

The Generations of Hope Community

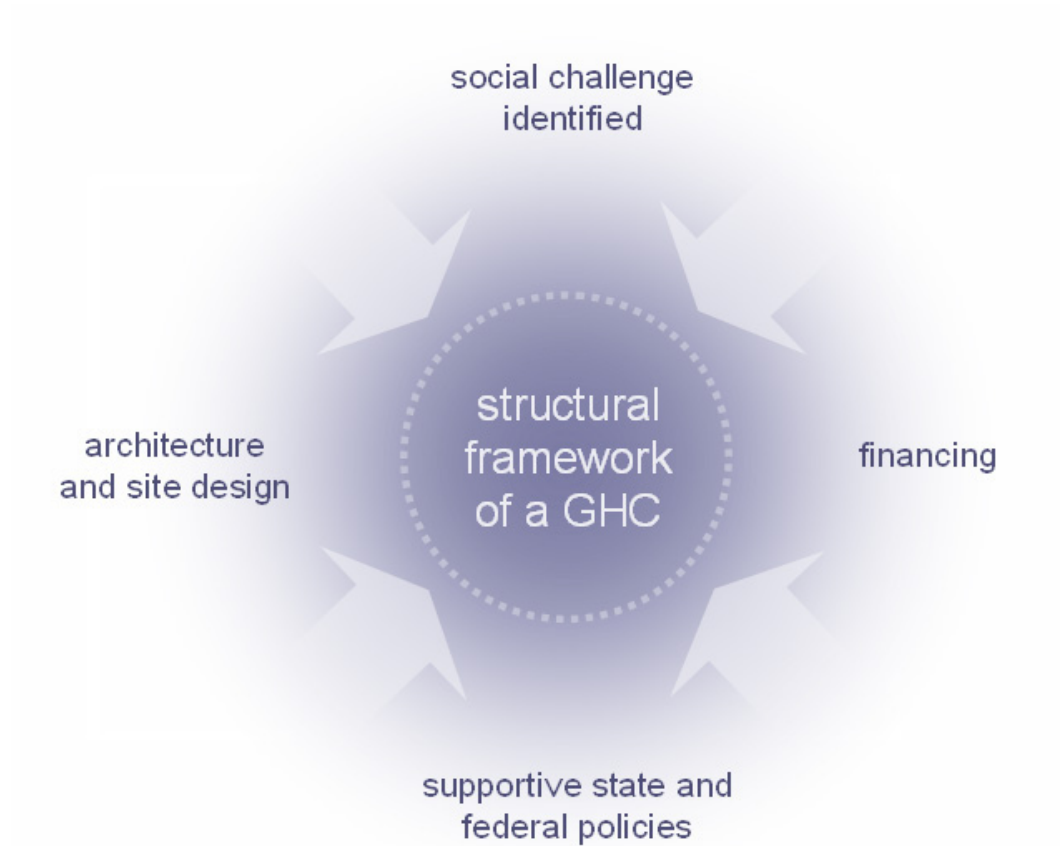
CORE MODEL

A four-phase process



GENERATIONS OF HOPE DEVELOPMENT CORPORATION

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Phase 1 - Physical Site Development

Implementing the structural framework of a GHC involves tasks primarily accomplished by local leadership in consultation with local experts.

GHDC helps both parties adapt their work to meet the innovative specifications of a GHC.

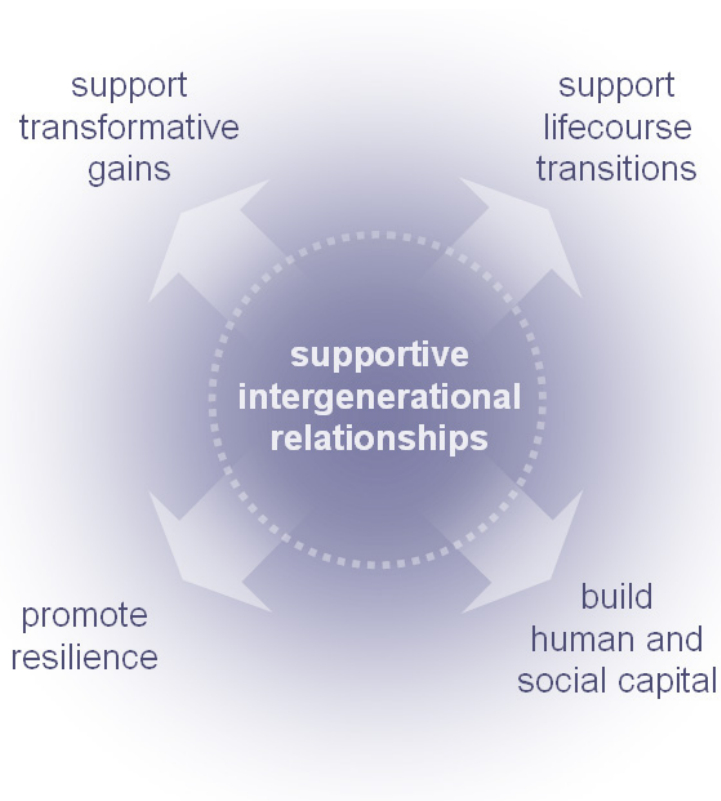
This work occurs before the GHC is a functioning neighborhood.



Phase 2 - Program Development Strategies

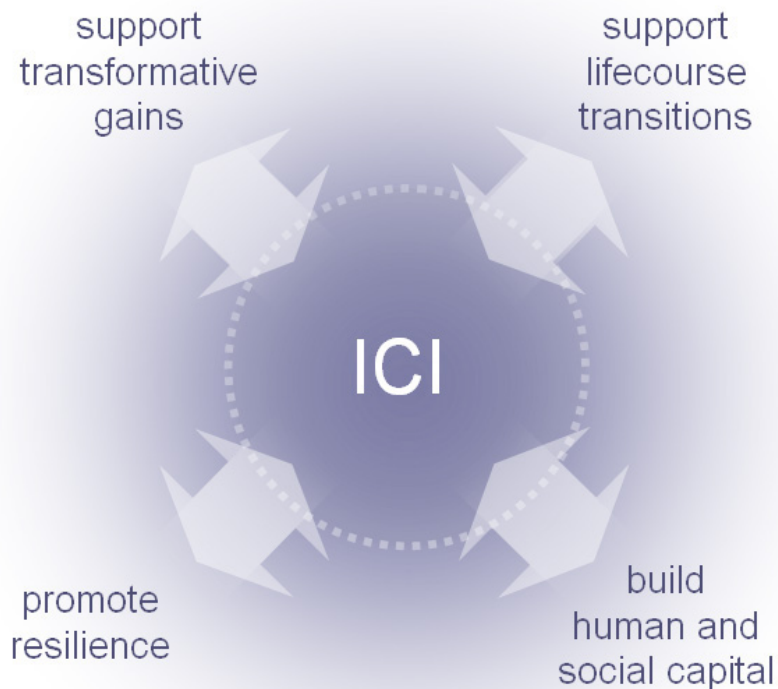
The GHC program becomes operational when neighborhood residents begin to move in.

Currently GHDC and the staff of Hope Meadows provide the expertise in how to operationalize core GHC strategies.



Phase 3 – Core Community Outcomes

GHDC will work with the local GHC leadership team, over an estimated two to three year period, to help them learn how to implement key program strategies in order to achieve core community outcomes.



Phase 4 - Intergenerational Community as Intervention

Key program strategies facilitate intergenerational relationships that support the core community outcomes. Ultimately it will be these relationships that will enable the community to become the first line of support and service—Intergenerational Community as Intervention or “ICI”.

For “systems change” to be achieved, for social problems to be addressed in a new and more effective way (through ICI), it will take a series of successful GHCs, where the community has become the intervention.

Phase 1 – Physical Site Development

Social challenge. A GHC is created to respond directly to a salient social challenge (e.g., foster care, juvenile justice, homelessness), which has potential long-term adverse consequences. These problems or challenges involve persons whose broad range of needs is usually too great to be satisfied solely by family, friends, or neighborhoods, and for whom formal service systems are often too limited or restrictive. The children and youth identified for a GHC are disconnected from or lack a strong family and community.

Financing. Developing a GHC entails key aspects of financial planning, including the amount and sources of funding to cover the cost of developing the physical components of a GHC site (e.g., land, buildings). Financing the GHC model poses unique challenges and opportunities, and forces all involved to think outside the parameters of business-as-usual.

State and federal policies. Three domains define the policy landscape for GHC and appear to be most relevant to the development and operation of GHCs: policy toward children and youth, policy toward seniors, and housing and community development policy. Both state and federal policies have an impact on GHC development (helping or hindering).

Architecture & site design. The design goal of a GHC is to establish a living architecture where the architecture supports the emergence of intergenerational relationships and sustainable networks of care and service. The design should address issues including use of private and public space, universal design and aging in community, and environmentally friendly design and construction, among others.

Phase 2 – Program Development Strategies

Leadership. Leaders of a GHC must be the keepers of the vision and mission. The organization is made more cohesive and coherent through their guidance. Leaders may be tempted to want to rule and direct rather than facilitate and guide. They have to walk a fine line between taking charge and standing back. They are most effective when their relational practices are characterized by consent rather than control -- when they listen, help, respond, and show respect rather than tell and direct. Telling and directing can work against GHC residents taking responsibility for their community. Leaders have to know when to nudge without undermining residents' belief in their own ability to manage the daily affairs of the community.

Philosophical & operational principles. A GHC includes two philosophical and ten operational principles. GHC practices and policies are grounded in these principles. The first philosophical principle is that all residents -- children and youth, adults and older adults must be viewed as if they were members of our own family and decisions must be made accordingly. The second is that given the opportunity, ordinary people of all ages and vulnerabilities will care for one another in ways, and to a degree, that go beyond the scope of traditional social services. The ten operational principles are described in the Generations of Hope Communities white paper. While these principles can and will be interpreted in different ways, producing variations among replicating communities, they serve as the foundation of a GHC and are fundamental to its operation.

Program practices. In a GHC, program practices empower the community members to become the first line of support and service for each other. Key practices include caring about and caring for people and place, the use of inclusive, non-stigmatizing language, and meaningful engagement in community activities. These practices are essential to weaving the philosophical principles of a GHC into the fabric of everyday life. They enable everyone in the community to become involved in each others' lives, thereby shifting the focus of problem-solving from professional services providers to the community.

Program policies. The program policies (e.g., policies on volunteer hours, grievance procedures) are used to guide the day-to-day operation a GHC. Policies are developed and regularly evaluated by members of the community. They are continually evolving; as people change their needs change and as needs change, policies must change.

Phase 3 – Core Community Outcomes

Lifecourse transitions are normative life events that typically occur at specific points in time across the life span (e.g. graduation, marriage, birth of a child, death of a spouse). Intergenerational relationships found within a GHC support these transitions both when they are anticipated and when these events do not reflect established norms or occur within a typical time frame.

Human and social capital. **Social capital** refers to connections between people. These connections form social networks that can increase positive outcomes (both individual and collective). Within these social networks norms of reciprocity lead to supportive relationships. **Human capital** refers to the skills, knowledge, and abilities gained through education and experience that enhance individual productivity. Both social and human capital are not depleted by use, but are, in fact, depleted when they are not used. In a GHC all members of the neighborhood benefit from living in a community rich in human and social capital.

Resilience refers to the ability to face, overcome, be strengthened by, or even transformed by, misfortune, adversity, or challenging circumstances. Factors that have been found to promote resilience include interpersonal relationships, being held responsible for someone or something, and involvement in challenging activities. Resilience in a GHC supports the potential for change and growth throughout the life span.

Transformative gains are supported within a GHC by both the structure and composition of the community. Examples may include remaining drug free, sustaining positive social skills and academic successes, and maintaining a life of meaning and purpose as one ages.