a linear sequence of steps from development to negotiations and then to transfer proper” (Harmon et al, 1997, p. 425). However, the findings of this study suggest that the social program transfer process is not best approached as a linear and terminal process.

Similarly, researchers examining interorganizational relationships have identified phases of relationship development that are consonant with a flexible, alternate process. A life cycle consisting of five phases was identified by Hertz (1993): “establishment of a new relationship, closer cooperation within the relationship, enlargement of the commitment, looser cooperation, and finally cessation of the relationship” (Hertz, 1996, p. 182). Whereas the first three stages indicate increasing integration, or “drifting in,” the last two stages are characterized by decreasing integration, or “drifting away”. Hertz cites several other researchers who have noted similar phases: establishment, expansion, and dissolution. Liljegren (1988, as cited in Hertz) suggests a more flexible and cyclical process, in which cessation does not always occur. Rather, during the stage of looser cooperation, relationships can be reconsidered and restarted, leading again to closer cooperation.

The process of program transfer used by the Generation Connection Program is characterized by an alternate, flexible process of “drifting in” and “drifting away.” To advance intergenerational program implementation, the Generation Connection Program drifted in to transfer knowledge and skills and establish collaborative relationships. (These two themes are addressed in section 3.2: Transfer of Knowledge and Skills, and section 3.3: Building Collaborative Relationships Between Long Term Care Staff and Teachers.) Following the initial implementation of a program, the Generation Connection Program shifted to the incorporation stage, retreating and disengaging from decision-making, drifting away. The Generation Connection Program did not terminate relationships entirely, remaining available to drift in and assist practitioners as necessary.

Karen explains when a project is just beginning, there is a greater need for the Generation Connection Program to increase its connection with the receiving organizations, “When a project is new, of course there are lots of things that go up, that come up.” Celeste, a teacher at Our Lady Catholic School, explains what the “start-up” phase of the program was like,

I think, you know, the first couple of years that we were involved with it we were trying to, we were always trying to do the right thing, and you know, always looking at the lesson plans and seeing what we could incorporate and stuff. And after about four years, you know, it just began to get comfortable for me and for the directors at the care center.

Several staff members at Lancerlot and Woodlawn emphasize the need for a coordinator to be present during the start-up period. Hope, a teacher, says, “[The

coordinator, Karen] gave us somebody we could rely on and depend on to go to if we had any concerns or questions.” Her colleague, Dana, also stresses the importance of Karen’s presence. When asked what she believes would happen to the intergenerational program if Karen were no longer available, Dana says, “It would hinder the program . . . unless some miraculous person came in and knew all about intergenerational programming, I think we would have a setback. . . . I like the idea that she is here. It makes me feel comfortable.” Kate, an activity assistant at Woodlawn, responds to the same question similarly, also noting that she anticipates the level of input necessary from Karen decreasing as the program progresses,

I think it would depend on what point the program is going that she would decide to quit. I think at the beginning, I think somebody should still be there, but if you already had the program running and on its way, then I really don’t, just somebody to call for questions. . . . We are the beginning [now] – if she quit it would mess everything up. . . . I think [the program] would [go back to how it was prior to Karen’s involvement] because of certain people, I think it would within time because it is still so new.

For projects that had been operational for some time, staff turnover provided the impetus for the Generation Connection Program to drift in again. Rhonda, the intergenerational coordinator at Lancerlot, comments that she would like new employees to be trained by Karen, “We are training everybody for this. . . . And new teachers, we have staff turnover with the employees too.” Karen recounts some of the phone calls she has received requesting her assistance orienting new staff members to the program,

“Could you spend some time with them a little bit and help them understand what we need to be doing so we can continue with this,” you know, or I am getting a call from school saying, “They changed activity directors again. Could you help? They don’t understand what we are doing.”

Although the Generation Connection Program continued its relationships with long term care and schools/child care centers for various lengths of time after program implementation, eventually it disengaged entirely from the organizations that had implemented intergenerational programs, with the intent that institutionalization would follow. Karen explains,

What the early literature said almost in every case . . . was that programs stopped because key individuals left and so from the beginning, even before I was involved, the big thing was make it stand without you. Set the structure, fill the foundation, and empower and back out. You know, if they become dependent on [the Generation Connection Program] there is a problem.

Rogers (1995) recognizes this role of change agents as the attainment of a terminal relationship. He states,

The end goal for a change agent is to develop self-renewing behavior on the part of clients. The change agent should seek to put him or herself out of business by developing the client’s ability to be their own change agents. In other words, the change agent seeks to shift the clients from a position of reliance on the change agent to one of self-reliance. (p. 337)

However, in all but the case of Lancerlot and Woodlawn, full-fledged institutionalization was not achieved following implementation. Findings from this study

indicate that implementation of intergenerational programs, even when programs operate successfully for a number of years and are apparently stable, is rarely solidified within long term care centers and schools/child care centers due to the combined effects of staff turn-over and organic, loosely-coupled organizational structures. Staff not employed at the receiving organizations when the program was first implemented are more likely to replace the program. Programs in which there is only one staff member involved from a receiving organization are also vulnerable to dissolution, as explicated by the case of Our Lady Catholic School. The effect of staff turn-over was also noted by Daft & Becker (1978) in their study of innovation adoption in school organizations, "Organization members come and go, and with them travel perceptions, ideas, problems, and experience" (p. 166). Others involved in social program transfer have also experienced program discontinuance due to staff turnover. Discussing dissemination of the Teaching-Family Model of group home treatment, Fixsen & Blase (1993) remark, "Over half of the first 25 attempts ended when the Teaching-Parent couple we originally trained left the group home, and only 24% lasted 6 years or more" (p. 605).

The issue of staff turnover is particularly significant when also considering that researchers have shown that discontinuers tend to have less contact with change agents. Approximately half of the intergenerational programs implemented via the Generation Connection Program that had been ongoing in 1997 were discontinued by 2001, after Karen's contact with staff involved in operating the programs ceased. Karen recognized that ending communication with implementation sites may be problematic

after contacting long term care and school/day care staff to develop a participant pool for this study,

. . . in some ways maybe [backing out after implementation] hasn't stood up because we have had some programs in the last three years without my little calls in the beginning and the end of the year that haven't been going, that haven't continued.

With Karen's recent decrease in ongoing contact with organizations that had implemented intergenerational programs, there has been a corresponding decrease in staff at receiving organizations requesting help from the Generation Connection Program due to staff turnover. Karen says,

Certainly changing staff of late is really problematic when you are not keeping track of things and noticing that there has been lots of change. . . . that is challenging. . . . we certainly, you know, probably need to be more involved in just keeping track . . . we would know whether things are going on or not. . . . we might be able to do some more troubleshooting, especially with the changing in staff that has . . . occurred. . . . now not only do you not have the activity person [who was originally involved in implementing the program], you don't have the administrator and so now we have people who probably don't know about [the Generation Connection Program] or they don't know about intergenerational programming. . . . certainly there are projects that are here in [our city] I can tell need some TLC, they need some interaction from me.

Several study participants indicated their programs are "stale" to a certain extent and could benefit from new ideas from other individuals. Innovation researchers point

out that although solutions, or new ideas, are assumed to be ignited by problems, in other cases, organization members get used to problems “and no longer think of them as requiring search and solution” (Daft & Becker, 1978, p. 168). A number of study participants commented that they felt their programs could improve, although they were also generally pleased with the program and did not point out any particular problems. Marie, the activity assistant at Spring Creek says,

Now we have done [the intergenerational program] . . . ten plus years. I think if another group started they may have way different ideas than we ever thought of because you can get in a rut and, well, we have used this and it’s been fine for ten years, so let’s use it again.

Lisa, the office manager at Life Manor echoes Marie, “There are a lot of things you know you can do, but after you have done them for four to five months you begin to wonder, What new thing can we do?’

Rather than a linear, terminal process of implementation, incorporation, and institutionalization, where the change agency drifts in during implementation, retreats and disengages during incorporation, drifting away, and terminates the relationship entirely thereafter, findings from this study suggest that a much more dynamic and flexible approach is necessary to foster implementation and institutionalization. Dana comments, “. . . It’s an ongoing cycle, there is always somebody different to deal with.” Several study participants at Lancerlot and Woodlawn also commented that they would like Karen to continue to be available and present as the program progresses. Hope says, “. . . Just to continue to be there to help us out and you know, just help us throughout all of it.” Hope and some of her colleagues were at Lancerlot when it first



opened in 1997. A national organization focused on intergenerational programs provided assistance to Lancerlot at that time. Hope recalls,

They had come when we first opened, and they had . . . talked to us about how successful that program was. . . . It helped, you know, that this type of program could work and through their experiences, you know, they showed us some sites and talked to us about different things, you know, all that they had done and been through.

Hope is unable to envision the precise way that Karen will be able to assist Lancerlot and Woodlawn, saying, “We are going to have to just go with it and see how it works.”

Yet when asked to compare what she anticipates Karen’s contribution to the intergenerational program being, compared to the national organization that was present in 1997, Hope replies, “Like I said, I think it’s great that she is there so we can go to her.”

It might be reasonable to assume that the prior negative experiences with the intergenerational program at Lancerlot and Woodlawn contribute to staff members’ desire to have Karen remain present as the program progresses. However, several study participants who have numerous years of experience operating an intergenerational program indicated that they would like to have a reconnection of some sort with the Generation Connection Program. For example, Kirstin, a teacher at Learning Tree who has been running the intergenerational program since its inception in 1988, comments,

I am not even sure if it even exists now, the [Generation Connection Program].

So that would be nice to know, if it did exist or not. . . . [Sue] probably does know

or a little bit more about that . . . why that can't happen to try to make it broader. . . . I would like to see something like [the Generation Connection Program] started again to make it better . . . there must be quite a few more places that could become involved . . .

This suggests that the desire for a continued, although less intense relationship with the Generation Connection Program, is not ignited solely by uncertainty but also by a desire to be continually connected to an organization or network that embodies a common vision and goals.

The finding that the stages of social program transfer are not as sequential and separate as often presented by technology transfer and innovation diffusion researchers is further exemplified in the case of Lancerlot Child Care Center and Woodlawn Retirement Community. This case can be distinguished from the others in this study in that the intergenerational program was nearly fully institutionalized during the implementation stage. The intergenerational program has been an integral part of the campus since Lancerlot first opened its doors. When viewing the stages of implementation, incorporation, and institutionalization separately and sequentially, it appears to be an improbability that institutionalization would be simultaneous with implementation. It is apparently a broad assumption among technology transfer researchers that an innovation can only become an integral part of an organization's mission, procedures and budget if it has first been successfully implemented. In keeping with this vein of reasoning, in order for successful implementation to occur, a technology must be put to use in such a way that its efficacy is apparent. In the case of Lancerlot Child Care Center and Woodlawn Retirement Community, the need to change

was apparent, hence the creation of an intergenerational child care facility. Yet the program suffered from effectiveness problems. This was due in large part to a lack of both knowledge and skills among the staff involved in operating and implementing the program, and a lack of strong collaborative relationships between staff at Lancerlot and Woodlawn. The Generation Connection Program is currently pushing the rewind button in order to improve the program. Rhonda, the intergenerational coordinator at Lancerlot Child Care Center, comments, “the cart before the horse here.”

### **3.2 Transfer of Knowledge and Skills**

Individuals involved in program development, replication and dissemination recognize the importance of transferring the software aspects of the technology, or the technology’s knowledge base, to receiving organizations. As mentioned, in the case of innovative intergenerational programs, the concepts, ideas and information pertaining to the program constitute the software component. The knowledge base in this case is twofold, pertaining to how to partner program participants, children and elders, to foster close relationships, as well as how to partner the staff at long term care centers and schools/child care centers. Transfer of the knowledge and skills necessary to partner program participants is addressed in this section, while partnering staff members is addressed in the subsequent section, Building Collaborative Relationships between Long Term Care Staff and Teachers.

As mentioned, innovative intergenerational programs can be classified as a type of complex product system, consisting of inseparable multiple components, with interactions across these components. The interface between child and senior participants is central to fostering close relationships between these two groups. As the

case of Lancerlot and Woodlawn demonstrates, regular, ongoing contact between elders and children is not sufficient in itself to foster close relationships. The Generation Connection Program incorporated orientations for children prior to their first visit with seniors residing in nursing homes. The underlying idea for the child orientations is to increase children's level of sensitivity towards disabilities that seniors in the intergenerational program may have. The intent is that children will be prepared for situations they may encounter with elders, and therefore, instead of being frightened, will be more amenable to developing friendships with the seniors. Kim explains,

We have always oriented the kids . . . that's just probably . . . one of the most important things of the program. If you throw kids into a nursing home . . . [the children] get upset. They see things they don't like and orientation is critical that they hear about things before they see them, that they get inoculated, that they understand, at whatever level.

Karen approaches the transfer of the child orientation knowledge base to the activity directors at nursing homes through a modeling approach. She explains the process she is currently using with Lancerlot and Woodlawn,

Right now I am very hands on, you know. I have been teaching, you know, you saw yesterday during the [child orientation] the people in the back those are activity [assistants]. I was teaching the children, I was teaching the activity people because as I teach them I step out and they teach [the children] and then we set this up so that they extend it. They propagate it to the next step. In September, they will do the orientation with the children. So see, I am out of there, there are in there. You know, I may need to teach them a couple more

times, but the hope is that they take on the role of facilitator, and I step out and troubleshoot.

At Learning Tree, the child orientation is handled by using the child orientation video-tape created by the Generation Connection Program. Kirstin explains, “When [the Generation Connection Program] first started, [Learning Tree] made the videotape for training the children.” Kirstin and Merideth have also integrated aging studies into their class curriculums. Kirstin explains,

When school starts, especially because my kids go for the very first time having first grade . . . we don’t go until the end of October, so I spend the first part of school just getting them ready by reading those stories, talking about what it is like when you age, doing some skeletal studies. . . . Talking about some of the diseases that people might have like arthritis and things they might see. So there is quite a bit of preparation before they go.

Similarly, Celeste uses an initial orientation in combination with integrating aging studies into her classroom at Our Lady. She explains,

The very first time you go at the beginning of the year, [the children] are all very nervous and scared, didn’t know quite what to expect . . . Now that the [Generation Connection] people don’t come in, I do an introduction. And although I don’t have wheelchairs and stuff, we have pictures of them and the wheelchairs and walkers and things and what they should expect, and sometimes it doesn’t smell very good and you know, how to be very calm around the residents so that they don’t get upset. And so I go through really a whole

lesson plan before we go. . . . It's kind-of an ongoing thing for the first month before we go.

Celeste learned how to conduct the child orientation by modeling the Generation Connection Program staff during the first year the program was implemented. She says,

And so the [Generation Connection Program] representatives came and they brought wheelchairs with them, they brought walkers and equipment and all kind of things. They brought books to read that were the level that fourth graders could understand and talked about interaction with older people, which was very helpful, and so they came in I think three times before we actually went to the program. This was probably over a month.

In addition to children benefiting from an orientation prior to meeting the seniors, teachers and long term care staff benefit from an orientation themselves. Findings from this study indicate knowledge and skills that assist staff members in operating intergenerational programs include knowledge of the program's goals and their respective roles as staff members, and knowledge of appropriate activities for participants. For teachers, an additional area of knowledge and skills emerged from the data, comfort working with elders and an understanding of the capabilities and disabilities of individual elders involved in intergenerational programs.

Elucidation of the program's goals and staff's respective roles has been attained through a process of learning by doing and modeling other staff members for some study participants, particularly for individuals that were not employed at the nursing home or school when the intergenerational program was initially implemented. For example, Merideth says,

So when I came it was just like I was tossed in the middle of it. . . . I didn't know too much about what the purpose was. I think I didn't understand what my job was there, you know . . . my understanding of helping [the children] to interact with the residents was pretty minimal at that point, something that I sort of learned over time as we took more visits. . . . And a lot of that was just experimental, I just had to learn it.

Other study participants commented that an understanding of how the program worked was transferred to them from colleagues within their own organization who had a clear understanding themselves of program goals and staff roles. Cindy, at Southern Village Care Center, says,

Oh it was great having someone that was familiar with the program so it helped you prepare. . . . Just basically how they set the program up, how long have they had it, how they set the group dynamics up, what worked best for them. . . . just communication verbally how it worked for them and I observed. And introduced me to [Celeste].

The presence of colleagues who are also engaged in the program and who have a clear understanding themselves of program goals and staff roles is necessary for modeling and learning by doing to be effective. This point is exemplified through the case of Lancerlot. Although teachers had other colleagues who were also engaged in the program, their colleagues did not understand program goals and staff roles themselves. Consequently, Karen, as the change agent, played a crucial role to this end by holding meetings with teachers and long term care staff, and showing them the videotape made

by the Generation Connection Program illustrating how the pilot programs worked.

Dana, a teacher at Lancerlot, puts it this way,

Before I had meetings with [Karen], I didn't know what the goals [of the intergenerational program] were. I really didn't. . . . I didn't feel the motive . . . but once . . . [Karen] was re-evaluating the program, I was re-evaluating myself, you know, thinking, "That's true. That is really important for [elders in nursing homes] to have these children in their life." But for awhile I was thinking . . . "Why do I have to do this?". . . . I had to be able to see what the benefits were. It's just an educational thing, you know. . . . I guess if the teacher is more aware [of the goals] then she or he will be more benefit to the children than holding back . . . more likely to plan things or go the extra mile if you kind-of know a little more about it.

Kate, an activity assistant at Woodlawn, explains she also lacked an understanding of the program goals and her role prior to the meetings with Karen, "I [started working at Woodlawn as an activity assistant] and then they said, 'Okay, Lancerlot is coming up to put some tables together,' and then the kids came up and that was it. . . . I didn't know what to do." Researchers recognize that a favorable attitude among potential adopters increases the likelihood of adoption (Daft & Becker, 1978). Similarly, findings from this study indicate that recognition of program goals and potential benefits among program users increases the likelihood of successful implementation.

Knowledge among teachers and long term care staff of the appropriate activities to use to foster relationships between children and seniors also contributes to program implementation. As mentioned, the Generation Connection Program developed a



curriculum and implementation manual in 1992, during its transition stage, co-authored by Sue. The manual includes a lengthy section describing suggested activities and curriculum ideas for teachers that have been used successfully in the past by individuals involved in the pilot and replication programs. Several study participants are unfamiliar with the manual, including long term care staff at Spring Creek and Southern Village (Leslie and Marie, staff at Spring Creek, learned about the manual and that their organization had a copy of it during the course of this study). Celeste, however, who was involved in the pilot and replication programs, used the manual as a guide when the intergenerational program at Our Lady was being implemented. After operating the program for a few years, study participants adapted activities. Celeste explains,

After about three years of using [the manual], we just kind of branched out. I mean, we still do kind of the same activities that were in the book. . . . And the songs that have hand motions to them, you know, we do the Hokey Pokey and stuff like that. So those were all, originally we got those from the book. . . . then we just started implementing our own little things. . . . And I still have the book . . . but I don't have to use it . . . we pretty much know a pattern of things that are enjoyable for the residents and for the children. . . . there are no original ideas.

They all were spurred from the book, you know, but we just put our own little twist to them.

Similar to the child orientations, many study participants learn what activities work well through a process of trial and error and modeling. Many study participants are generally satisfied with this method and the resulting activities that are used.

However, many also noted they would like elders to take on a more active role, and they

have had difficulty particularly implementing activities that are appropriate for seniors who have decreased cognitive and physical functional abilities. For example, Sue says,

I think one of the . . . challenges has been and continues to be just the level of functioning of the residents. . . . that really works better if they have fairly good language and they can attend to what the kids are doing, although some of them can't really. Like there was this one resident named [Hazel] who, she died and she was like 94 or something, and she was, towards the end her body was pretty limited and she couldn't really lift her arms, but she was always very positive with the kids. She always listened and she smiled and she was very responsive, and that responsive quality is pretty necessary with kids. I mean, some of them will work with somebody even if they don't talk to them, but some of them, you know, need that response.

When asked what challenges with the intergenerational program remain, Marie, the activity assistant at Spring Creek, echoes Sue, "Probably getting children to work with someone who is . . . less able to respond to the child." Kristin says, "I think we have kind of gotten into a routine of what works best." She also comments, "One of the things I would like to see a little bit more is the [senior] residents doing a little more. . . . The residents seem to . . . just like watching the activity, just the kids being there."

Merideth comments,

[The seniors at Spring Creek] are lower functioning, a lot of them, so it's harder to get interaction from them. So it's probably four or five of the residents I have never heard them talk in the three years that I have been going . . .

Dana, a teacher at Lancerlot, echoes these comments,

There are certain elderly that are more responsive than others. Some may not respond to you at all while you are there. It can be difficult to pair a child up with that person. The child might feel like nothing is going on, you know, something is not happening. A lot of times those elderly will kind of sit back and you know, nothing will happen. I don't know how to get in touch with those kinds of situations.

Several study participants commented that their ideal intergenerational program would foster closer relationships between children and elders, but noted difficulties in attaining this. Leslie says,

I am usually there trying to get the kids a little closer to the residents. . . . usually the teachers are trying to get the kids to interact more with the residents too. . . . I like them to get past those lines . . . so many people have these bubbles around them and they don't want anybody inside their bubbles. The kids are like that and the residents are like that too. So I like those bubbles burst a little bit. . . . I would like the kids to get a little closer, you know the ones that are kind of shy, to get a little closer to the residents and talk eye to eye and more hands on. . . . you need the kids to connect with the residents or it's not going to work. . . . maybe if we could have the residents, you know, more prepared for the kids, and maybe have residents have things for the children. . . . We really feel like if maybe we had our ladies and gentlemen here have maybe a picture of themselves when they were younger or something like that, just something they can kind of get on the kids' level. . . . maybe our residents would be a little more involved in giving to the kids.

For teachers, comfort working with elders is also critical to successful implementation of intergenerational programs. Findings from this study indicate that an understanding of age-related disabilities and diseases increases teachers' comfort level with elders. As mentioned, Karen recognized that teachers involved in the program between Lancerlot and Woodlawn were not comfortable working with elders. Dana, a teacher at Lancerlot, echoes the sentiments of many participants who are teachers,

And there were about 8-10 seniors that I didn't know very well, and didn't feel exactly comfortable at first not knowing how I would handle the kids . . . it wasn't so much I was afraid of dangerous things, I was just afraid of verbally handling explanations that I hadn't been trained or understood how to tell children . . . you know, "Where is that person's leg" or "Why does she have a tube coming out of her?" or "Why are her eyes all red?" or "Why is she drooling?" you know, "Why is she asleep when I am talking to her? She needs to wake up." . . . I don't know how to answer those questions. I had one experience where we got to an elevator, we take all the children in an elevator . . . and we were all ready to go, all happy go lucky, ready to go in. The doors open and somebody is on a gurney, you know, in a bag, so that was a little frightening. . . . And I was frightened myself . . . I didn't know what to do, you know, like going to a funeral you are not prepared for. . . . I don't want to say a person should be trained before doing [intergenerational programs] . . . but at least they should be introduced before taking the kids . . . and [teachers] also need to understand what dementia is and . . . meet some of the seniors first themselves. . . . You think you are going to work with preschoolers and every once in a while go to a

building and walk through and say hello to people in their hospital beds. It's not that way, you know, it's completely different. . . . It's important too, when somebody does something you don't expect, has dementia, to be able to handle a situation right away. . . . I had a couple times where I just felt like there was a lady that got out of control in the hallway that thought we were stealing the children and she started hitting and swinging and yelling . . . I felt like . . . 'What am I supposed to do now?' . . . And I feel invaded you know, but really . . . if I understood what was going on. . . . The biggest challenge for me was having to learn about myself, my own unawareness [of the aging process] and not having enough communication to help me become aware. That was frustrating . . . that was what caused all the fears for me . . . any challenge that I have had [at Woodlawn] is because of my own unawareness, you know, not knowing what is going on with these [elders]. Dementia and how to handle it and the environment . . . but since I have talked with people I have become more aware . . . than I was and I don't feel afraid going over [to Woodlawn]. And I think that is real important for new employees.

Researchers and practitioners widely recognize the need to train the staff at receiving organizations during implementation through skill-oriented workshops (Fixsen & Blase, 1993; Goldberg, 1995), acknowledging that "special skills may be required" (Daft & Becker, 1978, p. 14), and that change is welcomed and enjoyed when the "necessary information and assistance" is present (MacDonald, McLeod, & Nininger, n.d., as cited in Daft & Becker, p. 148). In their study of innovation adoption in schools, Daft & Becker note that "Unclear technology leads to considerable trial and error

behavior as a device for finding preferences” (p. 166). The Generation Connection Program has facilitated implementation of intergenerational programs via the transfer of knowledge and skills, including an understanding of the content and process of child orientations, program goals and staff roles, activities fostering relationships between seniors and children, and among teachers, age-related disabilities and diseases. However, trial and error behavior is not absent from the program transfer process. Long term care and school/child care staff seek to find ways to better foster close relationships between children and seniors, new employees struggle to learn intergenerational program goals and their roles, and both new and long-time teacher employees attempt to understand age-related disabilities and diseases. Ways to assist long term care and teacher/child care staff in decreasing their trial and error behavior is addressed in the subsequent subsections.

### **3.3 Building Collaborative Relationships between Long Term Care Staff and Teachers**

As well as assisting long term care centers and schools/child care centers with ways to partner children and seniors, the Generation Connection Program has assisted with partnering staff at long term care centers and schools/child care centers. In addition to being classified as a type of complex product system, with inseparable multiple components and interactions across these components, as mentioned, innovative intergenerational programs can be classified as a type of architectural innovation. Architectural innovation refers to new ways of linking components together. Because of these new linkages, close collaboration between long term care and school/child day care staff is required.

The Generation Connection Program has facilitated strong collaborative relationships between staff at long term care centers and schools/child care centers in three ways: (a) establishing relationships through partnering staff at long term care and schools/child day care organizations together, (b) establishing a common ground between partnering organizations, and (c) acting as a liaison or mediator when difficulties arise in relationships between staff involved in operating intergenerational programs. In other words, the Generation Connection Program has taken on three roles in relationship development: facilitating new relationships, integrating these relationships, and lastly, mediating them.

Karen explains the initial partnering of organizations,

[The Generation Connection Program] was really designed to create that connection between the very close school and nursing home. We purposely looked for classes, schools that were close to nursing homes so the greater sense of [the Generation Connection Program] was . . . that connectedness between the nursing home and nearby school.

Many study participants commented that this initial partnering was extremely helpful to them (with the exception of those at Lancerlot and Woodlawn, who did not require this step since the two facilities were intentionally located on the same campus to be intergenerational partners). Celeste, teacher at Our Lady Catholic School, comments,

Well, it was a foot in the door that I didn't have to go searching for, number one, [the Generation Connection Program] came to us. . . . they had already contacted the care center and everything so it wasn't like we had to go looking

for one or I had to go knock on doors, so that was real helpful to just have it laid in our lap.

Similarly, Lisa, the office manager at Life Manor, explains,

I think if [the Generation Connection Program] can make the initial contacts with the schools . . . and get it, you know, that first meeting, the first two or three. . . .

But it's that first initial contact that [the Generation Connection Program goes] to the school. I am scared to death of the principal's office, but I have got three kids through school, and I still fear the principal. But you know, that initial contact with the school and to establish that relationship.

After initial relationships are established, a critical next step is for long term care and school/child day care organizations to find common ground with one another.

Similarly, researchers have found that "Successful innovations had to have mechanisms for integrating the differences" (Lorsch & Lawrence, 1970, as cited in Daft & Becker, 1978, p. 158). Whereas "integration" refers to the degree of collaboration between departments or organizations, "differentiation" refers to differences between departments in terms of "cognitive orientation and formal structures" (Daft & Becker, p.158). Complex innovations, such as innovative intergenerational programs, are characterized by both integration and differentiation. Researchers have found that coordinators, acting as facilitators and integrators, have facilitated collaboration, integrating differences (Daft & Becker). These individuals were responsible for coordinating across departmental curriculums, arranging meetings with staff to "exchange ideas and information" (p. 156). Other researchers have identified the need for "team building," in which "participants learn to build good relationships with other



team members, to engage in joint problem solving, and to reduce interpersonal friction. Improved communication, creativity, decision making, and team performance typically result” (Daft, 1989, p. 290). Karen explains the need to facilitate the attainment of common ground between partnering organizations,

But in getting two heavily regulated groups together and making sure there is common ground. . . . we had to be really focused on making the program count . . . making sure that we understood the school’s needs and we helped the nursing home understand the school’s needs, we were a liaison. And then helping the school understand, you know, this is . . . heavily regulated . . . these are some of our do’s and don’ts, this is what has to happen . . . and then looking at what is common between those two groups. There is a lot of commonality between the two groups, helping each side see that.

Similarly, Marie, activity assistant at Spring Creek, recommends individuals starting an intergenerational program have “an orientation with the teachers and the [nursing home staff] of who expects what.” She adds, “Why are we doing this and what are we going to get from it?”

Study participants also commented that mutual planning, on-going, open communication between long term care staff and teachers, and an understanding of each other’s organization is critical. Karen comments,

How important it is to form a relationship between a teacher and the activity person, that is the success of the program because if there is a good relationship there and they are able to plan and they are able to implement things that are part of the curriculum of the children, if they have a comfort level with one

another you can't go wrong. . . . it's all about communication and understanding one another's challenges.

Lisa explains how Karen and the teachers worked collaboratively on the intergenerational program that operated at Life Manor until 1997,

[Karen] would consult with the teachers at school in the class and say, "I would like to do this" and the teacher would say, "Oh that's a good plan" or "The kids can't really do that. Why don't we do this?" So consulting between the activity director and the teachers.

Relationships between staff at Southern Village Care Center and Our Lady School are also characterized by strong collaboration, positively impacting the intergenerational program. Celeste explains,

[Going to Southern Village], it's like going to visit family kind-of at this point, yeah, it really is because we don't have any qualms about going and they call if someone dies at the care center from our group. They will call me and let me know, you know, what happened so I can talk to the children about it. You know, we talk back and forth. Anything they have at the care center, they have a Halloween party and they have a Christmas party. They invite the kids. They send flyers and say, "Take this home and ask your parents to come,". . . . we work really well together. We have a kind of a camaraderie. We don't look at each other as, "You are the teacher and we are the directors,". . . . We call each other, I usually call two weeks before coming and say, you know, "Did you have anything particular in mind?" and then we discuss what we are going to do and discuss who is going to bring what materials and then we call like a day or two

ahead of time and say, 'Is it still okay?'. . . . So very easygoing, very good relationship. . . . very much cooperative.

Cindy, a recreational therapist at Southern Village, similarly says, "It works really well. . . . [Celeste] has always been ready to communicate and help out."

Although many study participants tacitly understand the importance of strong collaborative relationships, several commented that achieving such a relationship is often difficult. They also expressed that the Generation Connection Program could assist them by acting as a mediator or liaison. The staff at Learning Tree School and Spring Creek Care Center meet annually, prior to the start of the first intergenerational program visit in the fall. Merideth explains the relationships between staff involved in the program and their effects on the program,

[One staff member from Spring Creek] wasn't in [the room during the intergenerational program] and [the other staff member] was, would usually be in there for maybe the first few minutes when we started, but then she would go back off to do something else and then usually we would have to round her up before we were ready to leave again. So we didn't do a whole lot as far as the day-to-day interaction, and it starts out a lot stronger. [The staff at Spring Creek] are in there all the time, the beginning of the year . . . but then it tapers off as the year goes on. . . . I think those relationships are important and most of it for me at least has been in planning. . . . I think one of the things that would help is just having somebody who is [in the room during the intergenerational program] more. Sometimes I think [the children] are hesitant to ask questions. . . . because some of [the elders] will sometimes get a little feisty with the kids . . . so

I don't know if it's this person's personality. Is it better for me to tell the kids to just back off . . . or do [the elders] enjoy those interactions even though it seems like they are fighting you know. And I think sometimes I just don't know about that, and I didn't really feel comfortable asking some of those questions about how to interact with the residents and the kids with their personalities. . . . so it's nice to have somebody who is real comfortable and who, you know, you can talk to about that stuff so. . . . we don't have a lot of reflection time with [the staff at Spring Creek] about things that are going on or suggestions or something. Well it would even be nice, you know, if like once every two months we got together with [the staff at Spring Creek] and our two teachers and just had lunch or had coffee or something so that we could talk . . . some of our questions about things. And I think if we knew them on a more personal level it would make those questions easier to ask on the fly because as it is . . . [the staff at Spring Creek] have been there forever and they just sort of act like we know, and so I think that is part of the reason that we are hesitant to ask sometimes.

Lisa comments on how she envisions the Generation Connection Program helping Life Manor when they start an intergenerational program again,

If you had a problem or something you could call up and say, "Look I am having a problem with a principal at the school. Could you step in?" and "He doesn't understand why he can't change the visits every week" you know, who knows what the teacher at the school is going to do. But something like that, you know, [the Generation Connection Program coordinator] to sit there and be a liaison between you and the school or that type of thing.

Merideth echoes Lisa's comments concerning the value of a mediator or liaison when she explains how a liaison helped in a pedagogy mentorship program that she participated in,

One of the things that we did was we had quite a few trainings where we would invite in liaisons from the school for a couple of hours . . . then we would have trainings about how do you ask a question, what if you are feeling uncomfortable with this, who could you go to . . . they didn't have to confront it one-on-one, there was somebody else. Like a mediator or somebody they could call to help with certain situations. But also I think just sitting down and saying, "Here are some things we need, here is the way our program works, let's brainstorm ways we could make this better together," . . . a lot of those kinds of things before we actually got started that really helped to forge some of those bonds between people.

At Lancerlot, Karen's involvement is also expected to strengthen staff relationships, and subsequently, the intergenerational program. Dana says,

I think it's important to always have open communication about what is going on over [at Woodlawn], between here and there because they are two different places, but it's one unit and it's important that both sides come together and talk . . . it would benefit the kids a lot more than if we are just doing our own thing over here and they are doing their own thing over there. . . . whatever staff helps at the care center should come over here and see what we do. . . . I just feel in my heart that there is a lot at our fingertips that we are not using, a lot of opportunities and it's only because of lack of communication . . .

In sum, the Generation Connection Program has assisted long term care and schools/child day care organizations in building strong collaborative relationships with each other considerably. Beyond the initial partnering of organizations, the Generation Connection Program has helped staff members in two separate and distinct fields -- long term care and education -- realize their commonalities and how they can benefit one another. In this sense, long term care and school/child day care organizations have achieved integration, although with varying degrees of success, as demonstrated. Although this study does not allow an examination of how relationships between long term care staff and teachers evolve over time when partnering for intergenerational programs, it is likely that there is considerable waxing and waning, most likely due to staff turn-over at both organizations. The findings of this study indicate that the role of the Generation Connection Program coordinator, as facilitator, integrator, and mediator is critical to not only establishing, but also sustaining collaborative relationships, particularly with staff turnover in both organizations and as new problems arise. Building strong collaborative relationships is therefore not only an implementation function, but an institutionalization function as well. The Generation Connection Program can accomplish the task of building strong collaborative relationships by resuming a more active and ongoing role with long term care and schools/child care centers that have implemented programs.

### **3.4 Continual Innovation**

As a change agency, the Generation Connection Program served as a vehicle for innovation, embodying and maintaining a vision and promoting changes in attitudes and perceptions to facilitate implementation of institutionalization of regular and ongoing

intergenerational programs focused on fostering friendships between children and elders in nursing homes. Researchers have recognized that change agents develop a need for change, helping “clients become aware of the need to alter their behavior” and introducing “new alternatives to existing problems” (Rogers, 1995, p. 337), acting as advocates to push innovations and seek their implementation (Loveless & Bozeman, 1983).

Although researchers also recognize the need for innovation reinvention, referring to the change or modification of an innovation by users during adoption and implementation (Rogers), recognition of the change agency as a continual and ongoing vehicle for innovation is lacking. In other words, researchers have pointed out that users reinvent innovations to arrive at a more appropriate fit or match to address both pre-existing and newly arising problems within the context of their own organization or local condition (Rogers, 1995). Yet there is scant recognition that the change agency may also well serve to reinvent its own innovation, as well as the very structure of receiving agencies themselves, in order to better facilitate successful implementation and institutionalization.

Researchers involved in program development and dissemination have distinguished two types of problems, those concerning implementation and those concerning effectiveness (Fixsen & Blase, 1993). Whereas effectiveness problems are related to program outcomes that do not meet program goals, leading to a reassessment of program features, implementation problems are related to an inability of receiving organizations to “put into place the critical features” of the innovation (Fixsen & Blase, p. 604). Recognition of the need to address both types of problems

leads to a parallel acknowledgment that change agencies should strive to continually improve the efficacy of its original innovation, as well as address barriers to implementation and institutionalization.

The Generation Connection Program's goal of implementing and institutionalizing intergenerational programs in long term care and schools/child care centers could be furthered by the Generation Connection Program itself being a vehicle for continual innovation in two ways. First, the Generation Connection Program could continue to seek to facilitate the transition of intergenerational programs from the acknowledgment phase to the invisibility stage by assisting receiving organizations in addressing effectiveness problems that arise. In this sense, the intergenerational program can be viewed as a type of "unshielded innovation," undergoing further development, as opposed to a "shielded innovation," where the invention is licensed (Parker & Douglas, 1993, as cited in Harmon et al, 1997, p. 425).

The Generation Connection Program addressed effectiveness problems that arose primarily during its pilot program or process planning stage. At this time, the Generation Connection Program conducted program evaluations using feedback from parents, children, seniors and staff who participated in the programs, and evaluating children's journal entries. Kim explains, "We meant to do [the evaluations] forever, but I am not sure we did, you know, actually do it forever. . . . We definitely did it in [the early stages of the Generation Connection Program] and then the next year or so." As mentioned, the collective energy and commitment of the Generation Connection Program's Advisory Board had waned considerably by 1995. Due to lack of funding and time commitment, evaluations of the programs ceased as time went by. Kim comments,



“Somebody would have to go out there [to the sites] and tell people to do it and make sure it happened.”

Nonetheless, the Generation Connection Program’s coordinators continued to keep in contact with individual program sites until 1997, with corresponding updates and reports to the Board. In many of these updates, problems with transportation, collaborative planning of activities, and staff turnover were noted. For example, an update from 1995 states, “New Activity Director working with an established teacher. There have been some problems with transition.” Insights gained from site observations appear to be more focused on program effectiveness issues, noting interactions between elders and children, such as this one from 1994,

Ratio of residents to students was slightly higher than 1:1. In some cases there was two residents to one student. Children and residents seemed at ease with one another. During this site visit, the residents and children were participating in a large group activity. The activity was age specific for the children although residents were actively taking part as well. Good physical contact was observed. Participants engaged in eye contact, touching and conversation. Residents and children were focused on both the group activity and with one another during the entire visit. Residents functioning at a variety of levels were present in the group.

It is tenuous at best to conclude that the discontinuance of contact between the Generation Connection Program and individual sites in 1997 contributed to newly arising program effectiveness problems. As mentioned, numerous study participants remarked that they have difficulty determining appropriate activities to foster relationships between children and elders, as well as activities in which elders with certain cognitive and

physical disabilities can participate, resulting in trial and error behavior to determine how these two groups can best be brought together (see Section 3.2). Rather, findings from previous research suggest that learning about and use of an innovation must be actively facilitated for its potential to be realized among receiving organizations (Koski, 1999).

The effectiveness problems noted by study participants do not demonstrate a failure in the transfer of the basic knowledge and skills or a degradation of collaborative relationships between long term care staff and teachers. Significantly, at no site in this study did the intergenerational program experience what Rogers (1995) calls “disenchantment discontinuance,” referring to the rejection of an innovation due to dissatisfaction with its performance (p. 182). However, the effectiveness problems do indicate a need for the change agent, the Generation Connection Program, to act as a vehicle for continual innovation in order for the full potential of intergenerational programs to be realized. Previous research supports this finding; researchers have found that introductory courses to a new technology covering the “technological and operational basics,” followed by learning by using, is not sufficient to maximize the innovation’s potential (Koski, 1999, p. 425).

The findings from this study could be interpreted to suggest that the Generation Connection Program may have moved too quickly from its replication stage to its dissemination stage, with insufficient time for critical reflection and evaluation of programs in order to test critical factors and refine programs accordingly. However, commensurate evolution of the intergenerational programming field must also be considered. As mentioned in the Introduction section of this paper, the field has gained considerable momentum since the mid-1980’s. Yet it lacks a solid theoretical base,

inhibiting the full potential of intergenerational programs to be realized. Consequently, the knowledge base of intergenerational programs is in a state of unshielded innovation, undergoing further development by researchers and practitioners alike.

The second way the Generation Connection Program could attain its goal of implementing and institutionalizing intergenerational programs in long term care and schools/child care centers is for the Generation Connection Program to foster the transition of intergenerational program from the invisibility stage to the disappearance stage. During these last stages of the innovation life cycle, the innovation has the potential to be merged into something larger (Faggin, 1985, as cited in Fixsen & Blase, 1993), or to be “modified beyond recognition from the original” (Brown, 1981, p. 119). Researchers examining innovation in public management have introduced a new model for the process of reinvention, in which the last stage has been called “interconnection” (Loveless & Bozeman, 1983). During this stage, “the innovation and the structure created to implement it” are integrated (Loveless & Bozeman, p. 395). Such interconnection appears to be a necessary step, considering that the current state of long term care centers and schools/child care centers is a primary obstacle to full-fledged institutionalization of intergenerational programs. Although it is beyond the scope of this study to examine the specific organizational barriers to full-fledged institutionalization of intergenerational programs, the structural and contextual dimensions of organizations, as outlined by Daft (1989), provide a framework for examining these barriers. Dimensions that may particularly inhibit full-fledged institutionalization include formalization, specialization, standardization, complexity, professionalism, size, environment, and organizational goals and strategies.

Researchers examining social program development have also found that individuals in charge of implementing new programs play an active role not only in their own organizations, but in their environments as well, lending support to Karl Weick's notion that "organizations can create or 'enact' their environments rather than simply respond or adapt to them" (1979, as cited in Goldberg, 1995, p. 641).

Many study participants, including long term care staff at the two organizations where the intergenerational programs had disbanded, Life Manor and Heritage Center, mentioned that funding to transport children to the long term care center was a major problem. Lisa, the office manager at Life Manor, says,

Funding was always a big problem. . . . Basically [transportation] was the major expense that you had. . . . it's the transportation of the children to and from the facility is where your biggest costs is and what is the biggest block in getting these kids into the different facilities.

However, innovation researchers have found that implementation is not related to funding per se so much as it is to the presence of idea champions, defined as individuals who believe in the innovation enough to provide the necessary impetus for its adoption and use (Daft & Becker, 1978). These individuals are often able to overcome traditional variables such as funding. Consequently, innovation adoption and use is not a function of available funding, but rather of people. Celeste explains how she overcame the lack of funding obstacle,

And last year the [public transportation system] implemented a program that if you call them a week ahead of time you can ride the bus free for field trips. So last year and this year we have had free bus transportation. But the children

were always willing to pay the bus, I mean they never had a problem with that . . .  
It was sixty cents for the kids so it wasn't that much money.

In this sense, Celeste sought out the interconnection necessary, public transportation, to continue the intergenerational program at Our Lady. Nonetheless, Celeste comments, “. . . we certainly don't have as many supplies as public schools have . . . and we don't have a school bus. It would be nice to have a bus that the kids could get on right there and go.” The case of Lancerlot and Woodlawn exemplifies how the transportation funding issue becomes a non-issue if there is congruency between the innovation and the structure and context in which it is implemented. Since the child care center and long term care center are located on the same campus, the funding issue is moot. Reflecting on the transportation issue, Sue comments,

But I think with funding cuts [in schools] and things like that, just the extra money for transportation is a challenge, and I think one of the keys to this kind of thing working is the proximity of the nursing home to a school where the kids can walk.

Several study participants, teachers and long term care staff alike, mentioned they would like schools/child care centers and long term care facilities to be co-located to allow for more flexibility, informality, and frequency of contact between elders and children. Sue continues,

I think if you were adjacent to a nursing home and could, you know, not have to go in such an organized way, but just have little visits here or there. I think that would be, it would give you a different program, but I think something that would be really fascinating. . . . We always kind-of joke that we should just build a nursing home on the property and then the kids could come visit us [when we get

old]. . . . there needs to be more accessibility. One of the things we talked about is trying to get all [the seniors] to come here to the school, and do things with kids . . . the garden, or just reading books and things like that. . . . that is something I would like to see, more involvement with old people. . . . I think you could have a little bit more flexibility. Where [Learning Tree is located currently] I don't really see that happening.

Leslie, the activity director at Spring Creek Care Center, echoes Sue's sentiments,

A dream that we would have a small school kind-of attached to this care center . . . if we could live in the ideal world, we could have a small school, you know, no fences, just maybe one around a care center and the school. Just one big fence around both and the seniors would be involved in the kids, helping them with their education and tutoring. We have a lot of residents who are retired teachers, they just don't get out. . . . Instead of having a regular study hall they could do, well, You need to go to room 108 and this lady is going to read to you or you are going to read to that lady. You know, babes and seniors they get to me. . . . [The seniors] are on their way, you know, within five years most of them are going to be in heaven . . . this is an exciting time in their lives and I want the kids to realize that and not fear growing old. . . . You don't want to die when you are 50, you know, we want to die when we are 80 something or 90 something or maybe 100. . . . but when you get [to be that old], it's like everybody is afraid of them. They don't want to touch them . . . if they were around [seniors] more often – so what if they slobber, so what? It doesn't bother me, but it bothers a lot of people because they are not around it and they don't understand . . . but the

minds are still there . . . and they are full of wisdom, our seniors are, they just have so much to offer. We had a lady come in about a month ago . . . and we decided she didn't know what was going on. I said, "Oh gosh, she doesn't know what's going on," and she was just noisy and the residents were going crazy . . . So I took her for a walk around the garden court. . . . She talked my arm off. Every song I asked her to sing, every gospel song she knew, and she knew Let Me Call You Sweetheart. She has got a beautiful voice. I could hardly talk to her, I was just so. I would love for some little kid to discover that.

The dreams of several study participants for the future of their intergenerational programs are similar in many ways to Kim's original intent to create a multi-aged community. At least at the conceptual level, or what Faggin calls the "aha" phase (Fixsen & Blase, 1993), innovative intergenerational programs have begun the transition from the invisibility stage to the disappearance stage. By advancing the implementation and institutionalization of innovative intergenerational programs throughout its community, The Generation Connection Program has contributed to this transition.

### **3.5 Building Capacity through Networks**

As mentioned in section 2: Research Framework, Kim and Karen approached transfer of intergenerational programs with a tacit understanding of the need to move beyond the implementation stage to successfully facilitate incorporation and institutionalization by the receiving organizations. Karen says,

But the whole deal was to try to get someone [from the Generation Connection Program] in who could continue to minimize their role, you know, as need be so

that we made these facilities feel empowered and that they could stand on their own.

The concept of empowerment is common among social planners, pertaining to work with individuals, organizations and coalitions, and larger communities. From a larger community perspective, traditional community development approaches have focused on community consensus with the goal of addressing needs. Contemporary approaches stress capacity building, emphasizing the assets and strengths of individuals and collective community (Lund, 1999). The intent of capacity building is to ensure community self-reliance, with the role of the expert being to facilitate empowerment. In 1995, professionals from numerous human services and medical fields convened a forum to better characterize the somewhat elusive concept of community capacity, seen as a process as well as an outcome (Goodman et al, 1998). Constructs emerging from the forum include: participation and leadership, skills, resources, social and interorganizational networks, sense of community, understanding of community history, community power, community values, and critical reflection. These concepts can also be applied to the organizational level. The ability to gain access to necessary skills, ability to acquire needed resources, involvement in interorganizational networks providing support, sense of community leading to the ability to address concerns and produce desired changes, identification of prior barriers to change through an understanding of history, power through relationships with others to achieve desired goals, ability to articulate a vision, and ability to reflect and contemplate alternatives all contribute to organizations' capacity.



From a multi-organizational perspective, researchers examining networks have addressed the question of how a network can serve as an enabling system to enhance capacity. Traditionally, networks were viewed as constraining organizational action and behavior, however, this view has since shifted to an outlook in which networks provide structures for opportunity (Galaskiewicz, 1996). Network functions have been identified as: exchange of information, exchange of goods or services (Aldrich & Whetten, 1981, as cited in Chisholm, 1996), and embodying a vision or shared understanding (Chisholm). Findings from this study suggest that a multi-organizational network approach can enhance capacity by providing three functions: the creation of knowledge structures, the creation of a sociopsychological intergenerational community, and serving as a conduit to assist organizations in finding new partners.

During its early stages, the Generation Connection Program utilized the network approach by bringing together practitioners from different organizations. Karen explains,

All the teachers involved, all of the activity people involved, would get together, and we would have a meeting at the beginning of the year, which was always very helpful because it kind of got, you know, if we had new folks it kind of got them acquainted with everybody and who to go to.

Sue, the founder of Learning Tree School, recalls getting together with other teachers, likening the meetings to a “support group.” When asked how the Generation Connection Program has been particularly helpful, Sue says,

Well I just think that general initial support . . . just kind of setting up that network. I think the network is really important. . . . I think for me [what is helpful is] more

of a network with the teachers. . . . definitely within our school, but within other schools too. We don't really have a lot of contact with others now, but in the beginning it was really good to have other people that were trying it out.

Numerous study participants commented that although they are unaware of other schools/child care centers and long term care centers that have implemented innovative intergenerational programs, a network with others involved in intergenerational programs, "almost like an intergenerational club," as Marie, the activity assistant at Spring Creek says, would be beneficial. Merideth explains how a pedagogy network she is currently a part of is beneficial to her, and how she envisions an intergenerational network would be similar,

And so because we just started doing [the gardening program at Learning Tree] we have gotten on a lot of list-serves and groups over the Internet with teachers that are all over the state and so we wind up getting a lot of messages from them, questions from them that we can answer back or that we can ask. . . . something similar to that with a nursing home could be really beneficial. Some sort of network set up like that, you know, even just saying like, 'When we go to the nursing home our residents enjoy these three songs. Got any other suggestions of some other songs . . . ' just little things like that you don't really think about, I think that could be helpful. Plus we are in such a small community here [at Learning Tree] . . . that is a way for us to make our community bigger and to reach out to teachers that are at other places . . .

It might be expected that individuals who have been operating intergenerational programs for several years would not value an intergenerational program network as

much as those who are newer to the field. However, findings from this study indicate that even individuals with over a decade of program experience are interested in being a part of a multi-organizational network. Kirstin, a teacher at Learning Tree who has been involved in the program since it first began, says,

It would be nice if it was more involved so that you were maybe like connecting with other people that were doing [intergenerational programs] as well. . . . You know how you have a web, people that were sharing ideas and working together on it, whereas I feel like when we are doing it, we are pretty much just out ourselves. I don't even know . . . of other groups at all that are [doing intergenerational programs]. . . . I think it would just, I think it could probably extend out more, maybe more writing, more ideas for what you do when you are at the nursing home.

Judy, an activity assistant at Woodlawn who has several years of positive experience working with both children and seniors in innovative intergenerational programs at various facilities, comments how a network with others would provide her the opportunity to improve her own skills through observation and modeling, "I am the type, I like to observe and see how [others] do it, and kind of compare where their strong points are and what my strong points are, what my weak points are." Several study participants also recognize they have accumulated wisdom through their own experiences that could be used to assist others. Celeste comments,

I mean I would like to know what other groups are doing. If we can make the program better, I am all for it. Or if someone else needed, you know, some direction in what they are doing, we would be willing to help.

The expressed desires of study participants provide support for much of the contemporary multi-organizational network research, which as mentioned, views networks as enabling systems. Through networks, knowledge structures and a sociopsychological community are created. An important function of networks is to provide access to information and knowledge through the network (Chisholm, 1996; Granovetter, 1985, as cited in Hertz, 1996). Network relationships are characterized by a common understanding, cooperation and mutual support, a reciprocal flow of information, and an orientation towards attaining common goals (Chisholm, 1996; Galaskiewicz, 1996; Zerrillo & Raina, 1996). “The appeal of these organizations lies in their greater flexibility and adaptability and their capacity to circulate know-how or tacit knowledge” (Powell, 1990, as cited in Galaskiewicz, p. 29), “facilitating organizational learning” (Powell & Brantley, 1992, as cited in Galaskiewicz, p. 29). The need to create an information system or social program exchange system is also recognized by individuals involved in social program development, in order to provide access to the knowledge and experiences of predecessors (Goldberg, 1995).

Individuals who are part of networks may have an affective attachment to one another (Campbell & Wilson, 1996) and develop a shared mindset (Chisholm, 1996; Zerrillo & Raina, 1996). Psychological attachment, identification, affiliation, and value congruence are associated with affective attachment (Allen & Meyer, 1990 and O’Reilly & Chatman, 1986, as cited in Campbell & Wilson). These concepts are consonant with the notion of sense of community, and social capital, characterized by shared norms, networks and trust. The sense of community model developed by McMillian and Chavis (1986, as cited in Chipuer & Pretty, 1999) has been widely supported by research,

including research I conducted examining resident investment in communities. The model encompasses four overlapping dimensions: (a) membership which creates a sense of belonging, (b) influence which characterizes the reciprocal ability to affect change in a community and among one another, (c) fulfillment of needs through a community which reinforces behaviors, and (d) emotional connection or support. Social capital is believed to flourish when individuals interact with one another in various roles over a period of time (Putnam, 1993, as cited in Flora, 1998). Researchers examining the perceptions of 96 individuals from various sectors, including business, government, education, labor, and community representatives, concerning the role of multi-organizational networks found similar themes (Chisholm, 1996). Vital network functions include: embodying and maintaining a vision in order to impact change, serving as a forum to convene meetings among potentially interested parties, changing perceptions and behaviors through knowledge and training, and providing conduits for reciprocal communication and influence among members.

Some study participants also recognize that a network with others involved in intergenerational programs could serve as a conduit for them to find new facilities to partner with. Cindy, a recreational therapist at Southern Village Care Center, is unaware of the Generation Connection Program. As mentioned, Celeste, a teacher at Our Lady Catholic School who partners with Cindy and her colleague Vicky, moved from her third grade classroom to the position of principal this fall. The new third grade teacher may elect not to participate in the program. Consequently, the future of the intergenerational program is concerning to Cindy and Vicky, as well as to Celeste. When asked how she thinks a community-based organization could assist her, Cindy replies,

Would they have references of what schools are available? I am sure they could help us in many ways, you know, just different groups that can come in . . . different resources, yeah. Because I am sure there are tons of them out there, we just don't know about them.

Researchers examining the impact of network participation on firms have similarly concluded that networks play an important role in finding new partners for organizations with whom they can collaborate (Hertz, 1996; Koski, 1999).

## **Conclusions and Implications**

### **4.1 Program Transfer: A Community-Based Managed Network Approach**

The findings of this study provide support for previous research examining social program transfer. Specifically, research focusing on the Teaching Family Model is supported. The findings of this study also provide support for research examining the interconnections between an intermediary centralized organization and capacity building among interorganizational partnerships, or what Rogers (1995) refers to as a hybrid approach, combining aspects of centralized and decentralized diffusion systems. In turn, the case study of the Pittsburgh Partnership for Neighborhood Development, along with the case study of the Teaching Family Model and insights concerning managed networks, provide further insight into how the Generation Connection Program could augment its program transfer process by restructuring itself into a community-based managed network.

The Teaching Family Model originated in 1967 and has since moved from program replication to widespread dissemination throughout the United States (Fixsen & Blase, 1993). Practitioners involved in replication of the Teaching Family Model discovered that in order for program transfer to be successful, the same approach used in replicating programs must be used in disseminating them. Critical aspects of the dissemination process are therefore building capacity through training individuals with experience as a Teaching Parent to train practitioners new to the Model, and creating regional support systems that support networks of local programs. Fixsen & Blase explain how the process of program transfer evolved,

The dissemination strategies changed dramatically between 1971 and 1988. The first 25 attempted replications were the product of a 'national group-home dissemination strategy' in which couples or group-home representatives contacted the Achievement Place project staff, a couple was trained in Lawrence, Kansas, and then was moved to or returned to the group home where they were employed. After that, telephone consultation provided long-distance advice and helped to solve problems, and an evaluation occurred toward the end of the year (if the couple lasted that long). In retrospect, this approach was not very successful. . . . We learned that effective, sustainable replication meant shifting from a national dissemination strategy to a regional approach that focused on the development of regional training sites that would in turn support networks of group homes. . . . In order to have group home replications that persist over time, the home must be near the training site (within a 3-hr drive) so that the staff can not only train the couple but also supervise and consult with the couple in person to observe and help correct treatment implementation problems, evaluate the couple's performance at least twice during the first year and annually thereafter, and administratively support the couple by helping to establish, maintain, and troubleshoot problems in referral systems, finances, political systems, labor laws, and so on. . . . Thus, a new group home needed to become part of a new overall organizational structure that provided local support and continuity. . . . Based on these early experiences, we shifted our strategy over time to focus on attempting to replicate the program through training sites supporting networks of group homes. Some Teaching-Family sites are large . . . and others are small . . .



some are community-based and others are campus-based. . . . In each case, the key site staff are those who provide direct selection, training, consultation, evaluation and administrative support services. . . . They may create or operate an independent organization or be embedded in a larger multipurpose organization. (p.605-606)

Similarities between the program transfer process used by the Teaching Family Model and the Generation Connection Program can be seen. Both employ a process in which individuals implementing the program receive knowledge and skills, followed by ongoing support. Ongoing support, characterized by drifting in and drifting away, is critical, as opposed to a terminal relationship with the change agency. Ongoing in-person evaluations assist in improving program effectiveness, facilitating continual innovation. In the case of innovative intergenerational programs, ongoing support is also necessary to foster strong collaborative relationships between staff at long term care centers and schools/child care centers. The importance of ongoing support is particularly relevant considering the high level of staff turnover in long term care centers and schools/child care centers. New staff members need to receive the same skills and knowledge as existing members, and need assistance establishing strong collaborative relationships with staff members at partner organizations. Although in some situations the presence of colleagues who are also engaged in the program is sufficient to acclimatize new staff members, in other cases additional assistance is necessary. Further, not all organizations have the advantage of having more than one staff person involved in the program to assist new staff members.

Practitioners involved in the Teaching Family Model also recognize the need for a network approach, at both the regional and local level. Regional network sites can be either independent or embedded in larger organizations. Similarly, in its early stages, the Generation Connection Program facilitated capacity building through local peer-to-peer networks, creating knowledge structures and camaraderie. Although there is not currently a local network in place, findings from this study indicate that implementation and institutionalization of innovative intergenerational programs can be advanced through such a network.

The existing knowledge base of experienced intergenerational program practitioners could be put to use by creating knowledge structures, providing access to their experiences and insights. These knowledge structures would take the form of workshops designed to teach individuals experienced in intergenerational programming the skills necessary to train and provide ongoing support to practitioners who are implementing new programs or are seeking to improve existing programs. As mentioned, the Teaching Family Model implemented a similar workshop. Experienced practitioners, who have a clear understanding of the knowledge base of intergenerational programs, including how to partner program participants, children and elders, to foster close relationships, as well as how to partner staff at long term care centers and schools/child care centers, would in effect become mentors, or change agents, to others. Additionally, by participating in workshops designed to learn skills to train others, the knowledge base of experienced practitioners would also be strengthened. Experienced practitioners would be responsible for transferring knowledge and skills, including: training others how to conduct child orientations,

conducting an orientation for teachers and long term care staff that would provide knowledge of the program's goals and the respective roles of staff members, providing knowledge of appropriate activities for program participants, and for teachers, providing an understanding of the age-related capabilities and disabilities. Experienced practitioners would also provide initial and ongoing assistance to foster strong collaborative relationships between teachers and long term care staff at partnering organizations. Flexibility and a relationship characterized by drifting in and drifting away would be an essential part of the transfer of this knowledge base, in order to appropriately address the particular needs of less experienced practitioners and problems associated with staff turnover.

The case study of the Pittsburgh Partnership for Neighborhood Development (PPND) also emphasizes the importance of building capacity through peer-to-peer networks, as well as the importance of centralized leadership and coordination (Metzger, 1998). Formed in 1983, the PPND is one of the first networks of community development corporations (CDCs) in the United States, and received significant attention during the 1980s and early 1990s by community development advocates. The PPND serves as an intermediary network by funding CDCs and providing financing for projects, and as a peer-to-peer network by providing CDCs access to one another. The PPND assisted CDCs by providing administrative support through funding, and technical support by serving as a forum for problem sharing and problem solving among loosely connected CDC members. However, capacity building at the CDC level was lacking in regard to the ability to acquire funding. The PPND became dependent on and vulnerable to its own funding sources, which diminished over time due to various

political and economic changes locally and nationally. Consequently, the CDCs themselves became vulnerable; “the creation of a strong centralized intermediary organization became a substitute for capacity building among the individual CDCs” (Metzger, p. 19).

Two lessons from the PPND case study can be applied to the Generation Connection Program: the need for strong central leadership and coordination, balanced with the need to build capacity in individual organizations. Similar to the Teaching Family Model, the PPND recognized that providing knowledge structures through a local network can enhance capacity among individual organizations. However, the PPND was not as successful at helping organizations increase their own ability to acquire funding. As mentioned, funding for transportation is the main expense of the intergenerational programs participating in this study. Congruent with the contemporary community capacity perspective, the Generation Connection Program does not provide or acquire funding for individual programs, but rather focuses on an organization’s existing assets and resources. Karen explains,

You know basically what we really want to do, and again it goes back to folks being able to stand on their own and having empowerment and ownership of the program, is you know, giving people an idea with where you go and what you do. We have had teachers who applied for grants and things like that, and they have actually done that on their own. But you started by saying, Okay, if we can’t get the money from the school and the nursing home doesn’t have either the assets or the ability to transport then what do we do next? And where can we go’ And we start trying to problem solve and generally people will say, “Well you know, I

know so and so,” or . . . “Gosh, they have this grant and maybe I will apply for this.” And we do have a teacher . . . she got \$5,000 for two years. . . . And you are hoping that people do then go ahead and write their own letters and do their own things because probably the associations that they have are the ones that are going to make it come forward. And see, that was one thing initially that I probably had more of a problem with than anyone is I was like, Well you know if they have problems with transportation, [Kim], let’s raise some money and get them transported, and she was like, Wait. They don’t stand on their own, and that how important is it to be really empowered and in control and do your thing.

The Generation Connection Program could increase an organization’s ability to acquire resources through a local network approach. It does not appear that researchers examining networks have definitively concluded whether networks control organizational behavior more than internal organizational factors or external environment factors do. However, network theories suggest that organizational behavior is impacted significantly by an organization’s relationships with other organizations (Campbell & Wilson, 1996). This parallels the notions of sense of community and social capital. By belonging to a network, organizations have the potential to affect change among other organizational members, as well as to be influenced themselves, in turn (Chisholm, 1996). Shared goals and values may contribute to increased commitment among practitioners and organizations to institutionalize their intergenerational program. In this way, network membership may increase resolve and foster the development of idea champions in individual

organizations, who would subsequently be inclined to seek alternative approaches to overcome the transportation funding obstacle.

Additionally, program developers are able to acquire funding more easily when their organization has prestige or is known for reputable service (Goldberg, 1995). Legitimacy is one of the main reasons for the formation of interorganizational relationships, enhancing a firm's reputation (Oliver, 1990, as cited in Zerrillo & Raina, 1996). This suggests that affiliation with a prestigious network, known for advancing the implementation and institutionalization of effective intergenerational programs, would increase the ability of individual organization's to acquire funding. Network membership could also increase organizations' knowledge of potential funding sources by providing them access to the knowledge base of experienced practitioners embedded in the network.

As mentioned, the second lesson that can be taken from the case study of the PPND is the need for strong central leadership, providing coordination among network members. Rogers (1995) distinguishes two types of diffusion systems: centralized and decentralized. Whereas centralized diffusion systems rely on linear, one-way communications, decentralized systems employ a convergent communication system. Further, decentralized systems are characterized by sharing power and control among system members, horizontal networks and peer diffusion, innovations developed by users rather than experts, informal evaluations, "technology-pull" created by perceived needs and problems of system members, and a high degree of reinvention (p. 366). User self-reliance is encouraged. Similarly, social learning emphasizes group problem sharing and problem solving, and reduced hierarchy (Goldberg, 1995). Decentralized

systems may also be more cost-efficient than one in which professionals act as change agents (Rogers). However, decentralized systems also experience disadvantages. The lack of quality control and technical expertise in such a system results in the potential for ineffective solutions to be diffused. Site visits to observe an innovation in use are commonly used, which may result in frequently visited sites being overloaded by inquiries. Other, more efficient mechanisms for diffusion are often unknown and unused.

Admittedly, Rogers (1995) simplified diffusion systems by creating a dichotomy. In reality, diffusion systems are often hybrids, with elements from centralized and decentralized systems combined. For example, a central coordinating role may be maintained, with decisions about which sites to visit made in a decentralized manner. The cumulative findings from this study suggest that a hybrid approach would indeed be appropriate to advance the implementation and institutionalization of innovative intergenerational programs throughout a community. By using a hybrid approach, the Generation Connection Program could restructure itself into a managed network.

Researchers have identified the provision of support through organizing, maintaining and managing as a key network function (Trist, 1983, as cited in Chisholm, 1996). Researchers examining networks have concluded that network captains are critical to ensure sustainability of networks (Campbell & Wilson, 1996). Social capital and sense of community, trust and cooperation, are not sufficient. Rather, relationships in the network must be managed in order for synergy and clear direction to result. Additionally, members must have an understanding of the structure of the network and their role in it (Chisholm, 1996; Hertz, 1996).

In order for a network to have value for its members, a manager must facilitate continuous learning and dissemination of that learning throughout the network (Campbell & Wilson, 1996). A managed network structure could facilitate the process of continual innovation and subsequent transfer of newly emerging knowledge. Researchers in program development have suggested that participation of clients as co-planners can increase knowledge and empowerment, and lead to the development of alternative problem definitions and solutions (Goldberg, 1995). Similarly, in the transfer of innovative intergenerational programs, teachers and long term care center staff could serve as co-innovators. However, as the network literature points out, innovation in systems requires an understanding of the whole system (Campbell & Wilson, 1996). As mentioned, innovative intergenerational programs can be classified as a type of complex product system as well as an architectural innovation. Consequently, in order to maximize the potential for continual intergenerational program innovations to be effective, minimizing trial and error behavior, a network captain must coordinate organizationally perceived needs and problems with an understanding of the entire system. In addition, a “technology-push” approach (Rogers, p. 366) can facilitate continual innovation as the intergenerational program field continues to progress.

As I concluded in my work reviewing literature concerning intergenerational programming, aging theories and childhood development theories, program models grounded in theory, ideally substantiated by research, are critical in order to maximize the potential of intergenerational programs. Although there is a wealth of intergenerational programming resources (typically “how-to” manuals), in large part these resources lack a substantiated theoretical base. Consequently, practitioners



continue to struggle, using trial and error behavior to determine how children and elders can best be brought together.

In order to overcome this obstacle, two things need to occur. Researchers need to ground their work in relevant theories, and the gap between research and practice must be bridged. Accordingly, the Generation Connection Program could assist practitioners in overcoming difficulties concerning appropriate activities by advocating research grounded in theoretical models to address problems practitioners are experiencing, and by becoming a proactive link between researchers and practitioners. Being proactive, not reactive, is critical in order for research to put into practice. Cindy, a recreation therapist at Southern Village comments, “We don’t really have the time and you know, it’s like, until someone says something we don’t really do anything about it. Until someone says we need some little kids to come in or we need a different kind of group. You know, we really just got with the same flow.” Interpreting abstract and technical information into meaningful, realistic examples is also essential to connect research and practice. Indeed, researchers examining the flow of technical information into organizations have identified a “two-step process: (1) Key individuals (gatekeepers) collect information from the outside, interpret the information, and (2) pass this information, often reprocessed or simplified, along” (Loveless & Bozeman, 1983, p. 401).

In order to further facilitate the transition of intergenerational programs from the invisibility stage to the disappearance stage, the Generation Connection Program could strive to overcome regulatory and psychological barriers that prevent long term care

centers and schools/child care centers from co-locating. Leslie, the activity director at Spring Creek, recognizes these barriers,

Because of all the rules and regulations for the state or the government and all that jive, it's just, we would be blown out of the water because of health reasons, because of the measles, the mumps, the pink eye that kids get, and then, you know, the problems that older people have too, you know, health problems. I can see this happening in ten years, you now, kind of this idea, but I don't see it right now.

Similar to how it advanced the implementation and institutionalization of innovative intergenerational programs, the Generation Connection Program could become a vehicle of continual innovation by introducing a new alternative for long term care and education/child care, co-located or shared site facilities, embodying and maintaining a vision for co-located facilities, promoting changes in attitudes and perceptions concerning co-located facilities, and seeking their implementation. As innovation researchers have concluded, "Innovations shape goals, and goals shape innovations" (Daft & Becker, 1978, p. 177). In other words, the likelihood of innovation use is not determined by an innovation's congruence with the goals of receiving organizations. Rather, congruence between innovations and organizational goals is achieved through a process of reciprocal influence.

Innovation researchers have also concluded that "social readiness" is critical to innovation diffusion, as well as congruency between the structure and context in which innovations will be received and the innovation itself (Brown, 1981, p. 292). In this sense, attaining innovation implementation and institutionalization demands an

understanding of not only receiving organizations and the interface between them, but also of the social, professional, and political context in which these organizations exist. Brown introduced the concept of “enabling innovations,” which serve to increase the usefulness of innovations and the rate of innovation diffusion through their interrelationship with “societal institutions, public policy objectives, and artifacts of the human landscape such as infrastructure” (p. 276). Accordingly, co-located long term care centers and schools/child care centers would serve as an enabling innovation to increase the utility of innovative intergenerational programs and increase the number of programs that are implemented and institutionalized.

#### **4.2 Implications for Social Program Transfer Practitioners and Researchers**

It appears that, in part, the incongruity between depictions of the technology transfer process in the literature and the program transfer process examined in this study is the result of the methodology often used by researchers examining the diffusion of innovations and technology transfer. It is common for researchers to examine transfer stages separately, with little attention paid to the incorporation stage. Hence, the relationship, crossover, and alternation between implementation, incorporation and institutionalization has been largely unexplored. Also problematic is that social programs have often not been the topic of innovation and transfer studies, with the end result being that innovation and transfer models do not entirely depict the reality of the social program transfer process. Quoting Andrew Delbecq and Andrew Van de Ven (1971), Goldberg (1995) puts it this way, “. . . the researchers who maintain that innovation models propose ‘a simple unitary stagewise progression’ did not analyze any social service models . . .” (p. 636). Continuing, Goldberg quotes Mayer, (1985)

referencing his planning and programming model, “planning does not always proceed in a linear fashion,’ and his eight-step model depicts ‘important reciprocal relationships or feedback loops” (p. 636). Other researchers point out that the “assembly line system” approach used by some program developers in the social services and medical fields is inadequate because the uniqueness and complexity of people must be considered (Fixsen & Blase, 1993, p. 608),

Most of the human services do not fit [the assembly line] mold. We are confronted with the utter complexity of people interacting with people. . . . Highly prescriptive inputs and standardized processes do not fare well under these fairly unpredictable circumstances. What is required is a highly flexible, immediately adjustable, and very responsive approach so that . . . the dissemination program can fit this [original emphasis] agency and community and its unique circumstances.

The findings of this study suggest that the process of social program transfer should be viewed as similar to the process of program development, characterized by overlapping phases in alternate sequences. Consequently, both practitioners and researchers involved in social program transfer should question the notion that a terminal relationship with receiving organizations should be the end goal for change agencies. Future research is needed that leads to the development of models of social program transfer, using social programs themselves as the topics of such research. Similarly, two decades ago, Brown (1981) advocated recognition among public diffusion agencies of the need for their role in the innovation adoption process to become less passive and more broad, with particular consideration for the context within which an

innovation is being disseminated. Innovation diffusion research has a long history of emphasizing the role of adopters, with far less attention paid to the role of change agencies.

Additionally, some researchers have recently begun to examine relationships between change agencies and receiving organizations, and between organizations collaborating on product development. However, research that examines relationships between organizations collaborating on social programs is lacking. This is particularly true for complex innovations such as intergenerational programs, characterized by new ways of linking different human service fields together, with quality interface between them required. Yet an examination of the critical features of relationships between collaborating practitioners in different human service fields could provide much needed guidance in largely uncharted territory. Tice (1985) quotes Joseph Coccozza's keynote address at the New York State Planning Office,

Most agencies have been developed to serve a particular population – either the young or the old. Even those agencies that provide services to both populations rarely integrate or coordinate intergenerational programs. In general, human service agencies have a narrow focus of program development that does not include both populations. (p. 6)

Further, the actual mechanisms and methods used to facilitate successful transfer of skills and knowledge vary widely, and the evaluation of the relative success of various approaches is not known. Some insight can be gained from previous research. The Teaching-Family Model uses an integrated approach to prepare staff members, including skill oriented training through workshops, supervision, and

evaluation (Fixsen & Blase, 1993). Lectures and behavioral rehearsals are part of the process. Program disseminators found that realistic examples and answers to challenging questions were more specific and practical, and less conceptual, when trainers had been directly involved in using the program themselves as Teaching Parents. Additionally, researchers examining the process of transfer of HIV prevention methods to community AIDS service providers found that implementation packages alone were not as effective as the collaborative relationship between researchers and service agencies (Kelly, Somlai, DiFranceisco, & Otto-Salaj, 2000). Similarly, the findings from this study suggest that implementation packages, including manuals and video-tapes, are not sufficient in themselves to facilitate social program transfer. The combination of these findings and those of the present study suggest that implementation packages aimed at social program transfer should be supplemented with an ongoing relationship between program transfer agencies and receiving organizations, characterized by drifting in and drifting away, and skill- and knowledge-oriented training workshops conducted by individuals with hands-on experience. However, future research is needed to determine the relative success of various mechanisms for transferring skills and knowledge. It seems plausible that pedagogical literature could guide this type of research considerably.

Lastly, future research on how networks can contribute to advancing social program implementation and institutionalization is needed. The findings of this study suggest that a network can build capacity in individual organizations by assisting members via creating knowledge structures, creating a sociopsychological community, and, for programs involving practitioners from different human service fields, providing

new organizational partners. However, in part, these findings were based on study participants' expectations of how a network could help them, complemented by data concerning how a network actually did assist them. Additionally, the cumulative findings of this research, combined with network research and innovation diffusion theory, suggest that a managed network, or hybrid system incorporating concepts of centralization and decentralization would advance social program transfer by providing leadership, coordination, and continual innovation, balanced with individual organizational capacity. However, this conclusion is not wholly substantiated as a managed network was not in place within the research framework of this study. An examination of other social program transfer initiatives, with managed networks in place, could therefore lead to more definitive conclusions and the subsequent development of a hybrid system model to considerably assist practitioners involved in social program transfer.

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## Appendix: Interview Guides

### Interview Guide for GCP Director and Coordinator

The purpose of us talking today is for me to better understand GCP's role in facilitating implementation of IGPs in your community. The questions I'll be asking will draw upon your own personal experiences.

- For starters, take a few minutes to tell me about the GCP. Goals, history, etc.
- Tell me about your involvement in GCP. How you got involved/ your role.
- What mechanisms or processes were developed to achieve GCP's implementation goals? (e.g. securing funding and other resources, training, evaluations, networks, advocacy – knowledge & skills – education & training, organization, access to and control of resources, links w/external agencies, coalitions, alliances & networks.)
- How has GCP evolved over time? Important stages of development of GCP?
- Tell me about the pilot programs facilitated by GCP. Who involved, roles, current status of these programs.
- Specifically concerning how the IGP was implemented at the sites you mentioned, what was recognized as being successful?
- What were the challenges? How overcome? What challenges remain?
- Tell me about the IGP programs that were implemented after the pilot programs. How did that happen, what was that process like?
- What role does GCP currently play in implementing IGPs? Who initiates contact with whom; roles of key players; training, consultation, evaluation; support via the GCP; support via informal networks.
- What do you think have been the main contributions of GCP in facilitating IGP implementation your city?
- Is there anything that you feel is problematic about how GCP currently functions?
- What would happen if GCP dissolved entirely at this point?
- What do you see as the ideal future for GCP?
- What are your thoughts about widespread IGP implementation, on a national basis – what would that take to work?
- Is there anything you'd like to add or anyone else you would recommend I talk to?

## Interview Guide for Site Staff: IGP Coordinators & Activity Directors, Teachers, and Long term Care Staff

The purpose of us talking today is for me to better understand what role GCP plays/has played in the implementation of your IGP. The questions I'll be asking you will draw on your own personal experiences.

- For starters, take a few minutes to tell me about the IGP here. Goals for participants, purpose of the IGP, perceived effectiveness of IGP, how long operational, etc.
- Tell me about your involvement in the IGP. How you got involved, your role – was & is. Who else is involved – what are their roles? Your position at this facility and length of time here.
- Walk me through the IGP implementation process – getting started. What role is/has GCP played? Who contacted whom, roles of key players, training, consultation, evaluation, support via GCP and informal networks – knowledge & skills (education & training), organizationally, access to and control of resources, links w/external agencies, coalitions, alliances & networks.
- How has the IGP evolved over time? Important stages of IGP development?
- Specifically concerning IGP implementation or getting started, what is/was recognized as being successful? How has GCP contributed to this?
- What were/are the challenges? How overcome? What challenges remain?
- Describe how integral you see the IGP as being to your organization. What makes it this way?
- What do you think have been the main contributions of GCP in facilitating implementation of your IGP?
- Is there anything that you feel is problematic about how your IGP functions?
- Tell me what you know about GCP. Is there anything problematic about GCP?
- What would happen if GCP dissolved entirely at this point?
- What do you see as the ideal future for your IGP?
- Hypothetically, you are in current position but with an organization unfamiliar with IGP. What could an organization like GCP offer you to help you start an IGP?
- Is there anything you'd like to add or anyone else you would recommend I talk to?

## Interview Guide for Staff Involved in Disbanded Programs

The purpose of us talking today is for me to better understand what role GCP played in the implementation of your IGP. The questions I'll be asking you will draw on your own personal experiences.

- For starters, take a few minutes to tell me about the IGP that was going on here. Goals for participants, purpose of the IGP, perceived effectiveness of IGP, how long operational, times per week.
- Tell me about your involvement in the IGP. How you got involved, your role. Who else was involved – what were their roles? Prior knowledge/experience with IGP.
- Walk me through the IGP implementation process – process of getting started. What role did GCP play? Who contacted whom, roles of key players, training, consultation, evaluation, support via GCP and informal networks – knowledge & skills (education & training), organizationally, access to and control of resources, links w/external agencies, coalitions, alliances & networks.
- How did the IGP evolve over time? Important stages of IGP development?
- Specifically concerning IGP implementation or getting started, what was recognized as being successful? How did GCP contribute to this?
- What were the challenges? How overcome? What challenges did not get overcome? Why do think that is? What could GCP have done or did do to help?
- Describe how integral the IGP was to your organization. What made it that way?
- What do you think was the main contribution of GCP in facilitating implementation of your IGP?
- What was particularly problematic about how your IGP functioned?
- What about how GCP functions?
- Will you attempt another IGP? Why/why not? Ideally, what role would you like GCP to play, if any, in another IGP attempt? What would need to be different, if anything?
- Hypothetically, you are in current position but with an organization unfamiliar with IGP. What could an organization like GCP offer you to help you start an IGP?
- Is there anything you'd like to add or anyone else you would recommend I talk to?

## Interview Guide for Intergenerational Program Child and Senior Participants

I'm Janel. I'd like to learn about the visits you have with the grand-buddies/residents or children. I don't know anything about what you guys do together, so tell me as much as you can about it, okay?

- Do you guys have fun and enjoy visiting the grand-buddies/residents or children? What's do you like about it?
- What kinds of things do you guys get to do together?
- What's the best thing you ever got to do?
- Have you guys ever been scared or worried about anything when you're visiting the grand-buddies/residents or children? What were you scared/worried about? Has anything bad ever happened? Did anyone help you so you weren't so scared/worried? What did they do?
- Think about what it was like before you went to see the grand-buddies/residents or children for the very first time. What did you think it was going to be like? Did anyone tell you what it might be like before you went?
- How do you feel now when you go see the grand-buddies/residents or children?
- How did you get to know them? Did anyone introduce you to each other?
- Is there anyone or anything that you don't like when you go to visit? How come?
- How would you feel if you didn't get to see the grand-buddies/residents or children anymore?
- If you were your teacher or staff member at nursing home, and you were in charge of the visits/activities, what would you do to make it so you loved the visits – so it was even more enjoyable to you?
- What would you tell someone who has never been to visit grand-buddies/residents or children? What should they know?
- What have you learned about yourself through the visits?

Thanks for talking with me today. I really enjoyed learning about your visits. Do you want to tell me anything else?