INTRODUCTION

- Families of elders with care needs increasingly seek formal services.
- Care options include intergenerational (IG) programs, such as shared site intergenerational communities (SSICs), in which young and old persons receive ongoing services at the same site concurrently (Goyer, 1998).
- Important benefits of SSICs have been identified, including enhanced behavior and affect among participants (Jarrott & Bruno, 2003) as well as benefits for staff and family caregivers (Gigliotti, Morris, Smock, Jarrott & Graham, 2004). IG research rarely focuses on SSIC staff members.
- SSICs represent an opportunity to forge community capacity, or shared responsibility & collective competence, thus enhancing sustainability (Jarrott, Camp, & Travis, 2004; Mancini & Marx, 2004).
- Community capacity depends on interdependence of informal & formal networks (Mancini, Martin, & Bowen, 2003). Effective staff collaboration is essential to the success of SSICs (Jarrott, Gigliotti, & Smock, in press). Without effective collaboration, cross-age contact diminishes or positive outcomes on child and elderly participants dissipate.
- The social organization literature yields constructs relevant to building and evaluating community (e.g., Furstenberg & Hughes, 1997; Mancini et al., 2003; Sampson, Raudenbush, & Earls, 1997).
- We piloted a project to build community capacity at a SSIC involving adult day services (ADS) and a child development center (CDC). The project included infrastructure development, enhanced staff cross-training, and increased IG programming levels. An index designed to measure sense of community at SSICs was developed.
- The current paper describes the scale’s development, its internal consistency, and next steps to validate the scale.

SCALE DEVELOPMENT

- Constructs relevant to sense of community at SSICs were identified, including trust, collective efficacy, engagement, & shared responsibility.
- Experienced SSIC practitioners and scholars developed items that reflected these constructs in a SSIC context. For example, sense of shared responsibility was tapped in items such as, “What is the chance that someone from the adult care program would help a child who has wandered from the program without a staff member or parent?”
- A mix of positively and negatively worded items were used to reduce the chance of subjects answering with response sets.

ITEMS

In addition to capturing demographic information on respondents, items were grouped into three sub-sections. Examples from the adult care staff survey are provided below. The same items were used for child care staff, with corresponding changes made to terms referring to clients and staff.

1. Trust (8 items). “Use the following scale to indicate the degree to which you think it is likely or unlikely that somebody (staff/faculty) at the children’s program would intervene in the described situation if you or other ADS staff were temporarily unavailable or absent.”

   - An adult is found upset or agitated and unattended.
   - An adult is found wandering from the program without a staff member or parent.

2. Community Engagement (8 items). “Now consider your interactions with students/staff/faculty from ADS and the CDC. Regarding the IG interactions in our community this semester, how often have you:”

   - Felt circumstances at your program are similar to those at the CDC.
   - Received ongoing services at the same site concurrently (Goyer, 1998).

3. Sense of Community (26 items). “Please use the scale below to indicate your level of agreement with the following statements about the neighbors in our IG community, including adult clients from ADS & children from the CDC as well as staff & faculty from the two programs.”

   - People in this IG community are hesitant to take clients to the neighboring program due to safety concerns.

RESULTS

Preliminary analysis of the pilot survey data include internal consistency of the three sub-scales and correlation of sum scores for each sub-scale. Good internal consistency was achieved. Trust and community engagement correlated with sense of community.

Table 1. Internal consistency of index sub-scales

<table>
<thead>
<tr>
<th>Sub-scale</th>
<th># of items</th>
<th>Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust</td>
<td>8</td>
<td>.85</td>
</tr>
<tr>
<td>Community Engagement</td>
<td>8</td>
<td>.92</td>
</tr>
<tr>
<td>Sense of Community</td>
<td>28</td>
<td>.85</td>
</tr>
</tbody>
</table>

Table 2. Correlations between sub-scale totals

<table>
<thead>
<tr>
<th>Sub-scale</th>
<th>Trust</th>
<th>Community Engagement</th>
<th>Sense of Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust</td>
<td>1.00</td>
<td>.235</td>
<td>.354**</td>
</tr>
<tr>
<td>Community Engagement</td>
<td>1.00</td>
<td></td>
<td>.286*</td>
</tr>
<tr>
<td>Sense of Community</td>
<td></td>
<td></td>
<td>1.00</td>
</tr>
</tbody>
</table>

CONCLUSIONS

- Preliminary analyses indicate potential in our scale’s capacity to measure indicators of community at SSIC care programs.
- Assessing community among collaborating SSIC staff expands the scope of previous IG research, which typically focuses on the young and older IG participants. Evaluation of these critical stakeholders supports efforts to strengthen qualities, such as cooperation, understanding of the community, program results, and staff integration, which contribute to program sustainability.
- We recently circulated our survey to 20 more SSIC care programs with over 200 staff members total. Resultant data will be factor analyzed to further explore the scale’s psychometric properties.
- A panel of SSIC professionals from across the country will also be interviewed to address the face validity of survey items.
- Creation of a valid measure of community for SSICs can strengthen and sustain community-based programs serving caregivers of all generations.

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