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Intergenerational Activities Policy and Procedure

CP014h Common Policies

July 2024

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1. Introduction
   1. Many MHA services, including MHA Communities services, are increasingly looking at introducing various ‘inter-generational’ initiatives / activities at which people using our services interact in different ways with people under 18 years of age – including toddlers and babies.
   2. This policy provides clear guidance for bringing together people across the generations in partnership with local schools, youth groups and uniformed organisations such as scouts and guides.
2. Scope and Purpose
   1. This policy is relevant for all MHA colleagues across MHA Care Homes, Retirement Living, and MHA Communities, for the purpose of outlining MHA’s approach to intergenerational working and the extent of the service provision which may be provided.
   2. Intergenerational working aims to encourage community involvement and strengthen communities, promote social inclusion, mutual respect, equality, and diversity.
   3. Refer to Intergenerational Volunteers Policy and Procedure [VP008] for implementing intergenerational volunteering at MHA. The primary goal of intergenerational volunteering is to encourage younger people to volunteer across MHA whilst ensuring they are supported and feel welcome, and safe, to do so.
3. Definitions

| Term | Definition |
| --- | --- |
| **Intergenerational Activities** | Interaction between individuals from different age groups during events, programmes, or projects to encourage people to engage in meaningful and collaborative ways, fostering a sense of connection and bridging generational gaps.  Projects and activities might include:   * Arts and crafts * Literacy / numeracy * Mentoring * Drama / dance * Reminiscence activities * Sharing cultural traditions * Computers and digital technology * Crime prevention and community building initiatives. |
| **Intergenerational Working** | Collaboration and interaction between individuals from different age groups. |

1. Statement of Intent
   1. Interaction between older and younger people must be supervised at all times by colleagues who must be present at all times.
   2. It is good practice to set general guidelines / codes of conduct regarding appropriate behaviour, physical contact boundaries, ageism awareness and confidentiality.
   3. A risk assessment must be undertaken prior to any new intergenerational project.
   4. Written parental / carer consent must be obtained before children / young people take part in any intergenerational work, which is initiated by the partner organisation.
   5. If photographs are to be taken of events, ensure the ‘consent to photography’ is signed by members, and that there is written consent from the parents / carers of the children / young people involved Data protection photography, video, and quote consent form.
   6. Participants must understand health & safety principles / processes and where to access information - e.g., what to do if someone has an accident.
2. Considerations
   1. Choose the right time and venue for activity to take place. Additional attention should be given to the particular needs of a wide age group:
   * Are sufficient volunteers / colleagues available to support activity?
   * Are tables and chairs at appropriate height for participants?
   * Provide suitable refreshments taking care with hot drinks.
   * Will there be background noise making it difficult for people with hearing loss?
   * Is the room safe?
   * Consider the needs of participants - e.g., mobility, access, and special dietary requirements.
3. Risk Management
   1. MHA and MHA’s insurers, whilst being keen to realise all the potential benefits of such initiatives, obviously want to simultaneously make sure that any potential risks can be eliminated or reduced to / managed at, an acceptable level.
   2. The aim is to demonstrate that we have considered the wide range of health and safety risks (many of them foreseeable) associated with inter-generational activities, thus reducing the likelihood of adverse incidents.
   3. Where the intended visitors are babies, nursery / school children or college students, many of the risks identified will be primarily the responsibility of the parent, carer, teachers, or lecturers etc. However, it is important to understand that the overall responsibility for managing the risks of such activities is a shared one.
   4. Complete a risk assessment of intergenerational activities using the Risk Assessment Form [HS401a], guidance for assessing the risk can be found in **appendix 1**.
4. Roles and Responsibilities

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| --- | --- |
| Role | Responsibilities |
| **All Colleagues** | * To ensure they are compliant with this policy. |
| **Home and Scheme Managers** | * The Manager is responsible for the activity * The Manager must make a reciprocal visit to a nursery / school in order to spot risks or concerns that might otherwise go unnoticed until they crop up during the visit to the MHA service (such visits to 11+ schools / colleges are at the Manager’s discretion). |

1. Monitoring
   1. Compliance is assessed through direct observation, monitoring, and supervision of our colleagues.
2. Communication and Dissemination
   1. This policy is disseminated and implemented within all MHA services through MHA’s channels of communication.
   2. Each colleague’s line manager must ensure that all teams are aware of their roles, responsibilities.
   3. This policy will be available to the people we support and their representatives in alternate formats, as required.
   4. Any review of this policy will include consultation with our colleagues, review of support planning, incident reports, quality audits and feedback from other agencies.
   5. Queries and issues relating to this policy should be referred to the Standards and Policy Team [policies@mha.org.uk](mailto:policies@mha.org.uk)
3. EDI Impact Assessments
   1. Equality, Diversity, and Impact Assessment to be confirmed.
4. Resources
   * Data protection photography, video, and quote consent form [IG02c / IG02d]
   * Consent policy [CP002]
   * Intergenerational Volunteers Policy and Procedure [VP008]
   * Risk Assessment Policy [HS401]
   * Risk Assessment Form [HS401a]
   * First Aid Policy [HS511]
5. Appendices

Appendix 1: Intergenerational Activities Risk Assessment Guidance

* + 1. Use the following guidance to complete a risk assessment for intergenerational activities.

| **Risk Assessment Prompts** | **Details** |
| --- | --- |
| **Logistics** | * How many ‘young people’ are to visit, and who will accompany them? * How frequently and for how long? * How will they arrive – e.g., minibus, numerous additional cars etc. at the same time? and * Will this generate additional or ‘unusual’ traffic (and associated risks) in MHA car parks or around MHA properties for MHA to try and manage more safely? * What other activities are taking place in or around the premises at the same time as the proposed visit of the young persons? |
| **Ratios** | * Nurseries and schools will have various agreed and required child to carer ratios. Whist these must at least be maintained during visits to MHA services, consideration must be given to whether the nature of the visit, the activities due to be engaged in or the physical environment of the Home or Scheme might indicate increases to these ratios to be appropriate. * ‘Accompanying Adult’ numbers and the activities being undertaken should be such that, even if encouraging the development of ‘personal relationships’ between children and residents, no child must ever be left alone with, or out of the sight of nursery / school colleagues or ‘Accompanying Adults’, in the company of a single Resident or Member. Accompanying adults must, at all times, be able to ensure that children and young persons are supervised and that they can’t be ‘taken away’ by Residents or Members. * There should always be at least two adults for any group - one of whom should be female and, if from a nursery / school, one of whom should be ‘trained colleagues’. * Helpers under 18 years old count as children and not adults in these ratios, so if the activity involves a number of ‘younger’ teenage helpers, you will need more adult leaders, not fewer. |
| **DBS Checks and Safeguarding** | * All MHA care colleagues will have undergone an enhanced DBS (Adult Barred List) check, whilst few, if any, will have undergone a check against the DBS (Children’s Barred List) and any who have, will not have done so in relation to MHA employment. * Therefore, in order to protect all parties, and irrespective of the DBS status of MHA colleagues, arrangements must ensure that no member of MHA colleagues is left to work unsupervised with any of the children, and that the children are appropriately and visibly supervised by the nursery / school colleagues at all times. Particular care must be taken to ensure that any MHA Volunteers have appropriate levels of DBS checks to be either involved in, or present during, young persons’ visits. * MHA also needs to check if anything of concern is already known about any particular Resident or Member, with regard to potential Child Safeguarding risks (see CP019f), and that any such risks or potential concerns are formally considered and addressed before any Young Persons visits take place. Irrespective of the presence of any known offender, or other associated concern, it must be ensured that all activities take place in open areas and either under ‘joint’ supervision, or the direct supervision of the nursery / school colleagues. * Safeguarding risks potentially posed by, for instance, individuals living with dementia to those visiting the site must be considered. This must include for instance, the possibility of a resident becoming aggressive or sexually disinhibited, and how this might affect a child, and how such an incident would be most appropriately responded to. |
| **Consent** | * Where written consent is required from the parents or carers of young persons involved in inter-generational activities, this will be obtained by the organisation (i.e., nursery, school, etc.) responsible for them. * If photographs are to be taken or filming of events or activities is to take place, the necessary consent of the relevant Residents, Scheme Members etc. and the young persons involved, must be obtained in line with GDPR requirements. See MHA Photography Consent Form. |
| **Environment** | * These need to be considered from the perspective of the risks present in the areas it is known and expected the young persons will be in or might ‘visit’, and secondly, in the areas where they must not go, but where it is foreseeable that they might, if existing controls are not effective, or if additional controls are not put in place and managed effectively for the duration of the visit. * Check the suitability of toilets and other physical and environmental features of the Home / Scheme. * Check hazards which are increased due to presence of young people. For instance, in the case of falls from heights e.g., stairs, balconies, roofs, ladders, and many more, all present different forms and levels of risk depending on whether the ‘subject’ is a toddler, a young school child, a young teenager or an elderly resident. The same might well apply to slips, trips, and falls depending on, for instance, floor surface. * Particular care must be taken to ensure that young persons don’t have access to areas it has been decided they should not, and especially where these have been designated as particularly high risk such as laundry, kitchen, clinical rooms, cleaning cupboards, some gardens, etc. (and this is irrespective of whether such access is by accidentally or deliberately going somewhere they shouldn’t) * All risks and potential difficulties in this regard must be addressed before any young persons’ visiting scheme commences. |
| **Behaviour** | * Dependent on the age of the ‘young persons’ involved it is helpful to agree general guidelines / codes of conduct regarding for instance, appropriate behaviour, physical contact boundaries, ageism awareness and confidentiality. * Are there any behavioural concerns relating to any of the young children or any of the Residents / Members? If yes, the specifics of these, their possible ‘consequences’ and appropriate strategies for managing these in the Home / Scheme will need to be agreed - both in terms of making these less likely to occur and mitigating their effects if / when they do. * Do any of the young persons’ visiting the Home / Scheme have any allergies which MHA colleagues should be aware of? If so the details of these, and associated risk controls, as well as emergency response arrangements must be discussed, agreed, and communicated to all those who need to know. Particular attention should be paid in this regard to food allergies such as nuts etc. |
| **Activities** | * Any and all proposed activities need to be risk assessed, including the materials and equipment involved. This is not about excessive bureaucratic restrictions, but more about ensuring that MHA colleagues, who are no doubt well versed in considering risks from the perspective of elderly persons, are helped to consider these same risks from the perspective of very young children, and ‘older’ young people when risk assessing the proposed activities associated with these projects. * Consider for instance: * Children causing residents to fall, or having residents fall on them. * Choking risk (jigsaws etc.) and other risks associated with items that might be used or played with during the activities. * Children harming themselves on furniture or other objects that residents would be less likely to * Objects that might be interesting or exciting to some young children e.g., walking frames, electric scooters, etc. * Increased risks relating to hot drinks and associated accidents, possibly resulting from the significantly increased mobility of the ‘youngsters’ |
| **First Aid** | * Make sure First Aid arrangements for the visiting young people do not rely on the numbers, skills, or availability of MHA colleagues, and that all likely needs are appropriately covered by the non-MHA adults accompanying the young persons. Notwithstanding the above point, any MHA First Aiders would, of course, always be prepared to assist if necessary or appropriate. |
| **End Form** | |

1. Version Control

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| Version | Version Date | Revision Description / Summary of Changes | Author | Next Review Date |
| 2 | December 2023 | * Regular Compliance Review * Policy moved to Common Policies from MHA Communities. | * Lifestyle and Engagement Lead * Standards and Policy Manager | December 2025 |
| 2.2 | July 2024 | * Resources updated. | * Standards and Policy Manager | December 2025 |