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Generativity: Establishing and Nurturing the Next Generation

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ABSTRACT

Ongoing engagement with society and having a supportive environment are important protective factors for our mental wellbeing. Through meaningful engagement with children, seniors feel valued, empowered, and have a renewed sense of purpose. This is a health-promoting measure in enhancing and maintaining senior’s functional abilities and wellbeing. To support an ongoing engagement, National Trades Union Congress (NTUC) Health’s Silver Circle Senior Care Centre (SCC) and a co-located childcare (My First Skool) in Singapore jointly developed and piloted an intergenerational (IG) collaboration programme. This paper describes the development, interventions and lessons learned from a senior care perspective.

KEYWORDS

Intergenerational programming; dementia; senior care; Singapore; pilot; generativity; retrogenesis

An intergenerational programme is a planned intentional interaction of different age groups, infant to elderly, in a variety of situations at a level that provides close communication, sharing of feelings and ideas and co-operative activity in meaningful tasks.”

(Peacock and Talley, as cited in Kids Interacting with the Elderly [KITE], 2010)

The intergenerational (IG) concept has been developed and replicated across countries such as US and Japan for many decades now. Ongoing engagement with society and having a supportive environment are important protective factors for our mental wellbeing (Berkman & Glass, 2000; Gilmour, 2012). Through meaningful engagement with children, seniors feel valued, empowered, and have a renewed sense of purpose (George & Whitehouse, 2010; Hayes, 2003; Lee, Camp, & Malone, 2007; Salari, 2002; Skropeta, Colvin, & Sladen, 2014). This is a health promoting measure in enhancing and maintaining senior’s functional abilities and wellbeing (Gilmour, 2012; Skropeta et al., 2014). Children that participate in IG programme have shown to develop social skills, positive perception and empathy towards seniors (Knight, Skouteris, Townsend, & Hooley, 2014; Park, 2015; Sugi, 2007).
To support an ongoing engagement, NTUC Health’s Silver Circle Senior Care Centre (SCC) and a co-located childcare, My First Skool jointly developed and piloted an IG collaboration programme. This paper describes the development, interventions and lessons learnt from a senior care perspective.

**Background**

Both the centres are co-located at Braddell Heights Community Hub along Serangoon Central, Singapore. The compound used to be an old bus interchange in operation from 1988 until the bus interchange moved to become a part of a big shopping mall next to the compound in 2011. The old bus interchange was then completely transformed and renamed Braddell Heights Community Hub. Besides housing SCC and childcare, the hub also includes a Family Medical Clinic, all of which started operations progressively from January 2014.

The IG partnership can be traced back to the performance by children from the childcare at the official opening of NTUC Health Silver Circle Serangoon Central in 2014. However, they only met on ad-hoc basis thereafter. In 2015, as part of Singapore’s 50th National Day celebration, both centres came together and designed a 3-month long IG project, where seniors and children built terrariums together. On National Day in August 2015, the children presented these terrariums to the seniors to thank them for their contribution to Singapore.

The meaningful terrarium project inspired the SCC and childcare teams to consider further collaboration. In November 2015, the teams came together and purposefully designed the 2016 IG pilot programme (IGP) with a year-long calendar built into their daily schedule and curriculum, respectively. The IGP was thoughtfully planned with two distinct phases and a midpoint review. An action research framework for both seniors and the children were also embedded in the programme to better ascertain the learning points for future IG programming.

**Goals**

The IGP aimed for seniors to have a renewed sense of purpose through their mentoring role and to instill values in children that they might be more thoughtful, showing empathy and respect for seniors, at the same time to identify key components for planning an effective IGP.

**Conceptual framework**

The IGP is conceptualized from a collation of activities in multiple domains significant to the learning and development of the children, as well as for the wellbeing of the seniors. The SCC adopts a person-centred care approach philosophy by Tom Kitwood (1997). The centre supports seniors by enabling
them to build on their interests and strengths so that they can feel dignified and continually be active participants in society. Hence activities that are purposeful remain important for persons with dementia. Based on Alzheimer’s Australia (2013), activities to promote a senior’s wellbeing can be grouped into four domains – sensory, social, thinking and motor. We see similarity of these domains with the six domains focused on in The Nurturing Early Learners Framework by the Ministry of Education Singapore (2013) on children’s learning and development: aesthetics and creative expression; discovery of the world; language and literacy; motor skills development; numeracy; and social and emotional development.

The cross-cutting nature of these domains suggested the possibility of mapping them against each other to plan similar activities pertaining to the needs to develop the children as well as maintaining the senior’s functional abilities. This process suggesting that dementia progression can be considered as a reverse to children’s development stages is also known as retrogenesis as coined by Dr Reisberg, (Reisberg et al., 1999; Rogers & Lasprilla, 2006).

From the understanding that children and seniors at corresponding development stages share some similarities such as communication, focus, activity type, demonstration and ability to retain new information (ACECQA, 2014; Nitta, 2007; Pool, 2012), we attempted a table to map the information collated from the literature and the midpoint review after Phase 1 of the IGP (see Table 1). The table was used to provide teachers and care staff with a better understanding for engaging persons with dementia and young children in IGP (Gigliotti, Morris, Smock, Jarrott, & Graham, 2005; National Ageing Research Institute [NARI], 2010).

Table 1. Similarities of children’s developmental age compared to dementia progression.
Pilot programme structure

In total, 27 seniors from SCC participated in the programme, they were aged between 70 and 95 years old. Of the 27, 16 are people with dementia, ranging from mild to moderate dementia. Seniors were invited to participate based on their ability to engage in daily activities, health conditions, and whether their past occupation was related to teaching. From the childcare setting there were 50 child participants, aged between 4 and 5 years old. All the participants were divided into two groups, with each group meeting fortnightly for IGP sessions. For each session, seven seniors were paired with 9 to 14 children.

The IGP was held once a week, alternating between the two groups, on Monday mornings between 10 am to 11:30 am. Children and seniors met in a room located in between both the centres. Besides the IGP sessions, seniors and children also met in joint monthly birthday celebration at SCC on every first Tuesday of the month.

During the IGP session on Mondays, the seniors were arranged to be seated at three tables, while the children stood beside them. The tables and chairs were transported from SCC to the room for the sessions. The chairs used had armrests as this is a safety requirement for the seniors. Extra chairs were placed around for children who wanted to sit as well. The tables were of an appropriate height (680–730mm) for seniors who used wheelchairs and for children.

The sessions were conducted by four facilitators, two childcare teachers and two SCC care staff. SCC care staff were selected based on their having completed training on dementia care; their experience with coordinating activity for seniors; being multi-lingual or at least bilingual, and have an interest in working with children. 10 out of the 11 activities for the year-long calendar were planned and implemented by SCC and childcare staff.

Activities were planned based on cultural celebration and tradition as Singapore is a multicultural society with cultural celebrations throughout the year (Thang, Kaplan, & Henkin, 2003). This provides an opportunity for seniors to transfer culture and knowledge, which is gradually fading away among the younger generation (Thang et al., 2003). Activity types included cultural learning experience, baking, Bingo variations and art and craft activities (see Appendix 1).

Midpoint review and changes in Phase 2

While regular check-in sessions were conducted through the bi-weekly meetings, a focused midpoint review was held after the first six months (Phase 1), of which two key components – facilitation and the nature of activity were identified to be fundamental in enabling meaningful engagement for the participants (Gigliotti et al., 2005; Larkin, 2007; Sugi, 2007). With the review, besides making process changes, there was the addition of two key staff at SCC, an IG Coordinator and a Dementia Specialist (Gigliotti et al., 2005; Hayes, 2003; Hirn, 2007). The role of
the IG Coordinator was to collaborate and liaise with both centre’s staff on behalf of SCC and to develop appropriate activities in consultation with the Dementia Specialist (see Appendix 2).

**Facilitation**

At the midpoint review, facilitators shared that their lack of knowledge on the participants’ developmental needs affected effective facilitation. This led the IG Coordinator to develop a table to map the corresponding developmental stages in both the children and seniors (Table 1), which soon facilitated further discussion and exchanges in expertise among the facilitators at both centres, the Dementia Specialist and the IG Coordinator. The useful outcomes from this exercise included the introduction of dementia care steps-instructions to childcare teachers; identification of the similarities between children and seniors (Lee et al., 2007); an emphasis that the role of facilitators is to facilitate rather than to direct, and the need to know when to step back and step in (Hayes, 2003; Penn State College of Agricultural Sciences [PSCAS], 2003). The team also learnt that sometimes interactions between seniors and children need to be facilitated and guided (Lee et al., 2007; Scannell & Roberts, 1994; Steinig, 2003).

During the discussion, facilitators also shared that too much time was spent on translation due to the different languages spoken by the seniors. This resulted in a change in grouping in Phase 2, where seniors were re-grouped into two different groups depending on whether they speak English or Chinese. With this change, the facilitators only needed to explain in one language and were able to spend more time in programme facilitation.

**Nature of activity**

One challenge during Phase 1 was the uncertainty on whether the activities designed would appeal to both the seniors and children. Each session became a learning experience for the team, and we soon observed that the activities in Phase 1 lacked variation and some activity materials were not suitable. For example, in the mosaic frame activity that involved pasting small ornaments with wet glue, participants were observed to be more occupied with peeling off dried glue from their hands than interacting with each other.

In Phase 2, we tried to introduce more variation in activities that were both appropriate for the seniors and also suitable for the children. For instance, Seniors love the game ‘Bingo’, but it was discouraged in the childcare setting as it is associated with the notion of gambling. In order to meet both participants’ interests and needs, an educational Bingo was created using variations of local food instead. During the Bingo activity sessions, some seniors were interacting with children, asking questions such as “What is this called?” and teaching them. Children were also seen reading the English terms to Chinese speaking seniors.
An activity plan adapted from the guide written by Jarrott (2007) was also introduced in Phase 2 to improve communication and preparation of materials between both centres. Following the three-part Dementia programme sequence – warm up, activity and wrap up, facilitators encouraged seniors and children to greet each other and have informal chats such as asking, “Have you had your breakfast?” before introducing the activity. For product-based activity, sample of the final product was shown beforehand to help guide participant’s expectations.

**Measurement**

Of the 27 seniors, 10 seniors participated in both Phases 1 and 2; six seniors only joined in Phase 1, of whom three withdrew due to health conditions and one was discharged from the centre; while six seniors only participated in Phase 2. There were also five who were on standby and joined only when there was place due to absence or Senior didn’t want to participate. Altogether there were 17 seniors that consistently participated when invited. The Bradford Wellbeing Profiling (Bradford Dementia Group [BDG], 2008) observational tool was used to measure the impact of IGP on seniors over time. Wellbeing is measured as it can be maintained despite the presence of a cognitive deterioration, such as dementia (Hewitt, Watts, Hussey, Power, & Williams, 2013). Wellbeing profiling is suited for an understanding of the process- participant’s experience in the present time, than for an outcome measure (BDG, 2008). The tool has 14 indicators to assess seniors’ social interaction and engagement during IGP session and was recorded after every session. For Phase 1, the average score for wellbeing profiling based on 12 seniors is 27.2 of 28. For Phase 2 the average score for wellbeing profiling based on 15 seniors is also 27.2 of 28. The results show that all the seniors maintained their wellbeing scores throughout the IGP and none showed decline. The results also correlates with the feedback received from seniors and their caregivers.

From the middle of Phase 2, seniors were given feedback forms to fill after each IG session to show their thoughts on the session. The feedback form consisted of three simple questions with 3-smiley face scale and a choice to state their reason for the choice. Results show that 89.4% of the seniors liked the activities with only two or three felt that some activities was only ‘OK’. 97.4% seniors stated they enjoyed activity with children and would like to participate again. There were no seniors that responded ‘No’ to any of the three questions (see Appendix 3).

The following are additional feedbacks from seniors and their caregivers:

“Meeting children is great fun, I get to meet children of different characters and they ask different questions, give different ideas.” – Madam A
Although Madam A, 86, could not remember details of the sessions due to her dementia condition, she was able to enjoy the activities and displayed joy when interacting with the children.

“I enjoy meeting with children, also to nurture them and they get to learn.” – Madam B

“She mentioned doing activities with children e.g. mooncake, art and craft, singing. She is happy, enjoys and think the children are adorable.” – Madam B’s daughter

Madam B, 72, used to be a tuition teacher. She took part in the IGP regularly since it started. She would provide guidance to the children in the activities and commend them on the work they have done.

“Gong gong (grandpa) is happy in the centre, but he is even happier when he interacts with the children.” Mr A’s caregiver, who accompanies him.

Mr A, 94, enjoys singing as a hobby. During the IGP, he discovered a new talent of story-telling. In one of the sessions, Mr A read the Lantern Festival story aloud and it was so expressively presented that the children enjoyed it very much.

“She is quiet in the centre but when she meets with the children, she is happy and she talks to them.” – Madam C’s helper, who accompanies her.

Madam C, 73, was a former principal but now has aphasia. During IGP, she was seen using her remaining abilities, pronouncing the child’s name phonetically. In another session, she offered help to a child whom had difficulty cutting. She used the scissors skilfully – cutting the edges to precision.

**Lesson learned**

For SCC staff, IGP provided the opportunity for them to learn that seniors have the ability to maintain their abilities and learn new ones. We also identified the multiple roles of the facilitators, such as to prepare the seniors in advance of what to expect of the activity; to be a translator; to empower seniors to be a mentor (Hayes, 2003; Salari, 2002; Sugi, 2007); to encourage cooperation between seniors and children (Gigliotti et al., 2005); and observing and documenting the activities for further modifications (Jarrott, 2007). The frequent post activity review discussions among the facilitators allowed for changes and improvement areas to be identified and incorporated promptly for the next group or next activity (Gigliotti et al., 2005; Jarrott, 2007).

The duration of the activity of 1–1.5 h was considered to be optimal for IGP session (George & Whitehouse, 2010; Gigliotti et al., 2005; Kaplan, 2001; NARI, 2010). We also found that the optimal duration depended on the type of activities, for example participants enjoyed the 1.5 h long music sessions, but for mosaic frame making, less than 1 hour was considered optimal. In
terms of space, the enclosed gym room was a more conducive space for both age group to keep their focus on activity (Larkin, Kaplan, & Rushton, 2010) as compared to the big space in SCC, where children came together to celebrate birthdays and were seen running around. The pairing up of seniors with the children during the sessions also encouraged stronger interactions between the two generations.

**Conclusion**

Overall, the IG pilot programme had been considered a success in many ways. Senior participants showed stronger sense of purpose through their mentoring role to the children; increased in social engagement as compared to when they are at the centre; enjoyed activities with children and would like to participate again. From the perspective of programme development, we identified the key components in developing an IGP as: nature of activity, facilitation, regularity and duration of activity, physical environment, to put in place a feedback and review mechanism. These findings offer insights into developing a structured and effective IGP connecting dementia seniors and children.

Through bringing the children and seniors together, the IGP empowers the participants to be the agency for promoting each other’s wellbeing through interactions, reciprocal learning and co-creation. It provided the seniors with opportunities to express generativity, the passing down and recycling of human understanding, experiences and cultures to children. The positive experiences from the IGP is an inspiration for us as we strive to establish a caring and empathetic society, bringing the enjoyment of having an extended family and a ‘Kampong (village) Spirit’ within the larger community.

**Acknowledgments**

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**References**


Nitta, A. (2007). Intergenerational programs with accordance to cultural inheritance (IPCI): The reaction and behavior of high school students in a nursing home care environment. In S. Yajima, A. Kusano, M. Kuraoka, Y. Saito, & M. Kaplan (Eds.), Proceedings: Uniting the generations: Japan conference to promote intergenerational programs and practices (pp. 234). Tokyo: Seitoku University Institute for Lifelong Learning. doi:10.1094/PDIS-91-4-0467B


### Appendix 1. Activities

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>January &amp; February</td>
<td>July</td>
</tr>
<tr>
<td>Chinese New Year celebration</td>
<td>Singapore cultural music experience</td>
</tr>
<tr>
<td><em>Baking pineapple tart and cookies</em></td>
<td></td>
</tr>
<tr>
<td>March</td>
<td>August</td>
</tr>
<tr>
<td>Peranakan culture</td>
<td>Mid-autumn Festival</td>
</tr>
<tr>
<td><em>Making ondeh ondeh</em></td>
<td><em>Making snow mooncakes &amp; lanterns</em></td>
</tr>
<tr>
<td>April</td>
<td>September</td>
</tr>
<tr>
<td>Islamic culture</td>
<td>Reminiscence games</td>
</tr>
<tr>
<td><em>Making foam mosaic art frames</em></td>
<td><em>Bingo variations (local food)</em></td>
</tr>
<tr>
<td>May</td>
<td>October</td>
</tr>
<tr>
<td>Reminiscence</td>
<td>Deepavali celebration</td>
</tr>
<tr>
<td><em>Knitting and dough play</em></td>
<td>Sculpturing and painting clay diyas; drawing henna</td>
</tr>
<tr>
<td>June</td>
<td>November</td>
</tr>
<tr>
<td>Singapore cultural music experience</td>
<td>Grandparents’ Day</td>
</tr>
<tr>
<td><em>Seniors’ visit to childcare</em></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2. Midpoint intervention
### Appendix 3. Senior’s feedback form

<table>
<thead>
<tr>
<th>Questions</th>
<th>Reflection</th>
<th>Why</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did you enjoy the activity?</td>
<td>😊😊😊</td>
<td></td>
</tr>
<tr>
<td>你喜欢这项活动吗？</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Did you enjoy the activity with the children?</td>
<td>😊😊😊</td>
<td></td>
</tr>
<tr>
<td>你喜欢和孩子们做活动吗？</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Would you want to participate in this programme again?</td>
<td>😊😊😊</td>
<td></td>
</tr>
<tr>
<td>你想再次和孩子们做活动吗？</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>