

**INTERGENERATIONAL VOLUNTEER PROGRAM  
TO IMPLEMENT PROVINCIAL ALZHEIMER  
STRATEGY INITIATIVE # 10  
FINAL REPORT**

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November, 2001**

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## 1. BACKGROUND

In 1999, the United Nations International Year of Older Persons, a key provincial event was the development of *Ontario's Strategy for Alzheimer Disease and Related Dementias*. Based on broad consultation with agencies and individuals closely involved with Alzheimer Disease and Related Dementias (ADRD), the strategy identified ten courses of action, or initiatives, that would help to address the issues related to these conditions that afflict hundreds of thousands of Ontarions. All 10 initiatives of the provincial strategy were funded through the Ontario Seniors' Secretariat of the Ministry of Citizenship, Culture and Recreation.

Strategic Direction Number 10 is the Intergenerational Volunteer Initiative, referred to in this report as 'Initiative # 10'. This report describes the implementation of Initiative # 10. The overall purposes of Initiative # 10 were to bring together young people, seniors with Alzheimer and related dementias, well seniors, and the public education coordinator from the local chapter of the Alzheimer Society of Ontario to develop projects that would:

- (i) improve the quality of life for those with Alzheimer and related dementias;
- (ii) provide young people with a valuable volunteer experience that would encourage such activities throughout their lives;
- (iii) provide a context in which well seniors and seniors with Alzheimer and related dementias could work together in mutually satisfying situations.

The lead organization for the implementation of the initiative was the Older Adult Centres' Association of Ontario (OACAO). OACAO worked closely with United Generations Ontario (UGO) and the Alzheimer Society of Ontario (ASO) in the work of implementation. All three organizations have province-wide memberships and, therefore, were able to play important roles in developing and maintaining projects at the local level across the province.

## **1.1 Program Funding and Local Project Funding Approach**

The total amount of funding available for the initiative implementation was \$500,000. Funding was for a one year project but there was an inbuilt assumption that there would be possibilities of extending beyond this period, particularly if individual agencies or partnerships of agencies were able to acquire funding from other sources or to integrate the initiative into their ongoing program offerings. Of the \$500,000, \$110, 000 was earmarked for administration, coordination and implementation at the provincial level and the remaining \$390,000 was made available to local projects.

In July, 2000, local project funding application guidelines were developed and disseminated across the province through the various seniors organizational networks, including those of the three project partnership organizations - OACAO, UGO and ASO - and Ontario Community Support Association, Ontario Association of Non-Profit Homes and Services for Seniors, Ontario Residential Care Association, and Ontario Nursing Home Association.

The overall framework used to guide the approach to the project funding was based upon a combination of the eight OACAO provincial regions and the density of AS chapters within each of those regions. (See Appendix I for a map depicting the eight OACAO regions and Appendix II for a listing of all AS chapters by OACAO region.) Although this framework was used as an overall guideline to make local project funding decisions, considerable flexibility was exercised in order to reflect population differences and the nature of the proposed projects themselves and, of course, the uniqueness of the situation in each particular community. The presence of United Generations Ontario (UGO) member initiatives in an area was also considered to be of key importance. In addition, it was anticipated that Ontario Community Support Association, Ontario Association of Non-Profit Homes and Services for Seniors, Ontario Long-Term Care Association, Ontario Residential Care Association membership organizations, or any other agencies/organizations working with seniors could play a role at the local level. The intention was to have at least one local project funded in each of the eight OACAO regions. One requirement of each of the local projects was that they incorporate an educational component to be delivered by the local chapter of the AS. This educational component was to be based on the training guide recently developed by the ASO, i.e. *Intergenerational Volunteer Training Guide - 2000*.

The criteria by which funding proposals were evaluated were as follows:

- Is this project likely to fulfil the three main purposes of the program?
- Does the proposed partnership bring together the relevant players? i.e. will it bring together youth, well seniors and ADRD seniors?
- Is the local AS chapter involved as one of the partners?
- Is there a clearly identified lead organization in the partnership and is that lead organization fully committed as an active participant?
- Is the lead organization able and willing to carry out the process of monitoring the receipt and expenditure of funding for the project?
- Are local members of OACAO, and UGO involved?
- Are other local stakeholders such as member agencies of Ontario Community Support Association, Ontario Long-Term Care Association, Ontario Association of Non-Profit Homes and Services for Seniors, Ontario Residential Care Association, and Volunteer Centres of Ontario involved and/or aware of the proposed project?

By the local project funding application date of September 29, 2000, over 40 applications had been received from across the province. A Working Committee led by the President of the OACAO, with representatives from UGO and ASO, selected 27 local projects for funding. The funded local projects are listed in Table 1 below, together with a brief description of the project and the amount of funding received.

**TABLE 1 - THE 27 LOCAL INITIATIVE # 10 PROJECTS**

PROJECT LOCATION AND LEAD ORGANIZATION	DESCRIPTION	FUNDING AMOUNT
<b>OACAO REGION - SOUTH WEST (n=4)</b>		
1. Country Terrace LTC Facility Komoka	-Increase # vols. interacting with Alz. Residents - Develop new resources - Develop intergen approach - Enhance current sensory stimulation and walk program	\$15,000
2. St. Thomas Seniors' Centre (OACAO member)	- Memory boxes built by well seniors, decorated by developmentally challenged adults, themed kits developed by girl guides - Visits, focused on memory boxes, to Alz seniors in local Home for the Aged	\$7,000
3. Teen Health Centre Windsor	- Meals cooked and served at a community kitchen - Three meals over course of year	\$10,311
4. AS, Oxford Woodstock	A visiting program with a minimum of 15 matches, a weekly event - go walking, etc.	\$20,000
<b>GRAND RIVER (n=4)</b>		
5. AS, Kitchener-Waterloo	- Students from three schools will visit Alz seniors in Sunnyside Home's Alzheimer Day Away Program on a monthly basis, storytelling, crafts, music, etc.- development of a colouring book.	\$12,000
6. Fairview Mennonite Home Cambridge	- Creation and delivery of recreation and leisure programming for Alz seniors that includes: - self directed activity, such as gardening; physical activities, such as walking; reminiscence; remotivation, such as appreciating the work of the world; reality orientation, such as development of a reality board; life album.	\$25,000
7. Home and Community Support Services of Grey-Bruce	- Day Away Program brings together well seniors, seniors with Alzheimer and will be where young people will get involved weekly in music and woodworking activities with Alzheimer seniors.	\$1,165
8. AS Perth County Stratford	- Involves twice monthly theme activities with Day Away program staff – activities include cooking, scrapbook/memory box, reading/writing, etc.	\$9,645

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<b>NORTH WEST (n=2)</b>		
9. AS Thunder Bay	- Brings the three groups together people in an assisted living building, using an existing Music Variety program of the Thunder Bay 55 Plus Centre - activities include involvement in music program, card games, walking, reminiscences, a Spring Tea.	\$35,410
27. Home Support Services, Pinecrest Home, Kenora	-Enhancement of an Adult Day program to offer the program on Saturdays providing much needed respite for caregivers - music-based activities	\$7,696
<b>NORTH CENTRAL (n=2)</b>		
10. AS Sudbury-Manitoulin	- Matches made with Alzheimer seniors to enhance the Volunteer Companion Program - Connections with Alzheimer seniors are made in their homes, this also leads to their involvement in community events such as dances, bingos, pubs, bowling, etc. Also visits to community attractions such as Science North. - Weekly companion visits and 'events' every two months.	\$14,000
11. Temiskaming Lodge Haileybury	- youth and well seniors will meet twice weekly with Alzheimer seniors at Temiskaming Lodge to be involved in programs such as: music therapy, validation therapy, friendly visiting, pet therapy, reminiscing, walking, gardening	\$21,448
<b>GOLDEN HORSESHOE (n=3)</b>		
12. AS Halton-Wentworth	- Expansion of Volunteer Group Respite service, a two hour caregiver group support with concurrent care for their Alzheimer relatives	\$12,000
13. East Wellington Advisory Group for Family Services (EWAG)	- A theme-based music program, memoir writing - A public education component will include talks at the high school and at the 109 Seniors Club and materials in EWAG newsletter	\$25,000
14. S.E.N.A.C.A. Seniors Day Program Halton Inc.	- Enhances existing Day Program by involving the three groups in activities at the Day Program location	\$12,000
<b>METRO (n=3)</b>		
15. Woodgreen Community Centre	- Congregate dining, social/recreational activities - Outreach to English, Cantonese and Chinese speaking seniors - Monthly small group interaction - dining, understanding, care, support, interactive games, crafts, drawing, music, celebration of events such as Valentine's Day	\$25,000

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16. Villa Colombo	<ul style="list-style-type: none"> <li>- Program builds on the Italian love of singing, music as therapy</li> <li>- Dante Alighieri Academy vocal students and well seniors will visit Alzheimer seniors weekly in Frail Elderly Centre of Villa Colombo for musical sessions</li> </ul>	\$15,000
17. Don Mills Foundation for Senior Citizens	<ul style="list-style-type: none"> <li>- A certificate training program comprising five workshops and a four hour Alzheimer-related volunteer placement for young people and well seniors in Don Mills Foundation programs - e.g. day programs, dining programs, friendly visiting</li> <li>- Materials will be used in ongoing way after first year</li> </ul>	\$9,475
<b>CENTRAL (n=4)</b>		
18. Maple Health Centre Region of York Health Services Dept.	<ul style="list-style-type: none"> <li>- Trips for the three groups to, e.g. McMichael Art Gallery</li> <li>- Students will be recruited for summer activation programming</li> <li>- Local Girl Guide group will visit Centre monthly</li> <li>- Installation of a computer with Internet access so that seniors can communicate with students in the school and well seniors in the community</li> </ul>	\$10,000
19. Oshawa Senior Citizens Centres	<ul style="list-style-type: none"> <li>- Art therapy program</li> <li>- Development of memory book</li> <li>- Well seniors will act as mentors to youth in their interactions with Alzheimer seniors</li> </ul>	\$10,000
20. AS, Muskoka Bracebridge	<ul style="list-style-type: none"> <li>- Variety of activities in Centennial Centre - music, physical activities, crafts, daily living skills - will provide respite for primary care givers and new experiences and stimulation for Alzheimer seniors.</li> </ul>	\$5,610
21. Fairhaven Home for the Aged	<ul style="list-style-type: none"> <li>Starting up a new adult day centre, i.e. Fairhaven Adult Day Centre</li> <li>- Will offer Day Care program two full days a week, includes baking, gardening, games, music, dancing and ongoing involvement of local high school students in the program</li> </ul>	\$18,000
<b>EASTERN (n=5)</b>		
22. Central Frontenac Community Services Sydenham	<ul style="list-style-type: none"> <li>- Well seniors and youth will be paired and will then work with Alzheimer seniors in Fairmount Home for the Aged, using art and music therapy approaches, in which they will be trained.</li> </ul>	\$11,250



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23. Bonnechere Manor Renfrew	<ul style="list-style-type: none"> <li>- A musical volunteer program for Adult Day Program at Bonnechere Manor</li> <li>- A number of scheduled practices, culminating in a final concert in the local Lady of Fatima School</li> <li>- A poster contest depicting seniors and young people</li> </ul>	\$10,250
24. Land O' Lakes Community Services Northbrook	<ul style="list-style-type: none"> <li>Program in Nursing Home</li> <li>- Twice weekly programs drawing on local artists and musicians to conduct activities such as memory books and boxes, music therapy, art, knitting, congregate dining</li> </ul>	\$25,868
25. Gloucester Senior Adults' Centre Gloucester	<ul style="list-style-type: none"> <li>- Will be three joint activities over the year, one in each of the facilities - Nov., Feb., April. - a social event with food and entertainment; a planting in the school greenhouse (the mature plants will later be planted at the three locations); a celebration of families - story telling, collage creation, etc.</li> </ul>	\$3,700
26. St. Joseph's Villa Long Term Care Facility, Cornwall	<ul style="list-style-type: none"> <li>- Identify specific needs of Alz seniors and then shape activities according to findings.</li> <li>- biographies, horticultural programs, social events - activities will be ongoing</li> <li>- Pizza party at end of school year where students will present their biographies</li> </ul>	\$18,172

Table 1 indicates that the local projects were widely distributed across the province. An important goal of the implementation of the #10 Initiative was to have as broad a distribution as possible across the province. The OACAO's regional framework played a key role in making this possible.

## 2. LOCAL PROJECT PROGRESS REPORTS

One of the requirements of local projects was that they be required to submit a progress report by March 31, 2001. All 27 local projects fulfilled this requirement. The required progress report was a brief 'two pager' of about 500 words and was expected to address the following questions:

- Is the project developing in the way it was described in the project funding application, particularly in terms of your goals, objectives and outcomes? Explain briefly.
- What is going 'according to plan'?
- In what areas are things going differently than expected?
- What, if any, challenges are you being faced with?
- Are there ways in which you feel some of these challenges can be effectively addressed by your project? And, if so, how?
- General comments on the experience of the project to date.

With very few exceptions, all 27 reported that their projects were developing as expected, in terms of their stated goals, objectives and outcomes. Most activities were going according to plan. Typical responses were:

“Everything has gone according to plan. The actual memory boxes were completed ahead of schedule. All 150 were ready for decorating by Christmas, which allowed us to get started on the educational component.”

“Many students are forming specific relationships with their partners. This has deepened their appreciation for the seniors and they are realizing the worth of older people. In addition, the students are less timid than in the beginning. They are interacting with much more confidence, especially with the participants with Alzheimer Disease.”

“Seniors with Alzheimer and related dementias are given undivided individual attention and the opportunity to experience enjoyment and contentment.”

“Participants have a sense of accomplishment and are more physically fit due to the weight lifting and exercise activities. The students and well seniors are comfortable working with Alzheimer/Dementia clients and are more likely to volunteer working with seniors/dementia clients in the future.”

“We recruited nine youth and nine well seniors to work with the Alzheimer seniors. An extensive outreach resulted in successful recruitment of a number of culturally diverse clients from under-served communities.”

“The art therapy activity has improved the quality of life for individuals with dementia. There is good interaction in the room, the individuals with dementia feel stimulated and encouraged to talk about life experiences through presenting and explaining about their artwork to other group members.”

“The group is getting along well, the songs are being learned at rapid speed and the group is enjoying the challenge.”

“The mix of the three groups has been very positive. Our clients have the opportunity to socialize in a safe environment and their care givers have respite time. The youth have learned much about the disease of Alzheimers and the clients and staff have enjoyed the energy the youth bring to the program.”

The major challenges identified in the progress reports, in order of those most frequently mentioned were:

- Recruiting and keeping enough well seniors involved.
- Some difficulty in keeping up the interest of young participants.
- The considerable planning time involved in bringing the three groups together.
- Some difficulty with maintaining a high level of interest among community partners.
- Lack of flexibility of schools, e.g. the difficulty encountered at some schools in allowing students to participate in the program during school hours.
- Challenge of getting young people interested in working with Alzheimer seniors. (Sometimes they are influenced by parents who view their children's involvement negatively.)
- Unpredictability re availability of Alzheimer seniors from week to week.
- Shyness or fear of some Alzheimer seniors with regard to new people, be they well seniors or young people.
- Reluctance of some family caregivers to have their Alzheimer senior involved in such activities outside (or inside) the home.
- Difficulty of involving males (youth and well seniors).
- Difficulty in getting all volunteers to attend the ASO training session(s).
- Difficulty in recruiting volunteer drivers.

However, despite the many challenges listed in the progress reports, most projects felt they could develop strategies for dealing with these challenges. In the case of the shortage of well seniors, some recruited non-senior volunteers. Those who had difficulties with the recruitment of young people, either because of lack of interest or because of relatively inflexible school regimes, tended to broaden their appeal to other or more schools. One local project anticipated this issue very effectively by recruiting the local school principal as a member of their intergenerational planning committee. At this particular school, students are strongly encouraged by the teaching staff to be involved. To deal with the problem of unpredictability of Alzheimer senior attendance in the program, one organization broadened its scope of recruitment of Alzheimer participants so that there are always many such participants at each activity. Overcoming ADRD senior fear or shyness in the presence of young and well senior strangers has been overcome by highly sensitive programming and support. And the reluctant family caregiver has been won over in some cases simply by being invited to attend along with their ADRD relative. The lack of male participants is a fairly common issue, although some of the projects have a large proportion of well senior males involved. The difficulty appears to be more in the recruitment of young males. Some tackled the difficulty of having all volunteers attending the ASO training sessions by reducing the required training time to the bare essentials. The difficulty in recruiting volunteer drivers can be a particular problem for the projects in sparsely populated areas and can only be overcome by concentrated recruitment initiatives.

### 3. SITE VISITS

In the month of May site visits were made to 12 of the 27 local projects by the Community Development Field Resource Consultant. The purpose of the visits was to get a first-hand feel for how the projects were progressing. The intention was to visit projects in each of the eight regions. Because of time factors, it was not possible to visit as many projects as initially intended. However, visits were made to 12 local projects in seven of the eight regions. The North West was the one region the consultant was unable to visit. An overview description of the visits is provided in the table below.

**TABLE 2 - SITE VISITS**

SITE AND PROJECT #	DATE	OVERVIEW OF VISIT
Villa Colombo, Toronto (16)	April 4	Attended the final concert for the project. This involved all three groups (well seniors, Alzheimer seniors, young people) in singing some of the old Italian favourites, such as <i>O Sole Mio</i> , in playing instruments and in dancing. In addition to the project community consultant, representatives from OACAO, UGO and the Seniors' Secretariat were present. The atmosphere was very positive. Several of the Alzheimer seniors were obviously enjoying themselves immensely.
Oshawa Senior Citizens' Centres (19)	April 20	Attended an art therapy session. The session involved all three groups. The focus was on the decoration of flower pots. The well seniors and young people present were very enthusiastic and patient in their work with the Alzheimer seniors. The art therapist played a key role in moving the group through the activity.
Bonnechere Manor, Renfrew (23)	May 4	Attended a group singing session that involved all three groups. The young people there were from the local school. The singing was led by a local church minister and guitar-playing musician. Musical accompaniment was also provided on the piano. Some of well seniors and some of Alzheimer seniors live in the Manor, others are brought in. Highly motivated staff and volunteers.

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<p>Land O' Lakes Community Services, Northbrook (24)</p>	<p>May 7</p>	<p>Attended the weekly get together in Pine Meadow Nursing Home. Well seniors group from Golden Sunset Seniors Club, young folks from local high school. Session included butter making, a sing song and dancing. Volunteer Centre Coordinator plays a key role - coordinates the program, leads activities, plays guitar for sing song. A very positive and informal atmosphere.</p>
<p>Don Mills Foundation, Toronto (17)</p>	<p>May 10</p>	<p>Attended the evaluation session for the intergenerational Alzheimer program. Present were well seniors and young people - i.e. those involved in the training workshops. Several of the well seniors are caregivers to seniors with Alzheimer, either as family members or as workers in seniors' residences. All present agreed that the training experience had been valuable.</p>
<p>Woodgreen, Toronto (15)</p>	<p>May 12</p>	<p>Attended one of the project's weekly sessions at Riverdale hospital. Young people, well seniors and Alzheimer seniors were present. The session began with a snack of tea and cookies and then moved into a discussion about Mother's Day (the next day). All were then involved in an art session in which stick and paste designs were carried out to make Mother's Day cards. All three groups were very mixed ethnically, the Alzheimer seniors were Chinese, Barbadian, and Jamaican. A lunch was served and then a sing song held, led by a piano player. Several of the Alzheimer seniors provided backing with marracas. The session finished in a conga line, with everyone participating. There was a high level of involvement of the Alzheimer seniors.</p>

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AS Sudbury-Manitoulin (10)	May 14	Met with program coordinator, AS E.D. and several young and well senior participants to discuss the project. This project focused on visits of young people and well seniors to Alzheimer seniors in their homes. There was general agreement that a key aspect of the project was the learning involved for well seniors. However, there was some difficulty experienced in holding on to well senior participants. The major beneficiaries of the project are family caregivers. The young participants felt their understanding of Alzheimers and their ability to work with seniors with Alzheimer had improved immeasurably and they intended to recommend involvement in such projects to their peers.
Temiskaming Lodge, Haileybury (11)	May 15	Spent the day observing the project in action. Young people from the local public school and well seniors from the Lodge, working with Alzheimer seniors in such activities as pet therapy (one of the young people brought a rabbit - he said "I enjoy watching the expressions on their faces when they see my rabbit"), gardening (in the small green house and surrounding garden), laundry and memory boxes. The public school social worker (also present) works as a liaison between the school and the Lodge. The principal of the school is also a member of the 'Task Force', i.e. the committee responsible for developing and monitoring the intergenerational project. As the lead organization and site for the project, the Lodge plays a key role and works hard to ensure it is a success.
AS, Muskoka, Bracebridge (20)	May 16	Attended the weekly afternoon session of the project. It is held in a recreation centre (the Centennial Centre) in Huntsville. The young people come from the high school next door. The well seniors are members of the Hunstville Centennial Seniors. A key part of the program is art work and has been facilitated by a professional artist. The activities today included line dancing and story telling. The high level of excitement in the project is palpable. Well seniors, young people and Alzheimer seniors



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		strutted their stuff in the line dancing session.
East Wellington Advisory Group (EWAG), Erin (13)	May 17	Attended the project's weekly session. Started out sharing lunch with well seniors and Alzheimer seniors. Then attended one of the memoir writing groups. Well seniors, young people and Alzheimer seniors were present in the room. The young people were paired off with Alzheimer seniors. The pairs had previously met on several occasions. During the previous occasions, young people had interviewed Alzheimer seniors about their past. Today the young people read out the stories as they had heard them during their interviews. The project coordinator facilitated the discussion. Once the story had been read out, the Alzheimer senior commented on it. Then people joined in a discussion of what the stories meant, etc. The stories were a rich mix of joy and sadness. The discussions were animated.
Fairview Mennonite Home, Cambridge (6)	May 17	Met with several of Home staff and shown around the project by the project coordinator. Activities were not being carried out on this day. The project is conducted on the locked Alzheimer ward of the Home. Young people and well senior volunteers meet with the Alzheimer seniors there. The project has made it possible for the Home to purchase a range of equipment to engender their development of 'busy baskets', reminiscence kits, art therapy, drum therapy, and sing songs. The staff are extremely enthusiastic about the project.
County Terrace, Komoka (1)	June 11	Met with several County Terrace staff, including the project coordinator. A large number of young people are involved in the project which includes the development and use of sensory kits. They are getting inquiries from other local long-term care facilities on the possibility of providing in service training re volunteer recruitment (especially young people) and sensory kit development. The kits they have developed are first class.

## **4. THE OUTCOMES - I PROJECT FINAL REPORTS**

This section is based on the final reports of the 27 local projects and utilizes the subject headings developed for the local project final reporting guidelines.

### **4.1 Project Descriptions**

Under ‘project description’, local projects were asked to describe: (i) the source of young people, well seniors and seniors with Alzheimers;(ii) the activities that were used to bring the three groups together; (iii) the frequency of the activities. The resulting information is tabulated below in tables 3 through 5.

**TABLE 3 - PRIMARY SOURCE OF YOUNG PEOPLE (N=27)**

PRIMARY SOURCE	NUMBER
Local School(s)	16
Wider Community	5
Girl Guides	2
Staff members' children	1
Local college(s)	1
Youth Club	1
Community Health Centre	1

**TABLE 4 - PRIMARY SOURCE OF WELL SENIORS (N=27)**

PRIMARY SOURCE	NUMBER
Seniors' Centre or Group	17
Wider Community	8
Local Church(es)	1
Community Health Centre	1

**TABLE 5 - PRIMARY SOURCE OF SENIORS WITH ALZHEIMERS(N=27)**

PRIMARY SOURCE	NUMBER
Long Term Care Facilities	13
Day Care(Away) Programs	8
Wider Community	5
Community Health Centre	1

Projects reported that the activities they used to bring the three groups together - young people, well seniors, and ADRD seniors - were as indicated in Table 6 below.

**TABLE 6 - ACTIVITIES USED TO BRING THE THREE GROUPS TOGETHER**

ACTIVITY	NUMBER OF PROJECTS USING THIS ACTIVITY
Musical (singing, instruments, dancing)	17
Arts and Crafts	16
Storytelling/Reminiscing/Memoirs	8
Horticulture	6
Games	5
Memory Box Construction/Development	5
Exercise/Fitness	3
Outings	3
Walks	5
Congregate Dining	4
Daily Living	3
Pet Therapy	2
Baking	2
Computers	2

Projects reported the frequency of activities, i.e. how often the three groups were brought together as indicated in Table 7.

**TABLE 7 - FREQUENCY OF ACTIVITY**

FREQUENCY	NUMBER*
Weekly	17
Every two weeks	4
Irregularly	6
Twice weekly	3
Monthly	2

\*Totals more than 27, because some projects held different activities with different frequency. For example, EWAG held its memoir writing program twice weekly, its music program every two weeks and its club band program once a month.

#### **4.2 Variations from the Project as Originally Proposed**

When local project coordinators were asked to identify the ways, if any, in which they had initially described it in their proposal for funding, five stated that there had been no change or very minor changes. The remaining local projects reported changes as follows:

- Projects 3, 12, 13, 18, 21 and 25 reported that they were later than expected in getting started. This frequently related to difficulties in coordinating all aspects of the program.
- Projects 3, 6, 9, 10 and 11 reported that they were able to recruit fewer well seniors than they had hoped to.
- Project 15 reported that illness reduced attendance at the activities and project 24 noted an overall reduction of participants than anticipated.
- Project 20 reported they drew more participants - in all three categories - than anticipated.
- Project 4 decided that it would be more effective to recruit ADRD seniors from Long-Term Care facilities rather than from the wider community.
- Project 5 recruited two sets of students because of the difficulty of fitting the project into their school curriculum.

- Project 7, took more time to recruit students than they had expected.
- Project 8 reduced the frequency of the activity from twice per month to once a month.
- Project 11 reported that the activities touched on the lives of a wider circle of people than those directly involved. This project was located in a Long-Term Care facility and many of those living in the facility who were not initially involved become involved in a 'drop-in/drop by' sense.
- Project 14 had great difficulty in recruiting students because of time demands of their school curriculum. They point out that early afternoon is the best time for activities from an ADRD senior's perspective but it is a difficult time for students to be involved because of school curriculum demands.
- Project 17 increased the required hours for students to be involved with ADRD seniors.
- Project 18 reported a higher level of contact with young people than they had anticipated.
- Project 24 reported that what was initially planned as a fairly formal program with carefully structured activities became more and more informal as the program developed. They concluded that informality works best.
- Noting through their early activities that ADRD seniors felt very uncomfortable in unfamiliar surroundings, project 25 decided to hold all activities in one place (their home, the long-term care facility), rather than moving activities among the three locations - the high school, the seniors centre and the long-term care facility.
- Project 27 shifted its program focus from reminiscing to congregate dining and socializing.
- Transportation was a problem for several projects, either transporting of young participants to the activity site or transporting ADRD seniors to the site, particularly where the activity site was not in a Long-Term Care facility.

### **4.3 Project Partners**

Partnership is a key factor in the Initiative #10 project, both in terms of its development, coordination and administration from the 'centre', where OACAO, UGO and ASO work as partners and at the local level. Local projects were encouraged to form partnerships from the outset for several obvious reasons, the most obvious being: (i) in order to bring together the three populations - young people, well seniors and ADRD seniors - it would be necessary to work with organizations that cater to and work on behalf of these three populations; (ii) partnerships at the local level would bring together organizations that may not have worked together previously, thus enhancing local community capacity; (iii) the development of partnerships for the local projects would likely carry over into future activities, including the potential continuation of the specific local Initiative #10 beyond the first year of funding. One of the criteria for funding local projects was that they demonstrate the ability and willingness to bring together key local organizations to deliver the project.

For the final report, local projects were asked to describe the organizations/ agencies that had been involved, the roles they played and the way in which they worked together. In essence, these partnership groups tend to be those listed above in Tables 3 through 5, i.e. the organizations/agencies that acted as the source for the three groups - young people, well seniors, and ADRD seniors. However, there were additional groups who played a role. The kinds of partnership groups, organizations and agencies that were actually involved at the local level are listed below in Table 8.

**TABLE 8 - PARTNERSHIP ORGANIZATIONS/AGENCIES/GROUPS**

LOCAL PROJECT	PARTNERSHIPS
1. Country Terrace LTC Facility, Komoka	AS London & Middlesex, Strathroy District Collegiate, Saunders Secondary School, Sir Wilfred Laurier Secondary School, Medway Secondary School, Oakridge Secondary School, Westminster Secondary School, St. Thomas Aquinas Catholic Secondary School, Mother Teresa Catholic Secondary School, Sacred Heart Parish, St. Anne's Anglican Church, Komoka community Church, Komoka United Church, Komoka Gospel Church, Strathroy Seniors Community Centre
2. St. Thomas Seniors' Centre (OCAO member)	AS Elgin-St. Thomas, 1 <sup>st</sup> Belmont and 5 <sup>th</sup> St. Thomas Girl Guides, Elgin Association for Community Living, Fanshawe College, St. Joseph's High School, Valleyview Home for the Aged.
3. Teen Health Centre Windsor	AS Windsor-Essex County, Citizen Advocacy Windsor-Essex,
4. AS, Oxford Woodstock	Woodstock Community Church, Berean Bible Church, Oxford Baptist Church, Caessant Care Retirement Home
5. AS, Kitchener-Waterloo	Sunnyside Home, Christ Lutheran School, St. Mary's Catholic Secondary School, Victoria School Seniors' Centre
6. Fairview Mennonite Home, Cambridge	Fairview Mennonite Home EPC, AS Cambridge, Volunteer Bureau of Cambridge
7. Home and Community Support Services of Grey-Bruce	AS Grey-Bruce, Kincardine Day Away Program, Elgin Market Public School, W.E. Thompson Public School
8. AS Perth County Stratford	VON Perth-Huron, Avon Maitland District School Board, Listowel District Secondary School
9. AS Thunder Bay	55 Plus Centre, Volunteer Thunder Bay, St. Joseph's Care Group - PR Cook Apartments
27. Community Support Services, Pinecrest Home, Kenora	AS Kenora & District, New Horizons Seniors' Centre, Kenora Senior Coalition,
10. AS Sudbury-Manitoulin	111 Seniors' Centre, Meals on Wheels
11. Temiskaming Lodge Haileybury	AS Timmins Porcupine District, Haileybury Public School, Haileybury Friendship Club
12. AS Halton-Wentworth	Hamilton Catholic Board of Education, Senior Activation Management East, Roxborough Seniors' Centre, St. Helen's elementary school
13. East Wellington Advisory Group for Family Services (EWAG)	AS Guelph-Wellington, Erin District High School, Erin Public School, the 109 Club Band



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14. S.E.N.A.C.A. Seniors Day Program Halton Inc.	AS Halton-Wentworth, Oakville Senior Recreation Centre, Kerr Street Seniors' Centre, White Oaks Secondary School, St. Thomas Aquinas Secondary School, Sheridan College, George Brown College
15. Woodgreen Community Centre	AS Toronto, Toronto Intergenerational Partnership, Steven Leacock High School, Danforth Collegiate and Tech. Institute, Malvern Collegiate, College Park Collegiate
16. Villa Colombo	AS Toronto, Dante Alighieri Academy
17. Don Mills Foundation for Senior Citizens	AS Toronto, Ontario Community Support Association, Toronto Board of Education, Don Mills Centre (Cadillac Fairview)
18. Maple Health Centre Region of York Health Services Dept.	AS York Region, St. Joan of Arc Catholic High School, St. David's Catholic Elementary School, Holy Jubilee Catholic Elementary School, Divine Mercy Catholic Elementary School, Michael Cranny Public School
19. Oshawa Senior Citizens Centres	- Alzheimer Society of Durham Region, Central Collegiate Institute, O'Neill Collegiate Institute, G.L Roberts Collegiate, Dr. F.J. Donevan Collegiate Institute, Monsignor Paul Dwyer Catholic High School, Trafalgar Castle School.
20. AS Muskoka, Bracebridge	Huntsville Centennial Seniors, Huntsville High School.
21. Fairhaven Home for the Aged	AS Peterborough, Peterborough Community Access Centre,
22. Central Frontenac Community Services Sydenham	AS Kingston, Fairmount Home for the Aged, Sydenham High School, Community Care Access Centre
23. Bonnechere Manor Renfrew	AS Ottawa-Carleton, St. Andrew's Presbyterian Church, Renfrew and District Christian School, Sunshine Coach
24. Land O' Lakes Community Services Northbrook	AS Kingston, Golden Sunset Seniors' Club, Pine Meadow Nursing Home, North Addington Education Centre, Volunteer Centre
25. Gloucester Senior Adults' Centre Gloucester	AS Ottawa-Carleton, Lester B. Pearson High School, Laurie Manor Nursing Home
26. St. Joseph's Villa Long Term Care Facility, Cornwall	AS Cornwall & District, Seaway Senior Citizens' Centre, La Citadelle High School, St. Joseph's High School

The roles played by each of these partnership agencies was, as would be expected in all cases, i.e. schools and youth organizations provided contacts with and encouraged the participation of young people, seniors' centres and seniors' organizations provided well senior volunteers and, at times, locations for the activities to be carried out. Similarly, long-term care facilities provided ADRD seniors for the activities and often space in which to carry them out. The local AS chapter, of course, provided the educational/training component for young people and well seniors. In some cases, partners provided unique and important support. For example, Sunshine Coaches provided transportation for some of the participants in the Renfrew project.<sup>1</sup>

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<sup>1</sup>One of the ADRD participants in the Renfrew project lives over twenty miles away in an earthen floor cabin deep in the Madawaska hills. Without the transportation it would be impossible for her to attend the program, where she gives full voice in the choir to her joy for living.

#### 4.4 Project Effect on Participants

Project coordinators were asked to identify ways in which project participants (i.e. young people, well seniors, ADRD seniors and staff and volunteers of participating agencies) were affected by their involvement in the project. The responses are aggregated in Table 9, below.

**TABLE 9 - PROJECT EFFECT ON PARTICIPANTS BY GROUP**

GROUP	PROJECT EFFECT IN ORDER OF THOSE MOST FREQUENTLY MENTIONED
Young People	<ul style="list-style-type: none"> <li>- Raised awareness re ADRD</li> <li>- Created an interest in further volunteering</li> <li>- Personal growth</li> <li>- Fun, enjoyable</li> <li>- Felt appreciated</li> <li>- More able to empathize</li> <li>- Overcame shyness/fear of ADRD seniors</li> <li>- Formed new relationships</li> </ul>
Well Seniors	<ul style="list-style-type: none"> <li>- Raised awareness re ADRD</li> <li>- Proud to be involved in the project</li> <li>- Raised awareness re young people's issues</li> <li>- Appreciated own good health</li> <li>- Ongoing commitment to project or similar</li> </ul>
ADRD Seniors	<ul style="list-style-type: none"> <li>- An emotional 'high'</li> <li>- Enjoyed closeness with young people</li> <li>- Decreased problem behaviours</li> <li>- Liked friendly faces and company</li> <li>- Memories rejuvenated</li> <li>- Formed new relationships (half remembered)</li> </ul>
Agency Staff and Volunteers	<ul style="list-style-type: none"> <li>- Appreciated program (lightened load)</li> <li>- Satisfaction with involvement</li> <li>- See how it improves life of ADRD seniors</li> <li>- Appreciated influx of young people</li> <li>- Appreciated more are learning about ADRD</li> </ul>

The following quotes from project reports help to support the information in Table 9:

“The students admitted to being scared at first but then becoming more comfortable. They felt good that they could make the seniors smile and laugh. Their understanding of Alzheimer’s disease greatly increased and it gave them a greater appreciation for seniors in general, including their own grandparents.”

“(The project) become an excellent opportunity for well seniors to learn more about the disease and to overcome their own fears about the disease and its effect on their peers. The training provided by the Alzheimer Society of Toronto and the direct participation in the program helped them to clarify some of the misconceptions as to the nature of the disease.”

“Although we started with a limit of ten targeted residents (ADRD seniors), we found this number increased dramatically on the occasions when members of the Nursing Home saw our volunteers arrive, or heard our music. As the project went on, residents started looking forward to the day on which our program was delivered. It was not uncommon to be asked, ‘When are you coming back?’ or ‘What day will you be here next week?’”

“When I first arrived at Fairmount (Home for the Aged) on the day of the reception, the staff made it clear to me what a joy it was to have this project taking place in their facility. They enjoyed watching the volunteers work with the residents and they were just as pleased with the effect that this effort had on the residents.”

#### **4.5 Aspects of the Project that Worked Well**

Local project coordinators were asked to identify what aspects of their project worked particularly well. The listing below provides a sense of what coordinators felt worked well. Again, those items identified most frequently are listed first.

- Provision of training, by ASO, prior to actual involvement in the program activities.
- The interaction between young people and ADRD seniors.
- Having small honoraria for some participants.
- Having a variety of activities.
- The reminiscence program.
- Involving students at an early age (i.e. public school)
- Planning activities ahead of time.
- Clarifying job roles so that a specific individual is responsible for recruitment and another for programming.
- Having a project coordinator.
- Having an outside facilitator for the program activities.
- Have small 'companionship' groups of three, i.e. one young person, one well senior and one ADRD senior.
- Providing transportation for students.
- Having a planning and coordinating task force for the project - made up of representatives from participating organizations - i.e. schools, long term care facilities, seniors' centres, AS.
- Having young people enter the experience in journals.
- Bringing the three groups together through music.
- The ongoing teddy bear theme.

#### **4.6 Aspects of the Project that Should Be Changed**

Project coordinators were asked what aspects of the project they would change if it were to become an ongoing project. They made the following responses:

- Increase well senior volunteer recruitment efforts.
- Expand the size of the local project.
- Offer the program to a wider community and/or other nearby communities.
- Plan for one or two special events.
- Increase the number of males among the young participants.
- Increase the number of ADRD seniors.
- Acquire more funding for transportation.
- Increase youth recruitment.
- Broaden the age group of non-young participants to include non-senior adults.

- Increase the number of programs that require limited dexterity.
- Run the project out of one location rather than moving from place to place.

#### 4.7 Plans for Continuing the Project

The final question in the local project final report section related to plans for continuation of the project.

**TABLE 10 - PLANS FOR CONTINUING PROJECT (N=27)**

PLANS	NUMBER
Intend to continue subject to funding being available	21*
Intend to continue whether funding available or not	5
Don't know	1

\* Three of these projects have approached MOH or the Ont. Seniors' Secretariat for funding, i.e. EWAG, (13), Fairhaven (21), Kenora (27).

## **5. THE OUTCOMES II - PROJECT EVALUATIONS**

This section is based on the self evaluations of the 27 local projects.

- Those at home received home visits from a well senior and young person team. Arts and crafts, walks, grooming, baking classes, boat cruise, visit to Science Centre North, farm visit, wood working, gardening, card games, board games, reminiscing, entertainment for those at the Adult Day Care.
- Pet therapy, baking, music, housework activities (e.g. folding laundry), woodwork, walking, exercise, gardening, art therapy, memory boxes, shuffleboard.

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<sup>2</sup>See also Table 6, above.

- Baking, reminiscing, balloon volleyball, gardening, puzzles, board games, basketball, crafts, pet therapy, golf.
- Memoirs, music program.
- Woodworking, crafts, art, pet therapy.
- Music - singing, dancing, instruments.
- Arts and crafts, singing, dancing, relaxation exercises, games, thematic discussions, snacks.
- Snacks, exercises, outings.
- Outings, musical programs, crafts, gardening, reading-listening, computers.
- Flower arranging, woodworking, art, tai chi, baking, games, gardening, music and dancing, exercise, computers.
- Art therapy, walks.

Music - singing and dancing.

- Arts and crafts, making butter, making ice cream, sock sorting, bingo, singing, dancing, exercise, talking, walking.
- Congregate dining, music, gardening, arts and crafts, socializing.
- Shuffleboard, socializing-discussion groups, music, crafts, knitting, fun and fitness, current events.
- Congregate dining.

The Wine and Dine Club in the Windsor project was a particularly elegant form of congregate dining. Here's what the coordinator of that project had to say about the difficulties of ensuring the ADRD seniors would attend.

“During the first Wine and Dine Club, guests each received a written and verbal invitation the day before the supper. This caused massive confusion for most. They had forgotten about the verbal invitation and would continue approaching staff and ask questions about the Wine and Dine



Club. Taking into consideration the outcome of the first supper, I decided to give the invitations to the guests after lunch the same day as the supper. To my surprise, the disruption continued. Instead, staff explained to the residents a half hour before the supper, that they were invited to a special dinner. All floors (of the long-term care facility) had the names of the residents attending the Wine and Dine Club a week prior to the dinner. This worked best in the end.”

### **5.1.2 *Numbers Involved in the Local Projects***

Local project coordinators were asked to provide information on numbers of participants involved in their project from each of the three groups - ADRD seniors, well seniors and young people. Total involvement level is provided in Table 11 below.

**TABLE 11 - NUMBERS OF PARTICIPANTS IN  
LOCAL PROJECTS (N=27)**

<b>GROUP</b>	<b>NUMBER</b>	<b>MEAN</b>	<b>RANGE</b>
ADRD Seniors	497	18.4	5-60
Young People	716	26.5	3-280
Well Seniors	260	9.6	1-39

Table 11 indicates a wide range of participant levels from project to project. The key differences are between those projects that operated on small-scale one-on-one-on-one approaches to those that involved large numbers in, for example, music programs.

### **5.1.3 *Improving Quality of Life for ADRD Seniors***

The most frequent evidence provided by local project coordinators that involvement in the project improved the quality of life for ADRD seniors was as follows:

- The opportunities to interact with young people and well seniors.
- The triggering of positive memories.
- The decrease in isolation.
- The stimulation brought about by the activities.
- The decrease in negative behaviours.
- The reduced rate of deterioration.

Seven case examples are provided below that give evidence of an improvement in the quality of life for ADRD seniors.

Firstly, from the Cambridge project (6):

“One drum therapy participant is a female resident with dementia, aged 100 years. She does not participate in any traditional or dementia specific activities as she has no interest and she sleeps the entire time. We brought her to the drum therapy on a trial basis and we were astonished by the results. She participated by hitting the drum the entire session without assistance or encouragement. She laughed and smiled throughout the session and surprised us all by stating that she liked to drum. Drumming has provided her with an outlet to express herself and she takes full advantage of the creative opportunity.”



Secondly, from the Renfrew project (23):

“I believe the choir practices made a difference for those with Alzheimer and related dementia by allowing them to express themselves in a different, more positive way. The songs that we used were familiar and most likely sung by the seniors when they were well. An example was a woman who has Alzheimer who was an opera singer. During the day, or sometimes in the evening, she would sing out loud. It was loud and sometimes off key and it would be upsetting and disruptive to those around her. Staff usually would relocate her or try to initiate a different activity. During every practice, this lady was able to sing until she was content. After each practice she seemed to be more calm and tired because she usually sang for the full one hour practice.”

Thirdly, from the Northbrook project (24):

“One day, while we were singing with our regular group, a ‘new resident’ showed up at our meeting in his wheelchair. Normally non-communicative verbally, he suddenly started singing along and then asked for a copy of our song sheets. Needless to say, he was invited to stay with us for the remainder of our activities that day. On another occasion, we were enjoying chocolate ice cream bars when one of the residents stated that she was in her late 70s and had never tasted such a treat before. On the day we made home made butter, many of the residents enjoyed the remnant buttermilk. They later stated that they were never served buttermilk in the Nursing Home, so that became a treat during snack time. While these would be minor events in many other peoples’ days, I do believe little things such as these go a long way in enriching the lives of our resident partners.”

Fourthly, from the Cornwall project (26):

“I believe Wine and Dine Club has improved the quality of life for seniors with Alzheimer and related dementia. For instance: one of our guests mentioned that she was thrilled to have an occasion to wear her favourite suit. She expressed to the student that she and her husband enjoyed going out to restaurants once in a while.”

Fifthly, from the Kenora project (27)

“We had a 90 year old man living alone in the community with dementia who was very socially isolated and there was very little family involvement and his wife was living in the long term care facility. When he arrived for the second time for the program, he announced, ‘Well I’m here to play shuffleboard’. He had a real sense of humour that surfaced during the day program and this spread to the clients, staff and volunteers.”

Sixthly, from the Woodstock project (4):

After noting that persons with ADRD can become isolated from family, even when family members live close by, the Woodstock project coordinator writes:

“This can be clearly seen with one of our persons with Alzheimer Disease within the program. The woman, Mrs. B, has a son who lives within the city of Woodstock but who rarely goes to visit his mother. For the son, the repetitive questions, his mother’s inability to make decisions and her suspicions about what is happening to her finances are too much for him to cope with. He has come to the understanding that he has placed his mom in an excellent care facility that will tend to her every need and has ensured that all of her physical needs have been met. What he fails to realize is that his mom is incredibly lonely and would desperately like to have visitors. In situations like Mrs. B’s, the Intergenerational program can be a great help. A granddaughter and her grandmother in our program go to visit Mrs. B. every Monday night. The interesting component of this volunteer team is that the well senior volunteer knew Mrs. B when she was younger and worked in a factory. Because of this link, Mrs. B and the volunteers can reminisce about days past, allowing Mrs. B to use her intact long-term memory. Through reminiscing with Mrs. B, the teen volunteer has learned more about what her grandmother was like in her younger years. The teen and the senior volunteer also play cards and Chinese checkers, which Mrs. B used to play with her friends and neighbours before she moved into the care facility. Staff at Caressant Care Retirement Home have commented about the changes they have noticed in Mrs. B. Mrs. B now sits in common areas of the home rather than spending time in her room and will respond to and greet those who pass by.”

Seventhly, from the Muskoka project (20)

“The attention, one on one, with someone other than a caregiver seemed to please them. Caregivers were somewhat surprised at the outcome, e.g. one woman painted the most amazing picture (her husband believed she couldn’t paint any longer); two women who had always enjoyed singing in a choir sang beautifully and knew all the words, which surprised everyone. The expressions on their faces when they arrived and everyone greeted them was evidence of their sense of belonging.”

And, finally from the Wood Green, Toronto project (15)

“His wife is tired. She cares for her husband 24 hours each day. His facial expression shows no excitement, nor sadness. Nothing. He stares blindly at the wall and seems totally unresponsive to the environment. His wife said this is how his days are passing by. When he started joining the program, he always smiled and participated actively (according to his ability). His wife said that coming to the program made him so excited that sometimes he could not sleep the night before. The daughter called in and thanked the staff and all the volunteers for providing both of the parents with so much happiness.”

#### ***5.1.4 Most Successful Aspects of the Project from the ADRD Seniors’ Perspective***

Local project coordinators were asked to state what they felt were the most successful aspects of the project from the perspective of ADRD seniors. The most frequent responses were:

- The interactive activities.
- Singing
- Dancing
- Reminiscing
- Hands-on activities.

### 5.1.5 *Ways in Which You Would Change the Program to Improve Success for ADRD Seniors*

Project coordinators were asked if they had the opportunity to run a similar program again, what changes they would make that may lead to more success in improving the quality of life for ADRD seniors. Table 12 brings together the responses from this question.<sup>3</sup>

**TABLE 12 - CHANGES THAT COULD IMPROVE SUCCESS  
FOR ADRD SENIORS (n=36)**

SUGGESTED CHANGES	NUMBER OF TIMES MENTIONED
Increase recruitment of young people and well seniors	8
Increase program frequency	7
Do on a larger scale	6
Expand to other communities	4
Keep exactly as is	6
Increase length of program	2
Increase educational opportunities for family members	1
Recruit volunteers of <i>all</i> ages	1
Create stronger links with local high school	1

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<sup>3</sup>See also discussion of possible project changes under Section 4.6, above.

## **5.2 Providing Local Young People with a Valuable Volunteer Experience**

The ways in which young people were involved in the projects was through their participation in the ASO training module and participation in the actual activities at each of the projects. In some cases this meant involvement with large groups of their peers, as in several of the music-oriented activities, in others it meant being the young member of a group of three that incorporated a well senior and an ADRD senior.<sup>4</sup> The main sources for recruitment were local schools, the wider community and girl guide troops, as indicated above in Table 3. The numbers of young people involved in the local projects ranged from three to 280, with an average of 26.5 (See Table 11, above). The age range of young people involved was from as young as five to as old 34, with an average age of 12 years. The wide range was due to some large youth participatory groups being recruited from public schools and, at the other end of the youth age spectrum, a few being recruited from college programs. The original focus of the program was on high school youth and, in fact, 169 of the participating young people were from high school sources. These young people tended to be involved in the more intense, small group activities, working closely with an ADRD senior or small groups of them.

### **5.2.1 *Value of the Project to Young People and of Young People to the Project***

When project coordinators were asked how they felt the project experience was useful for young people, they most often highlighted the following aspects:

- They learned about Alzheimer's.
- They were able to use what they learned.
- They learned about volunteer opportunities.
- They learned about career opportunities.
- It built their sense of self-confidence in working with seniors and increased their comfort level.
- They overcame a lot of their negative feelings about seniors with Alzheimer's.
- It increased their ability to be empathic.

“The young people not only chose but competed to take part.”

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<sup>4</sup> See also Table 6, above.



“It was a learning experience for the youth. All the students said that before they began the training for this project they did not know much about Alzheimer Disease. They stated that the training was very valuable to them and taught them to be better prepared for working with this population.”

“The young people have learned many valuable things during their time with the project. They have all stated they better understand Alzheimer’s disease now. One student expressed that, because of her experience, she can appreciate her grandmother more, who also has Alzheimer’s disease.”

“The students formed real bonds with the seniors, their enthusiasm and sensitivity brought out the best in everyone. Knowledge gained in training and in hands-on interaction with people with dementia brought a better understanding of the disease and a genuine desire to have a positive effect on the lives of these people.”

The Gloucester project (25) submitted several statements made by student participants in response to the question: “Do you believe the project was a valuable volunteer experience?” They responded as follows:

- Definitely. It was a bit scary at first but now that I think about it, I am so glad that I had the opportunity. It was lots of fun.
- Yes, because it addresses common fears, everyone will come in contact with an Alzheimer’s victim sometime, and you feel like you’ve made a difference afterwards.
- Yes, it was. It got me to open up in awkward situations. I made someone smile and I learned a lot of group dynamics.

In terms of the value of young people’s involvement to the project itself, the aspects most frequently identified were:

- The presence of young people was really enjoyed by the ADRD seniors.
- They injected a spark of life and enthusiasm into the project that would not have been there without them.
- Their presence reminds the ADRD seniors of their own youth.
- Their presence helped ADRD seniors in breaking down negative stereotypes about young people.

“It reminded individuals of the days gone by and gave them an opportunity to share different experiences.”

“You could see the faces of the clients light up when the young people entered the room.”

“These youths brought enthusiasm and sparkle to the project.”

“For the memoir writing program many of the seniors involved were reluctant to participate in writing their life story since they need assistance to write it out (limited mobility). Involving the students made it possible for many seniors to participate who normally would not.”

“The Alzheimer clients come to life when young people are around.”

“The youth are the ‘now’ in the ‘then and now’ discussions.”

### **5.2.2. *Increasing the Young Participants’ Understanding of Alzheimer’s***

Through their involvement in the project, young people were seen to have increased their understanding of Alzheimer’s in a number of ways, such as:

Through the ASO training session and direct involvement with ADRD seniors. They learned to anticipate and cope effectively with the day-to-day, initially unexpected differences in behaviour of the ADRD seniors. They have learned the importance of someone being there to listen. The hands-on experience was essential to follow up on the training. They learned to help ADRD seniors with mobility difficulties. They were able to relate to ADRD seniors and see some similarity of experience. Their fears and anxieties were allayed. They now have knowledge of services available in the community to those with Alzheimer’s.

“Initially, many of the teen volunteers within the program thought that Alzheimer Disease was just a loss of memory. Through the training session and working directly with persons who are coping with the disease, a greater understanding has been realized. The teens are better able to understand that judgement, decision making and a person’s ability to communicate are also affected by the disease.”

“They received an aspect of “formal” training from the Alzheimer Society and then had the opportunity to “experience” it first hand. Many have relatives or know of someone with Alzheimer Disease and, due to this project, they are not frightened by what the disease looks like or how it exhibits itself. It allows them to understand and demonstrate compassion.”

Some student responses:

“I have learned that Alzheimer people can feel lonely and sad that they can’t remember a lot.”

“Through my friendship (with an ADRD senior), I have been able to understand the fears, restrictions and frustrations that a person with Alzheimer’s must deal with.”

“I saw what these people are going through on a daily basis.”

### **5.2.3 *Influence on Future Volunteering for Young Participants***

When local project coordinators were asked how they felt the experience in this project may lead the young participants to become involved in other volunteer activities in the future, they responded as indicated below:

For many, the project was a discovery that volunteering can be rewarding. This personal experience may lead many to repeat involvement in a similar project or some other volunteer opportunity.

It was seen by some as a gateway to lifetime volunteering.

Most, when asked, said they would do it again.

Several have already gone on to further volunteer opportunities and some have extended their volunteer activities over the summer.

“I’d love to keep volunteering with these people. So if you ever need a volunteer for any program, please call!”

#### **5.2.4 *What the Young Participants Themselves had to Say about the Project***

Local project coordinators were asked to submit some direct quotes from young participants to indicate what they had to say directly about their experience in the project. A representative sample of these quotes is provided below.

“I feel this experience was valuable to me because it helped me to better relate to elders. It may have opened doors to possibilities in a future career. It has also helped me to better relate to my grandparents. Although they do not have Alzheimer’s, they are elderly. It helped me to relate to them better and understand them without becoming frustrated. I would like to continue my volunteerism in this type of field due to the positive experience I had with this program. Knowing that you brighten their lives, even for just a day, it makes you feel good about yourself.”

“I’ve worked with children, but never with seniors. This experience enabled me to feel more comfortable with the elderly and learn about Alzheimer’s.”

“I feel like the program was a great success. I was able to cheer a lot of elderly people. It gave them more energy and some bit of hope and happiness. It was nice to hear their stories and their problems. I am a good listener and I am willing to help.”

“I know this is the type of work I want to do.”

“A great program. A really neat way to get to know seniors you may not ordinarily meet.”

“It was fun working together with the wood, but the most fun wasn’t sanding or painting, it was talking to the residents.”

“I am very glad I came to be a volunteer here. I learned so many things from the seniors and have been blessed to be a friend to them.”

“It was an interesting and fun program that helped me learn a lot about people with dementia and to feel more comfortable interacting with them.”

### ***5.2.5 Most Valuable Aspects of the Educational/Training Component***

As pointed out at the beginning of this report, a key aspect of the local projects was that an Alzheimer's education component was provided for local project volunteers - young people and well seniors - by the local chapter of the AS. These education components were also separately evaluated by each of the AS chapters that delivered them. Project coordinators were asked what they felt were the most important aspects of this education/training. Their responses to this question are grouped below.

- A video on a young person dealing with his grandmother (with Alzheimer's) in the home.
- The part that taught effective communication.
- Demonstrating the difficulty for ADRD seniors in completing everyday tasks.
- The aging and video quiz.
- Small group interactions.
- Hands-on demonstrations.
- The fact that it was provided just prior to actual involvement with ADRD seniors.
- The fact that it was adaptable for different age groups.
- The interactive nature of the training.
- The opportunity to ask questions in a safe environment.

### ***5.2.6 Changes that Might Improve Young Participants' Experience***

Project coordinators were asked to state how they might change the project, were they to run it again, in order to lead to more success in providing a valuable volunteer experience for young people.<sup>5</sup> The responses are captured in Table 13, below.

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<sup>5</sup>See also the general discussion on possible changes in Section 4.6, above.

**TABLE 13 - CHANGES THAT COULD IMPROVE SUCCESS  
FOR YOUNG PARTICIPANTS (N=31)**

SUGGESTED CHANGES	NUMBER OF TIMES MENTIONED
Promote the project in more of the local schools	7
Offer the programs more frequently	5
No change	4
Have an ongoing training component	3
Have young people help to deliver the training	2
Develop stronger links with local schools	2
Broaden youth recruitment to include churches, etc.	2
Recruit more young people	2
Increase the proportion of males	2
Be more selective	1
Recruit from a younger age group	1

### **5.3 Involving Well Seniors**

The third group involved in the ‘program partnership’ was that of well seniors. All projects were expected to have some well seniors involved in the project activities. In this regard, project coordinators were asked to evaluate to what extent their particular project had been successful in involving well seniors. Well seniors were involved in a variety of ways and much of this is incorporated in Table 6, above. In some projects, well seniors were involved in specific separate activities, e.g. in the construction of memory boxes. In most, however, they helped to form the ‘community glue’ that made bringing the three groups together so successful. In some ways, the well seniors were the ‘bridge’ between the young participants and the ADRD seniors. Many of the well senior participants were also present at the training sessions provided by the local AS chapters. The main sources of recruitment of well seniors were Seniors’ Centres or groups (see Table 4, above), and many of the Seniors Centres’ were membership organizations in the OACAO. As Table 11, above, indicates, overall 260 well seniors were involved, with an average of 9.6 per project and a range of from one to 39.

#### **5.3.1 *Value of the Project to Well Seniors and of Well Seniors to the Project***

When project coordinators were asked in what ways they felt involvement in the project had been valuable to well seniors, they made the following kinds of statements:

- They felt they were making a very worthwhile contribution.
- Learned more about Alzheimer’s that helped clarify pre-existing misconceptions and dispelled some of their fears.
- Many acquired knowledge that was of help to them in relating to a family member or friend with Alzheimer’s.
- It provided a social outlet for some.
- Some were able to re-establish contacts with old friends who now were ADRD seniors.
- They enjoyed interacting with the young people.
- It increased their knowledge of local services available.
- It provided an opportunity to share their skills and talents.
- It provided some with the realization that they are still healthy individuals who can become involved in such projects for years to come.
- Their maturity, confidence, their humour and their ability to laugh at themselves was an invaluable experience for the young people.

“I feel you get as much out of life as you put into it and this experience has been invaluable to me personally.”

“It helped me to interact more easily with Alzheimer patients and to understand their behaviour a little more.”

In terms of the value of well seniors to the success of the local projects, the following aspects were identified.

- Their participation has helped us to make wider community connections.
- Their knowledge, support and wisdom was key.
- Enthusiasm.
- Acted as the catalyst that got ADRD seniors talking about the past.
- Formed a bridge between the young people and the ADRD seniors.
- Important assistance to staff in long-term care facilities, etc.
- An example to youth that seniors are “normal people”.
- Acted as mentors to young people in helping them related to ADRD seniors.
- Made the group mix work.
- Provided important feedback as the project progressed.
- At times provided supervision for the activities.
- Acted as escorts to bring the ADRD seniors to the activities.

### ***5.3.2 What Well Seniors themselves had to Say about the Project***

Local project coordinators asked some of the well senior participants to state how they felt about the project. Below is a sample of these direct quotes.

“I am very satisfied with my involvement in this program. I was sorry the program had to end. The time passed by so fast!”

“I’ve discovered that persons with Alzheimer Disease are delightful to be with. They appreciate someone taking the time to sit with them and they always thank us for coming.”

“We enjoyed seeing the happiness on people’s faces and the entertainment.”



“We gathered in the dining area and chatted for five minutes or so while people gathered. Gradually, some started dancing with volunteers and clients started dancing with each other. I felt the group participation was great - there was dancing, humming, clapping in time with the music.”

“As I live with a sister who has Alzheimer Disease, it has helped me to understand the illness better and to try to look at things from her point of view.”

“This program has helped me understand the complex depth of this disease and how to handle people with ease and understanding. Such training is invaluable and I will remember these sessions with a smile.”

“I enjoy being able to help out caregivers by giving them an opportunity to have some time on their own while their loved ones are in good care.”

“I personally didn’t know at the time of the training if I could ever do this, but as time went on, I found I was always looking forward to each Monday afternoon.”

“We were the link between the really young and the really old and we helped to lead the way.”

“Volunteering for the program was a valuable experience for me. What impressed me the most was when I returned one lady back to her room, after we had eaten our dinner together, I sat her in her chair. I told her what a lovely room she had. She put her arm around me and kissed me and said, ‘I’m so happy’. This made my day.”

“I think I can better understand the various stages of the disease and can realize that not all situations get the same response every time.”

## **5.4 The Overall Project**

The concluding section of the evaluation dealt with the project overall. Local project coordinators were asked to respond to a number of questions regarding the effect of the project on the wider community, the important achievements of the project, changes they would make if running the project again, future intentions, key partners in the project, levels of volunteer involvement, and in-kind contributions. This section analyzes the responses to those questions.

### **5.4.2 *Raising the Level of Community Awareness about Alzheimer's***

Since the wider provincial Alzheimer strategy was partially to raise the level of awareness about Alzheimer's, it was considered important to identify ways by which local projects may have raised awareness at the local level.

Project coordinators reported that the level of local community awareness was raised in the following ways:

- Considerable local media coverage - newspapers, television, radio, and agency newsletters and events calendars, community bulletin boards, church newsletters, for many of the local projects.
- Through the recruitment of senior and young volunteers.
- Community speaking engagements.
- Through contacts with local schools and boards of education.
- Through running the program in seniors' centres, long-term care facilities, etc.
- Through producing and showing videos about the project in the community.
- Through attendance at the ASO education session.
- Through informing the local MPP.

“One of our well seniors in the project was out getting her hair done when someone approached her and said she saw her picture in the local newspaper.”

#### ***5.4.2 Raising the Level of Community Awareness re the Lead Organization***

In addition, we were interested to know to what extent the project had raised awareness locally about the lead organization for the particular local project. Project coordinators said it had in these ways:

- Media releases and coverage made it clear that the lead organization was responsible for the project, in conjunction with OACAO and the Ontario Seniors' Secretariat.
- A new awareness among local businesses - e.g. banks.
- Through recruitment of young and senior volunteers.
- Word-of-mouth reports from people involved in the local project.
- Many of the volunteers - young and senior - became aware of the organization through being involved in the project.

#### ***5.4.3 The Local Project as A Catalyst for Building Stronger Relationships among other Local Organizations***

Given that the local projects depended on the development of partnerships among local organizations, we were interested to know to what extent the process built stronger relationships among such organizations. Information on this topic was submitted as follows:

- The project brought together organizations that had never partnered before.
- The project raised awareness among other local organizations regarding the nature of the work of the lead organization for the project and led to closer working relationships.
- The seniors' centre had never worked with the local school before. This new relationship continues to strengthen.
- Our project brought together a local church, a local school, a seniors' day program and a long-term care facility. We had never worked with the local school and church previously. We will continue to work with them.
- Organizations are inviting members of the new partnership organization to speak at their Annual General Meetings.
- We now have ongoing working relations with schools that did not know we existed prior to the project.

#### 5.4.4 *The Projects' Most Important Achievements*

Project coordinators were asked to identify what they saw as their project's most important achievements. The responses are aggregated in Table 14.

**TABLE 14 - PROJECTS' MOST IMPORTANT ACHIEVEMENTS (N=68)**

ACHIEVEMENTS	NUMBER OF TIMES MENTIONED
Improved quality of life for seniors with ADRD	16
Increased understanding/awareness of ADRD	15
Positive volunteer experience for young people	10
Strengthening community partnerships	7
Positive relationship established among participants	6
Positive volunteer experience for well seniors	5
Caregiver relief provided by project	5
Creating videos	2
Stronger relationships between lead agency and families	2

“The most important achievement of the program has been the impact that it has had on the lives of persons with Alzheimer Disease or related dementia. Through the project, we have been able to provide services to a new group of individuals, those residing in retirement homes. This has been a new concept for the Society (AS) and one that had been considered frequently prior to this program. It has been recognized that not only people residing in the community but also those in long-term care facilities can experience loneliness and isolation. The combination of these two factors can greatly impair ones ability to experience life satisfaction. By developing a partnership between a teen and a well volunteer senior, we have been able to address the need of those coping with Alzheimer Disease or related dementia.”

When asked what they would do differently if the project was to be run again, project coordinators answered as indicated above in Section 4.6: i.e. increase the well senior volunteer recruitment efforts; expand the size of the program; offer the program to the larger or more communities; increase the number of male young participants; broaden the age group of non-young participants; plan for one or two special events; increase transportation funding; increase the programs that require limited dexterity; increase the number of ADRD seniors; run the project out of one location.

When asked what their intentions were regarding the future of the project, they answered in the same way as indicated in Table 10, above: i.e. 21 intend to continue the project, subject to funding being available; five intend to continue whether or not funding is available, and one project was uncertain.

#### 5.4.5 *Volunteer Hours*

Local project coordinators were asked to estimate the number of volunteer hours contributed to the project by young people, well seniors and others. These numbers were aggregated and are presented in Table 15.

**TABLE 15 - VOLUNTEER HOURS CONTRIBUTED TO PROJECTS (N=27)**

<b>GROUP</b>	<b>NUMBER OF HOURS</b>	<b>MEAN</b>
Young people	6,503	241
Well Seniors	5,104	189
Others*	1,245	113
<b>TOTAL</b>	<b>12,852</b>	

\* Eleven projects only.

#### 5.4.6 *In-Kind Contributions*

Local projects were asked to estimate in-kind contributions, in terms of donated space, service and utilities, equipment, and materials and supplies. Only ten local projects reported that they received in-kind contributions. Table 16 is based on the data from these ten projects. Most of the remaining of the remaining local projects either felt there were no in-kind contributions or they were impossible to estimate.

**TABLE 16 - IN-KIND CONTRIBUTIONS TO LOCAL PROJECTS (n=11)**

<b>ITEM</b>	<b>CONTRIBUTION</b>	<b>MEAN</b>
Space	\$15,660	\$1,423
Services and utilities	12,719	1,156
Equipment	13,958	1,269
Materials and supplies	14,024	1,274
<b>TOTAL</b>	<b>\$56,361</b>	

## **6. CONCLUSIONS**

This concluding section brings together the main points made in the foregoing materials - project description, visits, local project reports and evaluations. The section is divided into three parts: (i) overview; (ii) the successes; (iii) the challenges.

### **6.1 Overview**

The project was successfully implemented across the province in the form of 27 local projects. Each of the local projects involved young people, ADRD seniors and well seniors, and each project included an educational component delivered by the local chapter of the Alzheimer Society of Ontario. At the provincial level, the project was managed by the partnership of the Older Adult Centres' Association of Ontario (OACAO), the Alzheimer Society of Ontario (ASO), and United Generations Ontario (UGO), with OACAO playing the lead role. The local projects were geographically distributed across the province using the eight regions of the OACAO as a guideline.

Local projects' primary sources of participant recruitment were local schools for young people, seniors' centres or seniors' groups for well seniors, and long-term care facilities for ADRD seniors. The most common activities around which projects focused were musical programs, arts and crafts and storytelling/reminiscing. Most local projects brought the groups together on a weekly basis. Through the experience of their early activities, a number of local projects modified their approach. For example, some became more informal and less structured, others recognized the importance of familiar places for ADRD seniors and so met in the same location each time, rather than meeting at different locations. Some had difficulty in recruiting the numbers of young people or well seniors they had expected to, and so carried on with a different mix than had initially been intended. In other cases, the opposite happened, i.e. they had more participants than planned for. In total, there were 1,473 participants in the local projects. Of these, 497 were ADRD seniors, 716 were young people, and 260 were well seniors. The total number of volunteer hours contributed to the local projects was estimated to be 12,852. Of this number, 6,503 were contributed by young people, 5,104 by well seniors and 1,254 by involved agency staff and others. It is also estimated that over \$56,000 in in-kind contributions was made. It is likely that this figure is a gross under-estimation. Many local project coordinators reported that they were unable to make meaningful estimates regarding in-kind contributions.

## 6.2 The Successes

There is an strong sense that all the local projects achieved the three stated purposes of:

- improving the quality of life for those with Alzheimer and related dementias
- providing young people with a valuable volunteer experience that will encourage such activities throughout their lives
- providing a setting in which well seniors, seniors with Alzheimer and related dementias and young people can work together in mutually satisfying situations.

Specifically, quality of life for ADRD seniors was improved through: opportunities for interaction with young people; triggering of positive memories; decreased isolation; the stimulation of the activities; a reduced rate in deterioration in their condition; a decrease in negative behaviours.

For young people the valuable volunteer experience was manifested in: their learning about ADRD, through the ASO training program, and being able to use that learning almost immediately; their learning about volunteer and career opportunities in the area; their sense of accomplishment, growth in self confidence and ability to work comfortably with ADRD seniors; their increased ability to be empathic. The young participants also found out, through their involvement in the project that volunteering can be rewarding; that it was a 'gateway' for some of them to lifetime volunteering, in that this experience is likely to lead them to become further involved. Several have already gone on to further volunteering activities, and some have extended their volunteer activities in this particular project to carry on over the summer.

Well seniors acted as the bridge between the young people and the ADRD seniors in a way that added a great deal to the local projects. Their participation was key for the projects in making contacts with the wider community. Their knowledge, support, wisdom and enthusiasm was highly appreciated in most of the projects. The well seniors were often the catalyst that got ADRD seniors talking about the past. Probably more than any other participants, it was the well seniors who made the group mix work. In very practical ways the well seniors added immeasurably to some of the local projects by, for example, providing transportation for ADRD seniors and young people to the program activities, or by being the unofficial monitors of the activities, or by acting as 'interpreters' between ADRD seniors and young participants.

The chemistry brought about by the mix of young people, well seniors and ADRD seniors was beneficial to all involved. The young people learned new skills and ways of working with ADRD seniors, the well seniors acted as a bridge between the young people and the ADRD seniors and the ADRD seniors benefitted enormously by being in the presence of the spark of youth.

When local projects were asked to name their most positive achievements, the top four identified were: the improved quality of life for ADRD seniors, the increased understanding of ADRD, the positive volunteer experience for young people and well seniors, and the ways in which the project had strengthened local community partnerships.

Local projects were enormously successful in raising awareness on Alzheimer's in their communities. Dozens of local newspaper articles were written on the project and several were the topic of local radio and television discussions. Information about Alzheimer's and the project was also widely spread through the many organizational contacts made by participating local organizations. The lead organizations for local projects frequently became well known to other local organizations that were previously virtually unaware of their existence.

Most of the local projects intend to carry on past this pilot year, particularly if funding is available to do so. A minority feel they will be able to carry on without further funding.

The project as a whole was a success as were the individual projects in the 27 different locations across the province. The local projects were successes in terms of:

- Effectively including members of the three groups - young people, well seniors and ADRD seniors.
- The training provided to young people and well seniors at the local level by the local chapter of the Alzheimer Society of Ontario.
- The development of literally dozens of new partnerships across the province, as organizations that were virtually unaware of each other began to work together at the local level to design and deliver the project.

The local projects had numerous beneficial effects on the participants. There can be little doubt that they improved the quality of life for ADRD seniors. For young people the projects raised awareness re ADRD and increased their comfort level in relating to ADRD seniors. For well seniors too, the experience was highly positive and it raised their awareness considerably about ADRD.



### **6.3 The Challenges**

A number of challenges arose in the implementation of the project at the local level. Some of the most frequently-mentioned challenges were:

- The difficulty encountered in recruiting well seniors and having them stay on with the project.
- The difficulty encountered in meshing school timetables with appropriate times for activities centered on ADRD seniors.
- The difficulty in involving high school age students at some locations. (This was often overcome by involving younger students.)
- The difficulty encountered in recruiting young males participants.
- For several of the projects in sparsely populated areas, transportation to get young people and ADRD seniors to project activities was an ongoing problem.

## **7. RECOMMENDATIONS**

The following recommendations are developed on the basis of the information in the foregoing report:

- Funding should be sought to ensure the continuation and expansion of the Ontario-wide intergenerational Alzheimer project.
- Encourage the development of local project Working Committees and recruit local school principals (or the principal's representative) as well as other potential partner representatives to be members of the committee.
- Ensure the training sessions are tailored to fit the specific needs of the particular local project.
- Examine the possibility of modifying the training sessions by: (i) having training as an ongoing component of the projects; (ii) including some of the young participants in delivering the training.
- Ensure sufficient funding for transportation of participants, particularly young people and ADRD seniors living in the community.
- Encourage young participants to record the experience in journals on a regular basis.
- Expand program recruitment to include 'well adults'.