



# CHILD CARE IN AGED CARE PROJECT

Report prepared for Office for Ageing Well

June 2021



Supported by Office for Ageing Well



Government of South Australia  
SA Health





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# 1.0 INTRODUCTION

This report presents the design, development, implementation and evaluation of the Child Care in Aged Care Project (CCAC), conducted in partnership by ACH Group (leading organisation), the University of South Australia (UniSA) and TAFE SA's City West Child Care Centre (City West). The project was supported by Office for Ageing Well, SA Health, through a Strategic Projects Grant.

The project commenced in July 2020 and concluded in June 2021.

The project aimed to develop, test and evaluate a structured, evidence-based, co-designed intergenerational model program to promote interaction between older people living in an aged care residential facility (RACF) and children attending a childcare centre. The program was facilitated by occupational therapy (OT) students.

The project was overall successful in developing a locally responsive, scalable intergenerational program that created meaning and connection, and was a source of joy for participants and facilitators.

Following this project, the project partner will evaluate and scope the opportunity to continue to work together towards future iterations of the model.

## 1.1 Background

This project fits in the context of intergenerational connections in South Australia. Intergenerational programs are structured, ongoing social interactions, which bring older adults and children the opportunity to engage in social activities together (Hernandez et al. 2020; Griffith University 2017).

The idea of intergenerational connections rests on the concept of bringing together older people and children, and it has been shown to hold great potential in delivering positive outcomes for both older people and children. For example, existing examples of intergenerational projects have pointed towards improvements in physical and psychological health of older people who took part in various pilot projects both in Australia and overseas. At the same time, these projects were linked with positive child development outcomes.

The project fits with the shared belief of ACH Group and Office for Ageing Well that meaningful connections can support older people to age well, both in the community and in a residential facility. This belief also holds true to the values of the occupational therapy profession.

The project was strongly aligned with the strategic state priority of promoting meaningful community connections and challenging ageism. In particular, the project did so by creating connections across generations. The project purposefully included children, university students and older people, meaning that at least three generations were collaborating to achieve the outcomes of the project. By developing an intergenerational model through the promotion of intergenerational collaboration, and evaluating its outcomes on children, young adults and older people, the project contributed to several key aspects of ageing well in South Australia, including:

- Creating diverse options to promote meaningful contribution and positive engagement of older people.

- Recognising that older people who live in a residential facility may be at high risk of loneliness and may need specially designed, locally responsive and partnership-enabled opportunities to overcome feelings of isolation.
- Tackling ageism through emphasising collaboration and friendship among people of all ages and through growing a life-course perspective through co-design.
- Supporting health through reducing social isolation and targeting loneliness among older people who live in a residential facility.
- Supporting the early development of children through the active contribution of older adults.
- New/improved cross-sectoral networks that increase capacity to develop age-friendly communities.

The project is valuable also because it helped to cast further light on the qualitative outcomes of intergenerational programs for older people, and particularly in metropolitan South Australian settings. This is important, because existing qualitative studies of this kind tend to review outcomes for the children rather than older people and most of them were not conducted in Australia.

## 1.2 Context

The project eventuated from an invitation by Office for Ageing Well to ACH Group to submit a proposal to develop, test and evaluate a program that brings together aged care and childcare. Potential approaches were discussed in early 2020 and the basis for a partnership involving Office for Ageing Well, ACH Group, City West and UniSA were laid. It was agreed that ACH Group would apply for funding to lead the project in partnership with UniSA's Occupational Therapy Program and TAFE SA's City West Child Care Centre.

The collective expertise of the project partners enabled the project team to apply social innovation principles and a minimum viable product approach to the design of an effective structured intergenerational care program. The project team could also count on significant expertise in high-quality qualitative research, the development of evaluation plans, the conduct of high-quality evaluation project and the translation of research.

### 1.2.1 Challenges posed by the COVID-19 pandemic

The project took place during the COVID-19 pandemic, which created a very complex environment for initiatives that aim to promote interpersonal connections. At project inception, it was not clear how long the infection control restrictions imposed on South Australians in early 2020, and especially on those living in RACFs, were going to last. There was a shared hope among stakeholders that restrictions on people living in RACFs could be eased by early 2021 and that, therefore, it was feasible to design a face-to-face intergenerational program that brought together participants and facilitators physically.

In this context, the project team designed a face-to-face model. This, however, had to be reviewed and re-designed into a technology-enabled program when, by late 2020, it became clear that physical interaction between children and older people was unfeasible during this project.

Adding to that, other complicating factors contributed to the final choice of opting for a technology-enabled 'virtual' program, which was then implemented during eight weeks between February and April 2020. These included:

- The fact that entering a RACF requires visitors (including children) to have a valid flu vaccination and that often children do not get vaccinated until they are much older.
- The fact that it is often very complicated to obtain a criminal history clearance certificate for older people who live in RACFs, and who may not be able to provide adequate identification for this scope (e.g., a valid or recently expired passport or driver's license).

### 1.3 Project purpose and objectives

The purpose of this project was to scope, co-design, test and evaluate a structured intergenerational program that would broadly aim to promote opportunities for purposeful roles of older people through the development of meaningful connections with pre-school children. To do so, the project aimed to bring together kindergarten-aged children attending a childcare centre and older people who live in a RACF in a program facilitated by University Allied Health students (i.e., Occupational Therapy). Key objectives of the intergenerational program developed through this project included:

- Increased social connectedness for older people.
- Increased early childhood social development opportunities.
- Increased awareness and skill capacity of allied health students.
- Enhanced cross-sectoral networks that increase capacity to support age-friendly communities.
- New opportunities for older people to actively shape services that support ageing well.

The project aimed to achieve this by means of:

- Mapping strengths, weaknesses and opportunities (e.g. SWOT analysis) of existing design options as per current body of knowledge.
- Actively engaging all partners including subject matter experts, children and older people in the co-design process (including desired outcomes for all partners and participants).
- Building on current evidence of intergenerational programs supporting positive outcomes for both older people and children (e.g. to design the session plans).
- Developing a Theory of Change and a targeted outcome-focussed evaluation plan.
- Considering duty of care and ethical issues (e.g. consent/ethics approval).
- Building the capacity of the community to understand and respond to the needs of older people.
- Building/strengthening cross-sectoral networks including aged care services, childcare and tertiary education providers.
- Embracing the wisdom and experience of older people to co-design the model for maximum accessibility and inclusion.
- Considering the employment of reflexivity and reflexive research design to capture all outcomes including unexpected and/or spinoff outcomes of the activities, for instance on parents/family members, carers, university students, aged care and childcare staff.



Table 1 summarises the deliverables of the project.

**Table 1: Project deliverables**

Deliverable	Description (resource/action)
Reference group established	<ul style="list-style-type: none"> <li>Establish reference group including older people, children, students and staff with relevant expertise across all partner organisations</li> </ul>
Options mapped	<ul style="list-style-type: none"> <li>Map strengths, weaknesses and opportunities (e.g. SWOT analysis) of existing program design options as per current body of knowledge</li> </ul>
Project plan defined	<ul style="list-style-type: none"> <li>Draft a detailed project plan inclusive of timeframes (e.g. Gantt chart), actions and responsibilities</li> </ul>
Stakeholders engaged	<ul style="list-style-type: none"> <li>Engage all stakeholders as per project plan and communicate plan</li> </ul>
Model co-designed	<ul style="list-style-type: none"> <li>Undertake interviews, focus groups and other research with target group</li> <li>Develop a theory of change for the project</li> <li>Together with all partners and SMEs, develop evidence-informed program</li> <li>Together with all stakeholders, design pilot model and key features to engage target group</li> </ul>
Program designed	<ul style="list-style-type: none"> <li>Design program activities to bring to life outcomes for both older and young people as per theory of change</li> </ul>
Project evaluation plan designed	<ul style="list-style-type: none"> <li>Determine pre and post participation criteria for the assessments of participants (e.g. key indicators of social wellbeing) to evaluate the outcomes of the project</li> </ul>
Ethical approval obtained	<ul style="list-style-type: none"> <li>Consider ethical issues and seek ethics approval as required</li> </ul>
Promotional materials developed and deployed	<ul style="list-style-type: none"> <li>Develop and launch promotional materials to create interest about the project</li> <li>Program promoted to target group (incl. family members, carers and parents as needed) to ensure participation</li> </ul>
Program tested	<ul style="list-style-type: none"> <li>Test co-designed intergenerational care program at one ACH residential venue, including: <ul style="list-style-type: none"> <li>Regular, structured and unstructured activities with and/or without interaction</li> <li>Facilitation of social connection between participants</li> <li>Support to attend where needed</li> <li>Baseline data collected</li> </ul> </li> </ul>
Program evaluated	<ul style="list-style-type: none"> <li>Undertake post participation assessments</li> <li>Complete an evaluation report and share with stakeholders as appropriate</li> </ul>

Table 2 summarises the agreed milestones between Office for Ageing Well and ACH Group.

**Table 2: Project milestones**

Key Milestone	Target Date
Preliminary project plan defined	June 2020
Reference group established	July 2020
Model program co-designed, including evaluation plan	October 2020
Ethics approval obtained as necessary	November 2020
Program piloted	February to April 2021
Pilot program evaluated	June 2021

Project Governance Meetings with Office for Ageing Well	Quarterly during the funding period
Final Report provided to Office for Ageing Well	30 June 2021
Financial Statement of Expenditure provided to Office for Ageing Well	30 June 2021

## 2.0 CO-DESIGN

The project was planned as a 6-phase project, comprising scoping, planning, co-design, pilot, evaluation and reporting phases. Figure 1 summarises the high-level project plan.

TASKS	2020						2021						
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
<b>SCOPING</b>													
Background research/review													
Map strengths, weaknesses and opportunities of existing design options													
Define preliminary project plan													
<b>PLANNING</b>													
Identify SMEs across the partner organisations													
Identify all stakeholders and conduct a stakeholder analysis													
Review project plan and amend if required													
Establish project reference group (PRG)													
<b>CO-DESIGN</b>													
Engage all stakeholders													
Develop a Theory of Change for the program													
Co-design of an intergenerational care program model in partnership with older people and children as required													
Design evaluation plan, including identification/development of appropriate indicators, evaluation tools and methods													
Consider duty of care and ethical issues (e.g. consent/ethics approval)													
<b>PILOT</b>													
Develop any additional partnerships to promote participation, both internal and external to ACH Group													
Develop and deploy all promotional materials as required													
Recruitment participants – older people, children and uni students													
Conduct 6 to 8-week pilot, including pre and post assessment of participants													
Support all participants to regularly attend the program													
<b>EVALUATION</b>													
Undertake post participation assessments													
Conduct an evaluation of the pilot as per project evaluation plan													
Complete an evaluation report and share with stakeholders as appropriate													
<b>FINAL REPORT</b>													
Complete a final project report and submit to Office for Ageing Well													
Complete a Financial Statement of Expenditure and submit to Office for Ageing Well													

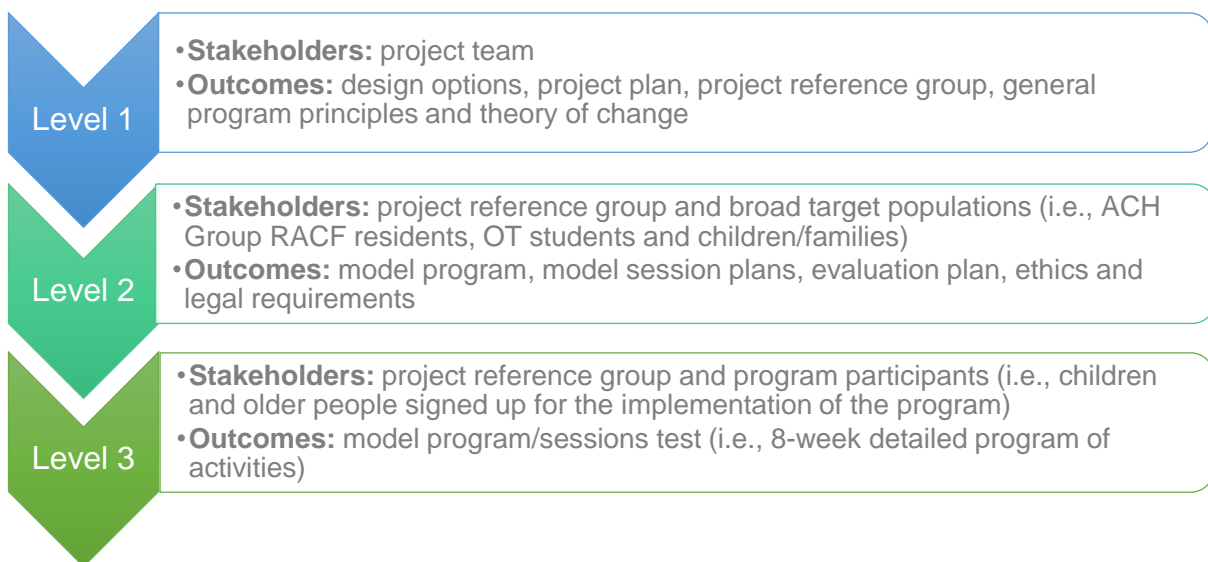
Figure 1: High-level project plan

## 2.1 Approach

The project was delivered by a project team involving key ACH Group, UniSA and City West staff. This team was supported by a broader project reference group including other staff from all partner organisations, ACH Group customers, City West children and families, and UniSA OT students (although not those who would necessarily then take part in the program). Regular meetings were also conducted between the project manager and Office for Ageing Well.

The co-design phase was conducted between August and December 2020, and it aimed to involve all stakeholders in the development of a high-level program model. It was conceived as a three-level exercise starting from broad principles and concluding with the test of actual locally responsive intergenerational activities designed in partnership with participants.

Figure 2 summarises the co-design approach.



**Figure 2: Co-design approach**

Throughout the project, seven co-design workshops were held involving different stakeholders and supported by internal *ad hoc* co-design activities during which staff of all three partner organisations consulted with their respective consumer base on issues identified during the seven workshops.

## 2.2 Process

The first phase of co-design eventuated in the choice of ACH Milpara as the pilot location, in a summary of evidence supporting intergenerational practice, the definition of broad program principles and of a theory of change.

The choice of ACH Milpara as the location came after visits to all ACH RACFs and was made on the basis of its relative distance from City West, the capacity and willingness of staff and management to host the project, and the quality of the environment and infrastructure (e.g., common activity room). ACH Milpara is in Rostrevor, a suburb of the City of Campbelltown. It is located about 10 kilometres north-east of the Adelaide city centre, where City West is located.

Through a literature review conducted by UniSA academics, the project team compiled a summary of existing models and designs of Intergenerational Programs in Australia, and of key benefits and risks associated with bringing aged care and childcare together.

Based on the findings of the literature review, the capacity of all partner organisations and input from childcare educators and ACH Group staff, a set of broad design principles and a Theory of Change were defined. The Theory of Change defined long-term goals and then worked backward to identify necessary preconditions/steps to achieve those goals (e.g., causal linkages including shorter-term, intermediate and longer-term outcomes). A visual summary of the Theory of Change is included in Appendix 1.

Meanwhile, internal consultations were conducted with City West staff, families and children, residents of ACH Milpara, staff and volunteers, and UniSA OT students. These were conducted by means of annotated informal conversations building on the broad design principles identified by the project team. UniSA conducted an online survey using survey monkey with the 2020 third- and fourth-years cohort of students. Table 3 summarises the outcome of this consultation.

**Table 3: ‘Level 2’ consultation across ACH Group, City West and UniSA**

Theme	ACHG	CWCCC	UniSA
<b>Would you be interested in participating?</b>	Mostly interested  For many, but not for everybody	Very interested  Curious	Very interested  Aligns with study  Aligns with personal interests and passions
<b>What excites you?</b>	Love and respect across generations  Some children may have no grandparents  Fun and laughing  Learning and teaching new things  Trying something different	Social and emotional aspects of bringing generations together  Empowering children  Developing children’s connection to wider community  Grandparents interaction for those who don’t have grandparents  How the two different generations connect	Evidence base  Collaboration across generations  Social and emotional aspects of bringing generations together

<b>What worries you?</b>	<p>It could be tokenistic for older people</p> <p>Older people need to be involved</p> <p>Hygiene and wellness</p> <p>Children may misbehave</p>	<p>Health of older people, including violence</p> <p>Residents may not be 'fit &amp; proper' to be with children</p> <p>Separation anxiety from both sides</p> <p>Different energy level may cause lack of interest.</p>	<p>COVID-19</p> <p>Children being a tripping hazard</p> <p>May not work out for some participants</p> <p>Producing suitable activities for both older people and children</p> <p>Equal involvement</p> <p>Sensory stimulation, cognitive and learning abilities</p> <p>Self-awareness and behaviours</p> <p>Distress caused by severing relationships at the end of the program</p>
<b>Can you think of any particular enablers?</b>	<p>Well organised environment and activities</p> <p>Suitability for people with sight and/or hearing impairments</p>	n/a	n/a
<b>Do you see any particular barriers?</b>	<p>Noise</p> <p>Poor vision</p>	Environment may not be child friendly, e.g. furniture	n/a
<b>Do you like interacting with children</b>	<p>Spending time together</p> <p>Very much</p> <p>There is an openness and purity about them</p>	Yes	Yes
<b>Anything else?</b>	<p>Interest in singing</p> <p>Interest in bowling</p> <p>Interest about teaching children</p>	How older people influence children's thinking	n/a

Building on the findings of the co-design process, the project team proceeded to design an outcome-based evaluation plan, which aimed to explore issues of loneliness, playfulness and quality of life with relevance to those who participate in the program. The evaluation plan was endorsed by the University of South Australia Human Research Ethics Committee (Application ID: 203494).

The team also engaged with relevant legal, quality and clinical teams and committee to finalise a Memorandum of Understanding and to identify key risks and mitigation strategies.

A checklist highlighting risks and mitigation strategies relevant to ACH Group and its customers was included in the final model program and it includes issues of:

- Awareness of infection control information and requirements.
- Consent.
- Insurance.
- Inclusion criteria.
- Criminal history check.
- Flu vaccination.
- Induction to site.
- Catering and food service.

The identification of older participants of the intergenerational program (assessed by ACH Group staff, e.g., Healthy Ageing Coordinator) was based on an inclusion/exclusion framework that included:

- Demonstrated choice/interest to participate.
- Being able to sit.
- Being 'Tier 1, 2 or 3' of the Behavioural and Psychological Symptoms of Dementia (BPSD) pyramid (Brodaty, Draper and Low 2003), where Tier 3 is described as "*Dementia with mild BSPD (e.g. night-time disturbance, wandering, mild depression, apathy, repetitive questioning, shadowing)*" and Tier 4 is described as "*Dementia with moderate BSPD (e.g. major depression, verbal aggression, psychosis, sexual disinhibition, wandering)*".

## 3.0 THE MODEL PROGRAM

The model program was completed in late 2020 as a face-to-face model and it included the following:

1. Model session.
2. High-level program plan.
3. Example session.
4. Support roles.
5. Role of OT students.
6. Practical resources.
7. Pre-launch checklist.
8. High-level virtual program plan.

The model is provided in Appendix 2.

### 3.1 Face-to-face program

The face-to-face model program was conceived as 8-week schedule of activities, running for 90 minutes one morning per week at ACH Milpara. OT students would plan and facilitate intergenerational activities aimed at fostering social connections between older people and children that promote:

- knowledge-sharing
- playing companionship
- friendship.

ACH Group and City West staff and volunteers would support the activities standing by to assist their respective clients and monitor them for signs of distress/need to leave, but try not to interfere with the activities.

The 8-week program would be preceded by an 'Intro Session' for all staff and volunteers and by a week of pre-activities during which OT students would start meeting residents and prepare 'intro briefs' of older participants to share with children (e.g. bio note, photo etc.).

A typical session would be structured in eight short parts designed to foster interaction and playfulness, whilst maintaining interest and a sense of routine. A typical session would include:

1. **Arrival & welcome** (10m) – Bus arrives, children go to program room and meet residents.
2. **Book-end** (5m) – Set routine to be repeated every session to mark the beginning of the activities, e.g., a group song.
3. **Snacks** (20m) – Unstructured socialisation while sharing snacks. Morning tea is provided by ACH Group. Snacks are nut-free and served in line with current COVID restrictions.
4. **Warm-up** (15m) – Fun ice-break activity to prepare for the main activity of the day.
5. **Break** (5m) – Quick toilet break.
6. **Main course** (20m) – Small group activity that brings to life the theme of the day. Each group includes some residents and some children.
7. **Book-end** (5m) – Set routine to be repeated every session to 'celebrate the successes of the session and to mark the end of the activities.



## 8. Goodbye & departure (10m) – Children go to pick-up area and board the bus.

Figure 3 shows a diagram of a model session. More details are visible in Appendix 2.



**Figure 3: Diagram of a model session**

A set of 'themes of the day' were identified to help guide activity plans, and included: the garden, stories, cooking, sport, art, drama, music, songs, travel, places, animals, the beach, the farm.

Support roles were identified as:

- Session facilitator(s): OT placement students (UniSA).
- Support staff: Healthy Ageing Coordinator (ACH Group), Childcare Educator (City West), Childcare Teacher (City West).
- Support volunteers: two aged care volunteers (ACH Group).

The model recommends that:

- All those in a support role have valid DCSI 'working with children' clearance.
- ACH Group's Healthy Ageing Coordinator retains 'overall operational authority' within an ACH Group's facility. At all times, ACH Group's staff take responsibility (duty of care) for older people and City West staff take responsibility (duty of care) for the children.
- OT students prepare and share a session plan, facilitate the session including 'calling the time', welcoming all, explaining/demonstrating activities and evaluating the sessions.
- Prior to each session, OT students plan the session and share it with all those in a support role.
- Prior to each session, childcare staff conduct 'group time conversations' with the children preparing them for the session and providing an overview of the activities.

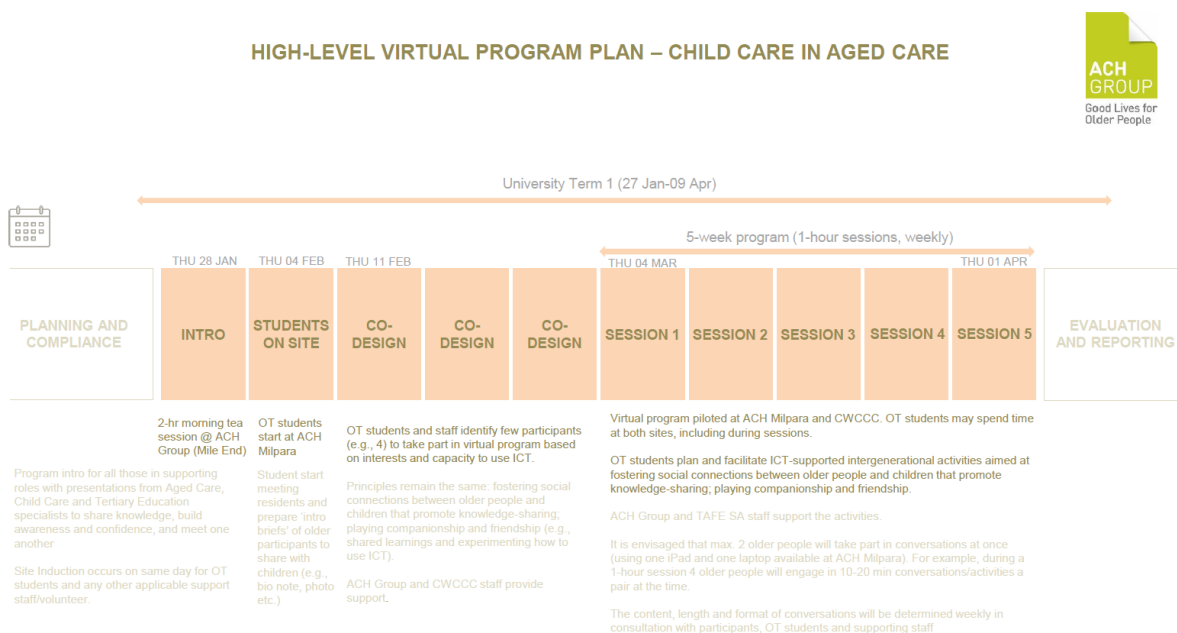
## 3.2 Virtual program plan

Due to infection control restrictions associated with the pandemic, in January 2021 it became clear that the face-to-face model had to be adapted to allow for virtual delivery, where children would remain at City West and would connect with older people in the RACF with the aid of technology.

The model program included a contingency plan for this, which implied:

- OT students and staff identifying and supporting participants based on interests and capacity to use information and communication technology (ICT). This would occur during the first three weeks of the 8-week program.
- Virtual program being piloted at ACH Milpara and City West, with OT students spending time at both sites, including during sessions (e.g. one OT student at ACH Milpara and one at City West).
- OT students planning and facilitating ICT-supported intergenerational activities aimed at fostering social connections between older people and children that promote knowledge-sharing; playing companionship and friendship.
- The content, length and format of conversations would be determined weekly in consultation with participants, OT students and supporting staff.

Details of the high-level virtual program plan are included in Appendix 2 and in Figure 4 below.



**Figure 4: High-level virtual program plan**

## 4.0 IMPLEMENTATION AND PILOT

Due to COVID-19 restrictions, the Child Care in Aged Care Program could not be run in person as originally planned, which led the program to be delivered virtually. This section of the report discusses the implementation of the Child Care in Aged Care Program in its virtual format as it was piloted during the Child Care in Aged Care Project.

The pilot intergenerational program was implemented and facilitated by two fourth year UniSA Occupational Therapy students (on a formal study placement arrangement) between February and April 2021. As their placement included also clinical practice (i.e. OT-specific activities to be supervised by an ACH Group OT), they were able to spend about half of it on the Child Care in Aged Care Program. This amounted to approximately two and a half days per week.

This section of the report draws on the report presented by the UniSA OT students to ACH Group.

### 4.1 Initial co-design phase

The co-design phase lasted three weeks and included interactions with the participants via informal conversation and play. The facilitators spent Wednesday mornings from 9:30 to 11:30 interacting with the children, and Thursdays interacting with the ACH Group residents (residents). The interactions between the facilitators and participants were a crucial aspect of the co-design phase. The interactions allowed the facilitators to develop a relationship with the children and residents, and to learn about them as individuals. Further, the interactions guided the theme and activities of the weekly sessions, as they were based on the information from discussions and feedback from the participants. Ultimately, the interactions ensured the weekly sessions were client-centred, and not based on 'stock standard' activities and themes.

During the co-design phase on Thursdays, the facilitators visited the residents to engage in informal conversation. The informal conversations varied in length, and were dependent on the residents' personality, energy levels, commitments and appointments. On residential visits, the informal conversations lasted between five and forty-five minutes. It was found that the longer conversations strengthened the relationship between the participating residents and the facilitators. The informal discussions assisted the resident to become comfortable in the company of the facilitators and led to sharing of personal information, which increased in depth each week. This was demonstrated with one resident, who did not wish to share information about his granddaughter in the first week but shared this information the following week when he felt more comfortable.

The program plan acted as a timeline and guided the progression of the project. The program plan was helpful to provide insight when specific aspects of the project should commence or be finalised. However, three weeks were just enough for the facilitators to get to know residents and the facilitators were not always able to meet with all residents each week. This led to reduced opportunities to interact, build relationships and learn about the residents. The same was also experienced when engaging with the children, as they were visited once per week for two hours in the three-week co-design phase.

## 4.2 Five-week program pilot

Following the conclusion of the co-design phase, the facilitators continued visiting the children every Wednesday morning to maintain relationships.

### 4.2.1 Activity planning

The facilitators spent Wednesday and Thursday afternoons finalising the session plan for the following week. This process took approximately four to six hours, and included researching, designing, planning and writing reflections from the previous week's session to inform future sessions. The session plan was emailed to the facilitators' Occupational Therapy supervisor (UniSA academic) to review. Implementing suggestions/amendments took approximately fifteen minutes to two hours to complete. Once adjustments to the session plan were complete, it was emailed to everyone involved in the project before close of business on the following Monday. This was later adjusted to close of business on Friday, which allowed ACH Group and City West staff adequate time to prepare and purchase/organise resources. Furthermore, the facilitators were frequently providing feedback and reflections to one another regarding:

- Interacting with residents and children.
- The logistics of the project.
- How weekly sessions went.
- What could be done differently / what did and did not work.

The facilitators met with their UniSA Occupational Therapy supervisor each Wednesday afternoon. Adding to that, they had a weekly one-on-one meeting with the Project Manager and a meeting between the two of them.

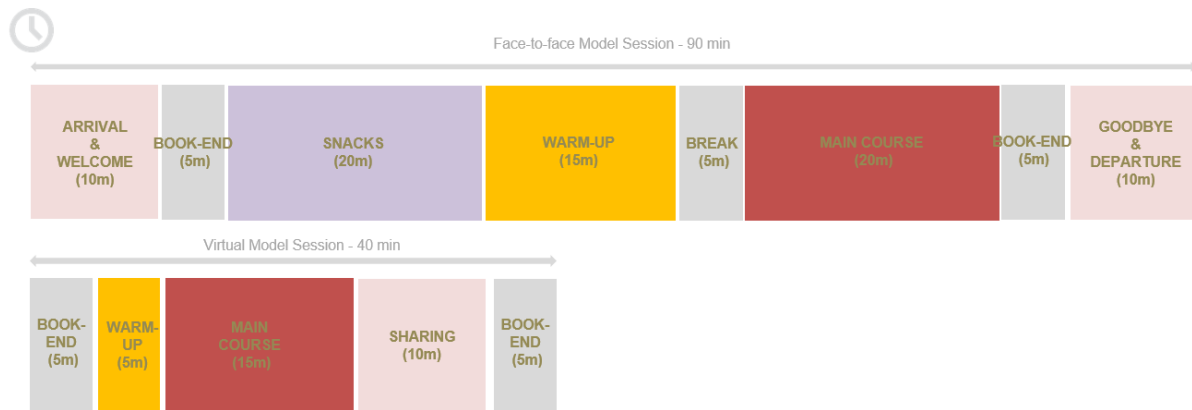
The facilitators also engaged with the Healthy Ageing Coordinator at ACH Milpara for guidance and feedback regarding the residents involved in the program. The City West Curriculum Coordinator would similarly provide feedback and advice regarding the children. Both staff members provided insight surrounding best methods of interacting with the children and residents, as well as what activities they might enjoy doing, and logistics of implementing the project.

#### 4.2.1.1 Adapting the model program for virtual implementation

The Child Care in Aged Care Model Program (Appendix 2) was used to support activity planning. As this was developed with the intention of in-person interaction, changes were made to suit a virtual platform.

The duration of the sessions was reduced from an hour and a half to roughly thirty-five to forty minutes. The reduced duration maximised participants' attention and provided adequate time to complete interactions and activities on the virtual platform.

The introductory 'book-end', 'warm-up', 'main course' and final 'book-end' elements of the model session (Fig. 3) were maintained with minimal variations, but with an additional 'sharing' component added and the 'arrival & welcome', 'goodbye & departure', and 'snacks' elements taken out. The sharing component was added to the plan to assist individual interaction, due to concerns regarding the capacity of participants to establish relationships on a virtual platform. Figure 5 compares the structure of the face-to-face and the virtual model sessions.



**Figure 5: Comparison between the structure of the face-to-face and the virtual model sessions**

#### 4.2.1.2 Weekly sessions

The intergenerational activities were run on Thursday morning, with older people and children connecting via video call from their respective locations.

The start time originally listed in the model was 10:00 am; this time proved to be the best time to conduct the sessions. Energy levels appeared lower in residents and children in one occasion when the session ran from 11:00 till 11:45 am (e.g., too close to lunch time). Commencing the session at 9:30 am was also tested, but this also appeared to be inappropriate as it did not allow the residents adequate time to finish getting ready for the day, which led to some residents arriving late.

In addition to the Thursday session that brought together residents and children, a session was run with the children on Wednesdays. These sessions were similar to what was completed on Thursdays (they had the same theme) but were shorter and the main course was a different activity. This allowed time to familiarise the children with the Thursday session, and assisted the facilitators with developing relationships with the children. The children would sing the same 'book-ends' and the facilitators would discuss the weekly theme with the children and their 'Grandfriends'<sup>1</sup>. The Wednesday sessions were also an opportunity for the children to create something for their Grandfriend, which could be given to them the next day and discussed in the session. This mimicked a relationship between a grandchild and their grandparent, wherein the grandchild would make something for their grandparent and give it to them. During the Wednesday sessions, the children created musical instruments, painted a pot plant, 'baked' cupcakes and made an Easter card for their Grandfriends.

#### *Intergenerational sessions (Thursday morning)*

The introductory and concluding book-ends were sung by the participants every session. The songs chosen were 'The wheels on the bus' for the beginning and 'You are my sunshine' at the end, as these songs were familiar to both generations. Singing the songs together each week provided opportunities to feel connected, increase confidence as the participants improved each week, have fun and establish a routine.

The warm-up aspect of the sessions followed the book-end and lasted approximately five minutes. The warm-ups consisted of facilitated conversations between the children and residents, and sometimes a short activity, which led into the main course. The main course

<sup>1</sup> 'Grandfriends' was chosen as the term to describe the relationship between the children and residents as it reflects the intergenerational component but does not assume kinship.

was a longer activity the children and residents completed simultaneously over Zoom for approximately fifteen minutes.

Conversation and sharing always followed the main course, which was facilitated between the children and residents. The conversations were about what participants enjoyed about the session, or what they completed. For example, during one session the participants decorated eggs, and on completion the children discussed their design, and the residents discussed what they liked about the session.

#### **4.2.1.3 Activity design process and themes**

Significant time was spent interacting and establishing relationships with the participants to guide the themes used within the pilot. Interactive activities were chosen based on participants' interests, while ensuring the activities enabled inclusion of everyone involved and appropriateness for both generations. Themes included 'Getting to Know You', 'Rhythm', 'Gardening', 'Farms' and 'Easter'. This reflected the participants' shared an interest in music and gardening, the fact that some residents had lived on farms and the children enjoyed farm animals, and the fact that participants were generally excited about the upcoming Easter festivity.

The participants' culture was considered in session planning and the sessions provided them with the opportunity to share information about their culture (particularly within the Easter session), which supported knowledge sharing, learning and connection.

#### **4.2.1.4 People and roles**

The virtual program involved several people, each with a defined role:

- UniSA OT students
  - Two UniSA students facilitated the program, re-designed the sessions to be run virtually, engaged with participants prior to commencement of the sessions and during and developing weekly session plans.
- Occupational Therapy supervisor (UniSA academic)
  - The facilitators' occupational therapy supervisor provided support and guidance throughout the duration of the program. The supervisor also volunteered at ACH Group during the Thursday session to assist the residents to engage in the activities.
- Childcare curriculum coordinator
  - The City West curriculum coordinator identified the children to be involved in the project, assisted with providing resources to support the project and sessions, managed the children's behaviour, and supported the facilitators in interacting with the children and providing feedback about what activities the children would engage well in.
- ACH Group's Healthy Ageing Coordinator
  - The Healthy Ageing Coordinator (ACH Milpara) identified residents interested in being involved in the program, assisted with providing resources to support the project and sessions, assisted on the day of the sessions by escorting residents to and from the Club Rooms (where the program took place), assisted with setting up the room and activities with the facilitators, and provided support and feedback to the facilitators about the project and the residents when necessary.
- ACH Group volunteers
  - One volunteer participated in the program per session. This role consisted of supporting the facilitators and the residents by escorting them to and from the

Club Rooms and helping them engage in the activities during the sessions.

- ACH Group residents
  - A maximum of ten and a minimum of five residents participated in the weekly sessions. Initially, fifteen residents were identified to participate in the program. However, only ten agreed to engage in the program. The residents were identified by the Healthy Ageing Coordinator as being the most interested in participating in the project. During the three-week co-design phase, the facilitators sought to meet all identified residents and discussed the project with them to understand if they were interested.
- Children
  - Ten children participated in program. The children were selected by the City West curriculum coordinator, and the facilitators spent time each week getting to know them. During the Wednesday sessions, roughly ten children participated, which was also the same number of children who participated in the Thursday sessions.
- Project Manager (ACH Group)
  - The project manager led the co-design process that generated the model and assisted with various aspects to guarantee that the program came into fruition. He also met with the two facilitators at least once per week to debrief on the program, as well as provide support when necessary.

## 5.0 EVALUATION SUMMARY

This section of the report draws on information gathered by UniSA academics as part of a formal evaluation process and through the facilitators' observations of participants and their engagement during the weekly sessions.

### 5.1 Enabling factors and barriers

This section draws on the observations and notes of the facilitators during the weekly sessions.

#### 5.1.1 Participants

The residents' eagerness to participate, and their input assisted in directing the program and providing it structure.

Each week the residents' energy levels varied, one resident was hospitalised, and they had appointments to attend, which resulted in attendance fluctuating from five to ten residents per week. Due to the comorbidities of the residents and subsequent supports required to ensure safety and inclusion, exceeding ten participants is not recommended and would act as a barrier within the program.

Some difficulties were encountered by City West in obtaining consent forms for the children to participate (i.e., the process was much slower than what it was initially forecasted, but in the end, it did not have a negative impact on participation).

Additionally, as the City West activities were split over two days, some difficulties were encountered in making sure the same children were at the childcare centre on both Wednesdays and Thursdays. This led to some inconsistencies with the children involved and acted as a barrier when forming and establishing relationships with the residents. In the future, it would be beneficial to obtain consent forms well before the commencement of the program to ensure consistency for all participants and enable better relationship building processes.

As in the case of RACF residents, exceeding ten children would act as a barrier in forming relationships with the residents due to inadequate time to foster individual connection and interaction.

#### 5.1.2 Facilitators, staff and volunteers

Throughout the program, staff and volunteers provided support which was integral to facilitating the program.

A staff member was always present during interactions with children at City West, supporting the children and managing their behaviour while the facilitators facilitated the program. Staff gave the facilitators additional advice, such as strategies to assist with engaging different participants. An example of this was the recommendation of giving a child a special job to assist a facilitator or staff member during the session, which provided a feeling of empowerment for the child.



Similarly, at ACH Group Milpara, support from staff was always provided. The Healthy Ageing Coordinator enabled engagement of interactive activities through provision of resources, support and recommendations. Due to illness and personal reasons, two sessions were run without a volunteer. No difficulties were encountered within these sessions as only five of the ten participants were present, which led to minimal impact to the support provided to residents. If this were to occur within a session with ten participants, further support would be required from ACH Group to ensure safety and involvement of the residents.

The presence of OT students and the supervision provided by UniSA were key components of the program. With the support of UniSA supervision, the facilitators were able to apply an occupational therapy lens to the development and facilitation of the program. The facilitators utilised the Person Environment Occupation Model (Law et al. 1996), in addition to the Developmental Frame of Reference (Creek 2014) and Compensatory Frame of Reference (Addy 2006), which enabled the inclusion of all participants. Occupational therapy principles were utilised to ensure the program was client-centred and client-led, which led to empowerment and involvement of the participants, and knowledge sharing, relationship building, role fulfillment and connection.

### **5.1.3 Attempts to promote further engagement**

To enable further formation of relationships between the children and residents, it was suggested the idea of creating a board with a photo of the residents, their names and interests to keep at City West. This is seen as beneficial to facilitate discussions about the children's Grandfriends and for their parents to discuss this at home.

Another tool used to increase the understanding of the program for the children was the creation of a recording of the residents. The facilitators created a recording of the residents wherein they shared their names, interests and other information they desired to share. The recordings varied in length between three and thirty minutes. The recordings were combined and condensed into a single fourteen minutes video file. However, the fourteen-minute duration of the final recording proved too long, and the children encountered difficulties watching the screen for a long period. The facilitators then skipped the residents' information and only played the resident's name in an effort to reduce sitting time and attention. It would be beneficial to create a one to two-minute recording, with the residents sharing their name and one interest to enable further understanding for the children.

### **5.1.4 Time**

Time acted as a barrier within the program due to the split nature of the placement.

Two days per week (Monday and Tuesdays) were spent by the OT students gaining clinical experience at ACH Group to fulfil the placement's clinical requirements. The other two and a half days (Wednesday, Thursday and Friday morning) were spent co-designing, planning, reflecting, documenting and facilitating the intergenerational program. Due to this split structure of their placement, the facilitators encountered difficulties responding to emails from stakeholders in a timely manner and to organise all activities and resources within the expected timeframes.

### **5.1.5 Technology**

Technology acted as an enabler and a barrier.

Utilisation of iPads, the internet, projectors and the video communication application 'Zoom' allowed the program to proceed, and for interactions to be conducted between children and residents. While technology was beneficial, the quality of the connection was also

unpredictable and there was significant time spent trialling and problem-solving issues to ensure the internet connection was clear, voices could be heard, and all participants could be seen in the frame.

At City West, difficulties were encountered with the virtual set up within the multi-purpose room, which was used to hold the program. During the first session, the internet was not accessible within the multi-purpose room, which led to the use of a facilitator's personal data to provide internet. In addition, the projector was not installed on the ceiling, and became a distraction and safety hazard to the children as some attempted to lift and touch the projector and tripped on chords. Echoing was also encountered, which led to difficulties in hearing sound via the application. All technological concerns were rectified by the conclusion of the program, and technology enabled the program to proceed successfully.

At ACH Group Milpara, the projector and screen were installed on the ceiling, speakers were installed in the corners of the room, multiple iPads and tripods were provided and internet was accessible. This led to the enablement of the program online. However, the speakers and Zoom iPad accounts were at times unpredictable. The facilitators also aimed to further facilitate connection, leading to the use of a second iPad and tripod, whereby close one on one interactions with the children could be facilitated.

These interactions were successful in encouraging interaction and facilitating connection and became an important aspect of the program. The eventual successful use of technology has demonstrated that if barriers such as COVID-19 were to present again that a program of this nature can proceed and provide social connection to residents.

### **5.1.6 Environment**

The physical environments enabled the facilitation of the program. The spaces were clear of obstacles, the lighting ensured all participants were able to see the space and screen clearly, there was adequate space to ensure 1.5 metre spacing between participants, all activities could be performed safely, and all walking aids could be circulated and stored during the session.

The environment also provided minimal distractions, which enabled further engagement. In addition, as all participants chose to be in the program, this allowed for a pleasant ambience. The residents would often discuss the children and socialise before and after the program, facilitated by the occupational therapy supervisor. This enabled the fulfillment of neighbourly and friendship roles between the residents, in addition to grandparent, educator and friendship roles with the children.

### **5.1.7 Planning and session activities**

The co-design nature of the project enabled participant engagement and empowerment, as they were aware they had input into the design of the program.

Time allowed for the facilitators to build relationships with participants, which led to connection between three generations and participant contribution to the program.

Some difficulties were encountered at various stages, as staff had insufficient time to read the session plan emailed to them the previous week by the OT students. This acted as a barrier in the running of the program as resources were at times not prepared for the facilitators.

## 5.2 Reflections and recommendations

The OT students that facilitated the program presented a series of reflection to ACH Group, based on their annotated observation of activities throughout their involvement with the project:

- Overall, each week the residents were thoroughly engaged in the interactive activities with the children over Zoom.
  - The residents appeared to leave pleased, and were expressing positive comments to staff, as well as discussing the children and the session with fellow participants.
- The children also began to form a relationship with their Grandfriends and enjoyed seeing them each week.
  - The children's social skills developed, as did their confidence, which is evidenced by the children showing their dancing to their Grandfriends, and increasingly interacting with them over Zoom, and wanting to share more information and ask questions.
  - The children also learnt about how to interact with a 'screen', and that one can have a two-way interaction from using an iPad, and not exclusively a one-way interaction.
- As the program was co-designed, it fostered a partnership between the facilitators, children and residents, leading to collaboration between three generations.
  - Participants felt empowered due to their ability to inform activities and themes, based on informal discussions conducted with the facilitators and feedback following sessions.
- Positive effects on loneliness among older adults were observed by the facilitators, in addition to residents reporting that it gave them 'something to look forward to'.
  - While the program encouraged interactions that led to reduced loneliness, further reductions may have been produced if the program were longer in duration. This would have allowed the facilitators time to visit the residents weekly and children for a longer period.
  - Furthermore, deeper connections could be fostered for the children if they were exposed to the program and the participants prior to and during the program more regularly and if they were involved from the beginning of the program. This could be facilitated through a short video recording of the residents and a board with photos and information about the residents to encourage discussion between teachers, parents and children.
- It would be beneficial to obtain consent forms well before the commencement of the program to ensure consistency for all participants, as children were added to the program until the second to last session.
- Limiting the capacity of the program to eight participants would allow for additional time for individual interaction and connections.
- The program provided opportunities for the residents to actively shape services and activities, which supports them to age well, and the children with social and communication opportunities with older adults, to support development, confidence and understanding of older adults. For example:
  - Many residents expressed a desire for a program of this nature to continue to provide opportunities to connect with children in the wider community.
  - The program was able to foster social connection between the children and residents, and facilitated knowledge sharing, role fulfillment and companionship among the participants and facilitators.

- The children showed an increase in their confidence and social development skills when interacting with the residents.
- Many residents also expressed to others the joy the program brought them, which demonstrated an increase in general wellbeing.

Information Technology support may provide additional suggestions to improve the experience for all involved.

Time and technology acted as the biggest barriers to the program, due to the unpredictability of technology and time not allowing for certain tasks to be fulfilled to the degree desired by the facilitators.

## 5.2 Outcome evaluation

The effects of the project on older people who live in the RACF were gauged through an outcome evaluation conducted by UniSA Occupational Therapy academics. This was endorsed by the University of South Australia Human Research Ethics Committee (Application ID: 203494).

This section summarises the methods and results of this outcome evaluation.

### 5.1.1 Methods

Older participants were involved in both the planning and the evaluation of the program activities. UniSA OT students collaborated with the residents to identify areas of interest, what they hoped to gain from the program and what they were concerned about. Following an initial co-design phase (three weeks), the intergenerational program was tested for five sessions, one per week, with each session lasting one hour. Due to COVID-19 restrictions, the playgroup was conducted remotely via Zoom.

Although initially pre- and post- questionnaires had been planned, during the consent process it became clear that residents found the amount of paperwork required overwhelming, and therefore a decision was made amongst the research team to not include these measures. Furthermore, the reduced length of time between pre and post diminished the value of using such measures.

Following the completion of the five-week program, six aged care residents were interviewed, one staff member from childcare and one from aged care. Interviews were chosen to allow participants time to speak, all participants knew the interviewer who had been present at each playgroup session. Interviewees were asked what worked well, what could be improved and what they would like to see happen in the future. The interviews were recorded, transcribed and then analysed using line by line coding resulting in four themes.

### 5.1.2 Connection

'Connection' was the overarching theme of the program. Connection with the children and connection with each other.

The residents spoke of the connection they felt with the children at the end of the activities. Even though they felt the connection was somewhat limited by the virtual nature of activities, it was still real. The children used the language of connection, referring to the residents as their Grandfriends and asking about them on days when they didn't see them. This feeling was expressed through exchanging cards and pictures.

Participation in the program was reported as generating further connection between residents. Residents spoke to each other during the activities, sharing their enjoyment of the

children. The program also became a focus of conversation during the week: *"Even though the children were there (City West) and we were here (ACH Milpara) it was still a genuine connection...we still gelled"*.

### **5.1.3 Hopes and expectations**

All residents reported high hopes about the program activities and some disappointment that it could not be face-to-face. Nevertheless, feedback indicated that a virtual program was better than no program at all, and that despite their initial disappointment, they were surprised at how well the playgroup ran and how much they enjoyed it.

Residents expressed surprise at how well the children participated, listened and followed instructions. The children's excitement and exuberance were commented on and that their behaviour surpassed any expectations the residents had had *"it's just lovely seeing them express themselves"*.

### **5.1.4 Reflecting on the past, looking to the future**

Many residents reflected on their own childhood when evaluating the program. They used their own experiences as children and raising children as reference points when talking about the program, talking about the differences they observed. There was a sense of wonder at the way the children just accepted technology.

### **5.1.5 Challenges**

The most challenging aspect of the program was the technology. Although it was acknowledged that technology allowed some connection despite COVID-19 restrictions, there was still a sense of frustration and disappointment that the playgroup could not be held face to face. At times the internet connection did not function as expected, and sometimes residents found it difficult to hear what the children were saying.

From the perspective of the childcare centre, it was challenging for children to remain seated. They were essentially being asked to do two tasks – to watch what was on the screen as well as to participate in the activity. At the same time, there was a sense of pride that despite the challenges, it was run successfully.

### **5.1.6 Conclusion**

The outcome evaluation concluded that there was a unanimous response from residents and staff that the program should continue. It created meaning and connection and was a source of joy. More resources may be needed to deal with the technological challenges.

## 6.0 CONCLUSION: MEDIA COVERAGE AND MOVING FORWARD

This report discussed the design, development, implementation and evaluation of the Child Care in Aged Care Project that ran between July 2020 and June 2021.

The project was led by ACH Group and was conducted in partnership with the University of South Australia and TAFE SA's City West Child Care Centre. It was overall successful in developing, testing and evaluating a structured, evidence-based, co-designed intergenerational model program, facilitated by university students, that brings together older people living in an aged care residential facility and children attending a childcare centre.

The project was successful in producing positive outcomes for participants and in highlighting feasible strategies for ACH Group to continue to deliver structured intergenerational activities building on the program piloted as part of the project.

The online program has been recognised as a feasible option for continued interaction, particularly because it allows for longer-term planning of activities, partnerships and placement opportunities, and it addresses issues of infection control and criminal history. Infection controls encompasses COVID-19, but it also refers to the fact that entering a RACF requires visitors (including children) to have a valid flu vaccination and that often children do not get vaccinated until they are much older. Criminal history issues refer to the fact that it is often very complicated to obtain a criminal history clearance certificate for older people who are not able to provide adequate identification for this scope (e.g., a valid or recently expired passport or driver's license).

The project attracted significant media and public attention. The project was not promoted to the broader community in order to attract participants as participants were already identified during planning and participated to the co-design phase. However, several media releases were produced by Office for Ageing Well, ACH Group and UniSA at various times during the project. These resulted in media coverage as follows:

- The Advertiser, 01 July 2020.
- The Weekly Source, 08 July 2020.
- Australian Ageing Agenda, 16 July 2020.
- Channel 7 Sunrise (video accessible at <https://www.facebook.com/watch/?v=801028627286410>).

Additionally, ACH Group staff, an ACH Milpara resident, a parent of one of the participating children and an UniSA academic were interviewed on different occasions on ABC Radio 891 and on Radio Adelaide. The Minister for Health and Wellbeing, Stephen Wade MLC, visited the program on one occasion and provided very positive feedback and kind words of encouragement (this can be seen in the Channel 7 video at <https://www.facebook.com/7NEWSAdelaide/videos/1267716230292417>).

Following the conclusion of this project, the project partners will evaluate and scope the opportunity to continue to work together towards future iterations of the model, building on some of the key learnings of this project as emerged during de-briefing meetings and conversations with all partners. These include:

- ACH customers (e.g., residents of ACH Milpara) indicated strongly that they would like activities of this kind to occur every week.
- Both children and older people identified benefits of participating in the program across a variety of domains, but mostly associated with feeling more intimately connected to others.
- While it is clear that a face-to-face model would be more interesting for participants, it is also evident that the online model is still sought after.
- The model trialled during this project was labour-intensive and future iteration will need to require less support from academic supervisors and clinical ones (e.g., ACH Group OT supervisors).
- The project provided a great opportunity for student learning and UniSA academics are interested in further developing and refining the placement structure that may best suit an ongoing partnership.
- The clinical aspect of the student placement will need revision/re-consideration.

To this extent, a number of recommendations also emerged from the report presented to ACH Group by the OT students and include:

- A short recording of the children for the residents.
- A short recording of the residents for the children.
- Reconsidering the structure of the occupational therapy placement.
- Additional time to plan Wednesday sessions and seek feedback from childcare staff.
- Consent forms to be completed prior to the commencement of the program.
- Limiting the capacity of the program to eight participants.
- Information technology upgrades.
- Invitations to act as a reminder for residents.
- Increased duration of the program.
- Increased time in the co-design phase.
- Clear budget outlined to assist with planning activities.

Moving forward, ACH Group, UniSA and City West will discuss how to run a second iteration of the online program by the end of 2021 and will consider how to support regular programs to be rolled out at other ACH Group RACFs.

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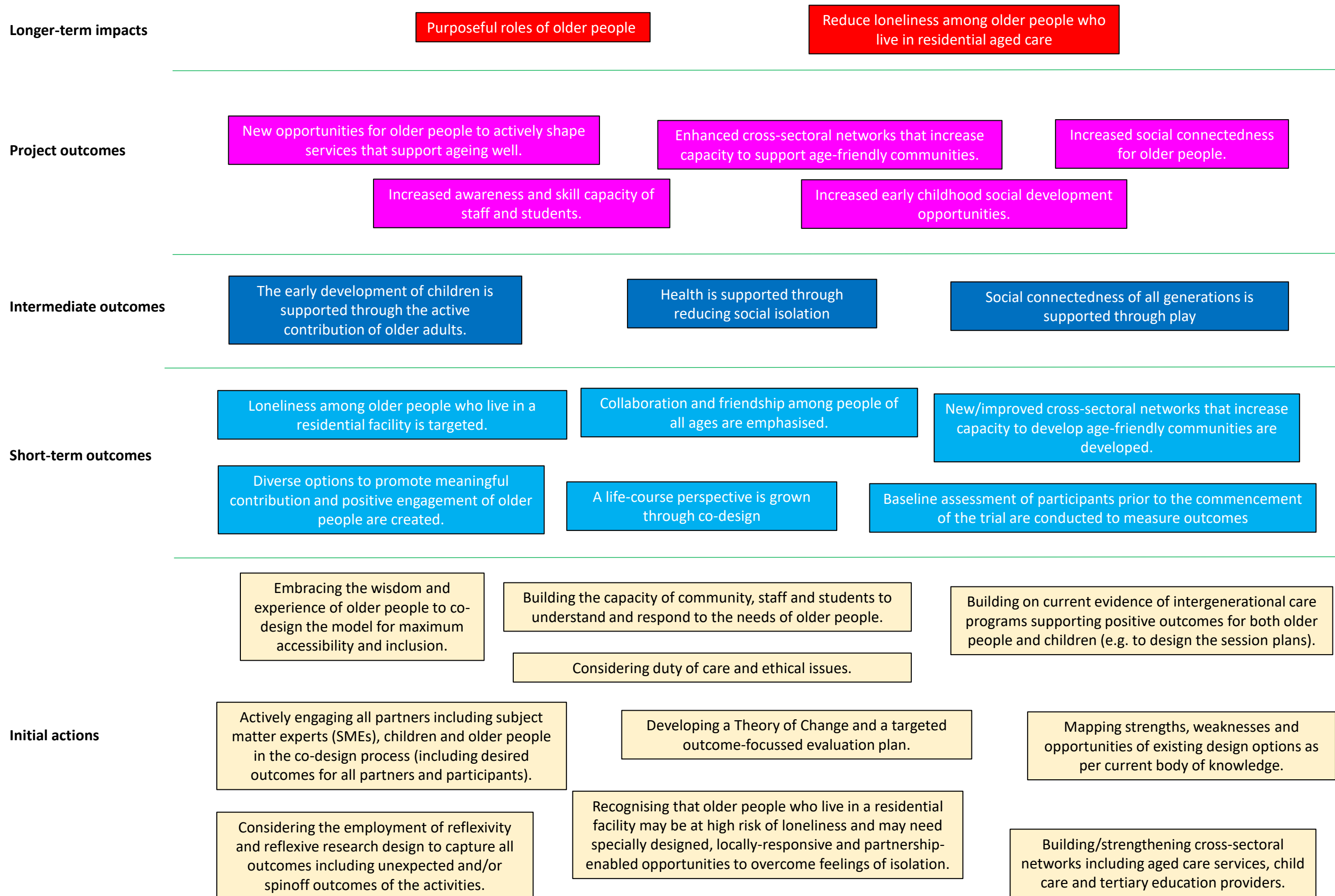
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# Child Care in Aged Care

A structured intergenerational program for purposeful roles for older people through meaningful connections with pre-school children

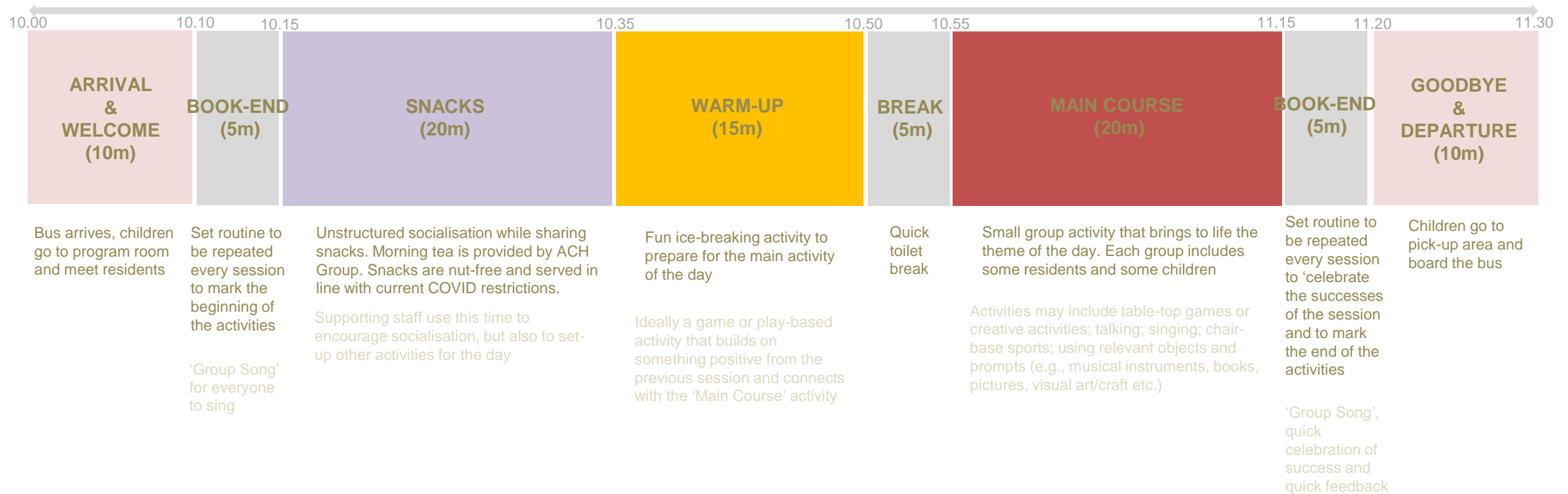
# Content

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2. HIGH-LEVEL PROGRAM PLAN
3. EXAMPLE SESSION
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6. PRACTICAL RESOURCES
7. PRE-LAUNCH CHECKLIST
8. HIGH-LEVEL VIRTUAL PROGRAM PLAN

## MODEL SESSION – CHILD CARE IN AGED CARE



90 min themed, play-based get together (Thursdays 10.00-11.30 am)



“Themes of the day”

THE GARDEN / STORIES / COOKING / SPORT / ART / DRAMA / MUSIC / SONGS / TRAVEL/ PLACES / ANIMALS / THE BEACH / THE FARM



# EXAMPLE SESSION – CHILD CARE IN AGED CARE



Theme of the day: THE GARDEN / STORIES / COOKING / **SPORT** / ART / DRAMA / MUSIC / SONGS / TRAVEL/ PLACES / ANIMALS / THE BEACH / THE FARM

**Warm-up:** Parachute game

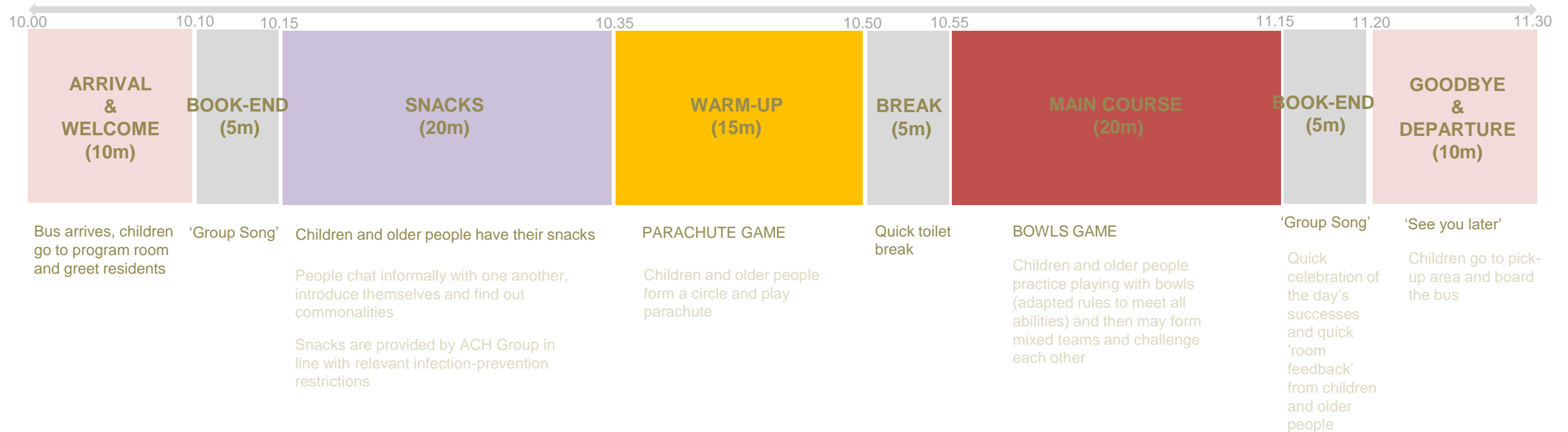
**Main course:** Bowls game

**Mode of delivery:** Physical Games

**Resources:** 'Making a Difference' (book), chairs, markers, indoor bowls, parachute



90 min themed, play-based get together (Thursdays 10.00-11.30 am)



# SUPPORT ROLES – CHILD CARE IN AGED CARE



## SUPPORT ROLES

**Session facilitator(s):** OT placement students (UniSA)

**Support staff:** Healthy Ageing Coordinator (ACH Group), Childcare Educator (TAFE SA), Childcare Teacher (TAFE SA)

**Support volunteers:** 2 x Aged Care volunteers (ACH Group)

Those in a support role focus on fostering social connections between older people and children that promote knowledge-sharing; playing companionship and friendship

All those in a support role have valid DCSI 'working with children' clearance

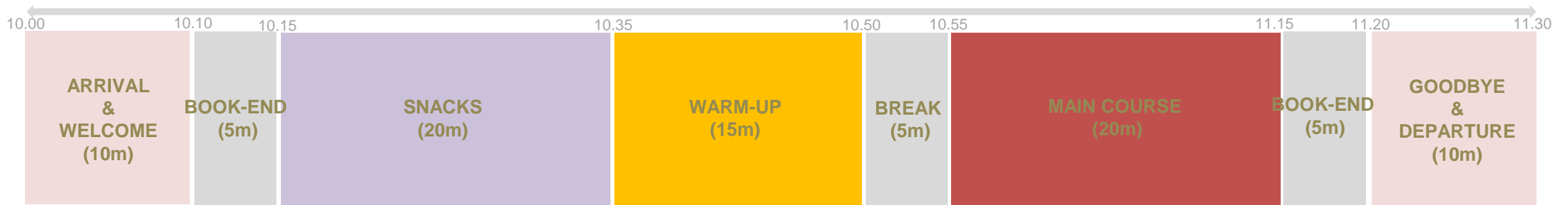
At all times, ACH Group's Healthy Ageing Coordinator retains overall operational authority at all times within an ACH Group's facility

At all times, ACH Group's staff take responsibility (duty of care) for older people and TAFE SA staff take responsibility (duty of care) for the children

OT students prepare and share a session plan, facilitate the session including 'calling the time', welcoming all, explaining/demonstrating activities and evaluating the sessions



Thursdays 10.00-11.30 am



Prior to 'ARRIVAL & WELCOME'

OTs plan session and share with all those in a support role by COB Monday

OTs, ACH Group staff and volunteers have everything set-up in the program area and older people are comfortable and ready to start

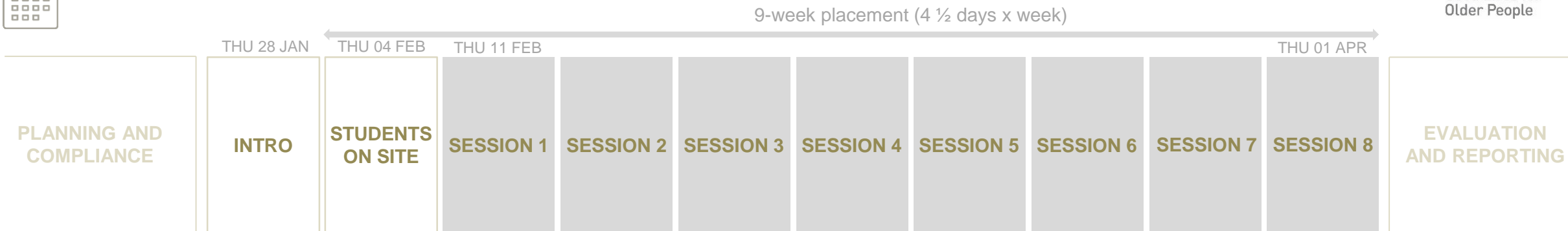
TAFE SA staff conduct 'group time conversations' with the children preparing them for the session and providing an overview of the activities

AT ALL TIMES

ACH Group and TAFE SA staff and volunteers stand by to assist their respective clients and monitor them for signs of distress/need to leave, but try not to interfere with the activities

Those in a support role try to remain seated or at child-level, and to remain 'the onlooker' (*it's all about the older people and the children!*)

# ROLE OF OT STUDENTS – CHILD CARE IN AGED CARE



Students are fourth year OT students in block A of their placement

OT students start at ACH Milpara

## ROLE OF STUDENTS AT MILPARA:

- Work with Healthy Ageing Co-ordinator and Milpara residents who participate in the pilot and getting to know the participants and their preferences
- Work off site at City West Child Care Centre to become familiar with the children's preferences
- Understand evidence-specific information about working with and facilitating intergenerational programs
- Use this evidence and the learned information about individual preferences to design a schedule of activities that will engage all participants
- Have the schedule of activities agreed on by relevant UniSA academic staff
- Deliver the activity session once a week, including setting-up, delivering and packing-up, and writing own reflection of practice
- Meet with participants to gain feedback
- If required, adapt the following week session to align with feedback
- Weekly feedback on overall engagement and lessons learned
- Weekly meeting with Edoardo, may include topics such as understanding of the aged care industry and how to design a program with an eye on scaling it

**Assessment** will include observations of their engagement at Highercombe and informed assessment from Edoardo and Daniel regarding the work at Milpara

OT assessment and supervision does not require that the supervisor has full visibility of the students' work, rather the assessment can be informed by discussion with other parties. For this placement experience the students will have an opportunity to engage in OT specific observation and basic delivery while at Highercombe, and designing programs with evidence based OT specific recommendations.

The university will also have visibility and support of the program session design as a further enhancement to their overall supervision requirements.

½ day per week will be dedicated to writing up reports and detailed evaluation of weekly session.

In addition to the Milpara activities, students will spend other 2 days a week under OT supervision at ACH Highercombe undertaking OT-specific roles

When at Highercombe, students will be involved in:

- Working with OT (Lauren )
- OT input for customers on behaviour support plans
- Review of best practice in cognitive reablement with potential development of a training package for staff



# PRACTICAL RESOURCES – CHILD CARE IN AGED CARE



Good Lives for  
Older People

## Facilitation and support

4 staff  
2 volunteers  
2 students

2 x Child Care staff  
1 x Aged Care staff  
2 x Aged Care volunteers  
2 x OT university students

## Book(s)

Aguirre et al., Making Difference 2 (UK Version)  
Aguirre et al., Making a Difference 2 (Australian Version), free pdf

## IT

For virtual facilitation: 1 existing iPad and 1 laptop. There are facilities at Milpara to connect either of these to the projector in the activity room.

## Practical resources

Resources are purchased and stored by ACH Group or TAFE SA as appropriate. Resources are brought in/out on the day of use.

## ICT

- 1 iPad\*
- 1 laptop\*
- 1 projector\*
- Several iPads\*\*
- Portable projector with screen\*\*

## Gardening

- Plant Pots\*\*\*
- Soil\*\*\*
- Gardening Hand Tools (Shovel/Fork/Gloves)\*\*\*\*
- Watering Can\*\*\*
- Seedlings\*\*\*

## Cooking

- Spatula\*\*\*
- Whisk\*\*\*
- Scales\*
- Cookie Cutters\*
- Dough (or ingredients)\*
- Rolling Pin\*
- Mixing Bowl\*
- Recipes – Sharing opportunity\*\*\*

## Sport

- Soccer Ball, football, baseball etc.\*\*
- AFL/SANFL memorabilia – pictures\*\*\*
- Soft indoor balls\*\*
- Ten Pin Bowling\*\*

## Art

- Pencils\*
- Texters\*
- Colouring pages\*
- Paints\*\*\*
- Sharing of a picture done by either older person or childcare participate\*

## Drama

- Children's costumes\*\*
- Some props for pretend play\*\*
- Face paint yet\*\*

## Music/songs

- CD/Music Player/PC (YouTube)\*
- List of songs known by both participants\*\*\*
- Headphones (if needed by participant)\*\*\*

## Travel/places

- Maps\*\*\*
- Modes of transport list/quiz\*\*\*
- Favourite places visited - good conversation opportunities about cultural difference and places of birth\*

## Animals/The farm

- Picture books on animals. – borrow from library?\*\*\*
- What pets did you/do you have?\*
- Animal toys (farm animals)\*\*\*

## The beach

- Sand\*\*\*
- Beach toys – bucket, spade, beach ball\*\*
- Shells\*\*\*
- Sun hats\*\*\*

## Stories

- Large print short stories\*
- Children's stories\*\*

### LEGEND:

\*available at Milpara

\*\*available at CWCCC

\*\*\*Not available yet – to be acquired

## PRE-LAUNCH CHECKLIST – CHILD CARE IN AGED CARE



Good Lives for Older People

Items	Actions	Completed		
		YES	NO	N/A
<b>Awareness of infection control information and requirements</b>	All participants are aware of the latest infection control information and RACF entry requirements (e.g. COVID-19) as advised by Lifestyle Coordinator			
	All participants are aware of relevant and up-to-date information about hand hygiene (e.g. hand hygiene booklet/fact sheet) as advised by Lifestyle Coordinator			
	All participants are aware of relevant and up-to-date information about PPE requirements as advised by Lifestyle Coordinator			
<b>Consent</b>	Consent form to undergo DCSI clearance process is signed by all participants			
	Consent form to participate in the program is developed by Lifestyle Coordinator and approved by site manager. This includes consent for photos and videos to be taken and consent for photos and videos to be used by all parties for marketing/publishing purposes			
	Consent form to participate in the program is signed by all participants			
	Consent form to participate in research is signed by all participants (developed by research partner)			
<b>Insurance</b>	Insurance cover is confirmed by site manager			
<b>Inclusion criteria</b>	Lifestyle Coordinator ensures that no participants are diagnosed as 'tier 4' and above on the BPSP framework of dementia			
<b>DCSI check</b>	Lifestyle coordinator applies on behalf of volunteers and customer and for her/his own DCSI checks in partnership with Volunteer Manager			
<b>Flu vaccination</b>	Lifestyle coordinator communicates with all partners what the current requirements are			
	Evidence of up-to-date flu vaccination that satisfies current requirements is provided by all participants to Lifestyle Coordinator			
<b>Induction to site</b>	Lifestyle coordinator conducts the induction for all external participants			
<b>Catering and food service</b>	Lifestyle coordinator communicates with all partners about dietary requirements and allergies			
	COVID safe food service and consumption guidelines are circulated to all partner organisations			

# HIGH-LEVEL VIRTUAL PROGRAM PLAN – CHILD CARE IN AGED CARE



University Term 1 (27 Jan-09 Apr)

5-week program (1-hour sessions, weekly)



2-hr morning tea session @ ACH Group (Mile End)

OT students start at ACH Milpara

OT students and staff identify few participants (e.g., 4) to take part in virtual program based on interests and capacity to use ICT.

Virtual program piloted at ACH Milpara and CWCCC. OT students may spend time at both sites, including during sessions.

Program intro for all those in supporting roles with presentations from Aged Care, Child Care and Tertiary Education specialists to share knowledge, build awareness and confidence, and meet one another

Student start meeting residents and prepare 'intro briefs' of older participants to share with children (e.g., bio note, photo etc.)

Principles remain the same: fostering social connections between older people and children that promote knowledge-sharing; playing companionship and friendship (e.g., shared learnings and experimenting how to use ICT).

OT students plan and facilitate ICT-supported intergenerational activities aimed at fostering social connections between older people and children that promote knowledge-sharing; playing companionship and friendship.

Site Induction occurs on same day for OT students and any other applicable support staff/volunteer.

ACH Group and CWCCC staff provide support.

ACH Group and TAFE SA staff support the activities.

It is envisaged that max. 2 older people will take part in conversations at once (using one iPad and one laptop available at ACH Milpara). For example, during a 1-hour session 4 older people will engage in 10-20 min conversations/activities a pair at the time.

The content, length and format of conversations will be determined weekly in consultation with participants, OT students and supporting staff