### What are the implications of this project?

he interactive evidence and gap map allows decision makers to explore the evidence for different interventions, populations and settings. The map demonstrates considerable diversity in the types of intergenerational interventions that have been evaluated but the quality of the evaluations means that the analysis of their impact is challenging.

Further research is needed in several areas:

- The impact on the mental health and wellbeing of children and young people, and loneliness and social isolation in both generations.
- Implementation and sustainability of intergenerational interventions including economic outcomes.
- Interventions with high levels of engagement between generations living in the community.

Researchers should consider the use of a consistent set of outcome measures relevant to both generations. This set of outcome measures should include the impact on the wider community.

Implications for policy are uncertain in many circumstances because the available research does not tell us what the impact of the interventions are on both generations.

This work was commissioned by the National Institute for Health Research Evidence Synthesis Programme (NIHR133097 and NIHR133172) in 2021 and will be published in the Campbell Library.

The review team included researchers from the Universities of Sheffield. Exeter and Oxford. Cornwall Council, NHS Kernow Clinical Commissioning Group and Sheffield Children's NHS Foundation Trust, as well as individuals with experience of providing and receivina intergenerational interventions. In addition to a large project advisory group, we also benefited from the insight and expertise of "Only Connect!", a group of local, national and international members from the care sector, local government, academia, people living with dementia, schools and leading organisations involved in providing intergenerational activities.

Our stakeholders informed the development of the framework for the evidence and gap map and assisted with understanding and presentation of the evidence. They also prioritised the topics for the two systematic reviews and helped create the podcast.

The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

#### **FIND OUT MORE!**

Full report

Evidence & gap map





Podcast

Becky Whear - r.s.whear@exeter.ac.uk Fiona Campbell -fionacampbell1@newcastle.ac.uk

@evidsynthteam @bwhear21 @fionabell19 @AgeingCG



### What is the role of intergenerational activities in health and social care?

pportunities for social connection between generations in the UK have diminished over the last few decades as a result of changes in the way that we live and work. A decline in spaces such as libraries, youth clubs and community centres mean that there are fewer opportunities to meet and mix socially with other generations outside our own families.

Intergenerational activities aim to bring people of different ages together in purposeful, mutually beneficial activities which promote greater understanding and respect between generations and help build communities. Intergenerational interventions can take many different forms, such as school children visiting nursing home residents to share activities and stories, younger and older people coming together to share in musicbased activities, older people volunteering in schools, and older people from outside the family helping or mentoring students. Although many people believe that intergenerational activity can have a positive impact, due to the wide variety of approaches taken, it can make it difficult to make policy decisions.

We created an evidence and gap map which aimed to identify and bring together all the evidence on the use of intergenerational activities. We also conducted two systematic reviews which looked in more detail at the impact of intergenerational activities on the mental health and wellbeing of older people and children and young people.

#### The findings highlight:

- A substantial amount of research literature of varying design, setting, focus, content, and outcome on this topic. However, much of the available evidence does not come from methodologically robust studies.
- There is evidence that intergenerational interventions may contribute to small improvements in self-esteem and levels of depression in older people.
- Intergenerational interventions show much promise but researchers have failed to measure how they impact on the mental health and wellbeing of children and young people.
- Community cohesion, an outcome which was considered important by our stakeholders and often one of the implicit reasons for implementing intergenerational interventions, was rarely measured.





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In 2018. the BBC Loneliness Experiment reported that 40% of 16-24 year olds and 27% of over 75s often or very often felt lonely.

Many also experienced a reduced sense of belonging and fewer social interactions with people who were different to them, contributing to a lack of community cohesion.

National Institute for Health Research

### What did we want to find out?

e sought to address the following research questions: 1. What is the volume, nature, and diversitv of research on intergenerational practice and learning?

2. How do intergenerational activities affect the wellbeing and mental health of children and young people and older people?

3. What are the underlying theories for the effectiveness of intergenerational activities?

4. What characteristics of intergenerational activities are associated with a positive impact on the wellbeing and mental health of children and young people and older people?

## What does the evidence and gap map look like?

The picture below shows a snapshot of part of the evidence and gap map—it is interactive and IMAX can be accessed via the QR code. The rows give details of the intergenerational interventions organised according to the level of engagement they promote (using the Depth of Intergenerational Scale) and the columns show what outcomes were measured by the study.

Each cell shows the studies giving evidence on that particular combination of intervention and outcome with the different colours of the squares in the cell indicating the study design. For each study, we have provided an abstract or summary and a link to the original source. Filters can also be applied to the map, allowing the user to display only the evidence that interests them.

### What did we do?

#### Finding the literature:

We searched sixteen literature databases to identify studies. We also searched websites relevant to the topic and hand searched one key journal. For the reviews we also checked the references of included papers and looked to see where included papers were also referenced.

#### Eligibility criteria:

For the evidence and gap map, we included studies of any design of any intervention bringing older and younger people together with the purpose of interacting to achieve positive health and/or social and/or educational outcomes. No age boundary restrictions were applied but we sought studies with at least one skipped generation between the older and younger participants.

For the systematic reviews, we included all randomised controlled trials from the evidence and gap map that reported mental health and wellbeing outcomes.

#### Study selection, data extraction and quality appraisal:

Study selection was completed independently by two reviewers. Data extraction and quality appraisal (for the systematic reviews only) were carried out by one reviewer and checked by a second, with consultation with a third reviewer to resolve disagreements.

### **Overview of included studies**

The evidence and gap map includes 500 research articles on intergenerational interventions. The studies were conducted in 27 different countries. Amongst the included articles there are 26 systematic reviews, 236 studies that report quantitative results (including 38 randomised controlled trials), 227 that report qualitative findings, 105 observational studies and 82 that used a mixed methods approach.

Five of the randomised controlled trials reported the effects of intergenerational interventions on the mental health and wellbeing of children and young people and 14 on the health and wellbeing of older people.



Intergenerational interventions can take many different forms, such as school children visiting nursing home residents to share activities or older people volunteering in schools.



https://eppi.ioe.ac.uk/cms/Portals/35/Maps/ExeterNIHR/Non-familial Intergenerational Interventions.html

# What are the main findings?

ourteen randomised controlled trials intergenerational interventions take place in a reported the effects of intergenerational wide variety of settings from assisted living interventions on the health and wellbeing of facilities and care homes to community settings, older people. These studies showed that day care centres, schools and universities. intergenerational interventions had a small positive impact on self-esteem and depression. However, Approximately 25 different types of activity were due to small study sizes and the low number of included in the interventions, many of which studies available, we cannot be certain of the involved multiple activities such as sharing evidence of effect. The lack of consistent outcomes perspectives, arts and crafts, music and playing reported and the lack of studies on interventions that games. are similar or have similar elements means it is difficult to determine if any one intervention or The most commonly reported outcomes were attainment and knowledge, agency, mental element is effective for any given outcome.

- wellbeing, attitudes towards the other generation and intergenerational interactions, although aspects of mental health, physical health, loneliness and social isolation are also commonly reported.
- impact of intergenerational interventions on



j people (	entred out	comes							
Mental health		Agency		Mental wellbeing		Loneliness and social isolation		Attitudes	
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#### community outcomes.

ive randomised controlled trials reported the effects of intergenerational interventions on the health and wellbeing of children and young people. None of the studies measured health and wellbeing in the same way.

Many studies only reported outcomes for one of Differences between the studies meant that we the generations. Few studies reported the weren't able to combine the results in a useful way.