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Born4Life: Creating and Supporting Meaningful, Authentic Intergenerational Experiences

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ABSTRACT

Intergenerational Practice, which brings two or more generations together for mutual benefit, is growing in popularity in the United Kingdom. While practices are well meaning, they are not always research informed. This critical evaluation research draws upon an evaluation of meaningful practice undertaken by Born4Life practitioners; a network of early years educators based in some Early Years settings across the UK, who are on an intergenerational journey. Through surveys, focus groups, and interviews, this research aimed to determine what an intentional, meaningful, and sustainable intergenerational community looks like and how such communities can be supported by identifying training and development requirements for the intergenerational team.

Introduction

There is a growing awareness of aging populations and declining birth rates worldwide (Yasunaga et al., 2016). For instance, one in every five Britons (18.5% of the population) was 65+ years in 2019, and it is projected that this will increase to one in every four by 2039 (Office for National Statistics, 2021). With such a rise in the older population, facilitating an optimum quality of life and independence of older individuals is paramount.

Attempts to support the wellbeing of our aging population include the utilization of intergenerational practice or learning, in some areas known formally as programs (IGP). The Welsh Government guidance on IGP (2022) describes it as "*bringing people of different ages together.*" They also assert mutual benefits for all stakeholders and inform how social isolation can be alleviated while Kuehne and Melville (2014) inform of theories used in such work. Further, key attributes of intergenerational practice are community engagement and educational pedagogy across generations (Vecchio et al., 2018).

A variety of intergenerational practices exist. Many original IGPs aimed to alter stereotypes (Martins et al., 2019) while others set out to minimize social isolation in older adults by building relationships with others through engagement with

activities, often within care homes. In such visitation models (Golenko et al., 2020), the centers are located separately and people from one venue are transported to the other. However, research has also investigated co-located care where occasional visits occur between older adults' residences and childcare centers on the same property (Golenko et al., 2020; Vecchio et al., 2018). In addition, research such as McConnell and Naylor (2016) included older adults living in the community and looked at inclusive physical activity and learning experience intergenerational programs drawing upon the experience of the older adults and promoting social capital. In England, Ready Generations (2024) has introduced fully integrated care where older adults and young children live and play alongside each other in an intergenerational village. All ages are welcome, but the focus is upon older adults and young children who have some parallel care needs.

Direct contact and decreased social distance between older adults and young children help to promote mutual awareness and understanding (Gualano et al., 2018), an impact that goes beyond the initial experience. A review of evidence of intergenerational studies (Gualano et al., 2018; Jarrott et al., 2021; Martins et al., 2019; Park, 2015) in both familial and non-familial contexts indicates the positive impact of IGP in terms of social well-being, enjoyment, and opportunities to pass on knowledge. However, despite the historical involvement of different generations in the lives of young children and societal structures in high-income countries such as the UK, where families may often move for work, intergenerational programs are less common (Fitzpatrick, 2024). Despite growing evidence of the positive impact on both pre-schoolers and older adults, the implementation of IGP across UK-based nurseries remains rare, inconsistent, and not necessarily research-informed. Jarrott et al. (2021) highlight how a lack of staff development resources and standardized programs for intergenerational practice contribute to this inconsistency. Despite the attempts of the last UK labor government to introduce intergenerational ways of working, there is still no policy to connect the age groups nor a "model of care [which] combines health policy and education policy" (Vecchio et al., 2018, p. 1002). The absence of an intergenerational curriculum, then, is a barrier to a consistent implementation.

Not only is the implementation of IGP within the UK rare, research evaluating existing practice is also limited, with much stemmed from the USA (Park, 2015) and other countries (Peters et al., 2021), although evaluation guidance is now emerging (Jarrott et al., 2024). IGP studies often demonstrate a positive impact on young children as well as older adults. Femia et al. (2008, p. 272) involved young children from (USA) in their exploratory study of the potential benefits of intergenerational engagement. Children participating in the program had "*higher levels of social acceptance, a greater willingness to help and greater empathy for older people.*" In addition, they exhibited greater self-regulation and more positive attitudes than the children in the comparison group

(Femia et al., 2008, p. 272). While most of these studies provide rich, quantitative details on the frequency of interactions and their beneficial impact, Yasunaga et al. (2016) urge the need for understanding how the benefits occur using qualitative or narrative analysis.

Specifically, qualitative investigations also identify that challenges remain despite positive international evidence (Vecchio et al., 2018; Weaver et al., 2019). Kleijberg et al. (2020) participatory action research project, for instance, recognized the importance of relationships rather than experiencing one-off events, but noted that participants lacked agency regarding sustaining intergenerational contacts and social activities. Similarly, Hernandez et al.'s qualitative case study (Hernandez et al., 2022) of an intergenerational playgroup in a residential age-case setting promoted connections with the local community but advised that careful attention is needed to create inclusive and friendly environments where all participants have choices about whether to attend and when to leave.

Therefore, key challenges relate to having a model of care that combines health and education policy which informs a meaningful curriculum for IGP and learning that is age appropriate, as well as education and training programs to advance the intergenerational workforce's skills and expertise (Vecchio et al., 2018). It is critical, therefore, to develop a model of care that is research-informed and policy-aligned while allowing flexibility to adjust to specific setting requirements and support sustainable and feasible impactful practices in a collaborative approach with multiple stakeholders (Golenko et al., 2020; Weaver et al., 2019).

Consequently, a first step in the process of implementing research and policy informed IGPs is critically evaluating current practices across multiple stakeholders. To this end, this paper presents the findings of an evaluation, using a survey and focus group, of current IGPs conducted by Early Years Practitioners who care for children aged under five, which engage in IGP, based on early years settings, also known as day nurseries, across the UK. In addition, it presents findings from interviews conducted with managers and practitioners at an intergenerational care village. The evaluations aim to answer the following questions:

RQ1: What does an intentional, meaningful, and sustainable intergenerational community look like?

RQ2: What additional training and development is required for colleagues working in intergenerational contexts?

RQ3: What intergenerational practice works in a variety of settings across the UK which can be replicated elsewhere and bring good outcomes for multi-generational stakeholders?

Methods

Participants and settings

The research began with Early Years Practitioners from four highly rated (Ofsted Grade: Outstanding) settings, with Ofsted being the UK Office for Standards in Education, Children's Services, and Skills who evaluate, inspect, and regulate services providing education and skills. These settings all provide rich, challenging, and meaningful learning experiences for children aged under 5 years, are set up to engage with nature on a frequent basis and have some experience with implementing intergenerational practices. These settings differ in terms of location, pedagogy, funding streams, staff composition, and staff training. This community of practitioners, who had experience of IGPs lasting from several months to 8 years, together with varying experience of engaging in their own professional development through research (Leggett & Newman, 2019), evaluated their own practice before discussing their findings in either a focus group ($n = 5$) or a survey ($n = 5$) that was put in place for practitioners who could not attend the former. Subsequently, practitioners and managers ($n = 10$) of one site, a newly developed and integrated intergenerational care village, were interviewed individually, building upon prior data collection. Ethical approval for all aspects was obtained from Northumbria University, number 45,010.

Materials

Evaluating Practice

Assessing the impact of intergenerational practice is crucial to understand what works and should be developed, along with what requires changing or should be avoided. Practitioners within the research assessed the strengths and weaknesses of their work utilizing the Intergenerational Practice Evaluation Tool (IPET) (Jarrott et al., 2019) within the Intergenerational Evaluation Toolkit (Generations United, 2019); the Leuven Scale (Laevers, 1998; which measures wellbeing and involvement) and Sustained Shared Thinking and Emotional Wellbeing (SSTEW) scales (Melhuish et al., 2015) which focus upon the key skill of interaction in supporting children's learning and development. None of these tools were deemed perfect, but aspects helped with consideration of learning gained and critical reflection on their practice.

Focus group

The semi-structured focus group was co-led by the authors. An interview guide of three main questions and follow-ups was designed beforehand. The questions aimed to explore the usefulness of the evaluation tools regarding the IGPs in their settings and to establish what key aspects people should be aware of if wanting to engage with intergenerational practices. The three questions were:

(1) Did you evaluate your intergenerational activities, and if so what tool(s) did you use to assess the impact of the intergenerational activities on young people and older adults?

(2) What was your experience with the evaluation tools you used (what would you use again, what was appropriate about it, . . .)?

(3) What would your advice be to other settings who want to do intergenerational activities, in terms of costs, practical organization, perceived benefits for young children, older adults, and practitioners?

The focus group took place online, via Zoom and lasted about 1 hour. It was recorded, but only for transcription purposes by the research assistant.

Survey

For practitioners unable to join the focus group, an online survey was created using the JISC platform; an online tool for creating and sharing online surveys. While the questions for the survey were based on the focus group questions, the questions were more specific and directed to allow detailed exploration via an online survey format of their perspectives on what an intentional, meaningful, and sustainable intergenerational community looks like and how such a community can be established and supported. The survey contained a total of 11 questions, which were a mix of closed and open-ended questions (see Appendix 1).

Interviews

The semi-structured interviews were conducted by the first author and recorded via Zoom, except one which took place in person and was captured using an audio recorder. An interview question guide of six questions (with potential prompts/follow-up questions) was designed beforehand (see Appendix 2). The questions aimed to explore why the practitioners and managers decided to engage with IGPs, their aspirations, and how they intended to support the intergenerational community. Furthermore, the questions also explored potential difficulties and the training requirements they anticipated would be needed. The interviews each took around 20 minutes and were transcribed by the research assistant. The interviews built upon prior data collection, and this was the only setting where all practitioners and managers were invested in, and practicing, IGPs. It offered the opportunity to understand IGPs across management and practice in one setting which included social care, health, and education aspects.

Data analysis

Guided by Braun and Clarke (2006), inductive, reflective thematic analysis was used to analyze the responses across the three methodologies, i.e., surveys,

focus groups, and interviews. The information across methodologies showed much overlap and similarity, so it was approached as a single integrated set of data. The authors each independently familiarized themselves with the transcripts and survey data and independently identified patterns and re-occurring codes. Over several meetings, the codes were shared and discussed to facilitate the development of overarching themes, the inter-relations of the themes and how the themes answered the research questions. As a final stage, the authors identified key quotes illustrating the themes and representing all participants.

Findings

A total of six themes were developed from the dataset.

Theme 1: building respectful, symbiotic relationships fuelled through personal motivations

The participants indicated that a key aspect of a meaningful intergenerational community was building respectful, genuine relationships across all ages.

> community of people of all ages in a respectful way (survey participant)

> it wasn't the activity that was bringing them together, they were seeking the relationship (interview 4)

Participants also underscored the need for all generations to be involved equally in a symbiotic relationship where everyone learns from one another and sees value in each other's skills or experiences to ensure relationships are respectful and meaningful.

> Bring the two generations together in a fun way . . . . As long as both parties feel that they are gaining. . . it's going to be a symbiotic relationship and not so much a parasitic one (interview 3)

> Their feeling that they [older people] still have something to offer (interview 7)

> We were clear that we didn't want the co-located model. . . So, we're very clear that integrated means living alongside and living with, not just happening to both. . . (interview 10)

Further, to build a truly intergenerational community, various interviewees stressed how the relationship-building had to extend beyond the children at the nursery and the older people living in the care village to everyone in the wider community including family members and staff. Interviewee 7 asserted that "*the wider community and families . . . create that intergenerational community.*"

All stakeholders in an intergenerational provision can come together to learn as they have a "*community of people with varying skills and experiences which can be shared with people of all ages in a respectful way*" (survey participant).

Further, many interviewees stressed that to make a community successful, all staff members, regardless of whether their focus was the nursery or the care village, needed to feel like one team, something established through training together and having regular open communication with each other.

> So, there's nothing better than relationship building and communication to build a team (interview 6)

Participants recognized that building such respectful, symbiotic relationships was important but that it was also necessary to be *"cognisant of people who, perhaps don't want to be [involved]"* (interview 6). Indeed, *"not everybody wants to have the joy and the exuberance and the noise of little children around all the time"* (interview 10).

Interviewees felt that respecting the various perspectives of community members meant relationships would sustain themselves due to the commitment members felt for each other regarding growing and improving both relationships and community. *"It is commitment that will hopefully make it meaningful and intentional"* (interview 2).

Theme 2: supporting the growth of an organic balance between structure and spontaneity

Participants agreed that to ensure activities were sustainable, meaningful, and the basis of growing, genuine intergenerational relationships, they needed to be part of the daily routine of all those involved and organically fit or adapt to the community members' interests. This flexible, *"identify as we go"* (interview 9) approach of letting the activities be led by the interests and skills of the involved community members facilitates growth and learning.

> Not a one-off study or a nursery care home visit once a year to sing songs at Christmas. It's part of the daily/weekly routine of the kindergarten to spend time with older adults to engage children and older adults in a meaningful way (survey participant)

> We plan from the children's interests; we get more from the children and the experience by allowing the children to lead us (focus group)

As an example, interviewee 8 said:

> I might do an activity that's based upon the fact that (name) who's 90's described that he loves trains and (name) who's 5 loves trains also so I've created a project for them two to really bond (interview 8)

Interviewee 9 stressed that offering choices and listening are key to tailoring activities effectively. Whilst both are vital at the start of any intergenerational practice, they should continue throughout to ensure that the diverse and potentially changing interests and preferences across the generations are matched. It is vital that activities are offered to everyone and that no community members should be forced to be involved. Only by providing choice and

listening to interests and preferences will the activities and experiences add purpose and meaning to people's lives.

> it's got to involve choice. we've got to listen, and ... make it accessible and available if they want it ... tailored around them [older people], and the same goes for the children and the children's parents. We've got to listen to all voices and try and make it meaningful for everybody who's involved (interview 9)

IGPs need to be adaptable to ensure inclusivity and appeal to the interest of all involved. Consequently, the interviewees felt that the organization of any activities needed to reflect a balance between being well-planned and structured and allowing for spontaneity, the unexpected and natural interactions to occur. Facilitating such a balance requires the "*alignment of key policies*" across all involved settings, such as "*safeguarding and usage of shared spaces*" (interview 6), but also for staff to be able to think and adapt quickly. Using that approach, care for older adults and young children is facilitated simultaneously and coherently, hence when concerns arise, they can be dealt with, negotiated, and overcome by anyone within the team.

Among the interviewees, some tension could be observed between nursery staff used to, and in support of, free-flowing, spontaneous activities and staff involved with care for older adults who were more accustomed to structured routines. Such tension confirms the need for shared training opportunities and open communication channels to allow the growth of an effective, organic balance between structure and spontaneity.

> Whilst we want intergenerational practice to be organic and free flowing ... there's an element of that is utopian ... there are elements to it that, has to be organised ... (interview 5)

Finding this balance requires time to allow staff to trial and reflect on various approaches. For example, one participant argued (interview 8) there was a need to plan at first, but they felt that as relationships grew, spontaneity and choice followed.

Theme 3: a flexible, safe, accessible, and welcoming environment

The importance of the environment for intergenerational practice was apparent across the data sets. A combination of esthetically pleasing spaces was needed, with some enabling interactions and others allowing privacy as desired (interview 7). Respondents indicated that the environment affects individuals and so it is important to consider how it is presented. During the focus group participants discussed *"the welcome that an environment brings as well as the welcome that people can bring."* As an example, one participant said, *"if they don't know where the toilet is, that is a significant issue to their engagement because they spend the first hours looking where the toilets are."*

Practical suggestions were made about the development of safe and accessible intergenerational spaces which considered the needs of all ages and abilities. Respondents wanted such spaces, whether indoor or outdoor, to be a place of choice for all whether they were being cared for, visiting, or working there.

> . . . a setting with easy access to the outdoor space as well as for [wheelchair users]. Space indoors for activities such as music, movement art. Easy access to parking and with suitable refreshment/snack/toilet facilities (survey participant)

> seating areas that will accommodate smaller children and older people, accessible spaces that are safe spaces for older people living with dementia and young children (interview 6)

Specific considerations for conducting intergenerational practice in post-Covid times were also discussed. The outdoor environment (focus group) also described as the external environment (interview 7) or garden (interview 2), was suggested as a suitable space from a health point of view.

At early stages in the development of one environment, it became apparent that practical issues and potential concerns like not having *"the necessary seating for an older person"* (focus group) occurred and that practice or resources required adaptation. That said, there was an acknowledgment that these issues might be resolved over time. As interviewee 9 pragmatically stated, *"there's lots of issues. It could be that they just work out"*.

Crucially, interviewee 10 recognized both practical issues and the challenges to individuals as changes are made, something necessitating stakeholder consultation.

> being integrated has been the biggest challenge. This is really pushing at the boundaries of people's thinking at the moment about what is integrated and what is co-located.

Theme 4: safeguarding

Every participant reported having safeguarding in mind when organizing intergenerational practice, as they worried about "*how we can effectively do that*" (interview 7). It was identified that a shared and appropriate safeguarding policy had to be in place that supported a sensible approach for both early years and elder care. Further, given the pandemic, infection control was seen as part of this shared safeguarding policy.

> we have to develop what we would call a shared culture of safeguarding . . . safeguarding is everybody's business, whether it's for little ones or for older people It's about taking a sensible response (interview 10)

While everyone agreed that a shared safeguarding policy needed to be thoroughly planned from the start, it was thought impossible to anticipate everything that should be put in place (interview 8). Indeed, it was seen as vital that were something to go wrong, the team was trained to respond sensibly in the

moment, afterward reflect on what had happened, and then put appropriate policies in place to prevent the situation from reoccurring (interview 8).

Participants highlighted that education and awareness around safeguarding issues were key, along with gaining as much information as possible on any new group/setting they were to interact with. Interviewee 9 offered an example of "*safeguarding and the whole DBS*" (Disclosure and Barring Service- which helps employers to make safer recruitment decisions) being a challenge to learn about.

Theme 5: understanding the needs of all generations involved

Most participants felt they should be appropriately trained in how to understand the needs of all the generations involved, but also how to interact with everyone respectfully. The biggest challenge to overcome is that staff are typically trained to work with only one generation (e.g., early years education-or-older adult care). However, regarding intergenerational practice, an awareness of the similarities and differences of cross-generational needs is of utmost importance.

For staff members trained in early years education, the prospect of working in a new area with older adults may be challenging. Key issues that early education staff felt ill-equipped to deal with and so needed additional training in included supporting older adults with dementia and bereavement/end-of-life training. Interviewee 10 said:

> there are a lot of issues about understanding older people's cognition... dementia ... what makes people choose to come and live in a care facility like this. And also be respectful about frailty and vulnerability .... of end-of-life care, and how we respect that (interview 10)

Conversely, staff trained to work with older people may be unaware of how to appropriately interact with young children, what their needs are, and how to accommodate those needs.

A feasible, efficient way of overcoming these challenges was suggested by interviewee 6 who argued that "*teams [should] be inducted together*" and attend training together, so they are all aware of the approaches followed and how to address everyone's needs:

> when you're training together you can ... have conversations about why something might be slightly different coming from a different area (interview 2)

Furthermore, given that there is no agreed-upon definition and approach for intergenerational work, it was highlighted that all staff involved in IGPs should participate in intergenerational-specific training together so that everyone involved follows the same approach.

> .... there is a gap with understanding of what IGP is and we can all sit in a conference room, we can all yeah, I get it (interview 10)

It was thought that such integrated training would overcome staff worries about effectively supporting the growing intergenerational relationships. It was argued that management should also be involved in this training to ensure that their hiring practices would "*make sure that the staff are the right staff*" (interview 2).

However, interviewee 8 highlighted that the staff might be used to different styles of training, necessitating those designing the training being mindful of the style used.

> I think some of the training in (organisation) is really corporate, so it's
> death by presentation rather than imaginative training (interview 8)

Lastly, an important part of understanding needs and being respectful is using appropriate communication and language. Training was seen as ensuring staff were "*conscious not to be patronising*" (interview 2) and helping staff feel confident in navigating and managing any conflicts that might arise.

Recognizing that not all individuals are verbal, interviewee 3 suggested that "*communication training such as training in body language and micro-gestures could also be invaluable*" as this is not always intuitive. This identified development need is also an essential practice to respect and actively listens to individuals of all ages. This was deemed particularly relevant when practitioners first arrived at an intergenerational site.

Furthermore, disciplinary differences around language use were highlighted. Not only are the early years and social care inspected by different organizations (Ofsted for education and the Care Quality Commission (CQC), the independent regulator for health and social care in England) but their requirements, foci, and acronyms need to be understood by alternative bodies from education or health and social care, gerontology, or nursing. The system appears currently stratified rather than aligned, something which could be addressed by all employees, regardless of their title, getting to know each other and working together across professional boundaries.

> ... the principles of care are pretty universal ... there's a need for professional develop-
> ment space, just to break down the barriers between sectors so that they can see that
> there's more that keeps them together than divides them. (interview 10)

Theme 6: evaluating intergenerational activity – the need for being reflexive on practice

In order to implement sustainable intergenerational practices that meet the needs and match the interests of everyone involved, regular evaluation of the practices was deemed crucial. However, there is no standard evaluation tool available, and the available evaluation tools are not always suitable to be applied within each unique setting. As part of the focus group, we explicitly asked practitioners to

critically reflect upon the tools used to evaluate their practice and determine how they need to be adapted and be used flexibly to fit a particular practice evaluation.

> Leuven Scales gave you a lot more scope to really talk about what you really got from that and what the children got from that, and the adults as well (focus group)

When asked about what was missing from their evaluations, the focus group flagged up that they were unable to capture all the interactions that were occurring. The recognized that *"engagement like nonverbal and eye contact and a smile"* are still interactions, and:

> . . . especially working with elders and children, if you bring you a smile to an elder's face then that's to me, an evaluation, so it might be worth thinking, how do we really unpick communication.

Indeed, respondents recognized that their evaluations did not always record the voice of the participants or the variety of interactions, meaning that they felt their assessment of the activity was not robust. While some generic responses were recorded, it was felt that different ways to evaluate varying communication styles would be valuable.

> It's got to be where we're receiving feedback consistently in different forms, in different methods from all involved (interview 7)

Interestingly, some settings had developed their own, creative ways of evaluating the impact for IGP participants and capturing their voices and experiences more actively, such as using floorbooks (Warden, 2015). This participatory tool enabled educators and children to work together, drawing, talking, and mark making, thus making sense of their experiences:

> The work with the floorbook with the children was interesting as it took a bit of time revisiting what becoming old means; many of the children have grandparents who play a major part in their care and so meeting others in the community was invaluable. (survey)

Crucially, when interviewees were asked about their evaluation of IGP, they saw it as important and demonstrated a desire to engage in research-informed practice.

> we already do it, not to this level clearly, but it will also help us to learn lessons (interview 7)

> as we're an ageing demographic, nationally and globally, how do we find models of care that are effective, cost-effective, value for money, and bring joy to people? (interview 10)

Furthermore, the respondents showed a desire to work together to enhance practice and influence others.

> this is an opportunity to overthrow traditional nursing education here[let's] take a more holistic approach to the educational side as well . . . (Interview 9)

In addition to reflections on IGP activities, the data showed reflection on training practices and content for staff. Indeed, following participation in training, some colleagues were enlightened as to what intergenerational practice sometimes is and how it should be:

> I want it to be ongoing, I don't just want it to be an activity (interview 8)

Prior to accessing training this interviewee had not considered the relevance of intergenerational practice and what makes it appropriate for all participants.

As part of their intergenerational learning experiences, and involvement in evaluating their own practice, some interviewees articulated the need to base their practice *"on theory"* (interviewee 2), along with a desire to be involved in ongoing and future research:

> I suppose I just want to advocate for the older customers who are to be living here and to be the voice in the team that says let's look at health benefits from the IGP approach as well as that of the children (interview 9)

Discussion

This research set out to determine what an intentional, meaningful, and sustainable intergenerational community looks like (RQ1) and how such communities can be supported by identifying training and development requirements for the intergenerational team (RQ2). Furthermore, it aimed to identify what IGPs work in a variety of settings across the UK and how these can be replicated elsewhere to bring good outcomes for multi-generational stakeholders (RQ3).

To answer the research questions, a multi-method approach was adopted in which intergenerational practitioners, already engaged in IGP ways of working, evaluated their own practice using tools such as the IGP toolkit, Leuven Scales, and SSTEW and reflected upon their experiences via a focus group or survey. In addition, staff at an intergenerational village participated in individual interviews to discuss barriers to implementation and solutions. The intergenerational village focuses upon older adults and young children, yet values individuals of all ages living alongside one another, rather than the usual co-located or visitation models (Golenko et al., 2020; Vecchio et al., 2018). Six themes were identified that answered the research questions:

(1) Building respectful, symbiotic relationships fueled through personal motivations.
(2) Supporting the growth of an organic balance between structure and spontaneity.
(3) A flexible, safe, accessible, and welcoming environment.
(4) Safeguarding.
(5) Understanding the needs of all generations involved.

(6) Evaluating Intergenerational Activity – the need for being reflexive on practice.

These themes are closely interlinked and reflect two crucial considerations (discussed below) when developing and implementing IGPs: relationship-centered practices that support choice and an integrated approach regarding learning, respect, and communication.

The data illustrate that choice and building upon the experiences of the participants involved in IGPs is important for success. Hence, a model of care that focuses on building relationships and a suitable, flexible, environment is needed for supporting such choice, built upon the interests of the participants. Within such a model of care, there is a recognition of the needs of others and an element of choice, which maintains motivation and ensures agency for participants.

Relationship-centered practice is at the heart of much intergenerational work (Erikson, 1963; Kleijberg et al., 2020; Weaver et al., 2019). A unique implementation of this is an integrated care village where young children, older adults, and employees live and work alongside each other, enabling relationships of choice to flourish. This model offers consistency of approach, yet it is acknowledged that in for many existing settings, visitation practice, where schools or nurseries pay occasional visits to care homes or older adults visit the school/nursery, is the only current or viable option as they were not set up from the start to be intergenerational. Regardless of whether the setting is integrated, co-located or visitation based, our data suggest that intergenerational practice must and can be relevant and meaningful to those participating. This aligns with the views of Weaver et al. (2019, p. 778).

The data show that a personalized approach is key for sustained engagement of any individual in IGPs. To support this personalized approach to relationship building in practice, it is important to set up activities that are part of a mapped-out intergenerational learning curriculum rather than a series of uncoordinated activities. This will ensure that the activities lead to meaningful experiences that stem from participants' interests. Despite being part of a mapped curriculum, it is important to leave room/flexibility for spontaneous interactions too. These data, together with subsequent developments in practice within the intergenerational village, influenced the creation of a "mirrored curriculum framework" (Egersdorff et al., 2024) partially described by interviewee 10. "*One of the domains is 'hear me, see me, know me.' Until we know each other, then how can we plan ... experiences that are meaningful ... We want old people to make progress as much as we want children to.*"

The second key aspect the data illustrate is that for everyone to learn together there must be an interdisciplinary culture of learning, respect, communication along with shared policies regarding safeguarding issues and challenges. Indeed, those engaging in IGP are already bridging boundaries, learning from each other and tackling inconsistency across the sectors. Some of this success can be

attributed to shared and creative training opportunities, together with an understanding of the needs of everyone concerned. However, like Vecchio et al. (2018), we would suggest that these interdisciplinary approaches are being put in place haphazardly given the absence of a model of care which combines health and education policies. Recognizing this, interviewee 9 suggested that a holistic approach merging health and education could be a way forward.

In support of an integrated, interdisciplinary model of care, the data reveal the following implications for practice and policy. While some development needs will be professionally specific, intergenerational development and training should be undertaken as one group, regardless of professional background. This will help to ensure that language and terminology are aligned or understood across professions. Furthermore, regular reflection and evaluation of practice will ensure that the needs of stakeholders are being met, thereby supporting sustainability of the practice. The nature of evaluations may differ but what is important is that the voice of participants is heard. One tool may not suffice, especially where response options are limited and restricted, and we suggest lessons could be learned from Early Years educators with experience in observation.

Conclusion

Data were collected from practitioners at four settings who were motivated, engaged in IGP, knew each other, and shared good practice. Research involving motivated practitioners with limited experience in implementing IGPs could shed further light on barriers. Future research should also focus upon the interactions between older adults and young children as well as obtaining the perspectives of all stakeholders including parents, children, and older adults.

Contribution to the field

- Practitioner-led evaluation of research-informed intergenerational practice focused upon older adults and children aged under 5 years.
- This research reveals that a model of care which focuses on building relationships and a suitable, flexible, environment is crucial for supporting sustainable and meaningful intergenerational interactions.
- Within such a model of care, the needs and interests of others must be recognized, as well as an element of choice, to maintain motivation and to ensure agency for participants.
- Intergenerational development and training should be interdisciplinary.

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Disclosure statement

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Appendix 1

Survey questions:

(1) What does an intentional, meaningful, and sustainable intergenerational community look like to you?
(2) How did you ensure your environment was appropriate for all ages involved in the activities?
(3) How did you ensure your environment was appropriate for all ages involved in the activities?
    (a) If you selected Other, please specify:
(4) Did you have to invest in new materials to do the intergenerational activities?
(5) Did access to a suitable setting for all generations involved play a role in the planning of intergenerational activities?
    (a) Please clarify your answer with a brief example
(6) Did you consult with anyone outside your own nursery or setting to plan the intergenerational activities?
    (a) If so, whom and why?
(7) Did you face any issues in recruitment of older adults?
(8) Did you face any issues in ongoing engagement of older adults with these activities?
(9) Did you receive any of the following in preparation for the intergenerational activities?
    (a) bereavement counseling
    (b) dementia awareness training
    (c) Introduction to IG activities
    (d) planning of IG activities
    (e) gardening for all ages
    (f) arts and crafts for all ages
    (g) end of life care
    (h) chronic illness care
    (i) use of respectful communication and terminology
    (j) other, please specify
(10) Are there any other training courses that you think would be useful in the preparation of intergenerational activities?
(11) Is there anything else you would like to share with us about planning and holding intergenerational activities?
(12) Did you evaluate your intergenerational activities, and if so what tool(s) did you use to assess the impact of the intergenerational activities on young people and older adults?
(13) What was your experience with the evaluation tools you used (what would you use again, what was appropriate about it, …)?
(14) What would your advice be to other settings who want to do intergenerational activities, in terms of costs, practical organization, perceived benefits for young children, older adults, and practitioners?

Appendix 2

Interview questions:

(1) Why did you decide to engage in intergenerational practice?
(2) What are your aspirations for the intergenerational village?
(3) What does an intentional, meaningful, and sustainable intergenerational community look like to you?

Potential follow-up:

   (a) How do you plan on stimulating such a community?

(4) Which training do you anticipate any staff working in an intergenerational context need?
(5) Will all staff working in an intergenerational context train together?
(6) Thinking about the specific elements of your role, which issues do you anticipate in stimulating an intentional, meaningful, and sustainable intergenerational community?

Potential follow-up:

   (a) Can you give us an example of anything that has happened already?
   (b) How do you think you can overcome these issues?

The interview lasted, on average, 20 minutes (ranging from 17 to 24 minutes). All interview recordings were transcribed by the research assistant.