PROGRAM EVALUATION OF TWO RESIDENTIAL CARE GROUP HOMES IN THE PROVINCE OF NEWFOUNDLAND

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PROGRAM EVALUATION OF TWO RESIDENTIAL CARE GROUP HOMES IN THE PROVINCE OF NEWFOUNDLAND

by

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A thesis submitted in partial fulfillment of

the requirements for the degree of

Master of Social Work

School of Social Work

Memorial University of Newfoundland

May 1985

St. John's Newfoundland

Abstract

A group home program was established in the Province of Newfoundland and Labrador in 1977 to provide community based programming for children and young adults with special needs. This research constitutes the first formal effort to systematically study the programs of two group homes in this province, located in Corner Brook and St. John's respectively, by utilizing an evaluative strategy designed by Holosko and Feit (1981). In addition, the researcher will determine the effectiveness of this strategy in the group home setting. The Corner Brook group home provides for emotionally disturbed adolescents while developmentally delayed young adults live in the St. John's group home.

The research method chosen for this study is a quantitative - descriptive program evaluation. The strategy is a "Population Profile Narrative Study" as designed by Holosko and Feit (1981). The goal for this strategy is to describe the clients, services, personnel and immediate community served by the agency and includes three specific objectives. These are to provide: 1) a typical "day-in-a-life" of a client; 2) sociodemographic variables on the clients, services, personnel, and community; and 3) a description of clients, services, personnel as they interface with the community.

The programs in each group home differed in certain aspects. The St. John's group home had behaviorally specific programs for each resident designed according to the individual's needs. In addition, the assessment of residents and the basic program goals were coordinated with the programming and constantly reviewed. The Corner Brook group

home had the same individual programs for all residents, with only one exception - psychiatric counseling - which was recommended for one resident by a referring agency. There was no regular assessment of the individual residents and the group home staff were not familiar with the basic program goals of the group home.

Recommendations are presented to the group homes based on the data compiled. It is recommended that both group homes: 1) utilize and maintain a strong outreach approach to the community; 2) initiate regular and ongoing evaluation of their operation; 3) introduce a systemized method of recordkeeping on clients and programs/services; and 4) choose Board members who have experience with similar agencies in order that their experience be used to help the group homes develop productively. It is recommended that the Corner Brook group home: 1) introduce regular and ongoing staff training including a formal orientation with a review of program goals and objectives; 2) introduce respite workers; 3) encourage Board members to increase their interaction with the group home staff; 4) institute a method for client assessment; and 5) develop and/or strengthen individualized programs for clients based on needs assessment.

The Holosko and Feit (1981) "Population Profile Narrative Study" worked well for the researcher in the group home setting with minor limitations. In addition, the quantitative/descriptive data collected for this evaluative strategy may provide a useful data base for policy planning and decision-making in the two group homes, as well as future analyses and research.

Acknowledgements

I wish to thank the staff, board members and provincial committee members responsible for the St. John's and Cornerbrook Group Homes for their assistance, as well as the Director of Child Welfare for Newfoundland and Labrador. In addition, I would like to thank Michael Holosko for his recommendations and the strategy designed by he and Marvin Feit. Special thanks go to Dr. Frank Hawkins for his helpful advice and support.

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Program Evaluation of Two Group Homes in the Province of Newfoundland

Group homes, as human service agencies which serve children and youth, came into existence in the United States in the 1940's. Prior to that time residence, recreation, and boys and girls clubs were utilized as aftercare facilities and halfway houses for adolescents and young adults discharged from training schools. During this time, group homes were developed as an alternative to institutions or foster homes. Jacob Kepecs of the Jewish Children's Bureau in Chicago was one of the first administrators to formally initiate a systematic program using group homes in lieu of an institution (Mayer, Richman & Balcerzak, 1978).

Group homes generally differ from foster homes in their financial arrangements, staff qualifications and the longevity of the resident's tenure in the home. The group home generally differs from the institution by usually being located in a residential section of a community. In addition, the group home population is usually small and the residents are expected to participate on a regular basis in community activities. There is normally a formal liaison and interaction with community-based agencies; and responses to individual resident needs are characterized by flexibility in programming (Gula, 1964).

Definitions of the group home *per se* have been offered by a number of authors including Miriam Schwartz and Isadore Kaplan (1961), Florence M. Fisher (1952), Arthur Greenberg (1963), E. Hirschbach (1976), and The Child Welfare League of America (1961; 1963) among others. Herstein (1964) describes four focal areas related to the definition of group homes. These are: 1) the type of caretaking matrix, based on the artificial group or the family model, 2) the type of agency

participation, either supervisory or directive, 3) the degree to which there is small group autonomy, e.g. whether it is part of a larger collective or is self-contained and 4) the degree of community permeability in terms of open or closed relationships. Group homes for children and young adults have served populations of delinquents, the moderately and mildly disturbed, developmentally delayed and exceptional children, and those in transition from institutions to the community (Mayer, Richman & Balcerzak, 1978). For the purposes of this study a group home shall be defined as an agency directed and agency staffed resource that is community based and oriented. It must have a clearly defined purpose and should serve from 5 to 12 children. The roles of the child care worker in a group home are those of surrogate parent, homemaker, model, teacher, manager as well as member of the treatment team (Hirschbach, 1976).

A group home program was established in the Province of Newfoundland in 1977 to provide community based programming for children and young adults with special needs. A policy statement of the Department of Social Services of Newfoundland entitled Group Homes (1979) suggests that the Newfoundland governments' philosophical reasoning for the introduction of group homes to the province was that the children who have reached a level of development in their institutional care such that they can be gradually reintegrated into the community setting are suitable candidates for group homes and that these children need to avoid the segregation, and/or alienation sometimes associated with institutional care. The policy statement also states that children unable to function in their homes or in a foster home situation are considered suitable candidates for group home care. The group home

concept as developed in Newfoundland is based on a family-group model which is seen as resembling as close as possible a 'normal family environment.'

In Newfoundland, all group homes for children are operated and administered by private non-profit agencies with government approval, auspices and funding. The administering agency is responsible for:

(i) securing the group home facility;

(ii) recruitment of group home staff to operate the facility in accordance with the needs of the program;

(iii) support of training for group home parents and staff;

(iv) management of the home within an established budget;

(v) ensuring that necessary renovations are carried out and normal safety precautions are followed;

(vi) provision of semi-annual written evaluations of group home staff to the Director of Child Welfare and Regional Director, of the Department of Social Services, Newfoundland Government.

The children, and/or adolescents cared for in Newfoundland group homes are under the custodial jurisdiction of the Director of Child Welfare and Juvenile Corrections. Group home residents must be in attendance at some type of educational or vocational training facility, or have previously completed a course of study, and/or be trying to enter the work force (Hon. T.V. Hickey-Minister, Government of Newfoundland & Labrador, 1979).

The group home has been such a recent addition to the social service facilities in the province of Newfoundland that there has been little or no research on it. Group homes provide care for an increasing number of residents and thus are important targets for research.

Statement of Purpose

While group homes in Newfoundland have been in existence since 1977 there have been no comprehensive studies of any of these agencies to date. This research will constitute the first formal effort to study two group homes in this province by utilizing an evaluative strategy designed by Holosko and Feit (1981). In addition, the researcher will determine the effectiveness of this strategy in the group home setting.

Program evaluations are used by human service administrators, agency personnel, board members, and/or related government officials as a basis for more reliable decisions about present and future agency services and operations. In support of effective management, evaluation data can be used to: 1) secure information about what program strategies are effective, or the impact of services on the target population; 2) determine the agency's accomplishments depending on the needs of the clients, the needs of the community, the requirements of the funding agency, and capabilities of the agency staff; 3) determine the agency's specialization and staffing needs; and 4) determine the cost, and/or benefits of the programs and services (Biggerstaff, 1977).

Program evaluations present a range of strategies for assessing aspects of particular programs. The focus of program evaluations may be the client, services, agency, staff and the community, or a combination of these items (Holosko & Feit, 1981). The evaluation method selected for this study is a detailed program description, utilizing an evaluation strategy, a Population Profile/Program Narrative Study (Holosko & Feit, 1981). The research focuses on the organization of each group home and the socio-demographic and background information on the residents.

Demographic, management and treatment data on the two group homes is assessed for the time period from January - March 1982. This information provides a useful data base for policy planning and decision-making, as well as future analyses and research. The perceived outcome of such a study will be the provision of information on two group homes for the purpose of policy development and treatment planning.

Review of the Literature

In reviewing the literature on the nature of program evaluation(s) and evaluative research in the social sciences, there are four major areas of discussion. These are: 1) basic elements characteristic of evaluative research in the social sciences; 2) evaluative models and techniques; 3) some difficulties in conducting program evaluations and, 4) program evaluation of group homes. The following literature review is organized according to these four areas.

Basic Elements Characteristic of Evaluative Research in the Social Services

The majority of literature related to program evaluation in the social sciences suggests that the specification of an agency's goals, and/or objectives is essential to any type of evaluation. Anderson and Ball (1978) indicated that program objectives may contribute to decisions about program modification in evaluative research if they are examined as to their: 1) validity and utility, 2) popular acceptance, 3) professional acceptance, 4) client acceptance and, 5) staff acceptance. Similarly, Weiss (1972) viewed the purpose of evaluative research as that of measuring the effects of an agency program against its stated goals. Thus, both program goals and objectives are essential criteria for evaluations.

Agency goals or objectives should be stated in clear and relatively simple language (Rutman & Hudson, 1979). Further, they should be described in operational/behavioral terms to facilitate the evaluator's ability to devise appropriate measuring instruments (Reicken, 1978). For example, Suchman (1967) identified several issues related to program objectives and their characteristics. He suggested examining the

content of objectives in order to determine whether an agency chooses to change attitudes, knowledge and/or behaviors, or produce awareness, exposure, interests, and/or actions. Thus, inherent in the establishment of goals and objectives is the articulation of specific values and assumptions on which they are based (Suchman, 1967; Johnson, 1970).

In general, the goals and objectives of an agency must be developed and endorsed by the staff and agency administration in order for meaningful evaluation research to occur. Evaluations should not be considered if all the pertinent data needed by the agency is easily accessible to the staff for in-house analysis. Finally, where no money or staff are available to conduct an evaluation, there is no justification for conducting such (Weiss, 1972).

Reicken (1978) suggested that certain key issues need to be resolved prior to the initiation of evaluation research. For example, the evaluation should be requested by the sponsoring agency and preferably by the highest level of authority within that agency. Evaluations should optimally commence prior to a program's implementation. An evaluator may conduct a "formative" evaluation by participating in the development of a program's objectives as well as by obtaining agency input on evaluative techniques to be used. This data, in turn, may provide agency support and interest in the evaluative process and minimize resistance to certain data collection procedures which follow.

Rutman and Hudson (1979) viewed the collaboration of evaluators and agency administrators as an element for encouraging the involvement of agency personnel in the development of meaningful evaluative strategy. In this regard, the evaluator should have a well-defined role within the

agency organization (Weiss, 1972). For example, a program evaluator may be either an "internal" or "external" evaluator. Reicken (1978) discusses the major differences between internal and external evaluators in this context. He suggests that an internal evaluator works within the agency organizational structure as a staff person, and an external evaluator is a non-staff person who temporarily enters the organization to gather data for evaluation purposes.

Through the use of internal evaluators, resistance to research may be minimized as the evaluator is perceived as an 'insider' rather than a potentially threatening 'outsider'. Thus, less time is needed for internal evaluators to become familiar with the program. They are part of the organization and play a role in interpreting the findings and drawing conclusions or implications.

In contrast, it is sometimes easier for an external evaluator to maintain a sense of independence and objectivity since s(he) does not identify with the existing program, and is less vulnerable to collegial, and/or peer pressure. For external evaluators, the time spent in becoming familiar with the program is not necessarily wasted, as this period often produces insightful research ideas. In addition, these evaluators may reveal aspects of the operation hidden to agency personnel because of their personal proximity and familiarity. Finally, an external evaluator may have greater freedom of movement in an agency because s(he) has the ambiguity of status associated with the stranger and thus may not be identified with any faction or interest group within the agency (Reicken, 1978).

The purpose of an evaluation is an important consideration that must be clarified at the onset of any such endeavor. The agency

requesting an evaluation may have specific questions that they wish addressed in order to make appropriate decisions. For example, Holosko and Feit (1981) stated that evaluations can be purposefully used for: 1) planning, 2) program development, 3) monitoring, 4) budget allocation/-justification, 5) projecting (money, clients, services, personnel, resources), 6) developing policy and procedures, and/or 7) staff training and development. The particular evaluative strategy selected must be appropriate to the needs of the requesting agency.

There are at least four major 'actors' involved in any program evaluation. First, there is the sponsoring authority. This is usually a Board of Directors, and/or a government department acting under a legislative mandate. In most cases the sponsoring authority and funding source are the same, and thus are major influences on the agency being evaluated. The second actor is the program manager or administrator who supervises the agency or program being evaluated. The agency or program staff is the third party and may have a strong influence on the entire evaluative process. Finally, the evaluator is the fourth actor involved in the evaluative process (Gurel, 1975). Differences between the responsibilities and expectations of these four actors may sometimes lead to role conflicts during an evaluation (Weiss, 1972).

Evaluative Models and Techniques

The literature identifies several evaluative models and techniques, which essentially borrow specific strategies from public health, social planning agencies, and governments, as well as the social, behavioral and managerial sciences. In this regard, Coursey(1977) referred to seven different approaches conceptualized as evaluative models. These are: 1) outcome; 2) goal attainment; 3) systems analysis; 4) cost analysis;

5) descriptive and quality assurance; 6) program planning and management-based; and 7) legal.

The outcome model is derived from classic experimental research and focuses on changes in global adjustment in the individual, program, staff, and/or community. Measures which may be used in this regard include peer or self-ratings, factor-analyzed assessment batteries, attitudinal scales, self-concept measures, behavioral assessments, personality inventories, and assessment interviews (McLean, 1974).

The goal attainment model is an approach which measures certain successes or failures encountered by a program in reaching its defined objectives (Schulberg & Baker, 1977). One such technique is "Goal Attainment Scaling" which is a quantitative technique that measures the extent to which a client has achieved his or her own individualized treatment goals (Kiresuk & Sherman, 1968). Similarly, "Concrete Goal Setting" is a method developed by Bonstedt (1973) in which each client records his personal goals--stated in concrete terms, the treatment to be used, the staff person responsible, and the date of the next review. Another method, the "Patient Progress Record" is a technique whereby quantitatively expressed goals are determined by the clinical staff. In this method, a computer is programmed to produce a chart with a specific set of printed questions compiled for each client or patient. Each patient is rated on his overall level of functioning and the results are used by therapists and administrators for comparison with expressed goals for the patient (Honigfeld & Klein, 1973).

The systems analysis model focuses on inter-relationships among elements in organizations, and identifies operations basic to the mission of the organization. In this approach, an organization is

perceived as a multi-functional unit and must fulfill at least four of the following functions to survive: 1) achieve its goals and its subgoals, 2) effectively coordinate the organizational subunits, 3) acquire as well as maintain necessary resources and finally 4) adapt the organization to the environment and its own internal demands (Schulberg & Baker, 1968).

Cost analytic models include cost accounting, cost-effectiveness analysis, cost-utility analysis, operations research and cost-benefit analysis (Coursey, 1977). Cost benefit analysis appears most frequently in the literature and this strategy's objective is to identify and quantify program effects, outcomes and benefits and compare them with program costs.

Descriptive and quality assurance models emphasize observational data and their degree of congruence with rationally or experientially based standards. For example, the observational data are usually gathered informally by outside reviewers using special instruments. Program Analysis of Service Systems (PASS) by Wolfensberger and Glenn (1973) applies universal human service principles by objectively quantifying the quality of a wide range of human service projects, systems and agencies. The major purpose of PASS is to provide a means of quantitatively evaluating the quality and adequacy of human services programs. The second purpose is to be able to utilize the specification of the 'normalization' principle as a teaching tool. PASS defines what constitutes adequacy of service treatment and provides a means to improve, eliminate or replace poor, inappropriate or insufficient programs and personnel.

Program planning and management-based models incorporate evaluation procedures based on management models and perspectives. They are usually used for planning, decision-making and implementation (Coursey, 1977). An example of such is the well known Program Evaluation and Review Technique--PERT (Cook, 1966). Management by Results (MBR) is another example of this type of approach (Drucker, 1964).

Another approach, although rather unorthodox, is the legal model exemplified by the adversary system, as used in a court of law (Levine, 1974; Wolf, 1973) whereby a program is put on trial in a sense. Consensually developed statutes or standards are used as the analogue of law which the program is charged with violating or not.

Clinical or case studies are further evaluation techniques in which the client or the client group is observed after exposure to an agency program that the evaluator is assessing. Thus, the evaluator is conducting a detailed analysis and description of the targeted client group (single organism, institution or phenomenon) in the context of its environment (Anderson & Ball, 1978; Gabriel, 1975).

Evaluation research strategies explicated by Holosko and Feit (1981) in their Workbook for Internal Management are designed for assessing goals, objectives, clients, staff services and/or communities. The first level strategy described by these authors is a "Population Profile/Program Narrative Study" which basically described clients, services, personnel and community served. Their second level strategy in the hierarchy, the "Service Utilization Study," is used to describe the services and programs of the agency. The "Financial Monitoring" strategy is used for assisting in monitoring financial resources in the agency. The "Administrative Chronology Study" provides a history of an

agency from an administrative viewpoint: 1) by outlining administrative changes since the program started, 2) by outlining administrative problems both past and present, 3) by giving the historical background of the agency, 4) by depicting through organizational charts how the agency has changed over time, 5) by outlining administrative changes since the program started, 6) by projecting future administration directions based on trends, and 7) by developing a chronology of events schedule which highlights key administrative program changes. The fifth level strategy is the "Client-Based Impact Study" which is utilized for assessing various client based issues which are related to services in a more qualitative way. The "Staff/Personnel" strategy is used for assessing the performance levels of staff/personnel as well as their functioning. The final strategy is called "Internal Tracking," which is used for tracking administrative functioning within the agency.

These five strategies are conceived as being on a continuum of increasing complexity. To use the more complex strategies it is necessary that an agency have a comprehensive means of in-house data collection to insure readily accessible, accurate information. Where adequate documentation is not implemented, it is difficult, if not impossible, to use certain strategies. In sum, these are the major cited program evaluation strategies and techniques used to evaluate human service agencies which have diverse client groups, staff, administrations and communities.

Difficulties in Conducting Program Evaluations

The literature on program evaluation identifies a number of methodological problems which can seriously hinder evaluations. These generally include: difficulties in finding appropriate control groups, the lack

of specific program goals, instrumentation limitations, program changes during the evaluation, and a lack of clarity and uniformity in intervention strategies or methods (Coursey, 1977). Some difficulties in constructing appropriate research methodologies include: 1) inadequate coordination between the sponsoring body or target organization, 2) a lack of acceptance of the evaluator(s) by the target agency/organization, 3) failure of program staff to meet minimum requirements of evaluation research, and 4) evaluative research findings and recommendations compiled in an unsuitable format for the sponsoring body to effectively utilize (Bond, 1970).

During the process of evaluation, there are a variety of ways in which respondents may further bias the researcher's data (Mouzelis, 1968). For example, the classic "observer" or "Hawthorne Effect" occurs when research subjects respond to the attention of the researchers in identifiable ways. Another potential bias is the "guinea pig," or "demand characteristics effect" which refers to bias caused by the tendency of people when being studied to change their responses accordingly. An individual respondent may produce a bias by choosing to play the "expert role" in which he claims to know everything, or by contrast play the "unfamiliar role" in which the respondent plays naive. The "preamble effect" is another type of bias in which the researcher stimulates the respondent to search for attitudes or responses not previously held (Gabriel, 1975).

In addition to such biases, abuses of research can cause major difficulties in evaluation results. For instance, Suchman (1967) described six abuses which may occur in the implementation of program evaluations. He suggests that "eye-wash" is one such abuse in which the

evaluator deliberately selects only those aspects of a program that look favorable. Further, "white-wash" is the covering up of errors or program failures by avoiding any objective appraisal. The "submarine" approach is an attempt to destroy a program regardless of its worth. "Posture" is the use of evaluation as a symbol of objectivity and to give the appearance of scientific research. A "postponement" involves delaying needed action by pretending to find the facts. The sixth and final approach in this context is "substitution," or the attempt to disguise failure by shifting attention to another aspect of the program (Suchman; 1967, p. 143).

Ethical issues have become an integral component of the evaluative process for insuring responsible research. At a pragmatic level, evaluations may be perceived as a means to determine if clients are treated properly (Anderson & Ball, 1978). For example, Reicken and Boruch (1974) state the need for sound experimentation and research based on ethical principles. The evaluator should also be aware of current legal and ethical considerations regarding research with risk to human subjects. In addition, there is the importance of the use of informed consent and confidentiality within the context of evaluative research. Obtaining the informed consent of participants in an evaluative research project is now generally accepted protocol and a necessity if government funds are involved or if publication of the work is desired (Anderson & Ball, 1978). Ideally, following initial consent there is a continued informed sharing of information between relevant groups about: 1) development of the focus of the evaluative tasks, 2) research design, 3) the procedures for implementing the research,

4) cooperation within research, and 5) consideration of the implications of the research findings for research planning (Rutman & Hudson, 1979). Thus, evaluation research is not without a range of problems related to a number of conceptual, methodological and ethical issues.

Program Evaluations of Group Homes

The usefulness of program evaluations for group homes relates to: 1) insuring the rights of the group home residents, 2) utility as an in-service training tool for the treatment staff, and 3) provision of a basis for overall quality control by the administrator. Because of variations in client populations, resources, and group home goals and objectives, an effective program evaluation considers a number of these factors in deciding on the appropriate scope and evaluative method (Timbers, Jones & Davis, 1981). For example, the program in a group home serving emotionally disturbed clients focuses on group and individual therapy in comparison to a group home program for the developmentally delayed which is behaviorally specific (Baker, Brightman & Hinshaw, 1980) (Hoffman, Lehman & Zev, 1975).

Walker and Zinober (1977) discuss a variety of concerns relevant to program evaluations in group homes with clientele who are mentally handicapped or emotionally disturbed. One concern they raise is the notion of what individual makes the most knowledgeable informant regarding information about a client group. The three most often cited informants are the clinician, the patient (or client), and relatives or close friends of the patient (or client). Often, therapists are chosen as a target group because of their training, experience and client familiarization. However, because of their personal involvement with

the client there is the possibility of bias (Walker & Zinober, 1977). In addition, therapists have been shown to have problems with perceptual distortion, theoretical orientation, and awareness of administrative consequences of their responses (Kiesler, 1966).

In situations where the subjects being evaluated include children, there are additional inherent communication problems. For example, children may have certain problems in interpreting instructions or appropriately responding. An evaluator may also have difficulty developing questions appropriate for a child's level of cognitive or developmental functioning. Another problem in conducting research in group homes is the maturation factor. For example, when assessing the effect of treatment on children, it is difficult to estimate the effect that maturation has on the child's response to the particular treatment studied. One approach for dealing with this issue has been the use of normative data from which the child's gains may be measured over time. Walker and Zinober (1977) suggested that periodic progress assessments may be made against predetermined program goals and objectives. There are also differential effects of group homes in that some types of group homes are good for some kinds of children under certain circumstances.

Recently published program evaluations of group homes with mentally handicapped/retarded and emotionally disturbed clients have generally used outcome models. One study evaluated the influence of the group home on adolescent girls across five dimensions of possible change (Taylor et al, 1976). The girls in this study were rated on the basis of all the available data upon intake at the group home and the data reflecting their status at least five years after intake, with respect to the following five dimensions: 1) job or school adequacy; 2) adjustment to general daily living; 3) peer relationships - female; 4) peer

relationships - male; and 5) self-attitude. The results indicated that the program was from moderate to significant benefit for these adolescent girls (Taylor et al, 1976).

In order to evaluate the relationship between various program variables operating within thirty-five group homes for dependent and delinquent adolescents, Couturier (1980) also used an outcome model. He examined the relationships between various program features of the homes as well as the characteristics and accomplishments of the 150 male residents. He hypothesized that youth outcomes could be predicted from group home variables. Subsequently, he found that the most effective group home predictor variables were staff attitudes, staff experience in working with adolescents, and youth time in the program. Critical incident protocols were received for only about half of the youths, and those which were received were of inadequate quality. Further, his observations revealed that the group homes were housed in a great diversity of settings and that some programs appeared to offer excellent services to the resident youth.

Another outcome study, was an outcome model evaluation which used an observational procedure to assess interpersonal climate in group homes for mentally handicapped adults. A multi-dimensional category system was developed to enable the naturalistic observation of interactions among mentally handicapped residents, and between residents and staff members. The results of this study indicated that the group home residents in the sample required little assistance in meeting the demands placed on them by their social environment, and that the affective climate of the group home was mildly positive (Vett, 1979).

Katz (1979) conducted a case study analysis regarding the "process" of daily life as retarded persons themselves experience it in a supervised group home. He used a conceptual framework developed by Oliver (1976) that facilitates the examination of potential conflicts between competing value systems that may simultaneously exist within a given setting. The main emphasis of this study was to show how residents and staff experience and manage tension within the group home, over the need for the setting to serve as a "home" and as an "educational program."

The group home as an object of evaluative research has been neglected possibly due to the relatively short history of group homes as an intervention strategy. The studies outlined above are the beginning of a core of background research on the subject.

Summary

This review of the literature on the nature of program evaluations and evaluative research in the social sciences identified the basic elements in the evaluative research including: 1) program goals and objectives; 2) the collaboration of evaluators and agency administrators; 3) the roles of the "actors" in the evaluation, e.g. sponsoring agency, evaluator, etc; and 4) the perceived purpose of the evaluation. The diverse ways in which these elements are utilized and combined provides the framework for much evaluative research.

The seven evaluative models and techniques mentioned in the literature review are strategies borrowed from public health, social planning agencies, governmental departments, as well as the social, behavioral and managerial sciences. They have been used to evaluate human service

agencies which have diverse client groups, staff, administrations and communities.

In regard to program evaluations of group homes there is a diversity in methodology because of the variations in client resources, populations, and group home goals and objectives. Problems inherent in using mentally handicapped or emotionally disturbed residents in the context of research were reviewed and particularly those related to child clients. Few published evaluations were noted on the subject of residential care group homes.

Method

The Setting and Population

This evaluative research study was conducted in the cities of Corner Brook and St. John's in the Province of Newfoundland and Labrador. Newfoundland was first a colony of the British Commonwealth in 1610, a Dominion in 1855, and then a colony again in 1934. On March 31, 1949, Newfoundland and Labrador joined the Dominion of Canada as the tenth and final province of Confederation. Newfoundland is best known for the abundance of fish found off its shores which has attracted fishing fleets of many nationalities over the course of time. Hydroelectric power, lumber and the mining of iron ore are also major sources of income in the province. Newfoundland and Labrador are comprised of an area of 156,185 square miles.

St. John's is the capital and port city of the province with a population of 86,576 within the city limits based on census figures. Corner Brook has a population of 25,198 according to census figures, and is the largest city in western Newfoundland. It has an economy primarily based on pulp and paper production with the Bowater Paper Company being the largest employer of its citizenry.

The province of Newfoundland and Labrador has sixteen group homes serving approximately seventy children with mental and physical handicaps. These children and young adults have physical, and/or mental handicaps, behavioral problems or are socially disadvantaged. The group homes provide care for a small group of residents (maximum of six) in private, community-based facilities. All group homes for children in the province are operated and administered by private non-profit agencies with government approval, auspices and funding.

In this study, quantitative/descriptive data was compiled in a group home for mentally handicapped young adults in St. John's, and in a Corner Brook group home for emotionally disturbed young adults. Both group homes were administered by the same church organization.

The St. John's Group Home was opened in 1975, by the church organization in order to provide a home for eight children who had been the remaining residents of a church receiving home, which was being closed. Since these eight children were not considered suitable for foster care, a proposal to start a group home was offered to the Newfoundland Department of Social Services by the church. It stated that the basic purpose of the home was to provide a home atmosphere for these developmentally delayed adolescents and thus help them grow into mature responsible adults. The children were to be encouraged to participate in activities of the community thus promoting a 'community based environment.' Personnel needed to operate the home included two houseparents and a Board of Management to supervise the operation of the home. A social worker was 'linked' to the home in a supportive capacity. The proposal also stated that children admitted to the home must be wards of the Director of Child Welfare, between the ages of twelve and sixteen, and have potential for school achievement.

In 1978, the Department of Social Services stated that the home may have a maximum of six residents. In July 1980, approval was given for the St. John's Group Home to serve the needs of developmentally delayed young adults. By this time the need for a group home which cared for developmentally delayed children had diminished considerably.

Prior to 1977, children from Western Newfoundland with emotional or behavior problems who were in need of group home care had to be sent to

St. John's because there was no existing group home facility on the west coast. In November 1977, a group of individuals representing the church organization in Corner Brook drew up a proposal for submission to the Department of Social Services of the Newfoundland Government seeking funding and a mandate to open a group home for a maximum of eight children between the ages of ten and fifteen in a family-type setting.

In this proposal it stated that children eligible for the group home are: those who have been neglected and deprived from early childhood, who are either unable to function in the parental home environment or a foster home, those who are difficult to manage after displaying aggressive and antisocial behavior, and those who are disturbed and who have broken the law and whose only alternative is a correctional institution. It outlined: 1) the objectives of the group home; 2) the procedures for the formulation of individual goals for clients; 3) selection, placement and preparation procedure for group home; and 4) job descriptions for houseparents.

The Department of Social Services gave the church organization a mandate and funding to open a group home in Corner Brook. In November 1978, the first client was accepted.

The Sample

Two group homes were selected by the church council with the agreement of the researcher. These homes were chosen on the basis of the organization's needs and the availability of the author to complete the research. Neither group home had been previously researched and each served the needs of a different type of client, i.e., emotionally disturbed and mentally handicapped. The author agreed to research the

two group homes in order to provide data on two different client groups. Both St. John's and Corner Brook were accessible to the researcher. The Corner Brook group home is one of two in that city which serve emotionally disturbed young adults. In St. John's there are three other group homes, each serving the needs of mentally handicapped young adults.

Procedure

The research method or strategy chosen for this study was a quantitative-descriptive program evaluation. The research design used one of the evaluation strategies described by Holosko and Feit (1981). Each group home was subsequently evaluated by this major strategy as there was not enough available data to conduct a more detailed evaluation.

The strategy used was the "Population Profile/Program Narrative Study." The goal for this strategy is to describe the clients, services, personnel and immediate community served by the agency and include three specific objectives which are: 1) to provide a description of a typical "day-in-a-life" of a client; 2) to provide socio-demographic variables on the clients, services, personnel and community; and 3) to provide a description of clients, services, personnel and community as they interface with the agency.

The resources and information needed to conduct this strategy included: 1) the in-house capacity to evaluate, 2) a client record form which describes the type of clients and services provided, 3) program narratives of the various services provided, 4) a statement of program goals and objectives, 5) a description of the agency's administrative functioning and 6) a map of the community served. Five possible uses for this strategy as suggested by Holosko and Feit (1981) include the preparation of informational brochures, planning programs for public

relations and outreach, documentation in support of grant applications and as background information for community meetings. The group homes viewed the information to be provided as valuable for these purposes as well as useful in building a data base for future research, policy planning and decision making.

In order to implement this study, it was first necessary to negotiate with the administrators of the group homes. These included personnel from the provincial committee of the church organization and the Board of Directors of each group home. A proposal (Appendix A) was sent to each of these groups and was subsequently refined and accepted.

Data sources utilized by the researcher included files kept by each group home and those kept by the Newfoundland Department of Social Services, as well as interviews with staff in the homes. The files in each group home were reviewed by the researcher in order to collect information on clients, the group home's particular organization and program. This required a three day on-site period in each group home in order to gather the necessary information. In order to examine relevant background and government policy documents on each group home it was necessary to review the files of the Department of Social Services of the Newfoundland Government. Client information not noted or available in group home files, was available through these files. Permission for access to the Government files was obtained from the Director of Child Welfare following his receipt of a letter explaining the purpose of the research and the issue of confidentiality (see Appendix B).

Further, as part of the evaluation strategy, interviews were held over a period of two to three days with the group home houseparents and child care workers as well as the Board of Directors of each group home. A detailed list of questions used by the researcher served as a guide-

line to these interviews since little program information was formally documented in the group homes (see Appendix C).

Findings on each group home were based on information obtained from a review of the formal documents and interviews held with group home personnel and boardmembers. A period of two weeks was spent in each group home for personal contact with staff and residents, personal observation of activities and a review of information within the home. Further, a two to three week period was spent in St. John's, Newfoundland examining government files on each group home. The total time taken for data collection was a two month period covering February and March of 1982. This report will systematically organize and describe the data collected at these two group homes.

Results

The results of this study have been divided into two sections, one for each group home. The presentation of data about each group home program is organized according to: 1) basic program goals, 2) assessment, 3) group home programs, 4) socio-demographic data, 5) a typical 'day-in-a-life' of a resident, and 6) overall discussion of these data.

I. Description of the St. John's Group Home Program

The description of the St. John's group home program is based on the Population Profile/Program Narrative Study of Holosko and Feit (1981) and focuses on program content and sociodemographic information on the group home residents. The organizational chart for the St. John's group home is presented in Figure 1 and a detailed description of its management structure is included in Appendix D.

Basic Program Goals

In 1979, the Regional Council of the Church developed a Manual of Operations for their group homes. This document lists five major goals with objectives outlined under each. The major goals are listed here, and the complete list is noted in Appendix E. The major goals are:

1) To stimulate as nearly as possible a family atmosphere designed to provide emotional support and physical care for children and young persons making an adjustment to family and community living;
2) To provide appropriate means for children and young persons to interact with each other and the community at large;

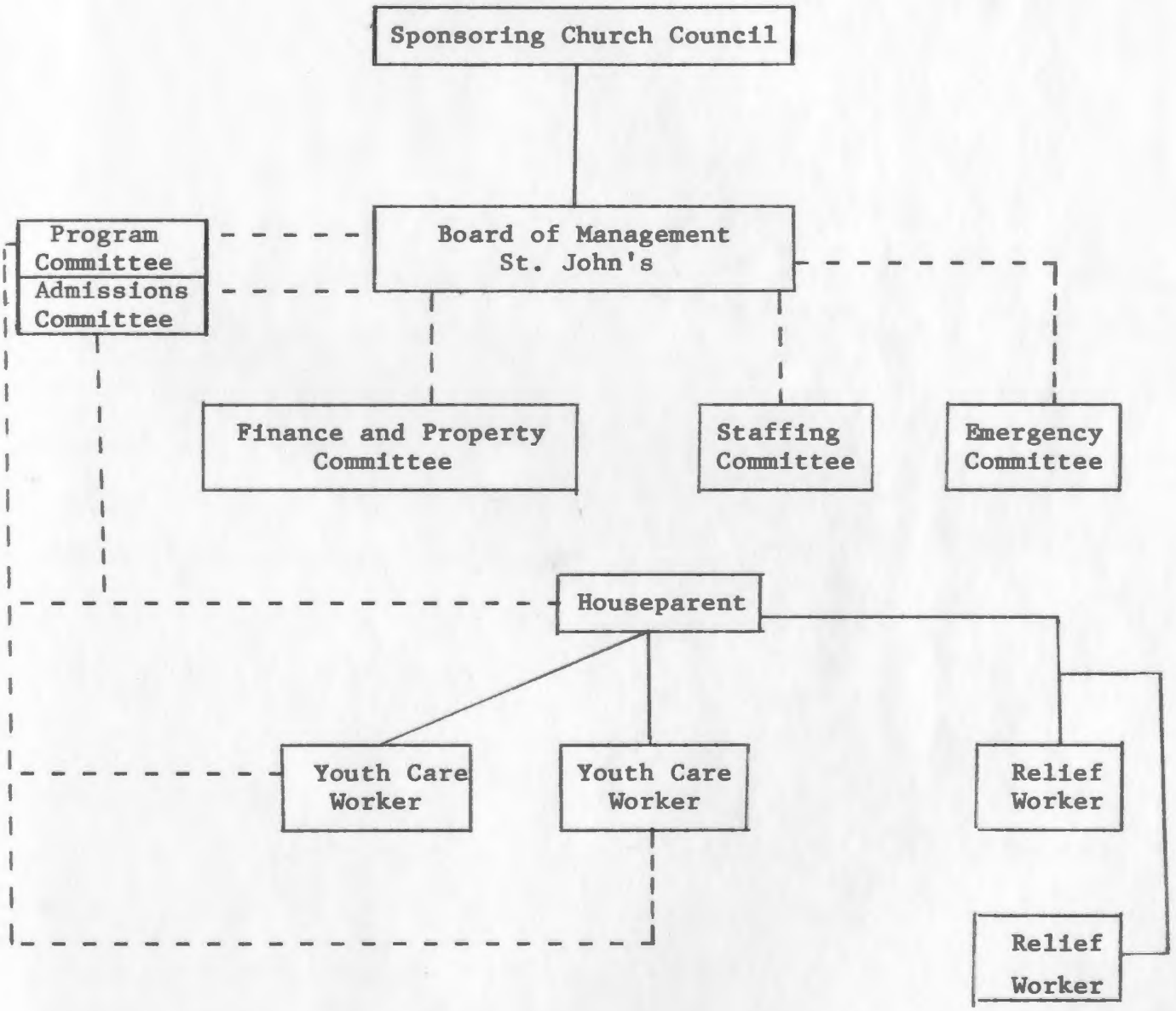

Figure 1. Organizational Chart of the St. John's Group Home.

3) To provide means whereby children and young persons may become fully integrated as responsible, independent, self-reliant community members;

4) To provide a Christian atmosphere in which the young person may grow spiritually and come to see faith as an important resource for living; and

5) To promote, wherever possible, the reunion of each child with his or her natural or foster family.

The Board of Management of the group home actively supports the objectives listed above. Group home staff were involved in the actual development of these objectives and they are used as an integral part of the orientation of new staff. Both the Board and the group home staff regularly monitor each individual's progress in reaching these objectives by participating in the Program Committee (see Appendix D). The individual program developed for each resident is based on these objectives.

II. Assessment

Prior to admission to the St. John's group home, a prospective resident is expected to visit at least once and preferably to stay over night. The purpose of this pre-planned visit is for the individual to become familiar with the staff and residents of the home and for the staff to meet the prospective resident. On a pre-placement visit, each staff member takes time to meet the individual and helps acclimatize him or her to the home.

A person's first month in residence is a period of adjustment. It also serves as a trial period to determine if the individual will be able to adapt successfully. During this time, the group home house-

parents will prepare a report for the resident's work instructor and/or school teacher describing their goals and objectives for the resident. Thus, they provide a consistent approach to the assessment and treatment planning of each individual.

During the first month, the houseparents visit the resident's former caretakers, if possible, to learn more about the individual's background. Each new resident visits the group home doctor for a medical examination. As well, a speech therapist assesses each person to determine if there is a need for speech therapy. Resource persons previously involved with the individual are also visited, if possible, for further information.

A resident's behavioral problems are identified and noted by staff during the first month. The houseparents prepare a 'Profile' of each resident during this time. The 'Profile' is a descriptive overview of the resident's: 1) previous living situation, 2) level of functioning, 3) problems and how the staff assess them, and 4) general behavioral characteristics. These 'Profiles' are updated annually.

Upon a resident's satisfactory completion of a month in the group home, the houseparents complete an inventory of his or her social skills using Herbert Gunzburg's (1973) Progress Assessment Charts I, and/or II (P-A-C 1 & 11). Gunzburg (1973) developed five P-A-C forms, each presenting an inventory of social skills appropriate to different stages of development in social competence. The P-A-C assessment reveals the extent and nature of the developmental needs of the individual. It also presents a sequence for dealing with the individual's particular needs in order of difficulty (Gunzburg, 1973). The P-A-C forms are completed on residents once a year after their admission to the home.

III. Group Home Programs

All individual programming in the group home is planned by a Program Committee (described in Appendix D) consisting of group home staff and qualified Board members. Programming is based on the principles of 'Normalization' and 'Behavioral Management'. 'Normalization' is defined by Wolf Wolfensberger (1972) as the utilization of means to establish and/or maintain personal behaviors and characteristics which are as culturally normative as possible. 'Behavioral Management' is a process used by the Program Committee in planning for and dealing with individual behaviors. It is based on fundamental learning principles, consistent with behavior modification techniques and incorporates the following steps: 1) specification of the behavior which needs modifying, 2) measurement of the behavior, 3) identification of the A-B-C pattern of behavior (antecedents/behavior/consequences), 4) changing consequences--locating a better consequence and/or encourage alternative behaviors, 5) changing antecedents, and 6) continuing to measure the behavior 'after' (Baker, Brightman, Heifetz & Murphy, 1980).

There are eight different programs offered by the St. John's group home including: 1) school, 2) the in-house program, 3) a vocational program, 4) adult education classes, 5) speech therapy, 6) the home token economy, 7) recreation, and 8) free time.

All group home residents in the Province of Newfoundland must be enrolled in some type of daily (Monday-Friday) program prior to, and after, admission in a group home. The program can be an educational or vocational one. Consequently, many of the residents in the St. John's

group home are enrolled in a regular school with a special education emphasis or in a school for the developmentally delayed.

From the day an individual enters the group home, (s)he is immersed in the 'In-House Program' which consists of a set of household chores with specific expectations as to when and how they are to be completed. All of the residents in the group home are expected to be responsible for some unsupervised household chores. However, when they are learning a specific skill, supervision is provided. Each resident is responsible for his/her own room, clothes, and personal items. Overall household responsibilities are shared among residents: e.g., the 'residents' may take turns cooking. The 'In-House Program' emphasizes one specific way for the person to do household chores, so that adequate assessment may be done. (See Appendix F for an 'example' of the 'In-House Program' and 'General Household Rules'.)

The group home staff seeks to improve the resident's level of skill and overall functioning. Consequently, the staff do frequent role playing and share experiences with clients to ensure that they will be able to handle situations independently. Once a client is able to function independently, the staff will periodically review the client's skill(s) and provide additional instruction, whenever necessary. In teaching particular skills, the staff members follow a series of planning steps which include: 1) stating the goal in writing, 2) planning each step, 3) allowing a set time for achieving each step, 4) writing down the consequences for each step, 5) making sure each person involved with the child understands and supports the plan, 6) evaluating, and 7) re-evaluating as needed. By using this outline the staff tries to assess their mistakes and share in developing a

consistent plan of action. This provides structure and some assurance of consistency in behavior management. The staff also encourages individuals to learn skills such as rug hooking or reading in their spare time, rather than simply watching television. When residents watch television, staff will watch with them and ask them questions about the program content. Thus, every aspect of a person's daily life becomes some type of educational experience.

A third program available to residents is vocational and is offered on a five-day-a-week basis for those individuals not suited to a school program. There are several vocational programs for the developmentally delayed in St. John's, and residents are placed in the one most suited to their needs. Adult education classes are the fourth program possibility and are especially suited for those individuals needing supplementary educational skills. In addition, a speech therapy program is offered to residents once their speech patterns have been assessed.

A 'Home Token Economy' program is being used with three residents as the basis for individual behavioral management. Alvord (1977) designed the 'Home Token Economy' program, which focuses on arranged consequences of behaviors,and incorporates the principles of reinforcement and punishment. In this program, parents and/or houseparents reinforce their child's desirable behaviors and punish their undesirable behaviors by giving or withdrawing points. An individual may gain privileges by attaining points, while the loss of points means the loss of privileges.

The 'Home Token Economy' program, coordinated by the Program Committee, is based on the individual's behavioral needs. In implementing the program the staff informs the client: 1) what specific

behaviors win points, 2) the undesirable behaviors which lose points, and 3) what privileges are gained with points. The progress of each resident in this program is reviewed at each Program Committee meeting and changes are made if necessary.

Another important component of the group home treatment program is recreational activities. These include: walks, swimming, bowling, Girl Guides, YMCA/YWCA activities, Boy Scouts, community special events, club visits, grocery shopping, clothes shopping, banking, church activities and going to the post office, visits and meals with friends. The Program Committee decides what types of community resources are beneficial to the resident's individual needs; e.g., recreational, and/or educational, or combinations of these. Individuals are encouraged to participate in a variety of activities to enable them to better integrate into community life.

The final program offered to the resident is free time. Free time is the scheduled periods of time when individuals can choose their own activity. However, the individual's free time is supervised by the group home staff to ensure that it is utilized appropriately.

When a resident has attained the objectives of the group home through structured programs, (s)he is discharged to a suitable community placement. The individual goes on a pre-placement visit to a prospective foster home or other potential placement. Unless considerable distance is involved, a staff member accompanies the individual on the visit. The representatives of the new placement, in turn, visit the group home. Later the individual will again visit the prospective placement. The Program Committee assesses community resources available to the resident in the new setting by utilizing social services and

other community contacts. After the resident is discharged to the new placement group home staff will telephone the individual weekly. If possible, a visit is made to the person's new home, a month after placement, to help with any problems and to review progress.

Table 1 presents the programs offered and the residents who received the programs at the St. John's Group Home from October 1977 through March 1982. Of those persons who received each program, the percentage is given of the total number of individuals in residence.

Table 1

Resident Participation in Group Home Programs - St. John's (n=12) October 1977 - March 1982.

Programs	Number of Residents in Program	% of Total Number of Residents (n=12)
1. School (Daily: Monday - Friday)	7	58.3%
2. In-House Program	12	100.0%
3. Vocational Program (Daily: Monday - Friday)	5	41.6%
4. Adult Education	3	25.0%
5. Speech Therapy	1	8.0%
6. Home Token Economy	3	25.0%
7. Recreation	12	100.0%
8. Free Time	12	100.0%

Table 1 illustrates that all the residents in the St. John's group home during the period from October 1977 - March 1982 were involved in the in-house program, recreation, and free-time programs as these programs were mandatory. The program committee and group home staff were responsible for the development of each of these programs. All other programs were dependent on individual needs assessment.

IV. Socio-demographic Data

Data collected at the St. John's group home are presented in Table 2 showing residents' gender and lenth of stay in the group home during the period from October 1977 - March 1982.

Table 2

Residents' Gender and Length of Stay-St. John's (n=12)

October 1977 - March 1982.

Resident #	Gender	Length of Stay/Months
#1	M	3
#2	M	29
#3	M	4
#4	F	29
#5	F	44
#6	M	7
#7	F	39
#8	F	N.D.*
#9	M	N.D.
#10	M	N.D.
#11	F	N.D.
#12	M	N.D.

Note (*) ND = Not Discharged Average Length of Stay = 22.14 months

In Table 2 it is noted that of the 12 clients admitted to the home, there have been seven males and five females. The resident's length of stay in the group home has ranged from three months to three years and eight months.

In the St. John's group home the resident's average age at admission was 16 years. There were three readmissions of former residents which represents 25 percent of the total number of residents. A total of seven individuals had been discharged from the group home at the time of this study, and the average age at discharge was 18 years.

Of the twelve individuals who have resided in the group home one was from Labrador, while all the rest were from the island of Newfoundland. Ten of the residents came from Eastern Newfoundland, and one came from Central Newfoundland. An institution for the developmentally delayed in St. John's referred six of the residents to the group home. Residence in the group home represents a significant developmental step for the individual who has been previously institutionalized. Residents were also referred from a foster home (one individual), their own home (one individual), an orphanage (one individual), and a co-op apartment (three individuals).

There was little turnover in the group home population during its early years of operation. One client was discharged in 1977, and there were no further discharges until the years 1980 and 1981 when there were three each year. Of the residents discharged, two went to a foster home, one went to a co-op apartment twice (on separate discharges), and one went to a 'Boys Home'. Most individuals (95% of the total discharged) were referred to a less restrictive setting.

V. A Typical 'Day-In-The-Life' of A Client

The schedule in Figure 2 depicts the daily routine of the group home residents on Mondays-Fridays. On Saturdays and Sundays mealtimes were more flexible and most of each day was free-time. In addition, all residents attended church on Sundays.

VI. Discussion and Conclusions

The program information and socio-demographic data from the St. John's group home was readily accessible to the researcher. The program objectives for the group home are stated in clear and relatively simple language as recommended by Rutman and Hudson (1979). Also, they are de-

MORNING

- Residents are awakened at 7:00 - 7:15 a.m.
- They wash, dress, make their beds and bring down laundry.
- Get their own breakfast and tidy up.
- Get ready for school or work (except Saturdays and Sundays)
- Leave home at 8:30 a.m.

AFTERNOON (3:00-5:30) p.m.

- Change clothes as soon as they get home.
- Put away laundry.
- Help to prepare the meal; set the table and serve the meal.
- Run errands or relax.
- At suppertime each person must wash up.
- Two people are responsible for the dishes and general clean-up in the kitchen.
- The others take turns clearing off the table and wiping it down.
- Each person must bring out his own dishes, rinse them off, and put them into the dishwasher.

EVENING (5:30-11:30 p.m.)

- Homework
- Bath or shower 6:00-7:00
- Free time if not going out. Play games, work on projects, play pool or talk.
- 7:20 younger residents make lunch for school & have bed time snack.
- 8:00 bedtime for younger residents except for Mondays, Fridays, Saturdays.
- 8:00 - 11:30 TV or records. Lunches made at 9:00
- 11:30 Lights are out.

Figure 2. A typical 'Day-in-the-life' of a Client in the St. John's Group Home.

scribed in operational/behavioral terms which facilitates the evaluator's ability to devise appropriate measuring instruments. The goals are meaningful, updated and consistent with the overall program philosophy and approach. The objectives are fully supported by both the Board and the staff of the group home.

The assessment of clients is thorough upon a resident's admission to the group home. The assessment procedure includes the physical, educational, and social development of each individual. Hershel Alt (1964) states that proper client assessment is essential in order that residents can be differentiated either as individuals or as members of clinical categories. Gunzburg's P-A-C (1973) is administered to the individual upon admission and once a year thereafter to measure progress in social and behavioral skills during his/her entire stay in the group home. This assessment as well as ongoing individual program review ensures that progress is systematically measured and evaluated. Rutman and Hudson (1979) assert that measures should be developed which can provide information on the relative progress that the program has made toward the attainment of the stated goals. Both the staff and the Board support this approach and view it as critical to successful programming.

The client's individual program is designed by the Program Committee to incorporate as many of the eight programs offered by the group home as is appropriate to the individual's needs. All individuals take part in three of the programs: the "In-House Program," recreation, and free time. The other five programs are chosen for residents based on individual need and include school, vocational programs, adult education classes, speech therapy, and the Home Token Economy. The Program

Committee is composed of Board members and the group home staff. Their team approach implies that each committee member subscribes to both a core of common understanding and treatment objectives and values (Herstein, 1964). Their constant review process encourages the interdependence of all programs to further the individual's development.

The client socio-demographic data has revealed that the residents' average age at admission was 16 years, and the average age at discharge was 18 years. These figures illustrate the move made by the group home Board to accept only older individuals, i.e., young adults, rather than children, a few years after the group home's inception. There is not enough published information currently available on group homes in Newfoundland to determine if the sociodemographic data for the St. John's group home are indicative of trends in the province.

Rabinow (1964) asserts that one of the objectives of group homes is to provide a living situation that will help youngsters or young adults coming from institutions or hospitals to adapt to community living. Half the clients of the St. John's Group Home were referred from a highly structured institutional setting for the developmentally delayed. This factor has implications for future planning, if it continues, in that resident turnover is infrequent because of the length of time that is needed to properly socialize these formerly institutionalized individuals.

Six of the seven individuals discharged from the home were referred to a less structured setting than the group home. Two of the discharged residents went to their own homes, and two went to foster homes which reflects the stated goal of the group home to promote the reunion of each child with his or her natural family or foster family.

This discussion of the St. John's Group Home results has revealed that the program includes a thorough assessment of the resident, a well-rounded individual program for each person, clearly stated goals and objectives, a team approach to resident care, and measurements for evaluating the success of each individual.

Description of the Corner Brook Group Home Program

The description of the Corner Brook group home program is based on the Population Profile/Program Narrative Study of Holosko and Feit (1981) and focuses on program content and sociodemographic information on the group home residents. The organizational chart for the Corner Brook group home is presented in Figure 3 and a detailed description of its management structure is included in Appendix G.

I. Basic Program Goals

The goals stated in the 1977 proposal for the Corner Brook group home are:

1. To provide a family type resource within the community for children who demonstrate some 'acting out' behavior or relationship problems and thus require guidance, encouragement, respect, understanding, and control;
2. To offer ongoing supervision and support to children;
3. To build trusting and open relationships with the children in an effort to change and establish new behavior patterns;
4. To support the development of the special skills required to build positive self-images in the children;

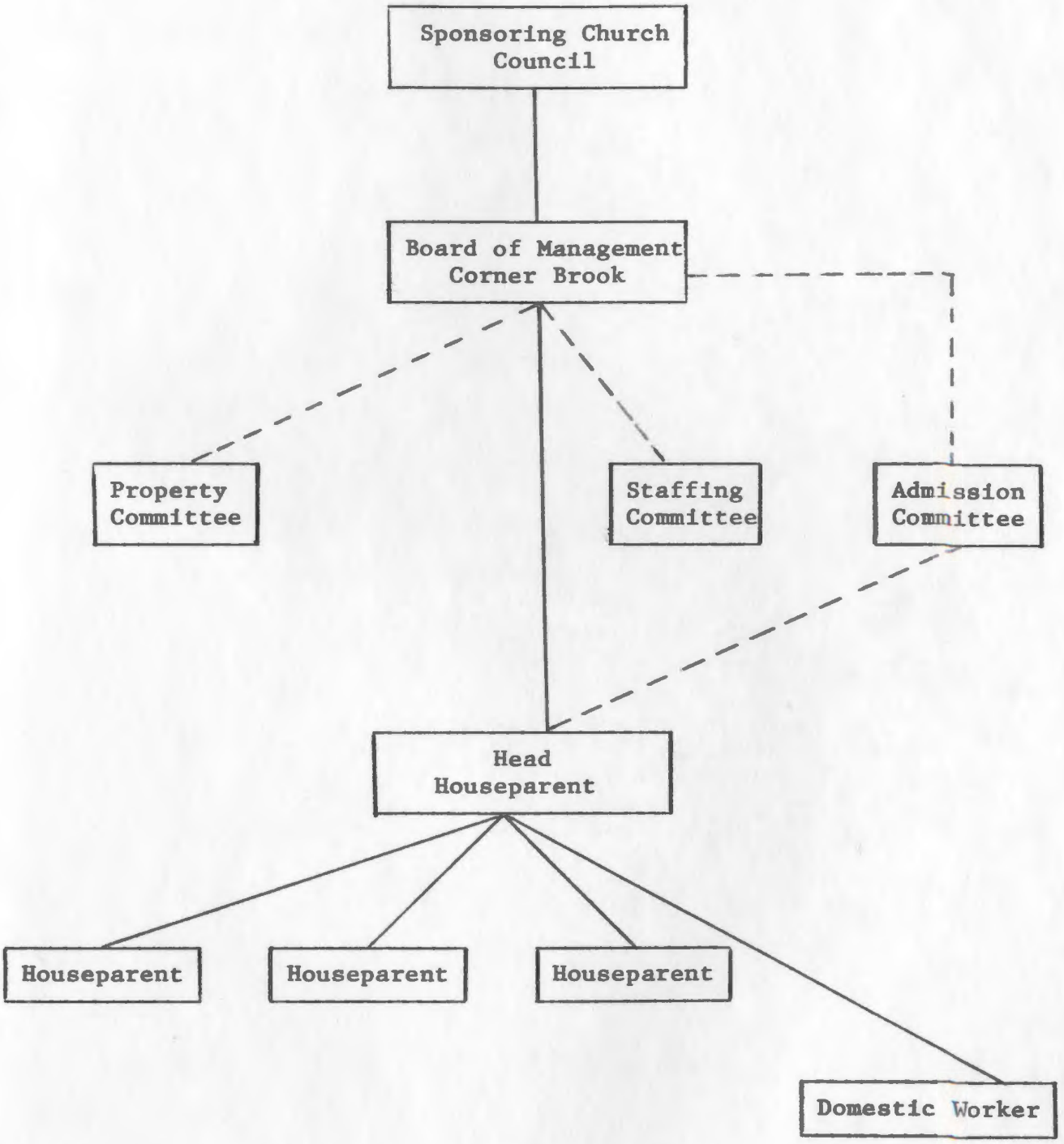

Figure 3. Organizational Chart of the Corner Brook Group Home.

5. To work with social workers with a view to preparing the child to return to his family;
6. To strengthen the child's ability to function in society and thereby avoid the creation of excessive dependence;
7. To provide a structure and an atmosphere in which children may develop solid relationships with adults and peers;
8. To provide reasonable rules and standards;
9. To maintain a well-structured environment that will provide a pattern of constructive daily living and stimulation to broaden the children's life experiences;
10. To identify particular goals and objectives for each child, in consultation with the Group Home Committee and social worker, and to explore and develop various techniques and means of accomplishing these goals; and
11. To concentrate on behavioral and attitudinal change with a view to enabling the child to leave the Group Home and function adequately in society.

These goals were developed by the Board of Management in 1977. The group home staff employed at the time of this study were not made aware of the goals through staff training sessions or orientation meetings, as these were not provided.

II. Assessment

Once an individual has been accepted to the group home by the Admissions Committee (described in Appendix G), the group home staff assess his/her vocational and educational background and choose the most suitable Monday-Friday placement. During the first month of residence, the individual is given a medical and dental check up, and if a resident

has a particular medical problem, the houseparents arrange appropriate care for the client through community resources.

III. Group Home Programs

The Corner Brook Group Home Program is fundamentally based on the principle of 'Milieu Therapy' (Manual of Operations, 1979). 'Milieu Therapy' is a treatment modality which attempts to promote the simultaneous integration of the community and the home (Mayer, Richman & Balcerzak, 1978). This is fostered by encouraging group home residents to participate in a variety of community activities in order to develop their social skills and functioning. The group home staff also use role modeling to encourage appropriate behavior from the clients.

There are five programs offered in the Corner Brook group home: 1) school, 2) recreation, 3) free-time, 4) study period, 5) psychiatric counseling. A School refers to a daily vocational or educational school placement. Recreation includes a variety of community activities utilized by residents such as indoor and outdoor swimming, skiing, movies, theatre and cultural events, skating, hiking, shopping, Pathfinders, Venturers, and church events. Free-time allows the individual to choose the activity. The study-period is scheduled each week night from 7:00-9:00 p.m. and Sundays 2:30-4:00 p.m. All residents of the Corner Brook group home took part in the first four programs offered as they were all mandatory. The final program, psychiatric counseling, was offered to one individual because of a recommendation made by the referring agency.

The House Rules of the group home state that residents: 1) must be at meals on time, 2) must be at home at curfew times, 3) must use suitable conduct in the house, 4) should always inform group home staff

of their whereabouts, 5) should not touch another person's property without permission, 6) are responsible for cleaning up their own room and making the bed each morning, 7) cannot watch television or participate in indoor recreational activity during study time; and 8) are expected to take at least two baths a week. If a resident breaks a minor house rule, the houseparent decides the punishment which may result in a loss of privilege(s) such as television time, outdoor recreation, weekly allowance, or 'family night' out. For a more serious incident, the individual might be confined to the house for a specified time period. Some residents have restrictions placed on them, because of violations of the law prior to their entering the group home. In such cases, the group home parents must follow these restrictions for the individual.

IV. Socio-demographic Data

Table 3 presents the gender of all residents of the Corner Brook group home as well as their length of stay in months during the period from November 1978 - March 1982.

Table 3

Residents' Gender and Length of Stay -- Corner Brook Group Home (n=16) November 1978 - March 1982.

Resident #	Gender	Length of Stay in Months
#1	F	32
#2	M	4
#3	F	7
#4	M	3
#5	M	24
#6	F	9
#7	F	5
#8	F	21
#9	M	16
#10	M	17
#11	F	17
#12	M	N.D.*
#13	M	N.D.
#14	M	N.D.
#15	M	N.D.
#16	M	N.D.

Note *) ND = Not Discharged Average Length of Stay = 14.09 months.

Table 3 shows that of the 16 individuals admitted to the Corner Brook group home, there were ten males and six females. At the time of the study there was one female and four males in residence. The length of stay of residents ranged from four months to 2 years and 8 months with an average length of stay of 14 months.

The residents of this group home come mainly from the west and central area of the island of Newfoundland. There were nine individuals from the West coast, five from Central, and two from Eastern Newfoundland. Residents were referred from their own home (eleven individuals), training schools (three individuals), foster homes (one individual), and a children's hospital (one individual).

Eleven residents were discharged from November 1978 - March 1982. Seven of these residents were discharged to less structured settings; three went to their own homes, three went to foster homes, and one went to the regional college. The other four residents were discharged to a training school, a more highly structured setting than a group home.

There has been a rapid turnover of residents in this group home since its inception, including seven admissions and three discharges in 1979, four admissions and four discharges in 1980, and four admissions and two discharges in 1981. These numbers have implications for future planning for the group home and will be reviewed in the "Discussion' section.

V. A Typical 'Day-In-The-Life' of a Client

The schedule in Figure 4 depicts the daily routine of the group home residents on Mondays - Fridays. Saturdays and Sundays the meal times are more flexible and most of each day is free-time. On Sundays all residents attend church in the morning and do their homework during the study-period from 2:30-4:00 p.m.

This daily schedule reflects a highly structured daily routine in which residents are expected to meet certain responsibilities. With regard to housework, individuals make their own beds, keep their rooms neat, and clear the supper table. The male residents help the head houseparent do odd jobs.

Monday - Friday

7:00 a.m.	-	Residents are awakened. They make their beds before breakfast
7:00- 8:00 a.m.	-	Breakfast is served
8:00- 8:30 a.m.	-	Residents go to school
12:00- 1:00 p.m.	-	Lunch period
4:00- 4:30 p.m.	-	Residents home from school
4:00- 5:00 p.m.	-	Free time
5:00- 6:30 p.m.	-	Supper
6:30- 7:00 p.m.	-	Residents clear table
7:00- 9:00 p.m.	-	Study period
9:00-10:00 p.m.	-	Free time
10:00 p.m.	-	Residents get ready for bed
10:30 p.m.	-	Lights out

Figure 4. A typical day-in-a-life of a client of the Corner Brook Group Home

VI. Discussion & Conclusions

The Board of Management of the Corner Brook group home supports the goals of the group home listed in the 1977 proposal. However, the group home staff were only aware of the goals on an informal basis. The goals themselves are stated in clear and simple language but are not explained in operational/behavioral terms (Rutman & Hudson, 1979) (Reicken, 1978). They represent an articulation of specific values and assumptions of the Regional Church Council but since they are not internalized by the group home staff, it is not clear how well they are incorporated into the group home program (Suchman, 1967) (Johnson, 1970). In addition, due to the staff's lack of familiarity with the goals, there is no mechanism in operation for measuring the effects of the group home program against its stated goals (Weiss, 1972).

The assessment of each resident for the group home is done primarily by professionals in other agencies. Each individual is referred to a local doctor for physical assessment after acceptance to the group home. A psychological and/or psychiatric assessment of a resident is not a prerequisite for admission to the group home in Corner Brook. As more deeply disturbed youngsters are being considered for placement in group homes, evaluations of the child are of increasing importance. It is essential to know as much as possible about each child before making a decision about his/her acceptance and about proper plans for his care (Rabinow, 1964). Hershel Alt (1964) asserts that an indispensable requisite for any program of assessment is the development of procedure for differentiating the children involved, either as individuals or as members of clinical categories. At this time the Corner Brook Group

Home has no systematic or uniform means of measuring a residents' development in the group home except through progress reports from their school placement.

According to Rabinow (1964) one of the foundations upon which a program rests is the structure on which it is planned. This includes establishing routines of daily living, assigning responsibilities to each child in the operation of the home, and requiring that youngsters earn their allowances when they are old enough so that they learn about the value of money. The Corner Brook Group Home has a well-organized daily structure.

The socio-demographic data reveal that most of the group home residents were young teenagers. An age range of more than three years should be avoided according to Irving Rabinow (1964) because the basic operating rules can be the same for residents who are within the closer age range. The Corner Brook clients have come mainly from western Newfoundland, a factor which supports one of the reasons given for starting the group home as mentioned in the original proposal of 1977. There it states that a group home is needed in Western Newfoundland so that residents will have greater access to their relatives. The group home has had mostly male residents. Herstein (1964) recommends that the individuals in a group home of adolescents be of the same sex because the needs of girls and boys are different in many significant ways, and placing them together enlarges the possibilities of acting out behavior. The Newfoundland group home model is based on the family--group model which is designed to minimize sexual acting out behavior due to role expectations. Eleven (68.7%) of the residents came from their own homes. However, there is not enough published sociodemographic in-

formation on residents of group homes in Newfoundland to determine if any of these results represents trends in the province.

The Corner Brook Group Home has had rapid turnover of residents since its inception. This means that program planning could be adapted to address this factor. Herstein (1964) states that it is a good plan to accept only long term clients or only short term clients to avoid the sharp divisions between adolescents who are putting down roots and those who are marking time. The average length of stay for the Corner Brook Group Home client was one year and two months. The Department of Social Services of Newfoundland policy book Group Homes (1979) states that as a general guideline the duration of placement is determined by the "parenting plan," i.e., placement should endure as long as necessary for goal-attainment, as well as the availability of placement possibilities.

This discussion of the Corner Brook group home program has indicated that there is a need for the clarification of the goals and objectives of the group home by the Board of Management and the group home staff. There is also a need for more individualized programming based on needs assessment. In addition, if the group home used a standardized test designed for the assessment of adolescents with emotional and/or behavioral problems, it would serve as a tool for: 1) planning individual programs for residents, 2) establishing assessment of an individual's progress while at the group home, and 3) maintaining evaluation of the programs developed for individuals. The Corner Brook group home does have a highly structured daily routine and close interaction with the Corner Brook community.

Conclusions

This research constituted the first formal effort to systematically study the programs of two group homes in the Province of Newfoundland, by utilizing an evaluative strategy designed by Holosko and Feit (1981). One group home was located in the city of St. John's and the other in Corner Brook. The results of the quantitative/descriptive research are presented and discussed in chapter four with implications for policy development and planning. In addition, the researcher's determination of the effectiveness of this strategy in the group home setting is included in this chapter.

The programs in each group home differed in certain aspects. The St. John's group home had behaviorally specific programs for each resident designed according to the residents' needs. In addition, the assessment of residents and the basic program goals were coordinated with the programming and constantly reviewed. Corner Brook had the same individual programs for all residents with one exception, psychiatric counseling, which was recommended for one resident by a referring agency. There was no regular assessment of the individual residents and the group home staff were not familiar with the program goals of the group home, so that there was no mechanism in place at the time of this research for staff to measure the effects of the group home program against its stated goals (Weiss, 1972).

It is important to note that the programs in these group homes are largely dependent on the input and abilities of the group home administration, as well as the degree of interaction maintained with the local community. The St. John's Board of Management was involved in every aspect of the group home program on a regular basis, while the Corner

Brook Board had a very peripheral influence on their program. Monthly Meetings were the primary contact the Corner Brook Board had with the group home and meeting decisions hinged largely on financial decisions.

The interaction between a group home and the local community is of prime importance, and the staff and Boards of Management for the two group homes felt they had satisfactory profiles in the community. Both group homes were actively involved in a variety of community activities on a regular basis. Many of the Corner Brook group home residents were known to the correctional authorities of Corner Brook largely because some individuals had been in trouble with the law and were on probation. However, this did not appear detrimental to group home functioning. In other respects, both group homes maintained the profile of an ordinary home. Family support of the group home residents were encouraged as much as possible, except where visits would be detrimental to the individual.

An important aspect of a group home is the need for residents to feel that it is a "home" where pleasant meals and relaxation can be found. Both group homes had very attractive decors and pleasant atmospheres. The researcher found both homes comfortable and spacious with places for individuals to find privacy or be quietly active indoors. Based on personal observation the researcher found that both group homes were clean, comfortable and safe for the residents.

The data results of this research project were gathered using a strategy designed by Holosko and Feit (1981). The use of this strategy sensitized the two Boards of Management and the group home staff to what information was considered to be important for this particular form of evaluation. Information which was not available became visible for that

very reason. It also made these individuals aware of what use the evaluation could have for them and how they could be involved in the implementation of it.

There were several limitations to this research beginning with the time factor. Only a certain amount of time could be spent in each group home. The time factor also placed limitations on how well the evaluator would fit into the group home.

The lack of standardized recording within the group homes made it more difficult to collect information. The evaluative strategy of Holosko and Feit (1981) assumes that the target agency is maintaining client and service data on a daily, weekly, monthly and yearly basis, which was not the case for these two group homes. In addition, the evaluative strategy assumes the target agency has the capacity for in-house evaluation, but neither group home had this capability due to inadequate record keeping.

All information had to be gathered orally or from government files, when information was not documented by the group home. Some data sources relied on recall or self-report, and in some of these cases the data may have been under-represented, over-represented, or distorted since different people perceive things differently. This type of evaluation was multi-level, ie. government/board/staff, and it is therefore important to be aware of limitations of conducting such a study. In addition, the evaluative study was a point-in-time analysis. The point-in-time analysis provides a description of what is occurring at that point in time, so in some cases, although retrospective data was used it is difficult to get an accurate picture of where the program is going.

Recommendations

The researcher has general recommendations to make based on the data compiled in this study. These recommendations are given in support of the future development of these two group homes. It is recommended that:

1) the Corner Brook group home introduce regular and ongoing staff training including a formal orientation when new staff members are hired and the use of permanent training manuals that can be continuously updated (the staff training should be geared to the specific needs of the staff and of the clients);
2) the Corner Brook group home introduce respite workers to be used where needed to relieve the regular staff during emergencies and for periods of understaffing;
3) both group homes utilize and maintain a strong outreach approach to the community to encourage the resident's integration with the community and its values;
4) both group homes initiate regular and ongoing evaluation of their operation including goal/objective attainment, program evaluation, and that Corner Brook initiate staff evaluation;
5) both group homes introduce a systemized method of record keeping on clients and programs/services so that this information is readily accessible for evaluation and decision making (data would include client statistics, dates of referral, dates of entry, client individual programs, dates of placement, etc);
6) the Corner Brook Board members increase their interaction with the group home staff in order that the two groups support and provide feedback for each other (this interaction could be used to clarify

roles and expectations for each group, to review the group home goals, to develop new programs, and to review assessment techniques for clients);

7) the Corner Brook group home institutes a method for client assessment which could be administered at least once a year to measure the resident's progress (Johnson & Bommarito, 1971);

8) the group homes choose Board members who have experience with similar agencies in order that their experience be used to help the group home develop productively;

9) the Corner Brook group home develop and/or strengthen individualized programs for clients based on needs assessment.

These recommendations are provided in the hope that group home development can be positively effected. The recommendations as well as the data presented in the results section can be used by group home staff, Board of Management members, and interested government officials as a resource for policy program planning and decision-making. The Holosko and Feit (1981) evaluative strategy worked well for the researcher in the group home setting, with minor limitations.

This research constitutes the first formal effort to study two residential care group homes in the province of Newfoundland. A wider framework for review has been provided by having two different types of residents, the emotionally disturbed and the mentally handicapped. When more information is published on group homes in Newfoundland, it will be possible to compare and contrast group home programs and client socio-demographic data on a provincial level.

APPENDIX A

Original Proposal to Group Homes

Your sponsoring church organization in Newfoundland has given approval for a Program Evaluation to be carried out in selected group homes under their jurisdiction.

The following is a description of an evaluation proposal which is being submitted for discussion, possible modification and approval. The proposal focuses on five themes: 1) how the evaluation will be done; 2) what will be needed in order to complete the evaluation; 3) how the results of the evaluation will be reported and to whom; 4) how the evaluation can be useful to group home staff, Boards of Management, and the church organization; and finally, 5) how issues related to confidentiality will be handled.

The kind of evaluation chosen as the most appropriate for these group homes is a detailed program description. This type was selected because there has been no formal evaluation completed on these group homes before and a complete and systematic description of the group homes would be useful at this time, to provide a solid information base, which could be used for future programming and planning. The type of information to be collected includes:

1. Description of client characteristics (age at admission, prior institutional care, length of stay, intellectual level, etc.)
2. Description of personnel (Job descriptions, staff in-house training, staff vacation and work policy, Board of Management roles, etc.)
3. Description of program (funding, administration, objectives, forms used, program planning, admission requirements, etc.)
4. Description of group home's role in community (what services are used for support, client referral sources, etc.)

The program evaluation methods selected are meant to be useful to the group home staff and Board's of Management. Specific uses which can be made of the data results are: 1) brochures; 2) public relations; 3) support a grant application; 4) community meeting; 5) budgeting; 6) build in a capacity for future evaluation.

A great deal of background reading on the subject of group homes and evaluation will be done by the researcher. Information which may be useful to the group homes will be referenced and made available.

In order to minimize disruption within the group homes it is intended that the evaluator will work within a fairly tight time frame. A maximum of six days will be spent in the group home. Time is also needed for interviewing members of the Board of Management, and resource people outside the home. An estimate of time needed for each activity is outlined below:

1.	To observe the residents in the home	1 day
2.	To interview residents about their perception of the program (optional)	1 day
3.	To interview group home staff	1 day
4.	Review group home records	1-2 days
5.	To interview Board of Management members	1-2 days
6.	To interview resource persons related to the group home	1-2 days
	Estimated time	6 days - (minimum) 10 days - (maximum)

The local Boards of Management and the evaluator together will have to set up a time for the evaluation which will be acceptable to the group home staff and residents. Because of personal time constraints, it will be necessary for the evaluator to conduct the program evaluation sometime during the months of January and February, 1982.

Confidentiality is a major consideration in a project like this because information is being gathered which is not normally accessible to persons outside the group home, other than family of residents or related agency individuals. In both the program evaluation report and thesis, the identity of all clients and personnel at all levels of management, will be confidential. Naturally, persons working in the group home, or on the Boards of Management, and with the church organization will know the identities of the persons involved. However, there will be no descriptive information gathered about personnel at any of these levels except with regards to job descriptions and work interaction. The identity of the group homes will be disguised in the thesis. Descriptive information about the clients will be gathered but identifying information will be disguised where necessary to protect the client's interests.

A final report of the findings of the Program Evaluation for the two group homes will be submitted to the church organization. The local Boards of Management will receive a copy of the individual program evaluation related to their respective group home. In addition, a thesis will be written based on the same findings, which will focus on the evaluation process. This will be submitted to the School of Social Work at Memorial University, in partial fulfillment of the requirements for the Master of Social Work degree.

APPENDIX B

January 8, 1982

Director of Child Welfare
Department of Social Services
Confederation Building
St. John's, Newfoundland

Dear Sir,

The sponsoring church organization in Newfoundland has given approval for a Program Evaluation to be carried out in the group homes under their sponsorship. As a graduate student in the Master of Social Work Program of Memorial University, I have been contracted to do the group homes in St. John's and Corner Brook. Program Evaluation is a suitable topic for a Master's thesis and this project will be used as the focus of a study of the process of evaluation.

The kind of evaluation chosen as the most appropriate for these group homes is a detailed program description. This type was selected because there has been no formal evaluation completed on these group homes before and a complete and systematic description of the group homes would be useful at this time, to provide a solid information base, which could be used for future programming and planning.

In order to collect all the necessary information concerning these two group homes, it is important that I have access to the Social Services files on these homes as there is a relevant data contained there which I can't get access to otherwise.

Confidentiality is a major consideration in a project like this because information is being gathered which is not normally accessible to persons outside the group home, other than family of residents or related agency individuals. In both the program evaluation report and thesis, the identity of all clients and personnel at all levels of management will be confidential. I did a similar project with the W.O.R.C. Centres in Newfoundland in the fall of 1979 under Mr. Ron Day, Director of Research and Planning, as a fourth year Social Work Student.

Sincerely,

Caroline C. Leland

OATH OF ALLEGIANCE

"I, Caroline Leland, do swear (solemnly, sincerely and truly declare and affirm) that I will be faithful and bear true allegiance to Her Majesty Queen Elizabeth the Second, Her Heirs and Successors, accoring to law; So help me God."

Caroline C. Leland
(Signature of civil servant)

TAKEN AND SWORN AT

in the Province of
Newfoundland this
2nd day of January 19 82
before me;

Edna Maddock
A Commissioner for Oaths in and for the Province of Newfoundland. My Commission expires 31st. day of December A.D., 1982.

OATH OF OFFICE

"I, Caroline Leland, do swear (solemnly, sincerely and truly declare and affirm) that I will faithfully, honestly and impartially to the best of my knowledge, skill and ability perform my duties ~~as a civil servant~~ and that I will not, directly or indirectly without due authority disclose to any person any information or other matter that may come to me in the performance of those duties or by reason of my employment as ~~a civil servant~~, so help me God."

Caroline C. Leland
(Signature of civil servant)

TAKEN AND SWORN AT

in the Province of
Newfoundland this
2nd day of January 19 82
before me;

Edna Maddock
A Commissioner for Oaths in and for the Province of Newfoundland My Commission expires 31st. day of December A.D., 1982.

APPENDIX C

1. Population Profile/Program Narrative Study. [The author developed the following list of research questions to supplement the Holosko and Feit (1981) strategy. The information for each question was collected from group home and government files, as well as from interviews with group home Board members and staff. (Information not documented was obtained by interview.)]

   A. A typical-day-in-a-life-of-a-client

   B. Socio-demographic and background variables which describe the clients, services, personnel and community.

      1) Clients

         a. Age of client at admission (past and present clients)
         b. Prior placements of clients i.e. previous institutional care
         c. Length of stay in residence
         d. Admission diagnosis - who determines it and how?
         e. Intellectual level - who determines it and how?
         f. Community or general area from which client is from
         g. Current status if no longer a client in the home

      2) Services

         a. Why was program initiated?
         b. Who initiated programs?
         c. Who funds programs?
         d. How is funding administered?
         e. Referral sources i.e. those agencies who refer clients to group homes
         f. Group home objectives - is time limit included?
         g. Board of Management administrative policies
         h. Group home staff administrative policies
         i. Client follow-up - who does it and for how long?
         j. External evaluation presently in use, i.e. Social Services evaluation
         k. Internal evaluation presently in use, i.e. includes all those forms, rating scales, check lists and assessment done by the respective group homes on their clients; also includes any assessment done on the staff; provide samples of forms; indicate who uses form information and how.
         l. Program planning, i.e. who does the planning and what treatment model or treatment theories is the planning based on?
         m. Indicators of achievement of group home objectives.
         n. Service resources utilized by group home for reintegrating clients or re-establishing them in the community during and after their fulfillment of group home objectives.
         o. What support resources are used by group home when emergency arises?
         p. Admission requirements
         q. Admission protocol - who handles which aspects of the procedure?
         r. Access of client's families to group home.

3) Personnel

a. Organizational chart of organization including group home staff, Boards of Management, and regional council.
b. Informal lines of authority within group home.
c. Staff qualifications, i.e. requirements.
d. Board of Management qualifications, i.e. requirements.
e. Staff hiring procedure, i.e. who hires?
f. Staff in-house training.
g. Staff job descriptions.

4) Community

a. What other group home services are available to the community served?
b. What are the group homes relations with the community?
c. From what areas in province are clients referred?

APPENDIX D

Management and Committee Functions -- St. John's Group Home

Responsibility for this group home rests with a Board of Management of seven members. The responsibilities of the Board include: hiring decisions; admission and discharge of residents; approving major group home expenses; and interpreting policies of the church sponsoring organization and the government. The chairperson of the Board is selected by the outgoing chairperson in consultation with board members. New members are selected by the Board based on their particular position or professional qualifications.

When a Board member leaves he/she will suggest a replacement with similar expertise to his/her own. The board members presiding at the time of this study had a variety of professional backgrounds which included child management, social work, psychology, youth agency administration, dietetics and church administration. Board decisions are usually made by consensus, but if necessary voting will be used. The Board meets twice a month and the group home staff may participate at one of these meetings, but do not have voting privileges.

The Board of Management has four committees: a Program and Admissions, Finance and Property, Staffing and Emergency Committee. An organizational chart of the Management and Staff of the group home is included in the Results Chapter. The Chairman of the Board is an ex-officio member of all committees. Committee members are chosen by the chairperson of the Board on the basis of professional qualifications. There is no time limit for serving on a committee. The chairperson of the Board assigns the Committee chairperson position, if necessary.

Program Committee

The Program and Admissions Committee operates as two separate groups - one handling programming and the other admissions. The Program Sub-Committee is composed of three Board members and a staff person. This Committee meets regularly twice a month and is responsible for the individual programs of the residents. They oversee all the daily activities of the individual including medical examinations, speech therapy evaluation, recreation activities, study periods, school or work day program, the Home Token Economy Program, individual behavior management, and placement decisions. They are also responsible for the provision of educational materials for the staff. Committee decisions and deliberations are reported to the Board and items such as special expenditures on residents are approved by the latter.

The Program Committee uses the 'Profile,' the P-A-C results and staff input to develop specific programs for each individual. In September of each year a resident's program is reviewed to see how successful their summer programming was, and what work and/or educational program is suitable for the next four month period. A special meeting time is reserved for the review of each resident and the completion of a new 'Profile'.

The Program Committee decides when a resident is ready to be discharged on the basis of a tasks/skills assessment. The individual must be able to demonstrate the ability for self-care in the home. S(he) must also be capable of involvement in community activities without supervision and be able to responsibly handle money. The resident should be able to live in the community in a non-deviant fashion and be capable of handling alcohol and drugs appropriately. When a resident is

ready to leave, the Program Committee provides a recommendation to the Board for approval. Prior to discharge a new 'Profile' is completed and sent to the various district offices of the Department of Social Services in the province where attempts are made to locate a suitable placement. A preplacement visit is arranged for the resident and the prospective foster parents visit the group home. Follow-up is carried out by the group home staff after placement, with the Program Committee actually overseeing this process and former residents are encouraged to return to the group home for casual visits.

Admissions Committee

The Admissions Sub-Committee meets for the purpose of considering new applicants to the home. Members of the Admissions Committee include a member of the Program Committee, the houseparent, the group home social worker, and a member of the Staffing Committee.

All client referrals come from the Department of Social Services where screening takes place prior to referral. Each person referred must have a Mental Retardation (MR) diagnosis and be enrolled in a school or work program involving at least five hours per day. Referral information usually consists of a medical, social, and psychological history. The committee members rate the applicants according to their abilities in relation to group home objectives and a decision on acceptance is made by consensus. The Board notifies the group home social worker of the decision and preplacement client visits are arranged.

The Finance and Property Committee

The Finance and Property Committee consists of two members. The work of the committee includes group home budgeting, petty cash and

invoice supervision. If expenses occur that are not in the regular budget, the committee will consider the expense in relation to the overall financial situation and make recommendations to the Board. The committee chairperson goes to the annual church organization Budget Meeting. The property aspect of the committee necessitates making decisions with the staff on group home repairs. The same committee determines the finances available for such maintenance and gives approval for work to be carried out.

The Staffing Committee

The Staffing Committee has three members. The committee is responsible for: (1) advertising for new employees; (2) making recommendations to the Board as to the top three choices of the "Selection Committee;" (3) doing reference checks on applicants; and (4) supervising, troubleshooting and evaluating group home staff. The selection process for choosing new employees is handled by a subgroup, the "Selections Committee" which includes a member of the Program Committee, a member of the Staffing Committee, a group home houseparent, and the chairperson of the Board. The "Selections Committee" screens applications for employment and interviews the most suitable applicants. The qualifications usually sought are: (1) background courses in Social Sciences; (2) some experience in the field; and (3) a knowledge of Developmental Programs.

The Staffing Committee Meetings are held every two months, with group home staff attending. Problems are brought to the houseparent who brings them to the attention of the Staffing Committee if necessary.

The St. John's group home does an annual assessment of staff. The evaluations of the two child care workers are completed by the houseparent, who in turn explains the results to the Staffing Committee. The chairman of the Staffing Committee reports the results to the Board of Management. The chairman of the Staffing Committee and the houseparent discuss the evaluation with the child care worker, and comments may be added by the worker. The Staffing Committee is also responsible for the evaluation of the houseparent.

The Emergency Committee

The Emergency Committee is designed to convene at a time of crisis if a decision must be made quickly. Members of the Emergency Committee take turns being on twenty-four hour call for a one-month period with the committee rotating each month.

Personnel

The staff of the St. John's group home consists of a live-in houseparent and two youth care workers. The houseparent and youth care workers utilize a three week shift schedule which averages a 40 hour week for each of them.

The duties and responsibilities listed in the job description of the houseparent include: (1) sharing direct program responsibility for residents; (2) coordination of activities within the home; (3) general supervision of all other staff; (4) reporting regularly to the Board of Management on the daily activities of the home; (5) participating in meetings of the Property, Finance, Staffing, Admissions and Programming

Committees; (6) making daily decisions related to the operation of the home; (7) consulting Board members regarding emergencies or major difficulties in operating the home; (8) preparing a staffing schedule for approval by the Staffing Committee; (9) participating in Board sponsored seminars, workshops, etc. and encouraging the staff to do the same and (10) suggesting policy changes when necessary.

The two youth care workers have a variety of duties and responsibilities in their job description which include: (1) implementing programs for the individual resident; (2) assisting residents to develop their maximum psychological, social, physical, and educational potential through programs and activities that provide individual attention in a family-like atmosphere; (3) promoting programs and activities in the community for the residents to encourage community integration; (4) maintaining family contact where possible; (5) taking responsibility for the supervision of the home in the absence of the houseparent (the senior youth care worker assumes duty as coordinator in the long term absence of the houseparent); (6) participating in the development of personnel policies through attendance at Staffing Committee meetings; (7) participating in Board approved workshops and seminars; (8) participating in monthly luncheon meetings with the Board of Management; (9) discussing the resident program with the houseparent on a regular basis; (10) participating in Program Committee meetings; (11) regularly documenting client behavior in the log book; and (12) taking prime responsibility for the resident with secondary responsibility for the operation of the home itself. The youth care worker reports on a day-to-day basis to the group home houseparent. In

addition, upon request the youth care worker can take concerns directly to the Board of Management.

The St. John's group home has two relief workers who are on call when a staff person must leave the house for a short period or needs help with a minor emergency. However group home staff usually call in another regular staff person as a back up before calling in a relief worker. If a medical emergency or a crisis occurs (e.g. a resident runs away), the staff person would first notify the houseparent; if the houseparent is unavailable the Chairperson of the Board is contacted.

The group home staff in St. John's works as a team to operate the home and manage the programs. The houseparent and the senior youth care worker are respected for their longer experience in the home, but overall it is an informal working relationship. There are no formal staff meetings. The houseparent takes time informally to discuss any problems or issues with the two youth care workers. If the staff wishes to change a client's program they will usually wait until the Program Committee meets, to discuss it.

There is a concerted effort to present a 'united front' to the children so they can't manipulate the staff. When a staff person has to make a decision independent of consultation, the other staff members will support the decision, but agree on a different way for the future. Staff feel they are friends and can share experiences and offer support to each other. They take the time to get to know each other and spend time together out of the home. There is a feeling that having to work together so closely encourages workers to operate as a team.

New staff are given the 'Staff Orientation Book' to read when they first come to work. This document includes: (1) an 'in-house' program

description; (2) current community recreation resources; (3) short profiles on each resident; (4) the staff shift schedule; (5) general household rules; (6) the daily routine schedule; (7) regular weekly activities of residents; (8) Guidelines for setting up a daily living program for a resident; (9) an example of a resident's individual overall program; (10) medication needs of current clients; (11) procedure for reporting accidents; and (12) an essay titled "Some Thoughts on Working in a Place that Feels like Home" which emphasizes the importance of responsibility and high working standards while providing a home-like atmosphere.

The St. John's group home staff do several different types of internal recording. The Progress Assessment Chart and the 'Profile' are explained in Chapter Four. The Daily Log Book is a notebook in which all relevant information is recorded by staff throughout the day. The types of information included are important phone messages, observations on client behaviors, doctor's appointments, activities of staff related to the group home, i.e. meetings, activities of clients in the community, and any other information of importance to the staff. The Daily Log Book is often used as a reference for the Program Committee if they want information on the frequency of occurrence of particular behavior(s). Menus for the month are also kept in the back of the Log Book. The 'individual client program book' includes a description of a client's individual program, medications and medical checkups.

The group home houseparents use a planning calendar to keep track of major events in the home for Board Meetings. The houseparent presents a client report at the Program Committee meetings. This report

describes the client's activities in detail, i.e., behaviors, medical problems, successful and unsuccessful community interactions, work and school progress, and other relevant information pertinent to the client's progress. At Board meetings, the houseparent will give a report which covers all aspects of the group home including: (1) major events in the home over a monthly period; (2) medical appointments and events; (3) resident's progress, i.e. Program Committee information; (4) staffing problems or issues; and (5) property maintenance problems. A summary of the houseparent's report will appear in the Board of Management minutes along with Board recommendations for the group home.

The group home houseparent prepares an annual report for the church organization which sponsors the group home. This summarizes the admissions and discharges for the past year and provides information on the progress of residents and follow up on placements.

The social worker assigned to the group home does a progress report on each individual client twice a year. In addition, the Department of Social Services does an annual evaluation of the group home houseparents.

APPENDIX E

St. John's Group Home Basic Program Goals from "Manual of Operations" (1979)

1. To create as near as possible a family like atmosphere designed to provide emotional support and physical care for children and young persons making an adjustment to family and community living.
   - to provide residents with adequate, nutritious meals, comfortable sleeping arrangements, an adequate wardrobe, a sufficient degree of privacy, reasonable recreational facilities and any necessary medical and dental services to ensure their healthy physical growth and development.
   - to provide residents with love, guidance, control and understanding at all times, but particularly at times of emotional crisis in order to produce and enhance a positive self-image in each resident, and to give each a feeling of belonging.
   - to allow each resident opportunities for warm, personally-involving relationships with group home staff and with each other.
   - to provide a system whereby each resident may have some opportunity to express opinions and feelings about the functioning of the home.
2. To provide appropriate means for children and young persons to interact with each other and the community at large.
   - to ensure that each resident is involved in an educational or employment situation.
   - to encourage residents to become involved in community recreational activities.

- to encourage residents to attend church and church activities of their choice.
- to utilize community medical and dental services.
- to encourage residents to utilize community transportation systems, shopping and recreational facilities.
- to ensure that residents are given adequate opportunity to interact with each other at mealtimes, during group tasks and outings, and through recreational activities in the home.
- to encourage residents to invite community neighbors and friends into the group home.

3. To provide means whereby children and young persons may become fully integrated as responsible, independent, self-reliant community members.
   - to teach residents to use existing community services such as buses, taxis and recreational facilities.
   - to ensure that residents understand the full significance of money - in shopping, banking and in the credit system.
   - to teach socialization skills such as dressing, good grooming, table manners, basic domestic skills, interpersonal relationship skills, and life skills such as punctuality, courtesy and responsibility.
   - to give each resident sufficient information about sex in an atmosphere of openness and trust so that he is able to develop a healthy concept of himself as a sexual being.
   - to help each resident to attain and accept a healthy, realistic picture of his strengths and weaknesses.

4. To provide a Christian atmosphere in which the young person may grow spiritually and come to see faith as an important resource for living.
   - to ensure that each resident is able to attend the church of his choice.
   - to teach, through example, the principles of the Christian faith including our dependence on God, our salvation through His Son, and our commitment to such Christian ideals as honesty, self-lessness, and concern for others.
   - to teach, by example, a toleration for all faiths, thereby making it clear that it is not the intention of the group home to proselytize.
5. To promote, whenever possible, the reunion of each child with his or her natural family or foster family.
   - to place each resident in geographical proximity to his or her family.
   - to co-operate to the fullest extent in family visits, family counselling, and attempts to reunite the family.
   - to provide Social Services with reports on the progress of each resident.
   - to involve, where possible, the family in the admissions procedure.

APPENDIX F

Example of In-House Program for all Residents - St. John's Group Home

KITCHEN: CLEAN AND NEAT AT ALL TIMES

- Dishes to be put in dishwasher.
- Dishwasher door to be closed and dishwasher put on as needed. Don't fill receptacle more than half full. Unload when ready.
- Counter, stove, sink and refrigerator to be washed off after meals.
- Don't allow leftovers to pile up in refrigerator.
- When needed, tidy up broom closet, cupboards.
- Kitchen garbage to be put in porch garbage as soon as it's full and porch garbage put out when filled (usually suppertime).
- Floor in kitchen and porch to be swept after each meal and washed up when needed.
- Younger children make lunches at 7:20, older people make lunches at 9:00. EVERYONE HELPS TO CLEAN UP.
- Whoever sets the table for breakfast has to make sure there is bread, juice, and cereal (and milk if needed) up for the next morning. Don't put more juice in the jug until it is washed out.
- Leave basket on floor for laundry.
- Keep shelves tidy (keep sprays on top shelf).
- Clean toilet and sink as needed.
- Vacuum along with breakfast room.
- Tub cleaned after every use.

BREAKFAST ROOM

- Table washed out after each use.
- Placemats straight, chairs in.
- Floor vacuumed as needed.
- Counter to be kept free of "JUNK".
- Pots to be put in neatly.
- Cupboards tidied as needed.

ENTRANCES

- FRONT - slippers only
- BACK - boots and shoes
- BOTH - to be tidied as needed

GENERAL RULES FOR ALL RESIDENTS - ST. JOHN'S GROUP HOME

- No one leaves the house without saying where he is going and when he will be back.
- Everyone helps with the housework as assigned or when asked to help.
- 11:30 is the usual bedtime.
- Everyone has a daily bath or shower and washes hair as needed.
- Everyone has to act his/her age.
- Anyone who abuses a privilege, loses the privilege.
- Everyone has a right to an equal share of our time. Don't play favorites.
- Everyone has a right to privacy. Knock before entering someone's bedroom. When someone has visitors, don't let the others take up too much of the visitor's time. Boys are not allowed in the girls' room and vice versa.
- Exercise is very important. Make it a part of your day.
- Normalization, consistency and integration are the key words here. A time to work, a time to play, a time to learn, a time to rest - is good way to spend a day.

  "Give me a fish/I can eat for the day
  Teach me to fish/I can make a living."

- Everyone must speak politely.
- There is no shouting, roughhousing or fighting allowed.
- People can be as crooked as they like - in their own rooms.
- People can use their own T.V. up to 8:00 p.m. or when the house T.V. is on.
- Radios, stereos and guitar playing is not allowed once people start going to bed or if it's annoying the rest of the household.
- The pool table is not a play toy. If anyone is being rough with it, he loses the privilege of playing pool.
- Meals, T.V., pool, going out, talking, listening to the stereo, etc. are privileges the people earn by taking care of themselves and their rooms and helping with the household chores. If they don't want to help they don't get their privileges, be it food or T.V.
- If "they blow it" they lose all privileges and are grounded to their room and house, or are given extra chores. Example if they lose the privilege of going to the movies, they can spend four hours washing down walls or cleaning up the basement. Example: If a resident goes for a walk and gets home late for supper, his supper goes in the garbage and he can't go for a walk the next day.

APPENDIX G

Management and Committee Functions -- Corner Brook Group Home

In 1977 when the Corner Brook group home was in the planning stages a steering committee was organized by the sponsoring church organization. Individuals were chosen by the local parish or community. After the mandate and funding were approved for the group home, this steering committee became the Board of Management of the Group Home. Board vacancies are filled by a Board selection procedure which reviews the recommendations of individual members.

Seven people serve on the Board of Management including the head houseparent who serves as a non-voting member. Eight to ten members are viewed as an ideal size for the Board. The board members include businessmen, the clergy, Social Services employees, and homemakers. Board members may serve for an indefinite period. The Board meets monthly except during the summer months. The Board has a chairperson, secretary and treasurer. Operational policies as well as staff training are developed by the Board. Funding for in-service training is provided by the Department of Social Services. Various functions of the Board are carried out by three Board committees: property, staffing and admission. These are described below.

The Property Committee

This is a one-person committee which is responsible for the physical property or building and reports to the Board on necessary maintenance repairs.

The Staffing Committee

The Staffing Committee has a chairperson and three members. The responsibilities of this committee are to make recommendations to the Board for the hiring of new and relief staff, and for the disposition of incompetent workers. The hiring procedure involves advertising vacant positions, screening applicant resumes, interviewing four or five of the most suitable applicants, and making recommendations to the Board for the final decision. The job descriptions used by the staffing committee are based on a November 1977 proposal and the Manual of Operations (1979). A member of the staffing committee serves as a staffing liaison person. This individual is expected to be informed of staff problems and keep the staffing committee informed. Problems unable to be resolved by the staffing committee are passed on to the Board.

The Admission Committee

The Admission Committee has four members which include the group home social worker, the head houseparent, the Chairperson of the Board, and one other member of the Board. This committee is responsible for selecting applicants for admission and discharge. Committee decision making usually involves a consensus process rather than actual voting. Three members constitute a quorum.

Prior to an admission committee meeting, the social worker for the group home gives committee members the files on each group home applicant considered suitable by Social Services. The Corner Brook group home has a preplacement evaluation form which is completed by social workers at the time of referral. The selection criteria for the Corner

Brook group home admission committee are based on two major considerations. The home is looking for children who are most likely to benefit from this type of therapeutic setting rather than children for whom there is simply a placement problem. In addition, children will not be accepted who pose a serious threat to the safety of themselves or others.

Interim decisions on resident discharge are made by the committee on the houseparent's recommendation. The Regional Director of Social Services on behalf of the Director of Child Welfare makes the final decision on the discharge. Discharge usually occurs when a child or young person needs a less restrictive environment. Thirty days written notice must be given prior to date of discharge, except in the case of emergencies.

Personnel

Three individuals were employed as houseparents in the Corner Brook group home at the time of this study, although there are usually four houseparents. The group home has been understaffed for several months.

The job descriptions of the houseparents are outlined in the Group Home Proposal of November 1977, and from the Manual of Operations (1979). Four houseparents share equally the responsiblities for the management in the home. The head houseparent has the additional responsibility of writing the monthly and annual reports and supervising a domestic worker. The domestic worker assists with cooking, cleaning and other housework. All of the houseparents are responsible for reporting in the Daily Log Book which includes descriptions of all important appointments and events which take place in the group home.

The group home proposal (November 1977) states the personal characteristics and skills which group home parents should ideally possess. These are: (1) previous experience, as well as enjoy being with children; (2) be able to provide a structure and an atmosphere in which children may develop solid relationships with adults and peers; (3) be able to apply reasonable rules and standards, and maintain a stable and orderly household for the child in spite of behavior; (4) be able to maintain a well-structured environment that will provide a pattern of constructive daily living and stimulation to broaden the children's life experiences; (5) be able to relate comfortably with children, accepting and understanding their difficulties; (6) ability to be honest in their interpersonal relationships with children; (7) be able to communicate effectively with the social worker and other professionals in the community; (8) ability to be patient, reflecting possession of an inner stability and sense of self-worth; (9) be able to work and relate with others.

The Manual of Operations (1979) states that houseparents should be at least 21 years of age. They should have a minimum of grade eleven education with courses in the area of psychology and child care. Couples applying for the live-in positions are required to have been married for a minimum of one year. Applicants are required to have demonstrated an interest in young people through employment experience or work on a volunteer basis. Experience with children from a similar target population or work in a group home is viewed as invaluable. Equivalent education and experience may be acceptable. Applicants must not have any health problems that will interfere with the performance of their duties.

The three houseparents work together as a team, each with different abilities to contribute to overall care. The houseparents work on a shift schedule which is implemented for a five month period. The houseparents and chairperson of the Board of Management prepare each work schedule. Weekend work shifts are from 3:00 p.m. Friday to 3:00 p.m. Sunday. If the houseparents have a formal complaint to make they are expected to take it to the staffing committee, through the staffing liaison person. If the problem can't be handled by the staffing committee then it is taken to the Board of Directors.

The daily activities of the houseparents include housework, accompanying residents to appointments and recreational activities, supervising residents when in the home, counseling individuals, indoor and outdoor maintenance of the home and recording in the group home log book. The head houseparent has additional responsibilities which include responsibility for writing all group home reports, attending Board of Director and Admission Committee meetings, and handling the daily group home finances. When applicants are being considered for admission, the head houseparent reviews the respective files prior to the admission meeting and confers with the other houseparents.

The group home houseparents use three types of In-House record-keeping, reporting systems: a daily log book, a monthly report, and an annual report. The daily log book is used to record important events which occur each day, including doctor's appointments, inappropriate behavior of clients, exceptionally good behavior of clients, household maintenance needs, and important communications from community persons regarding clients, i.e. parents, social worker, family, etc. The log book is usually filled out by the staff at the end of each shift. Staff

on the following shift will review any important information necessary for their own shift. The monthly report prepared for the Board of Director's meeting is completed by the head houseparent, who has the other houseparents read and approve it before submission. The report gives a detailed description of each individual's behavior in the home, school and community. Included is information on the medical and/or emotional problems of residents. The annual report is written up by the head houseparent and includes information on admissions, discharges and a summary of the current status of each resident. In addition, the social worker for the group home does a child progress report on each resident every three months.

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