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Generations of Hope Communities

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Generations of Hope Communities

A collection of housing becomes an extended family neighborhood with a shared purpose: supporting one another through the challenges of growing up, growing old, and growing together.

- W.K. Kellogg Foundation, 2007

GENERATIONS OF HOPE is the innovative nonprofit corporation that established Hope Meadows, an intergenerational neighborhood that supports families who have adopted children from foster care. Generations of Hope has evolved into a national model that extends beyond foster care and adoption to address other social challenges facing children, youth, and their families. In this paper we discuss the principles that ground Generations of Hope Communities (GHCs), critical insights which have emerged regarding GHCs, and the distinctive strategy used in GHCs known as Intergenerational Community as Intervention (ICI).¹

A Generations of Hope Community (GHC) is an intentionally created, geographically contiguous intergenerational neighborhood, where some of the residents are facing a specific challenge around which the entire community organizes. Examples of a GHC mission include supporting adoptive families of foster children, helping stabilize the lives of teenage mothers or homeless youth, and interceding in the lives of youth involved in the juvenile justice system or

young mothers facing reentry to society after incarceration or drug treatment programs.

A GHC is grounded in two key philosophical principles. First, GHC residents, including those whose social challenge provides the organizing focus of the community, are viewed not as problems-to-be-managed, but as ordinary people requiring the same embeddedness in family and community that we would want for ourselves. Here, community members are not “wards” or “cases” or “clients”; they are friends, neighbors, and family members. Program decisions and programmatic language reflect this basic premise of “normality.”

The second philosophical principle emphasizes the enduring capacity of the individual to care. Given the opportunity, ordinary people will care for one another in ways, and to a degree, that go beyond the scope of traditional interventions. The emphasis on viewing all residents as ordinary people and on a belief in everyone’s capacity to care serve as the foundation for the ICI strategy used in a GHC. This strategy is to facilitate and support meaningful relationships and purposeful engagement across generations. It shifts the focus of problem-solving from conventional social service providers to the members of the community so that the GHC becomes the first line of intervention, *i.e.* of support and service.

¹ An early version of this manuscript was published as GHDC White Paper 1:1, *Intergenerational Community as Intervention (ICI)*, (Eheart, Hopping, Power, & Racine, May 2005).

Conventional social services

Social service systems which are successful as intervention demand some degree of sophisticated understanding and expert knowledge concerning the social problems they address, such as the needs and often perplexing behaviors of abused/neglected children, the strengths and challenges of delinquent youth, or the complex interplay between the developmental tasks of an adolescent mother and her infant. Conventional program design tries to target professional interventions to provide just the right skills and resources, to just the right clients, just in time. Interventions and outcomes are specified as precisely as possible in order to monitor impact and cost-effectiveness. More recently there has been a general recognition that social problems often occur together (poverty, drug abuse, neglect of children) necessitating the need for multifaceted interventions involving the coordinated efforts of several professionals and agencies in what has come to be called a “wraparound” approach to service.

This paradigm works best when goals are limited and clear (increase parent education, decrease truancy rates, increase reading proficiency, etc.), and when there is an unambiguous role distinction between agency personnel and the clients they serve. The best of these interventions also are usually “community based” in some sense, but are still conventional in that they constitute interventions in community, and usually fail to tap (or even recognize) the potential of community members themselves to act competently as a first line of care and mutual support. If it is considered at all, the community is regarded as background or context for the work of professionals, and

members of the community are regarded as patients or clients. The limitations of traditional community-based “wraparound” approaches to intervention are widely acknowledged by frustrated professionals and planners who are always looking for promising alternatives, but who also are constrained by the function and structure of the service industry.

It is not surprising then that efforts to operate directly upon individuals in community are typically fraught with unintended consequences. The foster care system for example, originally established to keep children from harm, routinely performs a sort of radical social surgery on the kinship and community networks of children and their problematic families. With its recent emphasis on adoption, it also has taken on responsibility for reconstructive surgery as well, resulting in hurtful unintended consequences when new adoptive families find themselves inadequately supported, poorly informed, and overwhelmed by emotional challenges. Following are insights into ways that GHCs support the work of conventional social services, helping to ameliorate unintended consequences.

Critical insights: intergenerational relationships and purposeful engagement

There is now a substantial body of research showing that social relationships matter to the well-being of people of all ages in a variety of ways. Human relationships are the basic building blocks of healthy development (Rowe & Kahn, 1998; Shonkoff & Phillips, 2000; Vaillant, 2002) and both mental and physical health throughout the lifecourse are affected by ties to other people (Cohen, 2004; Helgeson, Cohen, Schultz, & Yasko, 2000; National

Council on Aging, 2002; Uchino, Cacioppo & Kiecolt-Glaser, 1996). The presence, absence, and quality of these ties have been associated with the presence or absence of purposeful engagement (AARP, 2005; Benson, 2006; Child Trends, 2008; Power, Eheart, Racine, Karnik, 2007). The importance of social engagement and relationships has been documented in the work of Robert Putnam (2000) who convincingly links them to the well-being of self and society.

We recognize that most social problems, including the seemingly intractable ones, only can be effectively addressed through relationships. Yes, we can and should meet needs for basic material support, but those efforts are not likely to end child abuse, stop teens from getting pregnant, reduce future delinquency, etc. The tougher problems require human contact, one group of people forming connections and being involved with another, such as mentors and their mentees, teachers and their students, parents and their children.

We've also learned, however, that while these connections can sometimes make the difference, their chances of doing so depend on whether they are situated in a supportive context. The block, the neighborhood, the community matter. In crime-ridden urban settings or poor rural areas, it is simply harder for parents, teachers, mentors, and other sources of help and guidance to be effective. So the challenge becomes how to create or find local contexts that can add the critical ingredient needed for meaningful relationships to flourish.

Obviously, responsible engaged adults need to be in that context to support vulnerable kids. But even this can be limiting in an age when it is often necessary for both parents to work, and

whole neighborhoods barely see an adult during the heart of the day. What this reality points to is the importance of seniors, people in their later years, who can be present during much of the day, connected, and involved in a wide range of activities, including formal and informal encounters with neighbors, volunteering, and community planning (AARP, 2005). It points to older adults who can care for both the kids and parents, who can impart the wisdom that comes from having lived longer and seen more. When seniors are present, a neighborhood is not just a neighborhood at the beginning of the day when parents and kids are off to work and school or at the end of the day when they return. It is a neighborhood all the time, making it a stronger neighborhood (for a discussion of seniors continuing to contribute as they age-in-community see Vojak, Hopping, Eheart, & Power, 2007; Power, Eheart, Racine, and Karnik, 2007). It is the intergenerational relationships formed within the neighborhood between seniors, parents, and children, and their ongoing involvement with each other that makes the ICI strategy distinct and transforms a community into a GHC.

A new departure: the concept of “community as intervention”

In a GHC, utilizing the ICI strategy, the intergenerational community itself becomes the intervention—the key source of support and service. Unlike typical community building efforts, in a GHC the neighborhood is the vehicle for action and not exclusively an end in itself. A GHC is galvanized by a desire to address a clearly articulated social problem, and using the community as intervention, it changes “the balance between risk and protection thereby shifting the odds in favor of more adaptive

outcomes” (Shonkoff & Phillips, 2000, p. 32). The ICI strategy is grounded two philosophical principles, previously discussed, along with ten operational principles. We have identified these principles through the development and operation of Hope Meadows, Generations of Hope’s first GHC. While these operational principles can and will be interpreted in different ways, producing variations among replicating communities, they serve as the foundation for any GHC.

1. Created to address a specific 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 affected are disconnected from or lack a strong family and community. They dwell on the boundaries of incompatible systems (*e.g.*, medical, legal, educational, familial), each with its own rules and regulations, expectations and beliefs. Through negotiation, mediation, and (when absolutely necessary) working through a chain of command, the staff of a GHC, on a continuing basis, provides support to resolve these conflicting interests.

People are motivated to want to live in a GHC by the specific social challenge it addresses. The challenge serves as the focal point for organizing their work on behalf of the community, and becomes a fundamental source of identity and cohesion. A GHC demonstrates what we know

intuitively: that ordinary people, in ordinary circumstances, through caring relationships and purposeful engagement, can make the kind of difference conventional social service systems alone cannot.

2. Presence of three or more generations

The residents of a GHC span at least three generations. A mix of older adult households and families with children and youth is optimal for a GHC to develop the necessary level of proficiency in its capacity to care for and support its residents. A GHC provides a community of caring neighbors for children in the present so they will expect to give and receive care in their own lives in the future. Families have the support of both older adults and other families to help them in the difficult task of raising children. Seniors are able to age-in-community successfully by maintaining close relationships with others, and by remaining involved in activities that provide purpose and meaning. In a GHC the children and youth, their families, and the seniors willingly respond to one another’s needs and show that they care – a reciprocity of need leads to a reciprocity of care.

The cumulative effects arising from complex intergenerational relationships lead to the establishment of a culture of effective care and mutual concern.

Each generation has a unique world view that provides a different perspective on people and problems. The cumulative effects arising from complex intergenerational relationships and community engagement lead to the establishment of a culture of effective care and mutual concern which becomes the bedrock of a

strong, healthy GHC. The members of the GHC (young, old, and in between) teach themselves, and each other, how to provide support based on each person's needs and circumstances and on what he or she brings into the community from previous experiences. What one generation sees as a concern, another may recognize as an unimportant idiosyncrasy or passing phase; thus it is often easier and more effective to coordinate efforts and cooperate in seeking to solve individual and group problems when three or more generations are providing varied insights and opinions, talents and abilities.

3. Physical design facilitates relationships, engagement, and aging-in-community

A GHC is a localized network of caring interpersonal relationships. These relationships, across and within generations, are the principle means through which the community does its work; therefore, special attention must be paid to the size of the property and the physical design of the neighborhood so that relationships are easy to form and maintain (see Hopping, 2008). The purposeful integration of the physical dimensions of a GHC, with all buildings being geographically contiguous, provides the context for the formation and development of the social dimensions of a caring community.

Much of what makes a community a good place to raise children also makes it a good place to grow old.

Not only are common areas needed where residents may convene, but the flow of foot, car, and bicycle traffic through the neighborhood needs to increase the odds of residents

encountering one another. The informal relationships that take root in this way constitute the social core of the community. Likewise more formal engagement through, for example, after school activities or neighborhood celebrations and potlucks, require thoughtful design of indoor and outdoor gathering space.

In addition, space must be able to accommodate the changing needs of the people who live in a GHC. Home interiors and the physical layout of the community should take into account the space needs of a growing family, the reduced mobility that often comes with age and seniors' desire to age-in-community, and young children's need for play areas as well as space for "hanging out" when they are older.

4. Practice grounded in theory and research

As both a program and a place to live, GHCs are grounded in research and theory that suggest ways to promote well-being and resilience for all ages as well as ways to promote strong program design and implementation. Research shows that all children need nurturing, stable, and consistent relationships that provide responsive and reciprocal interactions in a safe, predictable environment (Brazelton & Greenspan, 2000; Shonkoff & Phillips, 2000). Strong families are the key to providing children with consistency and care. To be strong, families need adequate emotional, social, and financial resources within a safe and stable place. And, to age well, older adults need purposeful engagement and meaningful relationships in their daily lives (Power, Eheart, Racine, and Karnik, 2007; Rowe & Kahn, 1998).

Much of what makes a community a good place to raise children also makes it a good place to

grow old. Both families and older adults need strong neighborhoods. In these neighborhoods there is an atmosphere of cooperation and connectedness where people care about (not just for) each other (McKnight, 1995; Noddings, 1984, 2002), and where shared values are embedded in history, traditions, and memories (Gardner, 1995). Intergenerational relationships and a sense of mutual responsibility are essential in providing opportunities for frequent acts of service to others (Benson, 2006).

Research also has identified the components of effective intervention programs. First and foremost, effective programs support children in the context of the family and the family in the context of community (Schorr, 1989, 1997). Effective programs are guided by a clear mission or purpose which evolves over time; they are comprehensive, flexible, responsive and persevering; they are based on caring relationships, mutual respect and trust, and they ensure collaboration among disciplines (Schorr, 1989, 1997).

5. Evolving program design/learning from experience

An initial program plan is necessary for a GHC to be successful; however, to be most effective, it cannot be fully designed. It must be allowed to adapt over time, filling in the details, while remaining true to the program's mission, as residents and staff gain experience with one another. Accordingly, its basic design must be flexible and responsive to the changing needs of the people in the community. As people age, their needs change and as needs change, the programs must change.

Each person brings into a GHC a wealth of experience, expertise, and individuality.

Through the relationships that emerge, these individual assets are naturally infused into the life and activity of the community.

We have found that a ratio of about 3.5 senior households to each family household is optimal.

Unlike conventional social service interventions, strategies for action in a GHC grow out of relationships rather than the other way around; there are no artificially imposed limits on the relationships that form. This feature enables supports and services to evolve, becoming more deeply textured as members learn from daily experience how to help one another. Through relationship building and engagement opportunities which are often self- or neighborhood-initiated and directed, GHC residents develop a deep sense of belonging and commitment to one another, making it easier than is typically possible in formal service systems to find more effective answers to problems.

6. Older adults are the community's volunteers

The older adults as the community's volunteers not only provide a vision of what can be, of what is possible— they make it possible. For the work of the community to be done effectively, a fairly large representation of senior residents is necessary. We have found that a ratio of about 3.5 senior households to each family household is optimal. This ensures that seniors are available and present on a daily basis in the lives of families, each other, and especially those whom the GHC has been formed to help. Unlike a neighborhood that just happens to have a large

number of older adults – what is sometimes referred to as a “naturally occurring retirement community” (Hunt & Hunt, 1985; Vladeck, 2004) – the seniors in a GHC mainly have an identity as givers, rather than recipients, of service. Although seniors do have needs, as far as possible those needs are met within the community by its residents, including seniors themselves, and within a context that preserves the central focus on the social challenge that initiated the formation of the GHC.

Seniors are expected to volunteer within the community on a regular basis. Their needed level of commitment is ensured by offering physical and material support, such as reduced rent, modified housing, and property maintenance in exchange for their volunteer hours. It is important to decouple the amount of benefit received from the amount of service provided. The less this support is connected to the specific number of volunteer hours a senior expends, the more generalized and open-ended his or her commitment is likely to be. Broad commitment, including just being there to listen, offer guidance, and share experiences, increases the probability that these older adults develop caring relationships with others in the community.

The older adults acting as the community’s volunteers provide a vision of what can be – of what is possible.

The volunteer program component needs a measure of formal organization. Some volunteer roles may require special skills, such as tutoring or teaching a child to sew. Formalization heightens the significance of volunteer efforts, increasing the intrinsic value that seniors derive

from their participation. It also helps to assure that the range of volunteer opportunities is comprehensive enough to address the full needs of the community.

7. Requisite diversity

Diversity is a hallmark of a GHC. A substantial body of research on groups and organizations show that diverse input is needed for good decision-making. Homogeneous groups whose members think alike lack the insight to make informed decisions, while groups whose members are highly disparate lack the means of pulling themselves together enough to make concrete decisions. A GHC seeks a balance between these two extremes. Diversity of perspective and input is needed because life is complex. Few problems that arise in a community have simple, straightforward, always-reliable solutions. In the absence of diversity, the community quickly devolves toward a standard repertoire of responses to problems.

In a GHC, the inherent diversity of age is enhanced by the requisite diversity of race, ethnicity, education, income, life experiences, and perspective. Although the core of community is difference, being surrounded by difference is not always easy as it forces residents to accommodate others whom they might otherwise prefer to avoid (Ayers 2000; McPherson, Smith-Lovin, & Cook, 2001). The mission of a GHC brings diverse people together, helping to override difficulties. Living with differences generates creative solutions to complex problems, and validates for community members the values of living in a diverse society.

8. Professional staff know when to guide and when to govern

In a GHC, staff must have final authority over who lives in the neighborhood and over program implementation. The expertise of professional staff is essential for a wide range of managerial and programmatic functions. Professional staff is needed to help secure and manage financial resources, manage the community's relations with external institutions shaping the relevant political and legal environment, assure maintenance of the physical property of the community, provide intensive counseling and therapeutic support to those residents who need it, organize and manage ongoing educational opportunities and programs that nurture healthy development, and to generally keep the community focused on the reason it came into being.

In all of these ways paid staff may be tempted to want to rule and direct rather than facilitate and guide. Their education and prior work experience typically train them to take charge in situations where their skills and knowledge apply and where other participants are not similarly equipped. This tendency can work against GHC residents taking responsibility for their community. So long as the staff is making decisions, residents will likely hesitate and temporize.

Consequently, the staff of a GHC has 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 (Noddings, 2002) rather than tell and direct. They have to know when to nudge without undermining residents'

belief in their own ability to manage the daily affairs of the community, and ultimately they have to decide when it is necessary to move beyond the community to the broader realm of social services.

9. Economic issues are addressed but do not compromise principles

Formal community development as practiced today gives priority to economic issues (job creation, housing affordability, etc.). To be sure, a community needs investment in order to develop. But to obtain that investment, it must play by the rules of investors, rules which often require that economic considerations dominate.

A GHC needs to be different. Even though it is a form of community development, it cannot be allowed to become primarily an economic undertaking or allow economic issues to overshadow or compromise the primary reasons for creating the program. For example, if low-income housing tax credits are used to fund new housing construction for a GHC, control over who becomes a resident may be severely compromised, and structuring program participation through rental agreements may not be an option. The risk is that the community would become simply a low-income or affordable housing project, not a GHC.

The challenge is to find the right mix of self-generated revenue (e.g. rents charged to residents, property equity, small-scale retail) and subsidies (e.g. public funding sources, philanthropic "soft loans" and grants) to launch and sustain the GHC, so that the strategies and commitments necessary to build and operate the program do not inadvertently sabotage the functioning of the community itself.

10. Cohesion stopping short of insularity

A GHC provides a reliable form of social support for its residents, who enjoy a life both inside and outside the neighborhood. It should look and feel like any other healthy community. A GHC is not a retreat or enclave, nor a place set apart both physically and symbolically. It functions best when it is integrated into its surroundings, looking more like a subdivision than a gated community.

This blending is crucial to its social purpose. The less distinct its appearance from the larger community in which it is situated, the less the stigma associated with the purpose it serves. That said, a GHC must still do what it can to buffer its residents from adverse, external influences. This, after all, is a key reason for its existence. A GHC offers a stronger kind of social support than is generally available elsewhere, while letting its residents live their lives as much as possible like they would in any other healthy neighborhood.

The foregoing principles were derived from 14 years of involvement with the intergenerational neighborhood of Hope Meadows. Following is a brief history of this first GHC.

Hope Meadows

Hope Meadows was not conceived as a GHC. In 1993 Generations of Hope was established as a not-for-profit corporation and child welfare agency. Hope Meadows was its first program site created in 1994. This planned community was designed to provide a model of foster care and adoption that protects children, offers permanency, and cultivates intergenerational relationships (see Eheart & Hopping, 2001). With a million-dollar grant from the State of

Illinois, Hope managed to secure a 22-acre housing subdivision on the former Chanute Air Force Base in central Illinois. Existing structures were converted into 64 units of various sizes, with 15 allocated to foster and adoptive families, 44 to older adults, and five reserved for administrative and community activities.

The neighborhood is unfenced, and with its tree-lined streets is virtually indistinguishable from surrounding suburban housing. In February 2008, there were 11 families at Hope Meadows, with 33 adopted children, 13 biological children, and two children still in pre-adoptive foster care. With a natural turnover of adoptive families who leave Hope Meadows, Hope has helped 75 children achieve permanency (adoption or return home) for an overall permanency rate of nearly 89 percent.

The families who live at Hope Meadows agree to adopt three or four children. Parents are compensated with an annual salary that is adjusted during the adoption process, benefits—including health insurance, and free housing. Unlike the traditional foster care system, there is no relationship between the amount families are paid in salary and the number of children placed with them. All programs and services are available to all children in the community—adopted, foster, or biological. Recently, as the children have gotten older and there are fewer preschool children to care for, the stay-at-home parent role has become more expansive, with a focus on supporting the functioning of the community overall.

The seniors are required to provide six hours per week of volunteer time and, in return, pay below-market rent for their housing. By and large, they volunteer more time than is required.

These older adults provide indispensable support to the parents and children, who in turn are instrumental in promoting their well-being as they age (Power, Eheart, Racine & Karnik, 2007).

Because it is an intentional community, Hope Meadows has always had formal policies, but they have mainly been invoked by circumstance rather than as the result of a comprehensive initial design. Early on, policies were needed to govern both the obligations of families who would be adopting children and the volunteer economy of seniors. These have continued to be the two main policies of the neighborhood, with refinements made as experience has indicated.

Notably, there is no formal governance structure *per se*. The paid staff has the fiduciary responsibility for assuring that resources are expended properly, and Generations of Hope is overseen by a formal board of directors; but on a day-to-day basis a sense of hierarchy is largely absent, making Hope Meadows like most other neighborhoods. When policies or rules are needed, staff and residents work together to develop the necessary guidelines.

The successful contributions by staff and residents become part of Hope's history. A spirit of mutual responsibility and sensitivity to one another's needs becomes recognized in the community and established in collective memory. Ultimately, the community's effectiveness stems from what it learns as it evolves, and a sense of collective efficacy emerges over time.

Hope Meadows has been featured on prime time news programs and talk shows and covered in popular magazines and newspapers. Two books have been written about it, and a professional

child welfare journal devoted a double volume to the emerging research. This exposure has helped to bring Hope Meadows to the attention of many people. Since 1994 the neighborhood has received a steady stream of inquiries and scores of visits from people wanting to know more about this compelling intergenerational community. In recent months, Hope has been featured in a New York Times article and on the NBC Nightly News. In addition, the founder of Generations of Hope and the Executive Director of Generations of Hope Development Corporation, Brenda Krause Eheart, was honored with the Heinz Award for the Human Condition and named an Ashoka Fellow bringing additional recognition to Hope Meadows and the GHC model. In response, media materials (including a DVD of several of the television segments on Hope Meadows) and information packets have been developed along with a comprehensive guide to getting started.

Next steps

With expanding national interest and with over a decade of experience, we are now taking the Hope Meadows model to the next level of GHC development. In 2006 the Generations of Hope Development Corporation was formed as a nonprofit corporation, with the support of the W.K. Kellogg Foundation, to advance the development of neighborhoods based on the GHC model. Next steps include:

1. Enlarging the community of interest in the GHC concept by
 - a. bringing together those with a programmatic interest in applying the GHC concept, utilizing the ICI strategy, to various social challenges;

- b. connecting those with knowledge of finance, housing design, and community development to construct replication sites; and
 - c. examining existing policies and practices in housing, retirement, child welfare, *etc.* to determine the extent to which they are contributing to or working against the formation of GHCs.
2. Further enhancing the GHC model by
- a. continuing to develop our understanding of the dynamics at the heart of the existing Hope Meadows model. Such understanding emerges from an ongoing process of interpretation, application, and evaluation;
 - b. developing financial models for startup and physical development of the community and for sustainability;
 - c. conducting benefit-cost studies of the Hope Meadows model;
 - d. adapting and applying the Hope Meadows model to other social problems; and
 - e. providing technical assistance and consultation with other initiatives.

Conclusion

The GHC paradigm challenges how we think about retirement, community development, and social service delivery. It offers an option for older people who do not want retirement to mean the end of their productive years, who want it to mean something more than a pension, health care, and a roof over their heads. It offers community developers and builders a way of weaving true social concern into the fabric of the communities where people live. For those for whom a home is not just a house, but a

functioning part of a larger aggregate called a neighborhood, a GHC becomes a powerful means to that end.

A GHC, where the community becomes the primary source of service and support--intervention, offers social services a strong complement. Social services are dramatically changed when the focus of problem-solving shifts from intervention *in* community to community *as* intervention; when there is an emphasis on individual normality and a belief in everyone's capacity to care. Here meaningful intergenerational relationships and purposeful engagement are the cornerstone of the neighborhood.

Social services are dramatically changed when the focus of problem-solving shifts from intervention *in* community to community *as* intervention.

When the neighborhood is doing its job, the conventional social service systems around it are less pressed and more capable of making a difference. Indeed, providing services is an entirely different undertaking when a whole neighborhood, down to the last resident, has explicitly signed on to ensuring the well-being and the "well-becoming" (Shonkoff & Phillips, 2000) of its people, enfolding them on a daily basis into networks of stable, caring, intergenerational relationships.

When an intergenerational community becomes the intervention, the gifts and talents of ordinary people of all ages and vulnerabilities become available in new ways, and a multitude of social challenges begin to find new solutions.

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