The Impact of Short-Term Quality Intergenerational Contact on Children's Attitudes Toward Older Adults

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Sarah Hall Gueldner

ABSTRACT. This article describes a research study designed to investigate the influence of short term quality intergenerational contact on the attitudes of children toward older adults. Glass and Trent's (1982) Typology of Approaches to change attitudes and Amir's (1969) Contact Hypothesis guided the development of this study. Glass and Trent reported that there are three primary ways that attitudes change: through discussion with others about the attitudinal object, direct experiences with attitudinal objects, and the acquisition of more knowledge about the attitudinal object. If attitudes are a reflection of internal and external influences, then it is assumed they can change.

The study revealed that children who participated in the treatment had a more positive attitude toward older adults. Both inclusion in the intergenerational activities and time spent with related older adults were significant in explaining the changes in the children’s attitudes toward older adults. doi:10.1300/J194v05n04_05 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com> © 2007 by The Haworth Press. All rights reserved.]
KEYWORDS. Quality contact, intergenerational programming, children’s attitudes

INTRODUCTION

Increasing the quality and amount of contact between older persons and children has many potential benefits for both individuals and society at large. Several studies have provided convincing evidence that increased integration of generations can produce beneficial outcomes (Bales, Eklund & Siffin, 2000; Chen, 1997; Dallmann & Power, 1997). The practical benefits include utilizing the skills of older adults to care for children as well as tapping into the energy and time of younger people to assist in the care of older adults. In addition, there are many intangible benefits such as companionship and the mutual exchange of affection and information. The purpose of this paper is to report the findings of a study that examined children’s attitudes toward the elderly and the impact of quality contact with older people on the children’s attitudes.

There is a relatively large body of literature confirming that children tend to have negative views of older persons. Those views appear to be largely rooted in attitudes held by the larger society (Dallman & Power, 1997; Schartz & Simon, 2001). Research also indicates that stereotypes are developed early and remain influential throughout life (McTavish, 1971; Aday, Sims, & Evans, 1991; Chapman & Neal, 1990, Schwambach & Kienan, 2002). Historically, researchers have assumed that by changing attitudes, they could alter behaviors, improve social relations and consequently produce social change. Findings of the study reported herein generally support the previous work of intergenerational researchers (Cummings, Kroph, & DeWeaver, 2000; Dellmann-Jenkins, 2000; Pinquart & Wenzel, 2000; Aday, Sims, & Evans, 1996) that programs which foster structured intergenerational exchanges can have a beneficial impact on children’s perceptions and held beliefs about older persons. These findings hold implications for nursing, education, social work as well as for other disciplines.

CHANGING CHILDREN’S ATTITUDES TOWARD ELDERS: LITERATURE REVIEW

The literature relating to changing children’s attitudes toward elders includes the description of a number of approaches designed to achieve
Research that goal. For example, one approach which is described is through common interests such as music (Darrow, Johnson, & Ollenberger, 1994). The approaches include providing opportunities for interaction as well as direct experience and increased knowledge about the attitudinal object (older adults). An assumption of this approach is that attitudes are learned and are therefore, influenced by experience. Although attitudes which are developed from direct contact seem to be more intense and effective, surprisingly, only a small portion of attitudes are formed in this fashion. Most attitudes are learned indirectly through family, friends, and significant others (Dellmann-Jenkins, 1997; Schwalbach & Kiernan, 2002).

Empirical evidence suggests that children’s familiarity with older persons reduces susceptibility to ageist attitudes. Direct contact with older adults has been proposed by Newman and others as a way to address ageist attitudes. In Newman, Faux and Latimer’s (1997) study of seventy-one fourth and fifth graders, the children seemed to understand the complexity of the aging process and the feelings accompanying the “unpleasant conditions” associated with aging. Newman and her colleagues noted that when children were asked their opinion in an open-ended way, one-third had positive views of elders, and one-half had neutral opinions.

Studies of intergenerational contact are limited and have usually been reported in quantitative terms, namely frequency and duration (Knox, Gekoski, & Johnson, 1986). However, Knox and Glass (1982) demonstrated that the quality of contact is as important as the quantity. Increasing the amount of contact among generations has been suggested as a way to increase the understanding of the aging process and associate it more with positive attitudes (Chapman & Neal, 1990). A number of studies support the idea that intimate contact with the elderly lessens distance felt by younger persons toward older persons (Aday, Sims, McDuffie, & Evans, 1996; Chapman & Neal, 1990; Corbin et al., 1987).

Numerous authors (Sheehan, 1978; Caspi, 1984; Chapman & Neal, 1990; Knox, et al., 1986; Pettigrew, 1998) have different definitions of quality contact. Sheehan (1978) was the first researcher to quantify what frequency of contact means but Schwartz and Simon (2001) are the only investigators who measured the quality of contact. Their study confirmed that participants’ self-reported quality of contact with older individuals, not the frequency, had the most significant effect on their subsequent attitudes toward the elderly.
Some research on intergenerational programs have assisted children in developing a more realistic understanding of aging, replacing negative attitudes toward the elderly with more positive ones (Caspi, 1984; Couper et al., 1991; Dellman-Jenkins, 1997; Schwalbach & Kiernan, 2002). Studies testing the effect of intergenerational programs have varied in methodology. For example, programs have varied from a one day, five-hour workshop (Couper et al., 1991), to a one week, one hour a day schedule (Chowdhary et al., 2000; Corbin et al., 1987), to contact once a month within the context of a nine month school year (Aday et al., 1991). Sample size and instruments utilized have varied as well. Direct experience with older adults in controlled settings appears to be more effective in changing attitudes than doled information or discussions on attitudes and facts about aging (Murphy-Russell, Die, & Walker, 1986). A number of the studies (Aday, 1991; Couper et al., 1991; Caspi, 1984; Schartz & Simmons, 2001) which used Amir’s (1969) hypothesis of favorable conditions have reported a positive change in children’s attitudes toward adults. Amir (1969) noted some basic premises for changing attitudes: namely, contact is intimate, not casual; members of both groups should be of equal status; contact is pleasant; and that members of both groups develop common goals.

**RESEARCH METHOD**

**Population**

The study reported here used a randomized experimental design which incorporated Amir’s basic premises (see above) in a nine-hour intergenerational program across a three to four week period. The full study included 67 children and 17 older adults.

Participants for the full study were recruited from the summer camp and the senior group of a YMCA in northeastern Pennsylvania. The sample was drawn from those children who met the study criteria (Table 1) and divided randomly by coin toss into control and treatment groups. The initial study design called for a sample of 96 children involved for nine days over a three week period. Due to summer plans which intersected the nine day research requirement, more than half the parents declined to sign the consent. Make up days were scheduled which brought the sample up to its eventual number (n = 67). The sixty-seven children who participated ranged in age from 6-12 years of age. They included a majority of white (78%) females (54%) who were healthy and free of
TABLE 1. Inclusion Criteria for Children of Full Study

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Male or female six to twelve years of age</td>
</tr>
<tr>
<td>2.</td>
<td>Able to speak and understand English</td>
</tr>
<tr>
<td>3.</td>
<td>Willing to participate in nine hours of Intergenerational Programming</td>
</tr>
<tr>
<td>4.</td>
<td>Willing to be videotaped during programming</td>
</tr>
</tbody>
</table>

physical disabilities. The seventeen older participants were primarily white females with a college education. Their ages ranged from 65-97 years (Table 2).

MEASUREMENT INSTRUMENTS

Two instruments were used: Polizzi’s Revised Version of the Semantic Differential and an investigator-developed questionnaire which included selected segments from Newman’s Children’s Views of Aging (Newman & Marks, 1997). A pilot study was conducted at a different location using 15% of the total study subjects (n = 16 children and n = 10 older adults). Prior to the pilot test, the investigator tested Polizzi’s Aging Semantic (Polizzi, 2003) on a sample of ten (10) six to twelve year old children to determine the children’s familiarity with words. The children were given a written list of paired descriptive words (e.g. cheerful/crabby, pleasant/unpleasant; friendly/unfriendly) accompanied by a seven point scale with an “n” for neutral in the middle. The children were asked to place a check mark along the scale that best described an older adult. Three of the paired words proved unfamiliar to the children. Polizzi suggested that the three words be dropped based on the rationale that the reliability of the tool is so strong that up to ten pairs could be dropped with no impact on the psychometrics of the instrument.

A focus group with the children who participated in the study was used to gain feedback on the instruments and their participation in the study at large. The children overwhelmingly found that the investigator-developed questionnaire was too long and required more time. It was also observed that small group activities held the children’s interest
TABLE 2. Demographics of Children and Older Adults in Full Study

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Frequency</th>
<th>Sex</th>
<th>Ethnicity</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-7</td>
<td>21 (31%)</td>
<td>M</td>
<td>African</td>
<td>6 (9%)</td>
</tr>
<tr>
<td>8-9</td>
<td>13 (19%)</td>
<td>F</td>
<td>Asian</td>
<td>2 (3)</td>
</tr>
<tr>
<td>10-11</td>
<td>16 (24%)</td>
<td></td>
<td>Caucasian</td>
<td>52 (76%)</td>
</tr>
<tr>
<td>12</td>
<td>17 (25%)</td>
<td></td>
<td>Hispanic</td>
<td>7 (11%)</td>
</tr>
<tr>
<td>Total</td>
<td>67 (100%)</td>
<td></td>
<td></td>
<td>67 (100%)</td>
</tr>
<tr>
<td>65-75</td>
<td>7 (41%)</td>
<td>M</td>
<td>Caucasian</td>
<td>15 (88)</td>
</tr>
<tr>
<td>76-86</td>
<td>6 (35%)</td>
<td>F</td>
<td>Hispanic</td>
<td>1 (6%)</td>
</tr>
<tr>
<td>87-97</td>
<td>4 (24%)</td>
<td></td>
<td>Other</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>Total</td>
<td>17 (100%)</td>
<td></td>
<td></td>
<td>17 (100%)</td>
</tr>
</tbody>
</table>

longer. Modifications were made to the study based on the information gathered in the focus group.

METHODOLOGY

As Schwartz and Simons (2001) demonstrated, quality of contact is the essential condition under which positive attitudes develop. This finding is important because it may explain why contact with older adults under less favorable conditions has had no effect or may even have intensified negative stereotypes. Eddy (1986) has shown that nursing students who work mostly with sick elderly have developed and maintain negative attitudes toward the elderly unless they also have interacted with members of this age group under favorable conditions. The study reported here did not assume built-in control over the relational contact the children may have had in the past (e.g. family mem-
bers). It merely aimed to systematically increase the intimate contact they had with nonrelational elders.

The subjects participated in nine hours of intergenerational contact over a four-week period. The procedures of the intergenerational program, also called manualized interventions, provided the activities for the intergenerational contact. Introductory activities, small group bonding activities, and journal writing intended to establish greater rapport between the children and the older adults, as well as small group discussions were implemented. The small group activities addressed casual to increasingly more intimate topics as noted in Table 3.

To measure the degree to which the nine-hour intervention affected the children’s attitudes toward the older adults, ten open-ended questions were asked as part of a investigator-developed pre-questionnaire with seven of the questions being asked again as part of a post-treatment questionnaire (Table 4).

Each child’s attitude was measured by their composite scores on Polizzi’s Semantic Differential and the semantic differential section of Newman’s Children’s View on Aging. The thirty-two items were summed for an overall attitude score. The children’s post attitude scores were examined using analysis of covariance and adjusting for the pre-test attitude scores.

The qualitative data obtained from the ten questions listed in Table 4 were analyzed by grouping the data from questions 1, 4, 5, 6 into categories of “physical changes, mental changes, personality changes, and indicators of old age.” Data for question two were categorized into “types of community service” and data for questions 7, 8, 9, 10 were categorized in the grouping “self-perception of old age.” The data from the post-treatment questionnaire, “How has your attitude toward older adults changed as a result of spending time in the YMCA program?” were defined by the categories “treatment made a difference” and “treatment did not make a difference.”

Multiple regression analysis was applied with selected demographic independent variables (age, gender, quality of contact, frequency of contact with related older adults, frequency of contact with non-related older adults) and with the dependent variable (attitude scores of the children). Prior to using regression analysis, the data were examined to assess whether or not the requirements for using this methodology were satisfied. The dependent variable, youth attitude values at the completion of the study, was examined for normality across the two treatment levels. The SPSS Explore program analysis revealed the existence of outliers which contributed to skewed distributions. The outliers with
### TABLE 3. Intergenerational Program: Manualized Interventions for Small Group Discussions

<table>
<thead>
<tr>
<th>Day</th>
<th>Large Circle Activities</th>
<th>Small Circle Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Name Game: Repeat Name with Ball</td>
<td>2 Truths and a Lie: Adult paired with 2 children</td>
</tr>
<tr>
<td>2</td>
<td>Name Game with Happiest Day of your life</td>
<td>Gum Drop Game: Depending on color, tell something about family, vacation, etc.</td>
</tr>
<tr>
<td>3</td>
<td>Name Game with greatest fear</td>
<td>Concentric Circles: share childhood memories</td>
</tr>
<tr>
<td>4</td>
<td>Name Game with Stressor</td>
<td>Triads: Problem-Solve Stressor</td>
</tr>
<tr>
<td>5</td>
<td>Name Game with Ethnicity</td>
<td>Triads: Discuss implications of ethnicity</td>
</tr>
<tr>
<td>6</td>
<td>Name Game with self-characteristic</td>
<td>Triads: Self Assessments</td>
</tr>
<tr>
<td>7</td>
<td>Name Game with one area of self improvement</td>
<td>Triads: Jelly Bean Game: same as Gum Drop Game</td>
</tr>
<tr>
<td>8</td>
<td>Name Game with one bias</td>
<td>Triads with 3 Wishes Game</td>
</tr>
<tr>
<td>9</td>
<td>Name Game with Loss or Sadness</td>
<td>Triads with Ways to Cope with Loss or Sadness</td>
</tr>
</tbody>
</table>
TABLE 4. Ten Open-ended Questions: Children’s Views about Older People

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following questions ask you to think about becoming an old person.</td>
<td>For most of these questions you will just need to write a few words.</td>
</tr>
<tr>
<td>you will just need to write a few words. If you have any questions raise</td>
<td>There is no right or wrong answer. Please answer every question.</td>
</tr>
<tr>
<td>your hand. There is no right or wrong answer. Please answer every question.</td>
<td></td>
</tr>
<tr>
<td>1. List 5 words that best describe “older adults”. If asked what age</td>
<td>adult, the response was “over sixty five years old”.</td>
</tr>
<tr>
<td>was an older adult, the response was “over sixty five years old”.</td>
<td></td>
</tr>
<tr>
<td>2. What can older people do for you or the town in which you live?</td>
<td></td>
</tr>
<tr>
<td>3. Any additional comments?</td>
<td></td>
</tr>
<tr>
<td>4. How can you tell when people are growing older?</td>
<td></td>
</tr>
<tr>
<td>5. How do you think it feels to be an old person?</td>
<td></td>
</tr>
<tr>
<td>6. What do you think happens when you get to be an old person?</td>
<td></td>
</tr>
<tr>
<td>Now imagine you are an old person</td>
<td></td>
</tr>
<tr>
<td>7. What do you think you will be like when you are old?</td>
<td></td>
</tr>
<tr>
<td>8. How do you think you will feel when you are old?</td>
<td></td>
</tr>
<tr>
<td>9. What do you think you will do when you are old?</td>
<td></td>
</tr>
<tr>
<td>10. How do you think the oldest person you know feels to be old?</td>
<td></td>
</tr>
</tbody>
</table>

IQR values greater than 1.5 from the median were removed resulting in a normal distribution for the dependent variable. First order interaction terms were created for “treatment and gender” and “treatment and age” for inclusion in the analysis.

**Hypothesis**

Short term, quality contact has a positive influence on children’s attitudes toward older adults.
RESEARCH QUESTIONS

1. What is the difference in children’s attitudes toward older adults after a nine hour intergenerational program which includes quality contact with older adults?
2. Do certain demographic variables moderate the impact of intergenerational contact on children’s attitudes toward older adults?

FINDINGS

Quantitative Findings

The range for the summated scores from Polizzi’s Semantic Differential and the semantic differential section of Newman’s Children’s Views on Aging was 32 to 160. Scores closer to 32 reflect higher positive attitudes, but any total score of less than 128 indicates a positive attitudinal score. For example, a child who scored 45 would have a more positive attitude than a child who scored 145. There was a small absolute difference between the groups on the pretest (treatment = 56 and control = 59) attitude survey. The post-test attitude score was, therefore, adjusted using analysis of covariance. When adjusting the post-test attitude scores using the pretest, the treatment group had significantly more positive attitudes (mean = 52.84) than the control group (mean = 62.86). A one-way ANOVA revealed a significant post-treatment difference in the mean scores of the children’s’ attitudes toward older adults between the treatment group and the control group (F = 4.93, p = .030). Specifically, the treatment group was found to have more positive post-treatment attitudes toward older adults (X = 53.54; SD = 17.68), when compared to the control group (X = 63.47; SD = 21.93). The treatment group mean of 53.54 reflects a more positive attitude, whereas the comparison group mean of 63.47 equates with a less positive perception of the elderly.

A fully saturated multiple regression analysis was used to determine the extent to which the independent variable (short term quality intergenerational contact) collectively explained the variance in the dependent variable (children’s attitude toward older adults) (Huck, 2000). Since none of the first order interaction terms is statistically significant (p > .05) the regression analysis (Table 5) only includes the independent variables that were noted as significant in the literature.
Using Huck (2000), the fully saturated model with independent variables approached but did not achieve statistical significance (p = .065). Since none of the independent variables entered into this initial regression equation were significant at the .05 alpha level, a reduced or more parsimonious model was developed in Table 6. Taking these adjustments into account, the final regression analysis reveals that two variables, self-reported time spent with older adults and treatment group, were statistically significant predictors of posttest attitude scores (F = 5.42, df = 2/63, p = .007, R^2 = .147).

Specifically, time spent with older adults explained 8.6% of the variance in posttest attitude values, and 6.1% of the variance in attitude values was explained by the variable treatment group. The two variables had similar influence in explaining variance in the dependent variables.

**DISCUSSION**

Since only a small percentage of the variance (15%) was explained by this treatment, the findings would seem to merit further study. As
TABLE 6. Summary of Reduced Regression Model with Posttest Attitude Values Regressed on Significant Independent Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>S.E.D</th>
<th>Beta</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>36.82</td>
<td>7.63</td>
<td></td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Time Spend with Related</td>
<td>10.67</td>
<td>4.75</td>
<td>.26</td>
<td>.028</td>
</tr>
<tr>
<td>Older Adults</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Group</td>
<td>10.01</td>
<td>4.73</td>
<td>.25</td>
<td>.038</td>
</tr>
</tbody>
</table>

noted previously, the children were recruited by simply asking if they would like to spend some of their camp time in activities with older adults. A logical assumption is that the very act of volunteering to be in a study suggests that the participants’ attitudes toward older adults were already positive. This possibility was verified by the results of the pre and post tests of all the children. A more diverse sample, including all the students in the fourth, fifth and sixth grades, and a more “child-friendly” tool could possibly produce more significant results.

The treatment group may have acquired a more realistic perception of older adults during the quality interaction with them, at least in regard to the older adults’ physical condition. For example, while the control group also spent considerable time with the older adults, that time was spent in activities that were simply for fun, like the introductory games, singing, journaling, and having snacks. The control group did not participate in the small, intimate discussion groups where the children and older adults shared personal information. Therefore, the time of personal sharing experienced only by the treatment group was crucial to the effectiveness of the intervention.

The children in the treatment group grew to know the older adults better through the sharing experience and consequently were less likely to equate physical limitations with mental disabilities. One measure of a culture’s survival is how its traditions are passed on from one generation to the next (Kaplan, 1994). The children’s responses affirm that children see older adults as persons who pass on the culture of their community. Approximately 25% of the treatment group and approximately 8% of the control answered the community service question, “What can older people do for you or the town in which you live?” with the response that older people can provide value to society by teaching or telling about their past.
The two categories that had the most notable difference in perception were "community service" and "whether or not treatment made a difference." A significant difference (p = .05) was found between the treatment and the control groups in terms of whether they thought the activities with the older adults had made a difference in their attitudes. For the control group, 51.28% of the children responded that the activities with the older adults made no difference in their attitudes toward them, whereas 6.98% in the treatment groups responded similarly. For the control group, only 25.64% of the children responded that the treatment made a difference, whereas 58.14% of the children in the treatment group responded that the treatment did in fact make a difference in their attitudes toward older adults (Figure 1). While drawing conclusions from one item needs to be done with caution, differences between the responses of the treatment and control groups to this question

FIGURE 1. Impact of Treatment on Children Attitudes toward Older Adults
strongly suggest that the treatment altered the children’s attitudes toward older adults.

The quantitative results clearly support previous research findings that suggest programs which foster structured intergenerational exchanges can have a beneficial impact on children’s perceptions and held beliefs about older persons (Cummings, Kroph, & DeWeaver, 2000; Aday et al., 1996; Pinquart & Wenzel, 2000).

The difference between this study and previous studies is the focus on quality of contact. The study was also unique because the intervention was shorter in duration (nine hours over three weeks) than in most of the other reported studies. Thus this study demonstrates that intergenerational initiatives developed over a short period of time can produce positive effects. The findings of this study also suggest that grade school children involved in community projects with older adults for a short period of time would significantly change their own attitudes. The seniors who participated in the study report that the children at the YMCA now come up to them and hug them on a regular basis whereas prior to the research project, the two groups had little contact.

**STUDY LIMITATIONS**

Although this study did provide support for the beneficial effect of short term quality intergenerational contact on the attitudes of children toward older people, several important limitations to the study need to be noted.

i. *Sample Size:* The intended sample size of 96 children split evenly between the treatment and control groups was not obtained. As a result of the logistical and scheduling issues described above, the actual sample was much smaller (n = 67).

ii. *Response Bias:* The children’s ability to respond honestly may have been obstructed by their increasingly friendly relationship with the researcher. The children may have responded more negatively on their post survey if the researcher had not also been the visible facilitator. Response bias may have occurred because the older people assisted the children with the post surveys. If this bias occurred, it would have been present across both groups, however and is unlikely to have influenced the overall between-group findings.
iii. **Study Instruments:** Although the semantic differential scale used to measure children’s attitudes was piloted and the wording subsequently changed, some additional words may not have been fully understood by the children. In addition, the investigator-developed questionnaire used to capture the children’s qualitative response may have been too long despite its having been shortened from its original form.

iv. **Longitudinal Results:** The study protocol did not include follow up measures to test the stability of the children’s attitudes over time.

v. **Inability to Generalize:** The limitations imposed by the homogeneity of the children who participated in the study (i.e. majority of Caucasian females of middle socioeconomic status) makes it difficult to generalize the findings from this study. The homogeneity of the population also makes it difficult to answer the second research question regarding demographic characteristics.

**CONCLUSIONS**

The following three findings support the study hypothesis, i.e., *Short term, quality contact has a positive influence on children’s attitudes toward older adults.*

1. Children who participated in the nine hours of quality intergenerational contact with older adults had significantly more positive scores on the attitudinal survey than did the children who did not participate in the treatment group. The change in the children’s attitudes appears to be directly related to their participation in the small personalized group activities (i.e. higher quality interaction).

2. Time spent with relational older adults and participation in nine hours of quality contact with older adults explained the variance of children’s attitudes toward older adults.

3. Children’s attitudes did not seem to vary based on age, gender, time spent with nonrelated older adults, or the quality of that time.

**IMPLICATIONS**

Aside from the implication that in general, bringing children and older adults together to share quality time is a positive thing, this study
has some specific implications for programming. The children and older adults in this study as well as staff members of the YMCA have all requested at various times that the program be continued on an annual basis. The program could be expanded to a variety of summer programs, camps, and senior centers and nursing homes and could include a wide variety of other activities not included in this study.

Research into intergenerational programs has illustrated how the participants contribute to each other’s lives (Kaplan, 2002). The present study emphasized how quality intergenerational contact using music, story telling and journaling established rapport between the generations and could be used as a precursor to other, more extensive intergenerational initiatives.

The study findings support the use of seniors as a resource to help address the unmet needs of children in the community. Intergenerational approaches have been found to contribute to desirable changes in communities, such as increased safety, healthier environments, and improved recreational facilities (Generations United, 2002). In addition to benefiting the community, quality intergenerational initiatives benefit the participants by teaching youth and seniors about the contributions they can make to society. Participants feel valued, empowered, and socially engaged.

REFERENCES


