

**“INTERGENERATIONAL LEARNING AND CARE CENTERS”****A REPORT FROM GENERATIONS UNITED TO****THE COMMISSION ON AFFORDABLE HOUSING AND HEALTH FACILITY NEEDS  
FOR SENIORS IN THE 21<sup>ST</sup> CENTURY****MANDATE**

Examine how to establish intergenerational learning and care centers and living arrangements, in particular to facilitate appropriate environments for families consisting only of children and a grandparent or grandparents who are the head of the household.

**OVERVIEW****Definition and Background**

Intergenerational learning and care centers and living arrangements are environments where “multiple generations receive ongoing services and/or programming at the same site, and generally interact through planned and/or informal intergenerational activities.”<sup>1</sup> These environments are commonly referred to as intergenerational shared sites and include programs like a continuing care retirement community with on-site child care; co-located adult day services and early childhood programs; and housing for grandparents raising grandchildren.

Intergenerational shared sites provide new environments where children, youth, and older adults share space, interact, and learn and grow together. They provide opportunities for organizations serving children and those serving older adults to work together to enhance services and expand and fully use resources.

Intergenerational shared-site programs have emerged and grown progressively over the past 15 years. A wide variety of creative models have incepted at the grassroots level according to the resources and needs in each community. These cutting-edge programs are opening in urban, suburban, and rural settings. A 1995 AARP study found more than 400 organizations across the country that were currently operating or planning to open an intergenerational shared site.<sup>2</sup> These programs vary in style and scope but all provide ongoing services to multiple generations. Many of these programs are models in their state or locality, but are isolated from others doing similar work.

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<sup>1</sup> Goyer, A. and R. Zuses (1998). *Intergenerational Shared-Site Project, A Study of Co-located Programs and Services for children, youth, and Older Adults: Final Report*. Washington, DC: AARP. p.V.

<sup>2</sup> *Ibid.*

One of the types of shared sites concerns housing for grandparents raising grandchildren. Before addressing the housing needs of these families, some brief background information about them will be explored.

#### *Large Number of Children Being Raised By Relatives*

More than 2 million grandparents are raising 4.5 million children, and other relatives are raising an additional 1.5 million children whose parents are unable or unwilling to do so.<sup>3</sup> The number of grandparents and other relatives raising children has increased recently, including a 53 percent increase from 1990 to 1998 in the number of “skipped generation” households in which neither parent is present.<sup>4</sup> Of the 6 million children currently being raised by grandparents and other relatives, 145,150 of them are in the formal foster care system.<sup>5</sup> The 145,150 children make up more than a fourth of the entire foster care population of 588,000 children.<sup>6</sup> Grandparents and other relatives caring for the millions of children outside of the system often do not have access to services, including affordable housing, which are essential to their care of the children. If less than 20 percent of the children living in grandparent-maintained homes outside of the foster care system, or about 1 million children, were to enter the system, it would cost taxpayers an estimated \$4.5 billion a year and completely overwhelm it.<sup>7</sup> Improving relative caregivers’ access to services, such as affordable housing, is one important way to ensure that these relative caregivers are appropriately supported and do not need to look to the foster care system as the only viable alternative.

#### *Several Factors Causing Increase and Diversity of Families*

Factors causing the increase in the number of grandparents and other relatives raising children include parental drug and alcohol abuse, incarceration, death, teenage pregnancy, poverty, mental illness and HIV/AIDS. Because these factors are present throughout society, anyone can find him or herself raising related children. U.S. Census Bureau statistics prove the geographic and ethnic diversity of these families. Many grandparent families live in the South and in non-metropolitan areas.<sup>8</sup> Fifty-one percent of the grandparents raising grandchildren are married couples.<sup>9</sup> 44 percent of

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<sup>3</sup> U.S. Bureau of the Census, Census 2000, Summary File 1, Detailed Table P28.

<sup>4</sup> Fuller-Thomson, E., Minkler, M. & Driver, D. (1997) “A Profile of Grandparents Raising Grandchildren in the United States.” *The Gerontologist* 37: 406-11.

<sup>5</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Administration for Children, Youth and Families. *The AFCARS Report: Current Estimates as of April 2001*. Washington, D.C.: Author.

<sup>6</sup> *Ibid.*

<sup>7</sup> This number was calculated by Generations United based on a \$373 monthly payment, which was the 1996 national average for basic maintenance payments to foster parents for a nine-year old.

<sup>8</sup> Bryson, K. & Casper, L. (1999). *Coresident grandparents and grandchildren: Grandparent maintained families.* Population Division Working Paper No. 26. Washington, D.C.: U.S. Census Bureau.

<sup>9</sup> *Ibid.*

the grandchildren are white, 35 percent are black, and 18 percent are Hispanic.<sup>10</sup> 65 percent of the grandparents are between ages 45-64, whereas 21 percent are over age 65, and 15 percent are under 45.<sup>11</sup>

The statistics concerning these diverse families also show that they need help. More than one out of ten grandparent caregivers live in poverty.<sup>12</sup> One in three children in homes maintained by their grandparents has no health insurance, whereas one in five in parent-maintained homes lacks health insurance.<sup>13</sup>

#### *Many Caregivers are “Informal”*

Many of these caregivers are raising children informally, meaning outside of the formal foster care system and without a legal relationship, like legal custody. They may not want to sue their adult children or other relatives, the parents, for a legal relationship. To do so, the relative caregivers must prove that the parents are unfit, which often tears families apart, rather than keeping them together. In order to adopt, parental rights and responsibilities must be severed and the relative becomes the parent in the eyes of the law. Even if a relative chooses to seek a legal relationship, the financial cost of hiring an attorney and pursuing these options can be prohibitive. Another possible option is to become part of the formal foster care system. If the child is in the system, the state has legal custody while the grandparent or other relative is responsible for the day-to-day care. The concern with this option for some caregivers is that the state may remove and place the child elsewhere at any time. Although some of these “formal” options are not attractive to caregivers, access to services can be severely limited for “informal” caregivers.

#### **Need for Intergenerational Learning and Care Centers and Living Arrangements and Appropriate Environments for Grandparents Raising Children**

Older adults are living longer, increasing in number, and are generally healthier than ever before. With changing patterns of retirement, many older adults find themselves spending a longer period of time in retirement and want new options for living environments. Eighty-three percent of older adults report that volunteering and community service play or will play a role in their plans for retirement.<sup>14</sup> Intergenerational shared sites provide opportunities, for even the frailest older people, to continue to learn and become involved and connected with others. Older adults in

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<sup>10</sup> U.S. Bureau of the Census, *Current Population Reports (P20-514), Marital status and living arrangements: March 1998 (Update)*. Washington, D.C.: Author.

<sup>11</sup> Bryson, K. & Casper, L. (1999). *Coresident grandparents and grandchildren: Grandparent maintained families*. Population Division Working Paper No. 26. Washington, D.C.: U.S. Census Bureau.

<sup>12</sup> *Ibid.*

<sup>13</sup> *Ibid.*

<sup>14</sup> Hart, P (1999, September). *The New Face of Retirement: Older Americans, Civic Engagement, and the Longevity Revolution*. San Francisco: Civic Ventures.

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intergenerational shared-site settings are less likely to feel isolated, but instead feel more valued and invested in their communities and hopeful for the future.

As the size of the older population is projected to grow rapidly over the next 30 years, increased demand for resources and services will require creative solutions. Intergenerational shared-site programs expand the use of resources in the communities by tapping into existing resources and sharing space with other vital community services. For example, to address issues of staffing shortages in long-term care settings, some facilities have begun offering on-site childcare, HeadStart and/or before- and after-school programs in the same building or campus as the older adult care facility. In addition to offering an employee benefit, these programs can experience cost-savings by sharing resources such as transportation, copy machines, and cleaning services. At the same time, they connect with other groups in the community and develop a wider base of support for the program.

#### *Housing Challenges Faced by Families*

Many grandparent-headed families need help with affordable housing. Drs. Esme Fuller-Thomson and Meredith Minkler received clearance from the U.S. Census Bureau to analyze the Census 2000 Supplementary Survey data. Their study shows that of the more than 2 million grandparent caregivers in the United States, over 26 percent were renters. Almost a third of these renters spent 30 percent or more of their income on rent, and for over 17 percent, at least half of their income was spent on rent. The Doctors further examined gross rent, which included estimated costs of utilities and fuel paid by renters. 48 percent of grandparent renters spent 30 percent or more of their household income on gross rent and a quarter spent 50 percent or more.<sup>15</sup>

For grandparent caregivers below the poverty line, the numbers were worse. 237,516 grandparent caregivers lived below the poverty line, which was \$17,603/year for a family of four. Of these, over 40 percent spent at least half of their household income on rent. In gross rent, 83.5 percent spent more than 30 percent of their household income and 57.2 percent spent at least half.<sup>16</sup>

Sixty percent of grandparent caregiver renters who were living below the poverty line were not receiving any housing subsidy from the federal government.<sup>17</sup> This significant percentage is likely due to a number of factors. One is the misperception among U.S. Department of Housing and Urban Development (HUD) employees that grandparents must have legal custody in order to be eligible for housing subsidies.<sup>18</sup> Although the Fair Housing Act does not allow discrimination on the basis of familial

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<sup>15</sup> Fuller-Thomson, E. & Minkler, M. (2002). *Housing issues and realities facing grandparent caregivers who are renters*. Unpublished paper.

<sup>16</sup> *Ibid.*

<sup>17</sup> *Ibid.*

<sup>18</sup> Sand, P. (2001). *Generations united under one roof: A briefing paper on housing barriers for grandparents raising grandchildren*. Unpublished paper.

status, local housing workers are often misinformed about the legal requirements and in turn disseminate incorrect information to the public.<sup>19</sup> Furthermore, according to focus groups conducted by the Urban Institute, grandparent caregivers often avoid approaching public agencies for the appearance of a “handout.” They may fear that if they approach an agency, it might place their grandchildren in unrelated foster care. Many also do not know that they are eligible for public programs and are confused by their eligibility requirements.<sup>20</sup>

Overcrowded housing conditions are another problem faced by grandparent caregivers. According to both the Census definition of overcrowding (more than one person per room) or the HUD definition (more than two persons per bedroom), more than a quarter of grandparent caregivers are living in overcrowded quarters.<sup>21</sup> Obvious reasons explain why overcrowding can occur in grandparent households. Grandparents, having planned for retirement, may live in residences that are too small to accommodate the children. Grandparents may violate their private lease agreements due to the presence of additional people or they may be living in senior housing where children are disallowed. The receipt of housing subsidies improves the overcrowding these families face. According to Drs. Fuller-Thomson and Minkler, of those grandparents that receive housing subsidies, only 19.8 percent lived in overcrowded quarters (Census definition) in contrast to 36.9 percent of those without subsidies.<sup>22</sup>

There is only one housing project in the country specifically designed for grandparent-headed families: GrandFamilies House in Dorchester, Massachusetts. It will be discussed later in this Report. GrandFamilies has addressed a need in its community and ten jurisdictions around the country are planning to or are in the process of replicating it: Baltimore, Maryland; Buffalo, New York; Chicago, Illinois; Cleveland, Ohio; Detroit, Michigan; Minneapolis, Minnesota; Nashville, Tennessee; New Haven, Connecticut; New York City; and Philadelphia, Pennsylvania. Grandparent caregivers, however, are in need of affordable housing throughout the country and a federal response is warranted.

## **Benefits**

Intergenerational shared sites have been shown to benefit older adult participants in a variety of ways. Participants’ experience: improved physical and mental health; enhanced socialization through regular opportunities to have contact with children and other participants; improved sense of self-worth; increased personal independence;

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<sup>19</sup> *Ibid.*

<sup>20</sup> U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. (2001) *On their own terms: supporting kinship care outside of TANF and foster care.*

<sup>21</sup> Fuller-Thomson, E. & Minkler, M. (2002). *Housing issues and realities facing grandparent caregivers who are renters.* Unpublished paper.

<sup>22</sup> *Ibid.*

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lowered levels of agitation for participants with dementia; improved attitudes about other generations;<sup>23</sup> and delayed entrance into nursing homes.<sup>24</sup>

Furthermore, intergenerational experiences in shared-site settings also benefit children. They have been associated with enhanced social skills, lower levels of aggressive behavior, decreased drug use,<sup>25</sup> increased stability,<sup>26</sup> and improved academic performance.<sup>27</sup>

Intergenerational shared-site programs have been shown to benefit the organization and the community. A 1995 DHHS study of co-located intergenerational activities revealed reports from intergenerational officials stating that “co-located programs encourage efficiency [and] better utilization of space . . . savings resulting from combining facilities and programs could be used to increase the level and quality of services.”<sup>28</sup> The study showed that sharing facilities resulted in decreases in total expenditures for equipment, administrative costs and overhead. In addition to these benefits, programs have experienced increased productivity; increased employee job satisfaction; improved community views of the program since a wider range of community needs are met; improved public relations and marketing opportunities; and increased community involvement in the program as volunteers are attracted to the intergenerational approach.<sup>29</sup>

## **Barriers to Development and Expansion**

### ***Regulatory Conflicts***

- ***Federal***

Like other programs that serve younger and older people, intergenerational shared-site programs and facilities must abide by regulations at the federal, state and local levels. The 1995 DHHS study of co-located intergenerational activities revealed that regulations by the Administration on Aging (AoA) and the Administration on Children and Families (ACF) sometimes conflict. The study revealed differences in fire safety codes, immunization requirements, facility sanitation standards, nutritional requirements, and licensing standards regarding staff/participant ratios and staff

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<sup>23</sup> Goyer A. (2001). *Intergenerational Shared Sites and Resource Programs: Current Models*. Washington, DC: Generations United

<sup>24</sup> Department of Health and Human Services. *Co-located intergenerational activities in Department of Health and Human Services' Programs*. Washington, DC: Office of the Inspector General, ADF-IM-92-

<sup>25</sup> Public/Private Ventures (2000). *Making a Difference: An Impact Study of Big Brothers Big Sisters*. New York: Public/Private Ventures.

<sup>26</sup> Larkin, E. (1999). *The Intergenerational Response to Childcare and Afterschool Care*. San Francisco: Journal of the American Society on Aging, 4, 33-36

<sup>27</sup> Strom, R and Strom, S. (1999). *Establishing School Volunteer Programs. In Intergenerational Programs: Understanding What We Have Created*. Binghamton: Haworth Press.

<sup>28</sup> *Ibid.*, p. ii

<sup>29</sup> Goyer A. (2001). *Intergenerational Shared Sites and Resource Programs: Current Models*. Washington, DC: Generations United

certifications. Individuals interviewed in this study suggested, “coordinated policy guidance and standards to resolve potential regulatory conflict would be useful in implementing intergenerational centers.”<sup>30</sup>

There is a precedent for collaborative efforts between AoA and ACF, including work on several intergenerational demonstrations. Early indications of the success and cost-effectiveness of these programs led AoA and ACF to enter into an interagency agreement to continue to explore the long-term benefits of intergenerational activities. In 1990 ACF and AoA funded intergenerational demonstration projects in 10 communities to provide intergenerational volunteer opportunities and bring together older adults and Head Start children.<sup>31</sup> AoA also awarded a 1-year grant to Generations United to develop a book and data-base of intergenerational child care programs.

While these demonstrations, book, and data-bases have led the way for many similar programs, multiple policy barriers continue to limit other groups interested in developing new programs, especially those seeking cutting edge, innovative models to complement the growing and changing environments for seniors in the 21<sup>st</sup> century.

- ***State and Local***

Many of the regulatory barriers also come at the state and local level. In order to operate an intergenerational share site, programs or facilities must receive all state-required licenses for the children and senior components of their services. Licensure requirements vary considerably by state. All states, for example, require the licensure of childcare facilities, but manage it in different ways. On the other hand, only 22 states require licensure for adult day care, and regulations vary considerably for those that do require a license.<sup>32</sup> The variation of requirements makes it difficult for a group interested in developing a shared site in one state to take guidance from a model program in another state. Furthermore, interpretations of the same regulations may even vary by locality within the same state.

While geographical and population variations may direct the need for some differences in state requirements, the issuance of coordinated policy guidance and standards from a federal level could help resolve potential regulatory conflicts. Furthermore, additional federal efforts to support the compilation of a nationwide, accessible database of programs could help connect programs operating under similar regulatory requirements and would increase and improve replication efforts.

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<sup>30</sup>Department of Health and Human Services. *Co-located intergenerational activities in Department of Health and Human Services' Programs.* Washington, DC: Office of the Inspector General, ADF-IM-92-12. p. 15.

<sup>31</sup> *Ibid.*

<sup>32</sup> Peterson, J. and Butts, D. (2001). *Intergenerational Shared Sites and Shared Resources: Public Policy Barriers and Opportunities.* Washington, DC: Generations United.

***Lack of Training and Awareness***

One of the largest barriers to increasing the numbers of intergenerational shared-site programs appears to be people's lack of knowledge about the models and benefits. Another is the ability to connect the methodology to furthering their own agency's local mission. National leaders can do a tremendous service by reviewing their own mission, vision, value statements and directives to ensure that intergenerational terminology is clearly articulated thereby encouraging local affiliates to do the same.

Recently the Administration on Aging added the promotion of intergenerational programming to its organizational goals. The next step will be to encourage intergenerational shared sites through AoA's guidance to the states. While creative, quality intergenerational programs exist around the country, they are more widely replicated only when they are held up as models within the larger systems in which they operate. Many organizations may have interest in developing an intergenerational shared-site program, but do not know how to access information about program development. Federal decision makers can promote these programs by championing intergenerational shared-site programs and supporting efforts to improve and maintain an accessible database of promising practice models and a directory of existing programs.

For grandparents and other older relatives who are raising children and living in or seeking government-assisted housing, there may be multiple barriers. While there is no federal law that requires grandparents or other relatives to have legal custody of the children they care for in order to qualify for assisted housing, many local housing authorities impose this restriction due to insufficient or inaccurate knowledge. For those who do qualify, there is often a lack of affordable units with three or more bedrooms to adequately accommodate families.<sup>33</sup>

***Liability Issues***

Currently available data provide mixed information on liability issues for intergenerational shared sites. While the 1995 DHHS report cited insurance costs as one of the ways shared facilities save in overhead costs,<sup>34</sup> other reports from intergenerational shared-site programs named the cost of insurance coverage as a barrier.<sup>35</sup>

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<sup>33</sup> Sand, P. (2001). *Generations united under one roof: A briefing paper on housing barriers for grandparents raising grandchildren*. Unpublished paper.

<sup>34</sup> Department of Health and Human Services. *Co-located intergenerational activities in Department of Health and Human Services' Programs*. Washington, DC: Office of the Inspector General, ADF-IM-92-12.

<sup>35</sup> Peterson, J. and Butts, D. (2001). *Intergenerational Shared Sites and Shared Resources: Public Policy Barriers and Opportunities*. Washington, DC: Generations United.

Like all service facilities and programs, intergenerational shared-site programs provide services that hold them liable for a wide range of issues. Since the cost of liability insurance is often linked to age-specific risk determiners, programs serving both the young and old are usually subject to especially high rates. The high cost of coverage may leave some programs to operate assuming substantial risks. Other children or older adult programs interested in starting a shared site are inhibited by the overwhelming additional cost for liability insurance. Still other programs may be prepared to take on the additional insurance costs, but find that sufficient liability coverage is not available.

### ***Zoning and the Physical Environment***

According to the 1995 DHHS report, many officials of intergenerational shared sites identified the lack of flexibility in “build versus lease” options for facility space as a hindrance to implementing intergenerational shared-site facilities. Many areas lack existing buildings that are adequate for the relocation of Head Start programs or senior centers. In some cases, the cost of renovating an inadequate existing facility to accommodate both children and older adults would be more expensive than purchasing or constructing a new facility. Officials recommended that “more flexibility in Head Start and senior center regulations would help eliminate the lack of adequate facilities.”<sup>36</sup>

Zoning regulations vary considerably among localities, but many public regulations could restrict the development and operation of intergenerational shared-site programs. Due to the broad variation in local regulations, successful models are needed in a variety of settings in order to promote replication. For example, public zoning regulations that restrict commercial facilities in residential areas may limit plans for a childcare center on the site of a naturally occurring retirement community. Some areas may have zoning regulations that restrict congregate housing. This may limit opportunities to build a continuing care retirement community in an area where there are more likely to be families with children and a need for local children’s programs.

### ***Lack of Research and Empirical Data***

In addition to the need for research about zoning and liability issues for intergenerational shared sites, further empirical research on these programs is needed to identify best practices and to be used as a basis for program standards. A comprehensive search of intergenerational program literature reveals less than one dozen research studies of intergenerational shared-site programs.

With the exception of the paper by Fuller-Thomson and Minkler there is no current, available research specifically on housing for grandparents and other relatives raising children. The Fuller-Thomson and Minkler paper provides information based on

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<sup>36</sup> Department of Health and Human Services. *Co-located intergenerational activities in Department of Health and Human Services’ Programs*. Washington, DC: Office of the Inspector General, ADF-IM-92-12, p. 16.

extrapolated data from the Census 2000 Supplementary Survey, but is limited in its scope because the data was not specifically gathered to investigate the housing needs of these caregivers. For example, there is currently no available data on the quality of housing units currently occupied by this population or the number of these families that qualify, but are not receiving housing subsidies, due to lack of availability.

### ***Funding***

Intergenerational shared sites and resources have the potential to open the door for expanded funding options. Not only have these programs demonstrated cost-containment and savings while maintaining steady or increasing productivity, they can also be funded creatively by co-mingling funds and drawing from multiple streams such as traditional children, youth and senior sources. This can limit the drain on some already overburdened funding sources.

While there may be enhanced funding opportunities, there are also barriers that need to be addressed. There is no central source of funding information for intergenerational shared-site programs and there is a lack of explicit intergenerational language in Requests for Proposals and funding guidelines. This can limit grant-seekers who may not be familiar with this approach or overburdened providers who might not have time to think outside of the box.

Categorical funding addresses the clear need to assure resources to address specific needs of populations; however, programs that are funded to serve a specific age group can limit creativity and the further development of intergenerational shared sites.

Despite the breadth of federal funding opportunities, there are few dollars available for demonstration programs. Furthermore, no federal funds are currently available to document and disseminate promising practices. Interviews with facility officials in older adult and children's programs revealed wide interest in participating in demonstration projects.<sup>37</sup>

### **Model Programs and Responses**

Despite the multiple barriers to the development of intergenerational shared-site programs, many persistent pioneers have overcome these obstacles and are currently operating innovative model intergenerational shared-site programs. The following are three examples of the many successful model intergenerational shared-site programs around the country.

Hope Meadows is the first "planned neighborhood" of Generations of Hope, a non-profit, licensed foster care and adoption agency headquartered in Rantoul,

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<sup>37</sup> Department of Health and Human Services. *Co-located intergenerational activities in Department of Health and Human Services' Programs*. Washington, DC: Office of the Inspector General, ADF-IM-92-12.

Illinois. Living side by side on a decommissioned military base, lower income senior residents live in reduced-rent housing in exchange for providing a minimum of eight hours of support to children and their foster parents living in the community each week. Most contribute far more. The senior residents interact with the children in a variety of ways, like through mentoring and tutoring relationships or acting as crossing guards or day care aids. The housing community provides a safe and loving environment where children who have been shuttled through the foster-care system live and interact with senior citizens. Ninety-eight percent of seniors at Hope Meadows reported improvement or no change in health status during their time at Hope, while the adoption/permanency rate is more than 3 times the average for the state.<sup>38</sup>

The Chicago Housing Authority Intergenerational Computer Learning Center is a collaborative project between residents of Chicago Housing Authority's (CHA) Senior Housing and Chicago Public Schools. When residents of CHA's Senior housing came together to create a computer-learning center to meet the needs of the surrounding community, they elected to share their resource with local school children. Participants found that the technological expertise of the children surpassed the skills of the seniors, while the children lacked perspective on how to use the information and craved attention, which the adults were able to provide. Now, older and younger participants mutually benefit from one another's perspective, skills and expertise, while sharing a valuable resource.

GrandFamilies House is the nation's first specially designed housing program for grandparents raising grandchildren. GrandFamilies is located in Dorchester, Massachusetts, and was developed by two local non-profit organizations, Boston Aging Concerns Young & Old United, Inc. (BAC-YOU) and the Women's Institute for Housing and Economic Development. These non-profits used a mix of local, state and national public and private financing. They obtained federal "HOME" housing program funds, in addition to 50 section 8 vouchers from the Boston Housing Authority and another 50 from the Massachusetts Department of Housing and Community Development. The Section 8 vouchers were targeted to families with heads of households 62 years old or older. Households headed by the near elderly were given second priority.

GrandFamilies House consists of 26 two-, three-, and four-bedroom apartments. Each apartment has specially designed safety features for both the grandchildren and grandparents. The House, which is managed by BAC-YOU,

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<sup>38</sup> Generations of Hope. *Hope for the Future: A Campaign to Support a Successful Alternative to Traditional Foster Care by Creating Nurturing Intergenerational Communities for Every Child*. Rantoul: Generations of Hope.

also has extensive communal program space and services on-site. It provides an on-site resident services coordinator, a live-in house manager, educational services, and assistance with accessing outside services. In addition, YWCA-Boston offers its on-site program called Generations Learning Together.

## **RECOMMENDATIONS**

### **Collaboration Among Agencies and Organizations to Address Regulatory Conflicts**

As discussed earlier, regulations by the Administration on Aging and the Administration on Children and Families sometimes conflict in areas such as fire safety codes, immunizations requirements, facility sanitation standards, and licensing standards. Coordinated policy guidance and standards could resolve potential regulatory conflicts to remove barriers for the development of intergenerational learning and care centers. An interagency summit between key federal and non-governmental organizations could be conducted. It would provide an opportunity to develop coordinated policy guidance and discuss other ways to overcome policy barriers related to intergenerational learning and care centers. The summit could further discuss the benefits and contributions of shared sites and ways to develop and promote them.

### **Education and Training**

While there is nationwide interest in developing intergenerational learning and care centers, many groups are unaware of model programs around the country. Creating a comprehensive national database of information on intergenerational facilities and programs would help provide useful information to help promote more intergenerational programs across the country.

Federal agency web sites could provide information about the benefits of intergenerational programming and include intergenerational as a key search word on their sites. In addition, these agencies could provide guidance to states and grant-seekers that encourages the use of existing opportunities in current legislation for intergenerational programs.

Many regional and federal workers may not be promoting intergenerational learning and care centers because they are not familiar with the benefits of intergenerational programs. Including information about program options and benefits could help encourage their development.

There are two significant education and training programs that could be used to raise awareness about grandparents and other relatives raising children and assist them in obtaining existing affordable housing opportunities. One would be to conduct

education and training of housing workers through the Fair Housing Initiatives Program (FHIP). Additional FHIP funds could be appropriated to conduct education concerning these families or existing FHIP training could be expanded to include this component.

FHIP is designed to promote fair housing laws and equal housing opportunity awareness. The FHIP Education and Outreach Initiative funds nonprofit organizations to educate the general public and key housing market actors about what equal opportunity in housing means and what is required in the sale, rental and financing of housing. FHIP activities can be national, regional, local or community-based, making them well suited to the type of educational activities that need to occur at so many different levels.

A training component through HUD would also be of great benefit to assist grandparent caregivers. HUD has funding for training relating to public and assisted-housing issues. Congress could require HUD to issue a directive that its own personnel, who work in a wide variety of program areas, receive training on the special circumstances that may impact grandparents raising grandchildren in subsidized housing.

### **Research and Empirical Data**

Initial research indicates potential barriers to the development of intergenerational learning and care centers and living arrangements based on regulatory conflicts, zoning issues and liability issues. Additional research is needed to determine the nature of the barriers and the degree to which current programs are encountering them.

There is also a dearth of research evaluating current model programs. Evaluative research should be conducted, encouraged and supported. Further research should assess the quality of current modes; develop intergenerational shared-site “best practices;” and quantify and qualify the reduction of costs and increases in levels of productivity. The long-term effects of the programs on participants should be studied in the following areas: physical and mental health; delay of nursing home placement for older adults; attitudes and learning opportunities for all ages; and educational benefits.

A national study that builds on the data analyzed by Drs. Minkler and Fuller-Thomson is needed. It is recommended that HUD work with Census sampling to do a national study of housing needs of grandparents raising grandchildren. Possible responses to this need may also be examined. For example, HUD could examine whether the Section 202 program regulations should be changed to allow for some units larger than two bedrooms, which would accommodate grandparent-headed households.

### **Public Policies and Funding Opportunities for Intergenerational Learning and Care Centers and Living Arrangements**

Policy makers can include explicit intergenerational language in public policies to promote the intentional development of intergenerational learning and care centers. For example, 21st Century Community Learning Centers provide opportunities that benefit the educational, health, social services, cultural, and recreational needs of all ages in the community. Including intergenerational programs as one of the allowable activities would encourage grant-seekers to pursue intergenerational learning and care-center arrangements. Demonstration programs and conducting joint ventures among federal agencies can also provide opportunities for creative intergenerational programs in a variety of ways. In addition, AoA can encourage intergenerational shared sites by including these programs in their guidance to states.

National demonstration programs based on GrandFamilies House are recommended. GrandFamilies House was completed with a mix of local, state and national public and private funds and, because of its funding, it is a unique project that others cannot replicate exactly. National demonstration projects could establish a blueprint that others could follow with greater ease. Demonstration projects are recommended using both the Section 202 and Section 8 programs. For Section 202, a small separate building could be attached to an existing or new development. This building would include units for families, giving preference to grandparent-headed families. The creation of a "grandfamily annex" would allow the grandparents to access the senior services they may need at the same time that it creates a family-friendly environment for the children. Outdoor play space could be created away from the senior-only units. This set-up might make it more attractive for grandchildren of residents in the senior-only portion to visit their grandparents, in addition to creating a supportive environment for grandparent-headed families. A national Section 8 demonstration program could also test the feasibility of replicating GrandFamilies House on a larger scale. These demonstration programs should also include social service components to facilitate access to other services that may be needed by the families.

Finally, an expansion of existing definitions for housing programs to include grandparent- and relative-headed households is needed. Both the Section 8 Family Unification Program (FUP) and ECHO Housing Program could be used to reach this population. For FUP, grandparents raising grandchildren should be treated as families, not "interim families." A more inclusion definition would encompass those grandparent-headed households at risk of losing custody of their grandchildren because of their housing situation. By allowing grandparents to use these vouchers, the program would continue to meet its goal of preventing children from entering foster care due to the housing conditions of a family member.

An adaptation of the HOME program's Elder Cottage Housing Opportunity (ECHO) program represents another existing program that could be used to provide affordable housing opportunities to grandparent caregivers. A modification of the ECHO program would allow grandparents in single-family homes to stay in homes that would

otherwise be too small due to the arrival of their grandchildren. The proposed national study could include as one of its components an examination of how many grandparent caregivers throughout the U.S. would be interested in this type of housing. It is suspected that many would be, and the ECHO program can respond to this need. As the ECHO program is currently configured, HOME funds can be used for the initial purchase and placement costs of ECHO units. These units must be small, free-standing and barrier free. The aim of the program is to allow older persons to live near their relatives. An adaptation of this program would be the addition of bedrooms for the grandchildren.