



Elders as Resources

INTERGENERATIONAL STRATEGIES SERIES



Intergenerational Community as Intervention

Occasional Paper #3



The Annie E. Casey Foundation
www.aecf.org

ACKNOWLEDGEMENTS

The Annie E. Casey Foundation is a private charitable organization dedicated to helping build better futures for disadvantaged children in the United States. It was established in 1948 by Jim Casey, one of the founders of UPS, and his siblings, who named the Foundation in honor of their mother. The primary mission of the Foundation is to foster public policies, human-service reforms, and community supports that more effectively meet the needs of today's vulnerable children and families. In pursuit of this goal, the Foundation makes grants that help states, cities, and neighborhoods fashion more innovative, cost-effective responses to these needs. For more information, visit the Foundation's website at www.aecf.org.

This research was funded by the Annie E. Casey Foundation. We thank them for their support but acknowledge that the findings and conclusions presented in this report are those of the authors alone, and do not necessarily reflect the opinions of the Foundation.

ABOUT THIS SERIES

Elders as Resources explores successful practices, programs, and policies to mobilize the vast potential of older people to improve the lives of children, youth, families, and communities. This series of publications is intended to make the information available to Making Connections sites, to all units and grantees of the Foundation, and to interested members of the public. The Elders as Resources series was developed by Jessica Strauss, Consultant to the Annie E. Casey Foundation since 1997 and currently Co-Director of Baltimore Community School Connections, a non-profit technical assistance center, and Paula Dressel, formerly Director of Planning, Research, and Development at the Annie E. Casey Foundation, and now Vice President of JustPartners, Inc., a Baltimore-based consulting firm. Occasional Papers are developed by experts in the field and shared by the Foundation without modification.

Front Cover Photography © Generations of Hope
© 2005, The Annie E. Casey Foundation
Baltimore, Maryland

AUTHORS

Brenda Krause Eheart, PhD

David Hopping, PhD

Martha Bauman Power, PhD

David Racine, PhD

© 2005, Generations of Hope

Intergenerational Strategies Series
Intergenerational Community as Intervention

TABLE OF CONTENTS

Intergenerational Community as Intervention	4
The Critical Insight – Intergenerational Relationships are Key	4
Conventional Social Services	5
A New Departure—Community as Intervention	5
Hope Meadows	8
Next Steps.	10
Conclusion.	10
References	11

INTERGENERATIONAL COMMUNITY AS INTERVENTION

Intergenerational Community as Intervention (ICI) represents a new approach to addressing complex social problems that are often resistant to conventional service systems.

ICIs are geographically contained intergenerational neighborhoods, where some of the residents are facing a specific challenge around which the entire community organizes. Examples of ICI missions include supporting adoptive families of foster children, helping stabilize the lives of teenage mothers or homeless youth, interceding in the lives of children involved in the juvenile justice system, or supporting grandparents raising grandchildren.

The basic strategy of ICI is to facilitate and support naturally emergent alliances, relationships and lifetime commitments across generational lines. Its main premise, validated by a successful ten-year pilot program in Illinois, is that under the right circumstances ordinary people of all ages will care for one another in ways, and to a degree, that go beyond the scope of conventional intervention service systems. The relationships between the residents of the neighborhood are of utmost importance to an ICI's success.

THE CRITICAL INSIGHT – INTERGENERATIONAL RELATIONSHIPS ARE KEY

There is now a substantial body of research showing that social relationships matter to the well being of people of all ages in a variety of ways. Human relationships are the basic building blocks of healthy child development (Shonkoff & Phillips, 2000), and both mental and physical health throughout the lifecourse are affected by the presence, absence, and quality of ties to other people (Cohen, 2004; Uchino, Cacioppo & Kiecolt-Glaser, 1996; Helgeson, Cohen, & Yasko, 2000; National Council on Aging, 2002).

By and large, we recognize in American society today that most social problems, including the seemingly intractable ones, can only be effectively addressed through relationships. Yes, we can and should meet needs for basic material support, but those efforts are not likely to end child abuse, stop teens from getting pregnant, reduce future delinquency, etc. The tougher problems require human contact, one group of people helping another group, such as mentors and their mentees, teachers and their students, parents and their foster or adopted children.

We've also learned, however, that while these relationships can sometimes make the difference, their chances of doing so depend on whether they are situated in a supportive context. The block, the neighborhood, the community matters. In crime-ridden, urban settings or poor rural areas, it is simply harder for parents, teachers, mentors, and other sources of help and guidance to be effective. So the challenge becomes how to create or find local contexts that can add the critical ingredient needed for these relationships to flourish.

Obviously, responsible adults need to be in that context to support vulnerable kids. But even this can be limiting in an age when it is often necessary for both parents to work, and whole neighborhoods barely see an adult during the heart of the day. What this reality points to is the importance of seniors, people in their later years, who can be present during much of the day, who can care for both the kids and parents, who can impart the wisdom that comes from having lived longer and seen more. When seniors are present, a neighborhood is not just a neighborhood at the beginning of the day when parents and kids are off to work and school or at the end of the day when they return. It is a neighborhood all the time, which makes it a stronger neighborhood.

CONVENTIONAL SOCIAL SERVICES

Social service systems which are successful as intervention demand some degree of sophisticated understanding and expert knowledge concerning social problems such as the needs and often perplexing behaviors of abused/neglected children, the strengths and challenges of delinquent youth, or the complex interplay between the developmental tasks of an adolescent mother and her infant. Conventional program design tries to target professional interventions to provide just the right skills and resources, to just the right clients, just in time. Interventions and outcomes are specified as precisely as possible in order to monitor impact and cost-effectiveness. More recently there has been a general recognition that social problems often occur together (poverty, drug abuse, neglect of children) necessitating the need for multifaceted interventions involving the coordinated efforts of several professionals and agencies in what has come to be called a “wraparound” approach to service.

This paradigm works best when goals are limited and clear (reduce teen pregnancy, decrease juvenile recidivism rates, increase reading proficiency, etc.), and when there is an unambiguous role distinction between agency personnel and the clients they serve. The best of these interventions also are usually “community based” in some sense, but are still conventional in that they constitute interventions in community, rather than community as intervention.

The limitations of traditional community-based “wraparound” approaches to intervention are widely acknowledged by frustrated professionals and planners who are always looking for promising alternatives, but who are also constrained by the function and structure of the service industry. The foster care system, for example, established to keep children from harm, routinely performs a kind of radical social surgery on the kinship and community networks of children and their problematic families. With its increased emphasis on adoption, it also has taken on responsibility for reconstructive surgery—sometimes resulting in hurtful unintended consequences. More recently, the federal Hope VI initiative to redevelop public housing has encountered stubborn limitations on its ability to produce the vibrant mixed-income neighborhoods it envisioned as replacements for “severely distressed” projects, noting that half of all residents in the newly-created communities report having no friends at all in their neighborhoods (Burton, Popkin, Levy, Harris, & Khadduri, 2002).

A NEW DEPARTURE—COMMUNITY AS INTERVENTION

Under the ICI paradigm, community itself becomes the key intervention. Unlike the typical community building effort, in an ICI the community is the vehicle for action and not an end in itself. An ICI neighborhood is galvanized by a desire to address a clearly articulated social problem. ICIs, as effective intervention programs, “change the balance between risk and protection thereby shifting the odds in favor of more adaptive outcomes” (Shonkoff & Phillips, 2000, p. 32). They provide support in the context of family and community and are derived from normative theories of development. As a result, every attempt is made to normalize the daily life of its residents, regardless of age or vulnerability.

What we have learned over the course of a ten-year pilot program called Hope Meadows, has led us to identify several key principles of ICIs. While these principles can and will be interpreted and combined in different ways, producing variations among communities, they serve as the foundation for any ICI.

1. Created to address a specific social challenge

An ICI is created to deal directly with an identified salient social challenge, e.g., foster children, juvenile delinquents, teenage mothers, homeless youth. These problems or challenges involve persons whose broad range of needs are often too great to be satisfied solely by family, friends, or neighborhoods and for whom formal service systems are often too limited or restrictive. Special residences have been created for individuals in these categories (e.g. homes for teenage mothers, juvenile detention centers, orphanages) although rarely on an intentional multi-generational basis. These residences may be established in mixed generation neighborhoods, but with little expectation that the composition of the neighborhood will matter to the functioning of the residents.

The specific social challenge to be addressed is what motivates people to want to live in the ICI, serves as the focal point for organizing their work on behalf of the community, supplies residents with their common reason for choosing to live there, and becomes a fundamental source of identity and cohesion.

2. Evolving program design/learning from experience

For an ICI to be effective, it cannot be too structured or too stagnant. It must adapt over time, being flexible, responsive to the changing needs of the community, and persevering. Unlike traditional social service interventions, there are no artificially imposed limits on the relationships that form in the community. Each person brings into the community a wealth of varied experience, expertise, and individuality that is used to create unique intervention strategies. In addition, the members of the community continually learn from experience how to support one another and the program mission. Members of an ICI accordingly feel a stronger sense of belonging and commitment to one another, thereby making it easier to coordinate efforts and cooperate in seeking to solve individual and group problems.

There is a limit to how much an ICI can be designed, in total, beforehand. Its effectiveness stems from what the community learns as it evolves.

3. Presence of three or more generations

The residents of an ICI span at least three generations, for this is the best way for the community to do all the work it needs to do to meet the social challenge it has set for itself. Families with children and older adults (mainly retired) constitute the right mix for the ICI to develop the necessary level of proficiency in its capacity to care for and support its residents.

For this work of the community to be done in an effective way, a fairly large number of senior residents are necessary. A healthy representation helps insure seniors are present in the lives of families, each other, and especially those whom the ICI has been formed to help. There is a phenomenon known as “naturally occurring retirement communities” (NORC) (Hunt & Hunt, 1985). These are neighborhoods, mostly in urban areas, where fifty percent or more of the residents are seniors. In the main, the interest in NORCs has focused on how to organize and facilitate the delivery of services to their members (Vladeck, 2004). An ICI, by comparison, seeks a high concentration of older people as essential to the proper functioning of the community. Like members of a NORC, seniors in an ICI have needs, too, but to the extent possible those needs are met by the community itself and addressed within a context that preserves the centrality of the challenge that initiated the ICI to begin with.

4. Older people as the community's volunteers

In an ICI every senior is expected to volunteer on a regular basis. Their needed level of commitment is ensured by offering physical and material support, such as reduced rent, modified housing, and maintenance in exchange for their volunteer hours. The less this support is tied to the specific number of volunteer hours a senior expends during any given week, the more generalized his or her commitment is likely to be.

We have learned that the volunteer program component needs to be formalized, that is, it requires some organization. Some volunteer roles may require special skills, such as tutoring or teaching a child to sew. Formalization heightens the significance of volunteer efforts, increasing the intrinsic value that seniors derive from their participation, and helps to assure that the range of volunteer opportunities is comprehensive enough to address the full needs of the community.

5. Professional staff guide but do not govern

An ICI needs professional staff to help secure and manage financial resources, manage the community's formal relations with external institutions shaping the relevant political and legal environment, assure that the physical property of the community is taken care of, provide intensive counseling and therapeutic support to those residents who need it, organize and manage training programs and programs that nurture healthy child development, and generally keep the community on track with respect to the reason it came into being. In all of these ways, but especially the last, paid staff may be tempted to want to rule rather than facilitate and guide. Their education and prior work experience typically train them to take charge in situations where their skills and knowledge apply and other participants are not similarly equipped. This tendency can work against ICI residents taking responsibility for their community. So long as staff direct the making of decisions, residents will likely hesitate and temporize.

Consequently, staff of an ICI have to walk a fine line between directiveness and passivity. They are most effective when their relational practices are characterized by consent rather than control, i.e., they have to exercise sensitive control where they listen, help or respond, and guide. (Noddings, 2002, p 136). They have to know when to nudge without undermining residents' belief in their own ability to manage the daily affairs of the community.

6. Economic issues are addressed but do not dominate

One of the dilemmas of formal community development as practiced today is the priority given to economic issues. To develop, a community needs investment, but to obtain that investment it must play by the rules of investors. As a result, economic considerations dominate.

By contrast, an ICI, even though it is a form of community development, is not primarily an economic undertaking. If economic considerations are as important to an ICI as they are in traditional community development, the community's *raison d'être* is likely to become subordinate to those considerations. In other words, an ICI may not be viable if it must struggle economically on top of organizing itself to address the non-economic social challenge it was created to meet.

The trick is to find the right mix of self-generated revenue (e.g. rents charged to residents, property equity, small-scale retail) and subsidization (e.g., public funding sources, philanthropic grants) to launch and maintain the ICI without funding becoming the dominant concern.

7. Physical design facilitates interpersonal relationships and aging-in-place

An ICI is essentially a localized network of interpersonal relationships. These relationships, across and within generations, are the principle means through which the community does its work. Therefore, special attention must be paid to how an ICI is physically designed to make it easy for relationships to be formed and sustained. Not only are common areas needed where residents may convene, but the flow of foot, car, and bicycle traffic through the community needs to increase the odds of residents encountering one another. The informal relationships that take root in this way constitute the social core of the community.

At the same time, space must be structured with the changing needs of the ICI's senior residents in mind. Both home interiors and the physical layout of the community overall should take into account the reduced mobility that often comes with age and their desire to age-in-place.

8. Cohesion stopping short of insularity

An ICI provides a consistent, reliable form of social support for its residents, but in most other respects it should be very much like any other healthy community. Its residents enjoy a life outside the ICI. An ICI is not a retreat or enclave, a place set apart both physically and symbolically. It functions best when it is integrated into its surroundings, looking more like a subdivision than a gated community. This blending is crucial to its social purpose. The more it looks and feels like the larger community, the less the stigma associated with the purpose it serves.

An ICI does try to buffer its residents from adverse, external influences. That's part of its reason for being. It offers a stronger kind of social support than generally available elsewhere while letting its residents live their lives as much as possible like they would in any other kind of healthy neighborhood.

These eight principles were derived from over a decade of involvement with the intergenerational neighborhood of Hope Meadows. Following is the story of this initial ICI.

HOPE MEADOWS

Hope Meadows was not initially conceived as an ICI. In 1993 Generations of Hope was established as a not-for-profit corporation and child welfare agency. Hope Meadows was its first program site created in 1994. This planned community was designed to provide a model of foster care and adoption that protects children, offers permanency, and cultivates intergenerational relationships. With a million dollar grant from the State of Illinois, Hope managed to secure a 22-acre housing subdivision on the former Chanute Air Force Base in central Illinois. Existing structures were converted into 64 units of various sizes, with 15 allocated to foster and adopted families, 44 to senior citizens, and 5 reserved for administrative and community activities. The neighborhood is unfenced and with its tree-lined streets is virtually indistinguishable from surrounding suburban housing. Today, there are 11 families at Hope Meadows, with 28 adopted children, thirteen biological children, and seven children still in foster care. With a natural turnover of adoptive families who leave Hope Meadows, Hope has helped 75 children achieve permanency for an overall permanency rate (adoption or return home) of nearly 89%.

The families who live at Hope Meadows agree to adopt three or four children. Families receive their housing free, and one of the parents stays home and is paid a salary, along with health insurance. All programs and services are available to all children in the community—adopted, foster, or biological. Recently, as the children have gotten older and there are fewer preschool children to care for, the stay-at-home parent role has become

more expansive, focused on supporting the functioning of the community overall. Unlike the traditional foster care system, there is no relationship between the amount families are paid in salary and the number of children placed with them.

The seniors are required to provide 6 hours per week of volunteer time and, in return, pay below market rent for their housing. By and large, they volunteer more time than is required. These older adults provide indispensable support to the parents and their children, who in turn are instrumental in promoting their well-being as they age. Seniors gain meaningful purpose in their later years as part of a caring community where they experience and grow from engagement.

Because it is an intentional community, Hope Meadows has always had formal policies, but they have mainly been invoked into existence by circumstance rather than as the result of a comprehensive initial design. Early on, policies were needed to govern both the obligations of families who would be adopting children and the volunteer economy of seniors. These have continued to be the two main policies of the neighborhood, with refinements made as experience has indicated.

Notably, there is no formal governance structure per se. The paid staff have the fiduciary responsibility for assuring that resources are expended properly, and Generations of Hope is overseen by a formal board. But, on a day-to-day basis, a sense of hierarchy is largely absent, making Hope Meadows like most other neighborhoods. When policies or rules are needed, staff and residents work together to develop the necessary guidance.

Hope Meadows has been featured on prime time news programs and talk shows and covered in popular magazines and newspapers. Two books have been written about it, and a professional child welfare journal devoted a double volume to the research that has emerged over time. This exposure has helped to bring Hope Meadows to the attention of many people. Since 1994, the neighborhood has received thousands of inquiries and scores of visits from people wanting to know more about this compelling intergenerational community. This interest has been continuous with two to three inquiries per week, instead of the ups and downs most novel social interventions experience. In response, media materials (including a DVD of several of the television segments on Hope Meadows) and information packets have been developed along with a comprehensive guide to getting started.

Hope Meadows has inspired a number of attempts to replicate or emulate its experience. Land has been acquired in western Massachusetts, outside of Dayton, Ohio; Orange County and Santa Rosa, California; Portland, Oregon; Atlanta, Georgia; and Tampa, Florida to build intergenerational neighborhoods based on the Hope Meadows' approach. Inspired by Hope Meadows, the San Pasqual Academy in San Diego County, California is using senior housing adjacent to a group foster care facility. The seniors volunteer to help the youth in exchange for below market rent. A similar effort has been launched in Baltimore, Maryland. Other groups interested in trying to start an ICI have been formed in Northern Virginia, Northern California, Long Island, New York, and Seattle, Washington. And these are only the undertakings of which we have some knowledge. Given the numbers of people who have looked into Hope Meadows, it seems reasonable to assume that many more are pursuing the ICI concept in one way or the other.

NEXT STEPS

With this expanding national interest and our ten years of experience, we are now ready to take the Hope Meadows model to the next level of ICI development. Next steps include:

1. Enlarging the community of interest in the ICI concept by
 - a. bringing together those with a programmatic interest, those with a knowledge of financing and design of housing and community development, and those with expertise in policy development. Cross-disciplinary conversations have occurred on an episodic basis but need to be given more direction and continuity;
 - b. expanding discussion in which ICI is used as a tool for examining existing policies and practices in housing, retirement, child welfare, etc. Specifically, to what extent are public policies contributing to or working against the formation of supportive intergenerational programs?
2. Formalizing a process of responding to rapidly expanding national interest by
 - a. developing a transition plan for releasing staff from responsibilities at Hope Meadows to enable them to effectively respond;
 - b. providing technical assistance and consultation with other initiatives.
3. Further develop ICI model by
 - a. continuing to develop understandings of the dynamics of the existing Hope Meadows model as it evolves. These understandings emerge from an ongoing process of interpretation, application and evaluation;
 - b. developing financial models for startup and physical development of the community and for sustainability;
 - c. conducting benefit-cost studies of the Hope Meadows model;
 - d. adapting and applying the Hope Meadows model to a different social problem.

CONCLUSION

The ICI paradigm challenges how we think about retirement, community development, and social service delivery. It offers an option for older people who do not want retirement to mean the end of their productive years, who want retirement to mean something more than a pension, health care, and a roof over their heads and food on their tables. It offers community developers and builders a way of weaving true social concern into the design of the places where people live. For those for whom a home is not just a house, but a functioning part of a larger aggregate called a neighborhood, intergenerational community is a powerful means to the end. It offers social services a strong complement that can take up more of the work needed to help people in challenging circumstances. When the neighborhood is doing its job, the formal service systems around it are less pressed and more capable of making a difference.

Intergenerational community as intervention is a radical departure from traditional social service delivery. Providing social services is an entirely different undertaking when a whole neighborhood, down to the last resident, has explicitly signed on to the project of ensuring the well-being and the “well-becoming” of its people, enfolding them on a daily basis into networks of stable, caring, intergenerational relationships. When an intergenerational community is intervention, the gifts and talents of ordinary people of all ages and vulnerabilities are utilized and a multitude of social problems can be addressed.

REFERENCES

Buron, Larry; Susan Popkin; D. Levy; Laura Harris; Jill Khadduri (2002). Resident Tracking Study: A Snapshot of the Current Living Situation of Original Residents from Eight Sites. U.S. Department of Housing and Urban Development.

Cohen, S. (2004). Social Relationships and Health, *American Psychologist*, 676-684.

Helgeson, V.S., S. Cohen, R. Schulz, & J. Yasko (2000). Group Support Interventions for People with Cancer: Who Benefits from What?, *Health Psychology*, Vol. 19: 107-114.

Hunt, M.E. & G. Hunt (1985). Naturally Occurring Retirement Communities, *Journal of Housing for the Elderly*, Vol. 3, No. 3-21.

The National Council on the Aging (2002). *American Perceptions of Aging in the 21st Century: A Myths and Realities of Aging Chartbook*, Washington, DC: NCOA.

Noddings, Nel. (2002). *Starting at Home: Caring and Social Policy*. Berkeley: University of California Press.

Shonkoff, Jack & Deborah Phillips (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, D.C.: National Academy Press.

Uchino, B.N., J.T. Cacioppo, & J.K. Kiecolt-Glaser (1996). The Relationship between Social Support and Physiological Processes: A Review with Emphasis on Underlying Mechanisms and Implications for Health, *Psychological Bulletin*, Vol.119: 488-531.

Vladeck, F. (2004). *A Good Place to Grow Old: New York's Model for NORC Supportive Service Programs*. New York: United Hospital Fund.



The Annie E. Casey Foundation
www.aecf.org

701 St. Paul Street
Baltimore, Maryland 21202
p. 410.547.6600
f. 410.547.6624