

## Across Ages

Brief Description | Recognition | Program IOM | Intervention Type | Content Focus  
Interventions by Domain | Key Program Approaches | Outcomes | Evaluation Design  
Delivery Specifications | Intended Setting | Fidelity | Barriers and Problems | Personnel  
Education | Personnel Training | Cost | Intended Age Group | Intended Population  
Gender Focus | Replications | Adaptations | Contact Information

*Program developers or their agents provided the Model Program information below.*

---

### BRIEF DESCRIPTION

Across Ages is a mentoring initiative targeting youth 9 to 13 years of age. It includes four components: (1) elders mentoring youth, (2) youth performing community service, (3) youth participating in a life skills/problem-solving curriculum, and (4) monthly activities for family members. The goal is to enhance the resiliency of children in order to promote positive development and prevent them from engaging in high-risk behaviors such as substance use, early sexual activity, or violence.

### PROGRAM BACKGROUND

Across Ages was developed at Temple University's Center for Intergenerational Learning in Philadelphia, PA. The Center is dedicated to strengthening communities and meeting the needs of individuals and families by bringing generations together. The project was originally funded in 1991 by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) as a school- and community-based demonstration research project and was replicated in Philadelphia and West Springfield, MA, from 1995 to 1998. Today, more than 30 replication sites span 17 States.

---

### RECOGNITION

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services: Model Program

Centers for Disease Control and Prevention, U.S. Department of Health and Human Services: Best Practice Model in Youth Violence Prevention

U.S. Department of Health and Human Services: Top 25, Youth Development Program

Child Welfare League of America: Commendable Practice

United Nations Office of Drug Control Programs: Model Program—Case Study for North America



## **INSTITUTE OF MEDICINE CLASSIFICATION (IOM)**

### **SELECTIVE**

Targeted youth reside in communities with no opportunities for positive free-time activities and few positive adult role models; may be in kinship care due to inability of birth parents to care for them, often because of incarceration or substance use; and have poor school performance and attendance.

---

## **INTERVENTION TYPE**

### **COMMUNITY-BASED**

---

## **CONTENT FOCUS**

**ALCOHOL, TOBACCO, ILLEGAL DRUGS; PARENT COMPONENT, SOCIAL SKILLS TRAINING**

### **ALCOHOL, TOBACCO, ILLEGAL DRUGS**

The program seeks to increase knowledge of the consequences of substance use and to help youth avoid later substance use by teaching them appropriate resistance behavior.

### **Parent involvement as an adjunct strategy**

The program has monthly family activities, generally weekend cultural and recreational events involving the program youth, their family members, and mentors.

### **Social skills training**

Youth learn positive coping skills and have an opportunity to be of service to their community. As a result, youth demonstrate an improved commitment to school, a sense of social responsibility, and the capacity for positive problem solving.

---

## **INTERVENTIONS BY DOMAIN**

**INDIVIDUAL, FAMILY, PEER, SCHOOL, COMMUNITY**

### **INDIVIDUAL**

- After-school alcohol, tobacco, and drug education/peer-led curricula
- Community service
- Life and social skills training

### **FAMILY**

- Task-oriented family education sessions combining social skills training to improve family interaction (e.g., communication skills)

## PEER

- Involving youth in alternative/recreational activities
- Peer-resistance education

## SCHOOL

- Changes in teaching approaches and parent involvement, with classroom drug education
- School-based support group and skills development class

## COMMUNITY

- Mentoring combined with community service and drug education
- 

## KEY PROGRAM APPROACHES

ADULT MENTORING, COMMUNITY SERVICE, IN-/AFTER-SCHOOL CURRICULA, OUTREACH, PARENT-CHILD INTERACTIONS, SKILL DEVELOPMENT

### ADULT MENTORING

Adults 55 years of age and older are recruited and trained, and spend minimum regular weekly time with the youth. Activities include tutoring, assistance with school projects, recreational activities, attending cultural or sporting events, performing community service, and nurturing.

### COMMUNITY SERVICE

Youth spend time each week performing community service by making biweekly visits to institutionalized frail elderly. Sites wishing to replicate have some flexibility with regard to the type of community project, providing it meets the guidelines established by the developer.

### IN-/AFTER-SCHOOL CURRICULA

The program uses the Social Problem Solving and Substance Abuse Prevention modules of the Positive Youth Development Curriculum.

### OUTREACH

The program has an outreach coordinator to recruit mentors and help establish and oversee community service opportunities.

### PARENT-CHILD INTERACTIONS

Monthly weekend events are held for youth, their families, and mentors. To facilitate interaction, parents are provided an easy-to-read *Handbook for Parents* containing resources and information about each program component.

### SKILL DEVELOPMENT

The school curricula focus on stress management, self-esteem, problem solving, substance and health information, social networks, and peer-resistance skills.

## HOW IT WORKS

Across Ages can be implemented as a school-based or after-school program. It has been replicated most successfully in urban/suburban settings where there is access to transportation and sufficient numbers of older adults not personally known or related to participating families and youth. If the project is school-based, most of the activities for youth will take place in the classroom; if it is an after-school program, a school, community center, or faith-based institution is an appropriate setting. The activities and interventions include:

- **Mentoring.** Older adults (55 and older) are recruited and trained, and spend a minimum of 2 hours each week in one-on-one contact with the youth.
- **Community Service.** Youth spend 1 to 2 hours per week performing community service.
- **Social Competence Training.** Across Ages uses the Social Problem Solving Module of the *Social Competence Promotion Program for Young Adolescents* that is composed of 26 weekly lessons, 45 minutes each.
- **Family Activities.** Monthly weekend events are held for youth, their family members, and mentors. Across Ages materials are available in English and Spanish.

To replicate with fidelity, programs must:

- Use all program components
- Have mentors who are 55 years or older
- Implement State- or agency-approved screening and training of mentors that includes 8 to 10 hours of preservice training and monthly inservice meetings
- Provide training and orientation for all participants
- Provide stipends or reimbursement to mentors
- Vigilantly monitor the mentor-youth matches
- Prepare written agreements among collaborating organizations
- Staff the program adequately (i.e., a minimum of one full-time and one part-time staff person for 30 youth and 15 to 20 mentors)

---

## OUTCOMES

DECREASE IN SUBSTANCE USE, IMPROVEMENTS IN POSITIVE ATTITUDES/BEHAVIORS, OTHER TYPES OF OUTCOMES

### DECREASES IN SUBSTANCE USE

Decreased alcohol and tobacco use

### IMPROVEMENTS IN POSITIVE ATTITUDES/BEHAVIORS

Increased knowledge about and negative attitude toward drug use

Increased school attendance, decreased suspensions from school, and improved grades

Improved attitudes toward school and the future

Improved attitudes toward adults in general and older adults in particular

The mean number of school absences for years 1991—1998 shows significant decreases in school absences among youth in a program with the adult mentorship component

## OTHER TYPES OF OUTCOMES

The data demonstrate the efficacy of the intervention for all program youth. In particular, the research showed the effectiveness of matching youth with older adult mentors in improving prosocial values, increasing knowledge of the consequences of substance use, and helping youth avoid later substance use by teaching them appropriate resistance behaviors.

*\*The level of mentor involvement was positively related to improvement on various outcome measures.*

### Benefits

Participating youth have an opportunity to form lasting relationships with significant adults who can provide guidance, nurturing, and support. They learn positive coping skills and have an opportunity to be of service to their community. As a result, youth demonstrate improved commitments to school, healthier attitudes and behaviors regarding nonuse of substances, a sense of social responsibility, and the capacity for positive problem solving.

---

## EVALUATION DESIGN

The outcome research design was quasi-experimental rather than experimental since it was not possible to select schools on a completely random basis. A classic randomized pretest-posttest package with a control group design was used for the evaluation. The three groups evaluated were:

- Group C: The control group did not receive the intervention.
- Group PS: This group participated in the Positive Youth Development Curriculum (PYDC) and performed community service activities 2 hours per week. Caregivers and family members were invited to attend family workshops and activities.
- Group MPS: This group participated in the PYDC, community service activities, and family workshops and activities 4 hours per week. Participants in this group also were matched with older mentors with whom they met regularly for 2 to 3 hours per week.

The main hypothesis of the Across Ages replication was that the multifaceted intervention provided by this project would result in significant positive outcomes for all students participating in the experimental groups. More specifically, it was predicted that sixth-grade participants in both the PS and MPS groups would demonstrate significant improvement between pre- and posttest scores in a number of areas when compared with students in the control group.

---

## DELIVERY SPECIFICATIONS

### 1–3 YEARS

#### Amount of time required to deliver the program to obtain documented outcomes:

- Across Ages requires 12 months of dosage for successful implementation.
- Mentors spend a minimum of 2 hours per week in one-on-one contact with youth.
- Youth spend 1 to 2 hours weekly performing community service.
- Social Competence Training has 26 lessons, 45 minutes each.
- Family activities occur monthly on a weekend.

## **INTENDED SETTING**

RURAL, URBAN, SUBURBAN

This program was originally implemented in North Philadelphia, PA. It is developed for urban, suburban, and rural communities that are not extremely isolated. Extremely rural communities may not offer the anonymity necessary for the youth-mentor relationship to work effectively or may not have access to transportation.

---

## **FIDELITY**

Components that must be included in order to achieve the same outcomes cited by the developer:

- All program components must be used.
- Mentors must be 55 years of age or older. The program must have the capacity to recruit older adult mentors.
- Mentor training should be State- or agency-approved and include 8 to 10 hours of pre-service training and monthly in-service meetings.
- Mentors must be screened according to State- or agency-approved requirements.
- Training and orientation must be provided for all participants.
- Stipends or some type of reimbursement should be provided to mentors.
- Mentor-youth matches must be vigilantly monitored.
- Written agreements should be signed between collaborating organizations.
- The program must have a minimum of one full-time and one part-time staff person per 60 youth and 30 to 40 mentors.
- A 12-month program dosage is necessary for successful implementation.
- The implementing agency should have a strong institutional infrastructure to manage the program.

**Optional components or strategies:**

The program can be implemented during school or after school.

## **BARRIERS AND PROBLEMS**

Typical problems that users experience in implementing these program strategies and potential solutions:

The program requires a strong institutional infrastructure and the capacity to recruit older adult mentors. Mentor-youth pairs must have access to transportation or a central location where activities can occur.

---

## **PERSONNEL**

FULL-TIME, PART-TIME, PAID, VOLUNTEER

An ideal staff includes:

1 full-time project director

1 half-time project coordinator

1 outreach coordinator

Support staff (10 hours per week)

Mentors

Staffing ratios:

1 staff person for 30 to 40 mentors and 60 youth

15 to 20 mentors for 30 youth

15 to 20 youth for 10 to 15 nursing home residents (community service component)

---

## **EDUCATION**

HIGH SCHOOL, UNDERGRADUATE, GRADUATE, SPECIAL SKILLS

Education and qualifications of the personnel needed to successfully implement this Model Program:

**Project director:** master's degree in education, social work, or related field, full-time; coordinates and manages the program and trains and supports mentors and teachers.

**Project coordinator:** bachelor's degree or equivalent experience in human resources, half-time; implements community service activities, matches and monitors mentor-youth pairs.

**Outreach coordinator:** knowledge of and experience working with community resources; recruits mentors, helps monitor mentor-youth matches, and implements family activities.

## PERSONNEL TRAINING

Type: SEMINAR/WORKSHOP, Location: ONSITE (user), Length: BASIC (2 days), REFRESHER (1 to 2 days of TA)

Program planning and startup take about 6 months, including mentor recruitment.

Training and technical assistance focus on mentor screening, elder incentives, elder mentor training and support, elder mentor-youth matches, and mentor-youth activities/relationships.

Two days of pre-service staff training are required. Two days of technical assistance during the first year and 1 day of technical assistance in subsequent years are recommended.

Mentor training.

Training packages: 2 full days for program staff and community partners, covering all project components.

---

## COST (estimated in U.S. dollars)

\$1,001–5,000

Cost considerations for implementing this program as recommended by the developer:

### TRAINING

For a 2-day package	.....	\$1,000/day, plus expenses
Onsite TA, per day	.....	\$.500 plus expenses
Telephone TA	.....	\$.30/hour

### MATERIALS

<i>Across Ages Program Development and Training Manual</i>	.....	\$.75
<i>Across Ages Handbooks for Parents, Youth and Teachers (1 each for photocopying)</i>	.....	\$.25
<i>Elder Mentor Handbook</i>	.....	\$.25
<i>Across Ages Evaluation Protocol</i>	.....	\$.25
Video: "Elders as Mentors: A Training Program for Older Adults"	.....	\$.65
"Across Ages: An Intergenerational Approach to Prevention"	.....	\$.25

Materials are available in English and Spanish.

### OTHER COST CATEGORIES

Recruitment and screening will require fees to conduct criminal background and child abuse checks, for advertising, and for transportation.

Advertising and transportation costs.

Training costs for both mentors and teachers (if being done as a school-based program); training materials, food, transportation, and a training room; plus followup technical assistance for teachers.



Support for mentors such as activity fund/stipend, tickets, and transportation.

Family activities will require costs of promotional materials, transportation, space for participants, food, incentives for families, and money for tickets or fees.

Administrative costs: postage, phone, photocopying, local staff travel, meals, incentives for family participation, access to a TV and VCR (optional), and liability insurance.

---

## **INTENDED AGE GROUP**

CHILDHOOD (5–11), EARLY ADOLESCENT (12–14)

This program was developed for youth, 9 to 13 years of age.

---

## **INTENDED POPULATION**

AFRICAN AMERICAN, ASIAN/AMERICAN, HISPANIC/LATINO,  
AMERICAN INDIAN, WHITE

This program was designed and tested with African American, Asian American, Hispanic/Latino, and White sixth-grade students living in a large urban setting. It has been replicated with American Indian, White, Hispanic/Latino, and African American youth (although specific numbers of minority youth are not available) in urban, suburban, and rural settings.

---

## **GENDER FOCUS**

BOTH GENDERS

Both male and female participants.

---

## **REPLICATIONS**

The program was initially replicated at Brightside in West Springfield, MA, between 1995 and 1998. Currently there are more than 40 replication sites across the country. A partial list includes: Oasis Center, Nashville, TN; Bridges, Hartford, CT; Hampton Coalition for Youth Alternatives, Hampton, VA; Davis Behavioral Health Promotion and Educational Services, Clearfield, UT; Communities That Care sites in Monesson, Exton, Bangor, and Gettysburg, PA; Chioces for Teens, Homer, AK; Community Service Council, Tulsa, OK.

---

## **ADAPTATIONS**

NO INFORMATION PROVIDED

## **CONTACT INFORMATION**

### **ABOUT THE DEVELOPER**

The developer is Andrea Taylor, Ph.D., director of Youth Development Initiatives at Temple University Center for Intergenerational Learning.

### **FOR GENERAL INFORMATION**

Phone: (877) 733-8546

### **FOR TRAINING INFORMATION**

Andrea S. Taylor, Ph.D.

Temple University Center for Intergenerational Learning

Phone: (215) 204-6708

Fax: (215) 204-3195

E-mail: [ataylor@temple.edu](mailto:ataylor@temple.edu)

### **TO ORDER MATERIALS**

Melissa G. Knights

Phone: (215) 204-4323

Fax: (215) 204-3195

E-mail: [knightsm@temple.edu](mailto:knightsm@temple.edu)