It takes time: Building relationships and understanding through an intergenerational ballet programme

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Abstract
Individuals living in long-term residential care homes are often viewed through a negative lens. These residents have increasingly complex care needs, and their functional, communication and cognitive challenges can support conceptualizations of difference and disability perpetuating negative stereotypes of age and dementia. However, engaging in meaningful activities and relationships with older adults, including those with dementia, has been shown to promote positive attitudes. Specifically, intergenerational programming that provides opportunities for meaningful engagement between children and older adults has been shown to support positive emotional experiences through socializing and building relationships. This qualitative study explored the development of relationships between school-aged children and older adults with dementia living in a long-term residential care home. Residents in long-term care homes and children typically have limited opportunities to interact with each other; in this study, participating in an intergenerational dance programme provided an opportunity for meaningful relationships to develop. This paper focuses on the development of the children’s attitudes and understandings of their

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much older dance partners. Seven girls between the ages of seven and nine participated in ballet classes with residents in a long-term care home for one hour each week over a six-month period. All of the residents had a diagnosis of moderate to advanced dementia. Further, all of the residents also had other chronic health issues such as cardiac, respiratory and/or neurological diseases. The children were interviewed at the baseline, three- and six-month intervals. Prior to beginning the dance programme, the children anticipated their dance partners to be unwell and unable. However, by the end of six months, the children described the residents much more positively highlighting their abilities and strengths. Over time, through participating in a structured intergenerational programme, the children’s views of disability and difference disappeared as they formed dance partnerships and developed meaningful relationships.

Keywords
relationships, engagement, positive attitudes, dementia, intergenerational

Introduction
Western societies are experiencing dramatic demographic changes and challenges associated with an ageing population. Central to these challenges is the increasing prevalence of persons diagnosed with dementia. In Canada, projections estimate that the number of persons living with dementia will swell to well over 1.25 million, accompanied by a 10-fold increase in the demand for long-term residential care beds (Alzheimer’s Society of Canada, 2010). Currently, almost half of the persons living in long-term care homes have a diagnosis of Alzheimer’s dementia or other dementia (Statistics Canada, 2016). Ensuring quality of life for residents with dementia is challenging; they typically experience diminished engagement in meaningful activities and social interactions, often spending long periods of time in passive activity (Gold, 2014; Milne, 2011; O’Rourke, Duggleby, Fraser, & Jerke, 2015). Within this demographic reality and the complex challenges of meeting the needs of residents with dementia, it is increasingly important to understand and address negative stereotypes and biases associated with ageing and dementia.

Understandings of dementia among the general public are typically negative (McParland, 2014). Negative stereotypes and biases related to dementia can begin early, as children become aware of family and societal views (Babcock, MaloneBeach, & Woodworth-Hou, 2016; Cummings, Williams, & Ellis, 2002). These stereotypes predominantly focus on negative attributes and losses such as physical deficits and memory loss to define people living with dementia (North & Fiske, 2012). Moving beyond these negative understandings of dementia is challenging, as persons living with dementia in long-term care settings are largely isolated and segregated from society, implicitly fostering a sense that these individuals live separately and should be avoided. Consequently, children often have limited opportunity to interact and develop relationships with persons living with dementia in care, and ageist views progress and persist into adulthood (Holmes, 2009; McNair & Moore, 2010).

Bridging gaps in understanding and awareness between the generations provides opportunities to dispel myths and negative stereotypes, thus improving perceptions and attitudes related to dementia. To that end, there has been a small but growing interest in
exploring the benefits of intergenerational programming between children and older adults (George, 2011; Jarrott & Smith, 2011; Whitehouse, 2013). Studies have examined intergenerational programmes which have engaged children and youth across age groups; involved older adults both with and without diagnoses of dementia; and been set in community, adult day care, and long-term residential care settings. However, within the intergenerational literature, there have been few studies involving persons living with dementia, and fewer still involving individuals with more advanced disease (Galbraith, Larkin, Moorhouse, & Oomen, 2015).

Much of the focus on intergenerational programming involving persons living with dementia has focused on the benefits to the older adults (Galbraith et al., 2015). For example, intergenerational programming has been explored as a non-pharmaceutical intervention with the potential to support positive mood and behaviours for persons living with dementia in care (McNair & Moore, 2010; Xaverius & Mathews, 2003). Jarrott and Bruno (2007) described a shared site programme involving pre-school children and adult day care clients at varying stages of dementia. The results highlighted that the adult day care clients enjoyed their interactions with the children, identifying that they felt happy, interested, loved, needed and younger (Jarrott & Bruno, 2007). Similarly, positive behaviours for residents participating in intergenerational programming have been reported in addition to positive affect, attitude, communication and the ability to form social relationships (Burgman & Mulvaney, 2016; Galbraith et al., 2015; McNair & Moore, 2010).

Few studies have focused on the outcomes of intergenerational programming for the children or youth. McNair and Moore (2010) compared the outcomes of pre-school children and adolescents participating in an intergenerational programme with residents diagnosed with moderate to advanced dementia living in a long-term residential care home. The preschoolers expressed more positive views of older adults than children not participating in the programme. While the adolescent participants described feeling fearful and anxious prior to meeting and partnering with the residents, at the conclusion of the programme, the majority of adolescents described the intergenerational programme as a positive experience that they enjoyed (McNair & Moore, 2010).

Intergenerational programmes have partnered children with behavioural and learning challenges with residents with cognitive losses (Burgman & Mulvaney, 2016; Isaki & Harmon, 2015). For example, Burgman and Mulvaney (2016) partnered school-aged children diagnosed with autism and/or emotional/behavioural disorders with care home residents over a two-year period. While mutual understanding and respect between both the children and residents was observed, the children’s outcomes also included demonstrating increased levels of empathy, caring and attention to others. Isaki and Harmon (2015) examined a reading programme that paired children with learning deficits with persons with mild stage dementia living in an assisted living setting. Over time, the children were observed to use increasingly more positive descriptors of their older adult reading partners. Additionally, a recent review of the literature characterized the benefits for children and youth participating in intergenerational programming in terms of perceptions of older adults and dementia, skill development, character building, mood and behaviour (Galbraith et al., 2015).

Recently, intergenerational initiatives have been undertaken with specific goals of educating children about dementia and, in turn, reducing stigma and negative stereotypes (Atkinson & Bray, 2013; Di Bona, Kennedy, & Mountain, 2017). In response to the call for dementia friendly communities in Britain, a large-scale pilot project was undertaken
involving 22 schools (primary, secondary and college) (Atkinson & Bray, 2013). Each school adopted a curriculum designed to increase awareness regarding dementia, decrease stigma and fear, and provide opportunities for students to engage with both people living with dementia and their caregivers (Atkinson & Bray, 2013). The widespread positive impacts of this pilot project highlight the importance and potential of providing opportunities for children to learn about dementia and people living with dementia. Similarly, a study by Di Bona et al. (2017) examined the educational benefits for school children partnering with people living with dementia in a local care home. Consistent with findings from Atkinson and Bray (2013), the children’s basic knowledge regarding dementia increased, as did their empathy and confidence with respect to engaging with people living with dementia.

That children and youth hold negative views of ageing, and dementia has been recognized over past decades and continues (McNair & Moore, 2010; North & Fiske, 2012; Rich, Myrick, & Campbell, 1983). Addressing the early establishment and maintenance of these negative views is increasingly important, recognizing that today’s children and youth will be required to meet the needs of a growing population of older adults, including persons living with dementia (Whitehouse, 2013). To that end, we understand intergenerational programming to have significant potential for countering the development and maintenance of negative stereotypes, and for supporting for positive perceptions of ageing and dementia. While intergenerational relationships have been observed to promote mutual understanding across generations, the study outlined in this paper focuses on the children as participants, exploring the development of their relationships and attitudes towards their much older dance partners in an innovative intergenerational dance programme.

**Imagine Dance – An intergenerational dance programme**

The *Imagine Dance* programme at the heart of this study is an innovative blend of Dance Movement Therapy and Intergenerational programming with goals of utilizing the therapeutic power of dance with older adults, including those with dementia, and building relationships between children and older adults living in care. Dance Movement Therapy is one of a range of arts-based interventions that are increasingly being explored in dementia care as a means to support enrichment and quality of life (Beard, 2012). Programming involving dance is structured around social relationships designed to promote positive emotional experiences (Duignan, 2009; Guzman-Garcia, Hughes, James, & Rochester, 2012). Coaten and Newman-Bluestein (2013) describe dance therapy as an intersubjective process where relationships between dancers are key. In studies examining the use of dance in dementia care, these relationships are typically formed between persons living with dementia and dance movement therapists or nursing and care staff (Coaten & Newman-Bluestein, 2013; Duignan, 2009; Palo-Bengtsson, Winblad, & Edman, 1998). Intergenerational programming is also structured around social relationships; however, these relationships involve children and youth partnering with older adults. *Imagine Dance* combines these interventions in a unique and highly successful programme.

*Imagine Dance* consists of traditional ballet exercises adapted to maximize physical and cognitive partnerships between elementary school-aged children and older adults living in long-term residential care. For example, traditional ballet exercises such as pliés are adapted where both the children and ambulatory residents use mobility walkers as a dance bar, and non-ambulatory residents perform pliés using their arms. *Imagine Dance* is a structured activity programme where the dancers begin each class with warm-up exercises, work
through a series of ballet-inspired exercises and conclude with a cool-down. The warm-up exercises in this unique programme include stretches as well as greetings shared between the generations. Similarly, each class concludes with specific physical exercises as well as good-byes that are often expressed through hugs. While the two groups of dancers have significantly different physical abilities, they all work together in practicing each dance piece with the goal of a final ballet recital.

The artistic director and creator of Imagine Dance is qualified as an Expressive Arts Therapist and has an extensive background in dance as a dancer, instructor, and choreographer. She is also a non-practising nurse with clinical practice experience in long-term residential care. Her nursing background and knowledge underpins the dance exercises which are designed to accommodate a range of physical deficits on the part of the older adults. Prior to this study, the Imagine Dance programme had been running for several years during which time the curriculum for Imagine Dance was developed and trialled. We recognize Imagine Dance as a unique intervention with the potential to bring children and older adults, including those with advanced dementia, together in a structured and highly engaging intervention that includes music, movement, colour, touch and relationships.

Methods

For the study outlined in this paper, we analysed a subset of unpublished qualitative data from a larger study that used mixed methods to explore the benefits to both the older adults with dementia and school-aged children who partnered in Imagine Dance over a six-month period. In the larger study, participant observation and video recordings of the dance classes were analysed to uncover the experiences of both the residents and the children. This resulted in the production of a documentary film, ‘They Aren’t Scary’ (Centre for Education and Research on Ageing & Blakeborough, 2013), as the primary knowledge translation outcome. This documentary has been presented at a variety of venues for academic, practice and lay audiences. With this paper, we are taking the analysis a step further to better understand the children’s perceptions of ageing and the development of their relationships with their much older dance partners over the six months of the study. We draw again on the participant observation and field notes but have also included interviews we conducted with the children at the beginning, middle, and end of the project.

Participants

Seven school-aged children ranging in age from seven to nine participated in the study. All of the participants were female and attended the same elementary school. Purposive sampling was used to select the participants through discussions with the school principal and classroom teachers. Each child was recruited because the school administrator and staff felt that they would benefit from participating in the dance programme and research study. For example, one of the participants was new to the school and was perceived as being shy, while another participant had never had the opportunity to participate in structured activities like dance classes.

Fifteen residents, 12 women and 3 men, partnered with the children in the weekly dance classes. Demographic data were collected on these residents including age, gender, and Mini Mental Status Exam (MMSE) scores (Folstein, Folstein, & McHugh, 1975). All of the residents were over 65 years old and had a diagnosis of some type of dementia. Stages of
dementia were established using the MMSE. Six of the residents had mild dementia (MMSE > 20); two residents had moderate dementia (MMSE = 10–20); and seven residents had advanced dementia (MMSE < 10). In addition to their cognitive challenges, all of the residents had diagnoses reflecting a range of chronic health issues including the following: cardiac and respiratory disease; arthritis; Parkinson’s disease; mobility deficits; and vision and hearing losses. One of the residents required continuous oxygen, while another resident was blind. Many of the residents were wheel-chair bound while others required walkers.

**Research setting**

The children were all students at a local public elementary school in British Columbia, Canada. The school is situated in a small city supported by strong forestry and agriculture sectors, and the school district reflects a diverse population including a significant proportion of students from South Asian and First Nations backgrounds. The school in this study is one of the 12 local public schools that serve students aged 5 to 11 across Kindergarten to Grade Six. In addition, the school identifies as having a strong emphasis on arts and creative pedagogy.

The weekly intergenerational dance programme took place at a publicly funded non-profit long-term residential care nursing home. The residential care home had 76 beds, including a 19-bed secure dementia care unit. All of the residents in this long-term care nursing home had complex care needs and required 24-hour care. The recreation therapist provided coordination for the intergenerational dance programme, and funding came out of the recreation budget. One of the teachers drove the children to the care home for one hour each week over a six-month period; the dance programme took place in the morning during the school day. Observational data and field notes were completed during the dance programme at the residential care home. The children’s interviews were conducted in the library at their school during school hours.

**Data gathering**

Data were gathered through interviewing the child participants, and participant observation and field notes created during the weekly dance classes. The children were interviewed individually, three times over a six-month period. Semi-structured interviews were conducted by the first author. All of the interviews were audio and video recorded during school hours at the children’s school. The interviews were 15–20 minutes in length. The initial interviews were conducted prior to the start of the dance programme, before the children had visited the care home or met any of the residents. The second set of interviews were conducted mid-way, at three months; and the final interviews were conducted at six months, at the conclusion of the study. Questions asked during the three sets of interviews were intended to understand the progression of the children’s experiences partnering with the residents in the dance programme. For example, during the initial interviews, the children were asked whether they had ever been in a long-term residential care home. They were asked what they thought the residents would be like, and what they thought the residents would be able to do. During the second set of interviews, the children were asked questions regarding the residents’ ability to dance and partner with them. During the final set of interviews, the children were asked questions related to what they had learned about the residents, and what they thought was important to the residents. Data were also
collected through participant observation, with field notes written during observations of the weekly dance classes. Participant observation focused on indicators related to the formation and development of relationships between the children and residents. Thus, field notes focused on the interactions and emotions expressed and shared between the two participant groups.

**Ethical considerations**

The University of the Fraser Valley Human Research Ethics Board provided ethical approval for this study. Additionally, the long-term residential care home board and local school board also provided approval for the study. The parents or guardians of the child participants signed informed consents, while the children provided assent to participate in the dance programme and associated research study. Consents for the residents involved in the study were obtained from their designated substitute decision makers. The residents also provided assent to participate in the dance programme and research study. Recognizing the ethical considerations related to including participants who are unable to provide consent, we drew on recent inclusionary practices in dementia scholarship where consent is understood as process consent (Dewing, 2007). Thus, consent was addressed as an on-going process, ensuring assent was obtained and dissent was respected. All of the participants indicated assent throughout the study; there were no expressions of dissent from any of the participants.

**Data analysis**

A general inductive approach for analysing qualitative data was used to organize and condense the raw data, establish links and establish summary themes (Thomas, 2006). All interviews were transcribed verbatim and analysed in three groupings (i.e. initial, mid-point and final interviews) in order to follow the progression or development of the children’s perceptions of age and their attitudes towards their older dance partners. Field notes reflecting the participant observations were also divided into the initial, mid-point and final groupings. Data analysis was completed by the first and third authors. An open coding approach was initiated with both authors independently reading through all the interview and field note data. Following this initial reading, the data set from each grouping was read through line by line to generate initial coding. The authors then came together to compare, discuss and establish mutually agreed upon categories and codes. This process involved going back and forth between the raw data and categories and codes, with themes emerging as analysis progressed.

**Findings**

Over the course of this six-month study, relationships were observed to form and develop between the children and the residents participating in the weekly dance classes. Analysis of the data revealed that the evolution of the children’s perceptions of their older dance partners was closely aligned with the development of the relationships between them. In turn, the development of the children’s relationships with the residents was aligned with their evolving understanding of the residents’ abilities, in particular their ability to dance. Three broad themes emerged through analysis of the interviews and field notes
associated with the three main periods of data gathering at the baseline, at the mid-project and at the project conclusion:

1. They can watch, but they can’t dance
2. They can dance, but it’s different
3. We can dance, and we are more alike than different

They can watch, but they can’t dance

Initial interviews were conducted prior to the children starting the dance programme, before they had met the residents and before they had visited the long-term care home where the study was set. Several of the children had had experiences with grandparents; however, none of their grandparents were living in care. They described their grandparents as active and community living individuals. While the children saw their grandparents as old, they also defined old across a wide age range with one participant identifying 30 years as old, and another participant stating that someone was old at 75 years. Only one of the children had been to the long-term care nursing home where the study was set and that had been several years prior.

Despite having little or no knowledge of long-term care settings and the individuals living there, all of the child participants described the residents that they would be partnering with in the dance programme in terms of disabilities. The children anticipated that the residents would have many and significant physical deficits and health problems, noting that they were living in a care home because they needed help. As one of the children observed, ‘they can’t do all the work and they need help so … it’s better if they keep in one place and a whole bunch of people help them’. Another participant agreed that ‘they have lots of problems … and they go to the doctor’s a lot’. The emotional health of the residents was also a concern with one child describing the residents as ‘kinda sad and everything … cause they don’t get to do much at all’. The perception of the residents as unable with many problems dominated how the children envisioned the residents that they would be engaging with in the dance programme. The children did not believe that the residents would be capable of dancing. They anticipated that the residents would move too slowly and have mobility problems which would prevent them from dancing. Rather than partnering together in dance, the children assumed that they would be entertaining and dancing for the residents, predicting that ‘they would be happy to see children just laughing and dancing and having fun’. Thus, the residents were envisioned as lacking both agency and ability.

They can dance, but it’s different

Once the dance classes started, these early perceptions began to change. During the initial dance classes, the children became increasingly familiar with the residents, the setting and the dance exercises. As their comfort and familiarity in the classes grew, there was evidence of the development of meaningful relationships between the children and the residents. Initially, the dance teacher instructed and encouraged the children to choose a resident as a partner for exercises. However, after the first month, the children began to ask to partner with residents, even for exercises intended to be done independently. Over time, the children became comfortable partnering with all of the residents regardless of their ability to mobilize or communicate verbally. As one of the children stated, she always picked a different
partner ‘cause everybody needs a turn, they can’t just like pick the same person each time’. This was echoed by another participant who recognized the positive impact of partnering with even the frailest residents: ‘No I like going to everyone, cause it cheers them up. Cause sometimes they don’t get a partner, cause there’s only a few of us. So, I like going to everyone’. As relationships began to develop, the differences and disabilities that initially made certain residents less popular as dance partners began to disappear.

The class greetings and goodbyes began to take longer as the children learned each resident’s name and relationships formed. The development of these relationships paralleled new understandings of the residents’ abilities. During the interviews at the mid-point of the project, the children no longer viewed the residents as unable to dance. Instead they were clear that *they can dance, but it’s different*. The children no longer understood the residents’ abilities to dance as limited by their physical ability. For example, in describing a resident who was wheelchair-bound with hemiplegia, one of the children stated:

*There’s a girl named J, and she, I think broke both of her feet . . . [she’s] in her chair, so it’s kinda hard for her to dance, but we still try to get her to dance, to have fun, and she still can.*

Not only did the children recognize their dance partners’ efforts, they also began to celebrate their achievements: ‘Well I didn’t know a lot of things about them, but now I do know that they can, some can move with their hands and legs and feet. And they can clap too’. Another child participant was impressed by the ability of a resident who sat in a wheelchair with one leg elevated: ‘Like C, you know how she has her leg up sometimes, well when it’s time to lift our feet up and do the marches, C puts it away and starts marching. And she can go really high’. As their relationships with the residents developed over the course of the study, the children began to view the residents in terms of their abilities rather than their disabilities, concluding that ‘they’re able to dance but in a different way from us’.

**We can dance, and we are more alike than different**

As the children began to recognize the residents as being able, they also identified the important role that the residents were playing in the dance classes. The children no longer saw themselves to be entertaining a passive group of residents who were simply observing during dance class. As one of the participants observed: ‘I always thought that they would stay down and just watch us, but now I know that they can get up, they can move their hands and their feet, and that they can use a walker too’. Over the course of the study, the children began to view the residents more as partners. They began to see the ways that they were alike in the dance classes, rather than the differences. For example, as the children worked on learning the dance exercises and choreography, they recognized that the residents were also working towards the same goals: ‘They’re trying to like learn to do it with us, so they’re catching on really good’.

The development of these dance partnerships was acknowledged by one of the children in the final set of interviews: ‘Like we get together as partners and we help them . . . [and] they help us. They help us help them do better’. Not only were the residents seen as having the ability to partner in the dance classes, at times the children turned to the residents for help. The children began to see the resident’s abilities and recognize their expertise: ‘Sometimes they do, if we don’t know that much stuff they can help us, cause they’re like way older so they know more stuff than us, but we can help them too’. The reciprocity in these
partnerships was acknowledged by another child participant who observed: ‘Yeah but sometimes they have an advantage or we have an advantage. Cause we’re the ones standing up and they’re sitting down or something’.

As the dance programme progressed, it was apparent that meaningful relationships were developing between the children and the residents. Over the six-month study, the children became more comfortable and more familiar interacting with the residents. As one of the children described: ‘I was always nervous, I was scared. But now I feel like I could just walk in there and then say hey how’s your weekend been?’ The children acknowledged that the views that they had held prior to the dance programme had changed: ‘Well I didn’t know a lot of things about them, but now I do know that they can’. Negative ageist stereotypes were replaced by much more positive views: ‘Just because they’re old doesn’t mean that they can’t be . . . they can’t do anything’. The children did recognize the losses and challenges faced by the residents, but they also saw more abilities and less differences. As one participant observed:

We all learned that we all have, we all, we can’t, sometimes we can’t do stuff but we can. As hard as we try we still can . . . yeah they’ll try their hardest to do what they can.

By the end of the study, the children had much more positive views of the residents, recognizing that they were more alike than different. As one of the participants noted: ‘And um I learned how the people there aren’t that different . . . like families and stuff. Like from my family and the friends I know and stuff’.

**Discussion**

The findings from this study support the potential for intergenerational programming in dispelling negative stereotypes of ageing, and inspiring positive views of persons living with dementia among children. Our findings demonstrated the potential for children to replace negative perceptions of the frailest older adults (i.e. individuals living with moderate to advanced dementia in long-term residential care) with positive feelings and inclusive beliefs. The development of these new understandings was observed to parallel the development of meaningful relationships within an intergenerational dance programme. Specifically, our findings highlighted that over time, the children increasingly viewed the residents in terms of ability as opposed to disability. They also began to describe their relationships with their much older dance partners as mutually beneficial, as partnerships where each partner has equal value and worth. Through structured, meaningful engagement over a six-month time period, the children viewed the residents positively. They described the residents in terms of ability, respect and value, effectively countering prevailing negative stereotypes of disability, difference and burden.

We understand the highly structured and relational nature of the *Imagine Dance* intergenerational programme to have been central in the successful building of relationships and replacing the children’s negative stereotypes with more positive views. The curriculum guiding this intergenerational programme focuses on building relationships through partnering the children with the older adults. The partnering in this study was highly structured and purposeful, involving touch, communication and working towards common goals. While the children were initially hesitant and focused on the disabilities and differences that they observed in the residents, their focus was soon redirected to learning and practicing ballet. 
exercises and dances. Verbal and non-verbal communication with the residents was integral to this learning. It was emphasized from the first class that the children and the residents were both participants in the class and that participation involved a partnership between the dancers.

Partnering was physical and close. The children and residents engaged in holding hands and scarves, clapping hands and mirroring body movements. As the study progressed, the children became adept at gently guiding ambulatory residents in exercises and pushing the wheelchairs of individuals who were non-ambulatory. As the physical distance between the children and the residents decreased, so too did their perceptions of disability and difference. Relationship building is a major component of the programme and was reinforced through the children learning the residents’ names and engaging in eye contact and gazing as part of the dance exercises. Sharing information between the two groups was also vital in the children getting to know the residents. The children heard stories about the residents’ lives prior to coming to live in long-term care. For example, they learned that one of the residents, now non-ambulatory, had been the physical education teacher at their elementary school decades earlier while another resident had been known to her friends as a *good dancer*. Not only did the children know all the residents by name, they created a nickname for one of the residents – *grandpa*. Over time, the dance classes were increasingly filled with chatter and laughter; over time, the children felt increasingly comfortable in their relationships with the residents.

Our study adds to and extends what is currently known in the literature regarding the benefits of intergenerational programming in promoting positive perceptions of ageing and people living with dementia among children. Specifically, our study adds to this literature through including persons living with more advanced stages of dementia in long-term residential care as participants in intergenerational programming. Our study also adds to another gap in the literature through exploring intergenerational programming with a specific focus on the experiences of the children participants (Galbraith et al., 2015). While previous studies have also highlighted positive attitudes of children towards older adults in intergenerational programming interventions (Burgman & Mulvaney, 2016; McNair & Moore, 2010; Wescott & Healy, 2011; Xaverius & Mathews, 2003), our study builds on and adds to this work both in terms of study design and findings. In comparison to other studies of intergenerational programming, our study involved a very high number of interactions between the children and older adults (i.e. 1-hour dance class per week over 24 weeks). These interactions involved the same children and the same residents partnering during each interaction. We observed that the consistency in participants and the high number of interactions between participants was critical in the development of meaningful relationships between the children and older adults. Further, our findings unpacked the observed positive perceptions specifically, in terms of the development of relationships within a narrative of respecting abilities while diminishing differences.

Findings from this study support the potential benefits of utilizing intergenerational programming in long-term residential care settings. Intergenerational programming has been recognized as a successful intervention in promoting meaningful engagement for people living with dementia in long-term residential care (Beard, 2012; Galbraith et al., 2015; McNair & Moore, 2010; Xaverius & Mathew, 2003). Our findings support the development of positive perceptions of people living with dementia among children and youth participants. There are important implications for practice in considering the identified benefits of participating in intergenerational programming for children. In anticipation
of living in a society where the demographic reflects a growing percentage of older adults, it is increasingly important that the generations have opportunities to come together forming positive relationships and attitudes. Intergenerational programming provides an opportunity for children and youth to learn about older adults and people living with dementia through developing meaningful relationships; this education is fundamental to dispelling ageing myths and negative stereotypes (Robinson & Howatson-Jones, 2014). Specifically, our findings point to the importance of designing intergenerational programming that maintains consistency in participants and supports the development of relationships over time.

Study limitations

We recognize that long-term residential care homes are not homogenous in terms of residents and resources. However, despite this study being limited to only one setting, we believe that our findings would be transferrable in similar settings. Additionally, while the research question was aimed at broadly exploring the experience of children participating in intergenerational programming, it would be beneficial to include a more diverse group of children in terms of age and gender in future studies. Further, while the ballet programme provided an opportunity for rich engagement between the children and the residents, we recognize that there are a variety of other activities that also facilitate meaningful intergenerational relationships. Finally, while all of the children participants were observed to develop positive understandings of ageing and individuals living with dementia, it is unclear whether these positive views will persist over time. Thus, a follow-up study with these participants in the future would allow us to better understand the impact of intergenerational programming over time.

Conclusions

In anticipation of an increasingly older demographic and an associated increase in individuals living with dementia, it is important that negative stereotypes and misconceptions of ageing and dementia are addressed. With negative views of ageing becoming established in childhood, it is critical to explore ways of supporting and promoting positive views of ageing among children and youth. The findings from this study build on what has previously been reported in terms of positive benefits for children participating in intergenerational programming. Specifically, our findings unpack ‘positive benefits’ as a narrative of increasingly inclusive and positive understandings of older people with advanced dementia developing over time. Over time, with structured partnering the children saw their dance partners as increasingly able and described their relationships as mutually beneficial and meaningful. As one of the children stated, being with the residents was ‘kind of like happiness inside’.

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Authors’ contributions
SEC has participated with the idea, written proposal, data gathering and analysis, and has written the article. MG has participated with the idea and has critically reviewed the article. DB has participated with the idea, data gathering and analysis, and has critically reviewed the article.

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References
Alzheimer’s Society of Canada. (2010). Rising tide: The impact of dementia on Canadian society. Retrieved from http://alzheimer.ca/sites/default/files/files/national/Advocacy/Rising_Tide_RiskAnalytica.pdf

Atkinson, T., & Bray, J. (2013). Dementia awareness and intergenerational exchange in schools: A pioneer project supporting Dementia Friendly communities. Coventry, UK: Association for Dementia Studies. Retrieved from http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=2306

Babcock, R. L., MaloneBeach, E. E., & Woodworth-Hou, B. (2016). Intergenerational intervention to mitigate children’s bias against the elderly. Journal of Intergenerational Relationships, 14(4), 274–287.

Beard, R. L. (2012). Art therapies and dementia-care: A systematic review. Dementia, 11(5), 633–656.

Burgman, C. B., & Mulvaney, E. A. (2016). An intergenerational program connecting children and older adults with emotional, behavioral, cognitive or physical challenges: Gift of mutual understanding. Journal of Intergenerational Relationships, 14(4), 353–359.

Centre for Education and Research on Ageing & Blakeborough, D. (2013). They aren’t scary. Chilliwack, Canada: University of the Fraser Valley.

Coaten, R., & Newman-Bluestein, D. (2013). Embodiment and dementia—Dance movement psychotherapists respond. Dementia, 12(6), 677–681.

Cummings, S., Williams, M., & Ellis, R. A. (2002). Impact of an intergenerational program on 4th graders attitudes towards elders and school behaviors. Journal of Human Behavior in the Social Environment, 6(3), 91–107.

Dewing, J. (2007). Participatory research: A method for process consent with persons who have dementia. Dementia, 6(1), 1–25.

Di Bona, L., Kennedy, S., & Mountain, G. (2017). Adopt a care home: An intergenerational initiative bringing children into care homes. Dementia, Prepublished August 28, 2017 DOI.10.1177/1471301217725420.

Duignan, D. (2009). Exploring dance as a therapy for symptoms and social interaction in a dementia-care unit. Nursing Times, 105(30), 19–22.

Folstein, M. F., Folstein, S. E., & McHugh, P. R. (1975). “Mini-mental state” a practical method for grading the cognitive state of patients for the clinician. Journal of Psychiatric Research, 12(3), 189–198.

Galbraith, B., Larkin, H., Moorhouse, A., & Oomen, T. (2015). Intergenerational programs for persons with dementia: A scoping review. Journal of Gerontological Social Work, 58(4), 357–378.
George, D. R. (2011). Intergenerational volunteering and quality of life: Mixed methods evaluation of a randomized control trial involving persons with mild to moderate dementia. *Quality of Life Research, 20*, 987–995.

Gold, K. (2014). But does it do any good? Measuring the impact of music therapy on people with advanced dementia. *Dementia, 13*(2), 258–264.

Guzman-Garcia, A., Hughes, J. C., James, I. A., & Rochester, L. (2012). Dancing as a psychosocial interventions in care homes: A systematic review of the literature. *International Journal of Geriatric Psychiatry, 28*, 914–924.

Holmes, C. (2009). An intergenerational program with benefits. *Early Childhood Education Journal, 37*(2), 113–119.

Isaki, E., & Harmon, M. T. (2015). Children and adults reading interactively: The social benefits of an exploratory intergenerational program. *Communication Disorders Quarterly, 36*(2), 90–101.

Jarrott, S. E., & Bruno, K. (2007). Shared site intergenerational programs: A case study. *Journal of Applied Gerontology, 26*(3), 239–257.

Jarrott, S. E., & Smith, K. (2011). The complement of research and theory in practice: Contact theory at work in nonfamilial intergenerational programs. *The Gerontologist, 51*(1), 112–121.

McNair, B. A., & Moore, K. S. (2010). The effects of intergenerational programs on individuals with Alzheimer’s disease or dementia. *Annual in Therapeutic Recreation, 18*, 141–156.

McParland, P. (2014). Dementia: What comes to mind? An exploration into how the general public understands and responds to dementia (Unpublished doctoral dissertation). University of Stirling, England.

Milne, A. (2011). Living with dementia in a care home: Capturing the experiences of residents. *Quality in Ageing and Older Adults, 12*(2), 76–85.

North, M. S., & Fiske, S. T. (2012). An inconvenienced youth? Ageism and its potential intergenerational roots. *Psychological Bulletin, 138*(5), 982–997.

O’Rourke, H. M., Duggleby, W., Fraser, K. D., & Jerke, L. (2015). Factors that affect quality of life from the perspective of people with dementia: A metasynthesis. *Journal of American Geriatrics, 63*(1), 24–38.

Palo-Bengtsson, L., Winblad, B., & Edman, S. L. (1998). Social dancing: A way to support intellectual, emotional and motor functions in persons with dementia. *Journal of Psychiatric and Mental Health Nursing, 5*(6), 545–554.

Rich, P. E., Myrick, R. D., & Campbell, C. (1983). Changing children’s perceptions of the elderly. *Educational Gerontology, 9*(5), 483–491.

Robinson, S., & Howatson-Jones, L. (2014). Children’s views of older people. *Journal of Research in Childhood Education, 28*(3), 293–312.

Statistics Canada. (2016). *Research highlights on health and aging*. Retrieved from http://www.statcan.gc.ca/pub/11-631-x/11-631-x2016001-eng.htm.

Thomas, D. R. (2006). A general inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation, 27*(2), 237–246.

Wescott, A., & Healy, T. C. (2011). The memory bridge initiative on service learners. *Educational Gerontology, 37*, 307–326.

Whitehouse, P. (2013). The challenges of cognitive aging: Integrating approaches from science to intergenerational relationships. *Journal of Alzheimer’s Disease, 36*, 225–232.

Xaverius, P. K., & Mathews, R. M. (2004). Evaluating the impact of intergenerational activities on elder’s engagement and expressiveness levels in two settings. *Journal of Intergenerational Relationships, 1*(4), 53–69.

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