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AN EVALUATION MODEL FOR A CHILDREN"S SHELTER

By Brian Fruchtman

Augsburg College thesis for a Master of Social Work

Augsburg College, August 12, 1994

MASTER OF SOCIAL WORK
AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

CERTIFICATE OF APPROVAL

This is to certify that the Master's thesis of:

Brian Fruchtman

has been approved by the Examining Committee for the thesis requirements for the Master of Social Work Degree.

Date of Oral Presentation: July 13th 1994

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ABSTRACT OF THESIS

An Evaluation Model for a Children's Shelter

By

Brian Fruchtman

July 12, 1994

Millions of children spend time each year in children's shelters, residential treatment centers, and other noncorrectional placements (Pelton, 1989). There is no record in the literature of a client satisfaction questionnaire measuring satisfaction of children in a shelter or treatment center with program components. This thesis is a proposal for an evaluation for a children's shelter in Minneapolis called Booth Brown House. The proposal includes a specially -designed questionnaire. The research proposal also includes provisions for the involvement of shelter direct care staff and future researchers in all stages of the evaluation process. The thesis also includes a discussion of the relative advantages and disadvantages of an oral interview format.The proposal also describes articles which identify qualities of children's treatmnet centers that are associated with emotional and behavioural improvement of residents during and after treatment.

ACKNOWLEDGMENTS Thanks to my thesis advisor Rosemary Link and my readersRobert Kincaid and Anthony Bibus. Special thanks to Anthony Bibus for his unrequired donation of time. Thanks to my mother Emily and my brothers Jonathan and Daniel for their support.

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INTRODUCTION

The children of our society are a collective responsibility. We must therefore be aware of and take into account the psychosocial effect of any societal institution on children. That is why the literature review and introduction to this thesis focus on the impact of children's shelters.

Children have many needs beside food, clothing, and shelter. That is why the shelter for which the evaluation described in this thesis is proposed must be and will be judged based on many other criteria, in order to measure its impact upon the cognitive, emotional and behavioural functioning of its residents.

Although the primary purposes of residential treatment centers and shelters are different in that shelters are not set up for mental health treatment, in reality there are many similarities between children residing at shelters and those residing at residential treatment centers. The reasons are explained in the literature review below. In addition to that, there are also more studies done on children in treatment facilities than on children in shelters. Consequently much of the information this writer presents on children at shelters is extrapolated from information on children at treatment centers.

Shelters and residential treatment centers are, in Minnesota policy, two of the most extreme options for dealing with children or families in need of help (personal communication, Anthony Bibus, June 10, 1994)

They are extreme in their restrictiveness. The most basic and obvious restriction imposed upon children in residential treatment is the restriction from living with parents during their residency. Other options are described in the literature review, page 19-24.

Pelton (1989) focuses in on the forced separation of families as a longstanding, widespread, classist and inhumane practice. He offers evidence that public and private welfare institutions ignore the dangers to children due to poverty and exaggerate the dangers due to parental abuse, neglect, and incompetence.

Pelton's examination of spending levels for different public welfare services suggests the extent of efforts being made to provide environments less restrictive than residential care for those children whose needs can be met in another setting. He decries the fact that in 1950, 72% of the budget of child

welfare agencies were devoted to foster care services.

Pelton informs us that the pattern has not changed. In fact, during the Reagan presidency, the Federal Government cut aid to states for preventive services, while increasing aid to states for foster care and adoption.

Information on the spending level for less extreme services by the State of Minnesota, where the shelter which is the object of the writers's evaluation proposal is located, helps the reader judge the ethics of the mental health service delivery system in Minnesota.

In the Minnesota budget in 1993 what sound, judging by their title, to be less extreme services received a small percentage of the budget. The title which seemed to designate those less extreme services was "Family Support", which fell under a broader title called "Human Development". "Health Care" and "State Operated Institutions" also fell under "Human Development".

"Family Support" received $592,000,000, approximately 20% of the Human Development budget, and just under 4% of the total state budget. In addition to being already a notably small percentage of the budget, the dollar amount allocated by the state under "Family Support" is projected to even less next year 1993).

Of this total, $28,000,000 was for "Child Protection and Family Preservation" (, Governor Arne Carlson, 1994).

Another area besides dollars which indicates the level of commitment of Minnesota legislators to the provision of the least restrictive option for children and families in need of help is its passage of legislation restricting the separation of families.

In Law 257.071, State of Minnesota, any county removing a child from the home into foster care must first write a "placement plan", which must include the reasons for placement, the specific actions parents must take to regain custody, and the date on which the child will be returned to the parents, once the parents have taken the required actions.

In summary, some of the state legislation in Minnesota is designed to be supportive of maintaining the family unit, but the funding is modest.

Based on state and national trends, one must wonder whether all of the children in the shelters and

treatment centers in Minnesota needed to end up there.

If not, then professionals in shelters and treatment centers who are seeking to help children should not confine their efforts to the boundaries of the individual programs in which they work. They must seek more resources to help families in their communities they serve remain intact.

Nevertheless, the focus of the thesis from this point onward will be the measurement and improvement of client satisfaction and change during and following residence in children's shelters and treatment centers. The facility for which the client satisfaction questionnaire presented below was created is an adolescent shelter facility called BoothBrown House.

MY INTERNSHIP

Booth Brown House, the site of my Master of Social Work internship, is at l471 Como Ave. S.E. in St. Paul, Minnesota. It houses an adolescent treatment unit, in addition to its two shelters, one being for boys, the other for girls. It is run and partially funded by the Salvation Army. The Salvation Army receives some reimbursement for each resident, usually from the county where the residents resided before their admission.

I am supervised in my internship by the Director of Clinical Services. In my internship I see clients who stay on the treatment unit and their families for individual, family and group therapy. On the shelters I lead two kinds of groups. One kind is 'ism' groups, covering racism, sexism and homophobia. The 'ism' group gives children an opportunity to exchange views with each other and get information from me which I hope will result in a reduction of prejudicial attitudes.

The other kind of group is anger management. In that group they are taught to recognize and use empathy and to explore how their actions fit with their own morality, as well as a variety of self-management skills designed to give them more self-control in situations in which they become angry. One goal is a reduction in the kind of fighting which got some of them into Booth Brown House. There is, unfortunately, no structure in place to find out if children after their discharge are actually using the skills which I have taught them. These groups run continuously, which makes sense, since the

population on the shelter units is always changing.

The thesis I present in this document is very different from what I envisioned when I first conceived of it. A brief explanation will follow. A more detailed narration, which may prove instructive to future researchers and evaluators, is contained in Appendix 1.

I composed a questionnaire designed to measure adolescents' satisfaction with Booth Brown House. I avoided asking questions that I thought would be upsetting to adolescents-for example, asking them if they ever think about suicide. I saw the evaluation as being potentially beneficial to the program and to its future residents.

At Augsburg College, all research proposals involving human subjects have to be approved by the Institutional Research Board. It was not feasible for me to get parental consent for all adolescents at Booth Brown House. The IRB asked me to design a "user-friendly" questionnaire and consent letter with the hope that children would be able to understand the questionaire and consent letter well enough to give consent on their own. When I was unable to do so to the IRB's satisfaction, I was forced to revise my thesis from a research project with human subjects to a proposal for such a project that may be carried out by the shelter staff.

My thesis, as revised to assign implementation of the proposal to Booth Brown House, actually meets one of the objections of the Institutional Research Board which blocked its approval, by including a mechanism for obtaining parental consent.

I had not proposed to obtain parental consent in my Institutional Review Board application, due to the prohibitively large amount of time I would have had to spend trying to locate parents, under the research design I discussed with my supervisor prior to my submitting my application. It was only since the board's rejection of my project that my fieldwork instructor agreed to have parents be asked for their consent routinely, during the admission process.

The evaluation which I am now proposing could be advantageous to staff, residents, administration, and other social work shelters and treatment facilities. Currently there is no resident evaluation program for the shelters.

The evaluation when conducted would give the staff and administrators information that they could

use to accomplish their objective of providing a safe, comfortable and nurturing place for their residents.

The evaluation would give the residents a voice in the way they are treated. This could be a sorely missed commodity, in view of the lack of choice many of them have in their lives- which starts with the choice to enter shelter, which is made for them by police, social workers or parents.

The writer only found the results of a single client satisfaction questionnaire in the children's treatment and shelter literature of the last thirty years (see PURPOSE OF THE STUDY, p1 14). Information on the likes and dislikes of the residents at Booth Brown House could be a starting point for other children's shelters and treatment centers that could use the results to change their own programs until they were able to survey their own residents.

There are limitations, however, to the validity and generalizability of the results.

A threat to validity comes from the possibility that the sample will not be representative, due to exclusion of children who go "on run", as well as children for whom no parental consent form can be obtained.

Threats to generalizability of the results across time and programs at Booth Brown House come from the variation by chance of the populations of the shelters over time and the variation between the shelter units and the treatment unit in population and programs.

A more detailed discussion of the limitations of the proposed evaluation in validity and generalizability are included under LIMITATIONS, pp. 82-88.

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PURPOSE

The purposes of this thesis are as follows:

1)To design a satisfaction questionnaire for the residents of Booth Brown House shelters.

2)To design procedures for periodically administering the questionnaire and evaluating the results.

3)To describe the rationale for a possible future use of aninterview format and the process to be used in administering it if it is created.

The writer early in the development of this thesis chose the administration of a written questionnaire to be answered in writing by the children taking it. The focus of this thesis will continue to be that paradigm.

While the advantages and disadvantages of interviews and written questionnaires were the basis for the initial decision to use a written questionnaire method, they were also the basis for the later decision to create guidelines for an interview form. The benefits and drawbacks of each are described in METHODOLOGY, pp. 41-49.

The majority of the focus of this thesis will continue to be the content and future administration of the written questionnaire contained therein, which connect to the first and second purposes outlined above, due to the advantages of the written procedure, as described in the METHODOLOGY section.

A tool for children specifically in shelters to indicate their level of satisfaction is sorely needed. This writer did not find a single such tool in the literature (see LITERATURE REVIEW).

The application of such a tool by children's shelters and treatment centers in modifying their programs is greatly needed not only by shelters, but by treatment centers as well.

Very few surveys have been done previously. Not only is there a lack of satisfaction surveys of residents of shelters of children (the results of only one survey were found by the writer in an article which did not include the instrument used to conduct it); there is almost as great a lack of surveys of treatment centers as well (see LITERATURE REVIEW).

In fact, there was not a single survey of children in either shelters or treatment centers which asks them to evaluate specific program components. The closest anyone has come to a customer satisfaction questionnaire addressing the usefulness of specific program components was to ask children in shelters or treatment centers about their emotional well- being or about their appreciation of the staff, while leaving it to the staff or to the evaluator to speculate what program components are responsible for their

residents' sense of well-being or appreciation, or lack thereof.

There are several reasons why it is important to obtain information on the satisfaction of children in shelters and treatment centers:

Children must be treated with respect. Part of respecting them is soliciting their opinions and at least thinking about them.

All people have some right to self-determination, although children are not entitled to as great an influence over their own lives as adults, due to the need of children for structure and guidance.

Social workers need client feedback in order to provide the best service they can provide. Many agencies, including Booth Brown House, mental health agencies, and other agencies see satisfying client needs as their primary mission. The client is, after all, the most valid source of information on how he or she is impacted by services.

For all the reasons above, the use of client satisfaction questionnaires is increasing in social work. (personal communication, Anthony Bibus, June 25, 1994). That is why the lack of client satisfaction research in shelters and treatment facilities is so puzzling. It might be based upon a belief that children are not competent to assess their own needs.

The central dilemma for staff and administrators in the utilization of this questionnaire will be how much weight they should give to opinions of children. While self- determination is a social work process goal, every parent knows that being a good parent isn't about providing the greatest possible pleasure for children by doing everything the child asks for. The readers will agree with the writer's intuition that much of the rules and structure which parents put on children are intended to ensure that they complete their developmental tasks. Staff are responsible to fill the role temporarily of the parents of the children residing there.

Whatever the weaknesses of using self-reporting instruments for evaluation research, children are still the best sources of information on how they are being affected by their surroundings. It will therefore be challenging for staff, administration and the future researcher to decide how much weight to give to children's concerns as they try to balance out considerations, and to decide what it possible and what is impossible, given limited resources. The extent of staff involvement in the process after the

questionnaires have been administered and analyzed is described under EVALUATION MERTHODS, pp. 63-64.

This questionnaire is designed to ask questions which yield information which it would make sense for staff and administrators to consider in making rules. For example, it does not include a question about how the children like their bedtime, because it is normal for children to want to stay up later than their parents wish. Parents want their children to go to bed early enough so that they will be rested for school the next morning, while children are often more focused on the pleasure staying up can provide. The questionnaire does, however, include a question on whether the children feel satisfied with the amount of time they have to talk to staff, because adult attention is something children need in order to complete their developmental tasks.

Another study suggests that, in spite of the need for staff to insist upon reasonable standards of behaviour, it is still realistic to aim for a high level of satisfaction among adolescents at a shelter. A shelter in Boy's Town in Kansas (Daly,L. & Dowd, 1994) illustrates this.

Client satisfaction with staff was measured using a Likert Scale ranging from one to seven , with seven being the most favorable rating of staff and one being the least favorable. The lowest rating the children gave the shelter in any area was 5.98. Areas rated included fairness, concern, pleasantness, helpfulness and staff communication. Moreover, the high level of client satisfaction was found in spite of the many problems that those children had at their admission, as described in the literature review. (See SHELTERS AND TREATMENT CENTERS: DIFFERENCES AND SIMILARITIES, p.22.) Severity of children's problems immediately before admission is relevant because greater problems suggest a greater need to change those behaviours which in turn requires a higher level of staff intervention, thus more conflict, thus more dissatisfaction with staff. The favorable rating cannot be explained by staff nonintervention. To the contrary, it can be deduced from the statistics presented by Daly and Dowd(1992) that the staff were insisting upon reasonable standards of behaviour. 69% of the youths exhibited no out-of-control behavior during their stay in the shelter, out-of-control meaning being persistently unresponsive to staff. Additionally, 15% had only one incident (Teare and Furst, 1994).

The writer knows from experience that this level of behaviours is unusually low for this population.

During the time that the writer led groups on the boys' shelter at Booth Brown House, the vast majority of children exhibited more than one behavioural incident during their stay.

The high level of satisfaction found by Teare may be related to the fact that the Boy's Town program does more work in teaching skills to children than do the Booth Brown House shelters. It is also possible that in spite of the similarities of the populations of the Boys' Town and Booth Brown House shelter programs, there may be differences which have not been identified.

The information provided by the questionnaire, more specifically, will include what residents liked and disliked, what helped and what hindered their sense of safety and connectedness, and what program elements they think should be amplified and what should be diminished.

Not only will the questionnaire give staff an idea of the most typical responses; more importantly, the questionnaire will give staff an idea of the range of responses for each area of investigation. This may help prepare staff to work with not just the average resident, but with all the residents, with their diverse psychological and cultural qualities and needs, as well as their diverse developmental levels and vulnerabilities.

It is hoped that when the study is undertaken, the information derived from the questionnaire will promote the process of discussion among staff and administrators which which occurs on an ongoing basis at Booth Brown house at the weekly team meetings which are held for each shelter. This process of discussion is another vehicle for the never- ending effort of staff to achieve greater consistency in the ways staff interact with children. The benefit of consistency derives from the likelihood that children will be more able to satisfy staff expectations if the expectations are consistent.

It also seems likely that the information derived from the questionnaire, by giving the workers knowledge of typical reactions of their shelter residents to the program, will help them, when faced with a specific complaint by a specific adolescent, to understand the underlying issues. For the clinical benefits of that understanding, see QUALITIES OF TREATMENT PROGRAMS AFFECTING SUCCESS, p.29 (Braukmann, 1983).

The development of an interview format could serve either of two purposes. It could be used as a substitute for quantitative study; or it could be used as a follow-up measurement to the written responses

gained from use of the quantitatively-based questionnaire. The rationales for these options are described under RESEARCH PARADIGMS, pp. 41-49. The strengths and limitations for the two types of questionnaires are therein described.

The next chapter of this thesis, Chapter 2, is a Literature review which looks at shelters and treatment centers and the results of evaluations made on them.

Chapter 3 provides the theoretical framework. From there it describes the methodology, including who will be evaluated, who will do the evaluation, how it will be done, and what instrument will be used.

Chapter 4 includes limitations of an evaluation using the questionnaire developed.

Chapter 5 contains the writer's recommendations.

The appendices include a description of the writer's attempt to secure approval from the Institutional Research Board, along with copies of the questionnaire for children and copies of the letters used to obtain consent from children and their parents.

LITERATURE REVIEW

The literature review is structured to convey to the reader the following ideas under the following sections:

1)SHELTERS AND TREATMENT CENTERS: DIFFERENCES AND SIMILARITIES

A) Why it is useful, important, and necessary to look at treatment programs in evaluating a shelter program.

i)Similarities of their two populations

ii)The lack of research on shelters

iii)Similarities of of treatment and shelter programs at Booth Brown House.

a) Similar emotional and behavioural problems.

b)Similar family backgrounds

2)BACKGROUND OF ADOLESCENTS SERVED AT SHELTERS

A)Family history of children served at Toronto foster homes

B)Racial and ethnic composition of Minnesota treatment kids

3)USEFULNESS OF TREATMENT

A)Peer culture model

B)Behavioural model

C)Psychoeducational model

D)Intensity level of treatment versus outcomes

4)EFFECTIVENESS OF TREATMENT COMPARED TO OTHER FACTORS

A)Relative importance of programmatic and ecological objectives

5)QUALITIES OF TREATMENT PROGRAMS AFFECTING SUCCESS

A)Rationales

B)Integration into the community

C)Family reintegration

C)Use of groups

E)Client-to-staff ratio

6)A MINNESOTA EVALUATIVE AGENCY

7)THE EARLIEST EVALUATIVE ATTEMPTS

A)Goffman

B)King

8)EVALUATIVE TOOLS CREATED BY RICHARD MOOS

A)Social Ecology Scales
B)Community -Oriented Program Environment Scale(COPES)
C)Utilizing results of evaluations of Richard Moos
1)Utilizing COPES
2)Relevance to Booth Brown House

9)MORE RECENTLY CREATED EVALUATIVE TOOLS
A)Hillsdale Children's Center evaluation systems

10)SUMMARY

The literature review next informs the reader of the psychosocial and familial qualities of residents of treatment facilities and shelters and shortly thereafter of the components of various successful treatment programs.

The literature review attempts to give staff at Booth Brown house the basis to make programmatic choices. It is intended to so do through its incorporation of a dual focus, examining both residents and programs, in the manner described above.

The kinds of programmatic choices which the literature review is designed to facilitate are those based on knowledge. At Booth Brown House that will come from the statistics to be derived from the application of the questionnaire designed by this writer.

The writer, while recognizing the uniqueness of each childrens' facility, intends that the literature review will impact readers at other facilities.The literature review, it is hoped, will give others the basis for constructing their own questionnaires, interpreting their own results, and making their own programmatic choices.

SHELTERS AND TREATMENT CENTERS: DIFFERENCES AND SIMILARITIES

Treatment facilities are places where people go to be changed or helped. Shelters, by contrast, are places where people go to be kept safe and fed unless and until they can make more satisfactory permanent arrangements.

Although the two residential facilities on which the research described in this article was conducted involved two shelters rather than two treatment facilities, it will be helpful to incorporate findings on treatment facilities into this literature review, for several reasons.

The main reason is the lack of research on shelters. The writer did not find a single client satisfaction questionnaire for a shelter for study, although the slender results obtained through use of a client satisfaction questionnaire were presented in one article

(Teare, Peterson, Furst, Authier, Baker, &Daly,1992). In fact, other than that questionnaire there were very few evaluations of any kind of shelters.

While there is a great deal more research in general on treatment facilities than on shelters, in the area of client satisfaction with treatment facilities this writer could only a few researchers. The instruments developed by the most prolific researcher, Richard Moos, are described on pages 33-34. The issues around shelters are of great importance; each year, two million children and adolescents spend some time in a shelter or treatment facility(Shane 1992).

One would of course anticipate that residential facilities for adolescents would serve mostly those who have emotional and behavioural disturbances, while shelters would serve "normal" adolescents placed because they ran away or because of parents` unavailability, neglect, or physical or sexual abuse. The writer, however, has found from personal experience, at Booth Brown House and elsewhere, that the two populations overlap. Both have a high percentage of minority youth, which presents a staff person with challenges in being aware of special strengths and vulnerabilities which minority youths can have. (This results in part due to the smaller number of minority foster homes which have been able to obtain licensure from the State of Minnesota. This creates a space problem, not to speak of a cultural awareness problem.

Adolescents in treatment may resemble those in shelter. Similarly to those youths who find themselves on shelter as a result of having committed the classic oppositional act of running away from home, adolescents in treatment often have developed their own oppositional behaviours; this may, in fact, be part of the reason they are placed there. It is also commonly though not always the case that adolescents in treatment have troubled families, as those in shelter often have.

There are, conversely, some ways in which children in shelter may resemble those in treatment. This is particularly true of children who have been removed from the home because of neglect or abuse. They may have been sufficiently traumatized by conditions in

their homes so that they, like the treatment adolescents, have mental health issues by the time they reach shelter. The conditions of their existence may have caused anger, depression, shame, or repression of any or all of those feelings, or of painful memories.

The similarity of shelter youths to treatment youths is increased by the informal system of assignment. In this system, it is to some degree the most oppositional and emotional children who are placed in shelters. For the shelter staff, these are likely to be more challenging than the segment of the population consisting of children who are removed from the home due to neglect or abuse who end up elsewhere. Those less oppositional children are likely to find placement in foster homes or with relatives. By contrast, those in the shelters for any length of time are likely there because their race or behaviours made them unattractive residential candidates in the eyes of the foster home providors who might otherwise have taken them, or because they were asked to leave their foster home.

Youths who have run away are also more likely to end up in shelter than in foster care, not necessarily because they are unwanted by foster care providors, but rather due to the lack of placement planning which can be done prior to their often sudden and unexpected flight from home. While these children are not all clearly mentally ill to staff eyes, they, like the abused and neglected children who end up at shelter are also challenging to staff at Booth Brown House, who must continuously monitor their whereabouts in case they run away again.

It is also observable to staff, as well as intuitively obvious, that some children who come to Booth Brown House because they have run away are also neglected or abused. National statistics from C. Reece,1986 show that the composition of the composition of residents at Booth Brown House appears typical when compared with national statistics The table below describes the frequency of various emotional and behavioural difficulties which the shelter population of that year was experiencing at the time they entered a shelter. These statistics represent a representative sample of youths ages ten to eighteen in shelters across the country.

family problems	81%
abused physically, sexually, verbally	49%
depressed	49%
disruptive behaviour	48%
Abusive to self	9%
violent towards others	16%

Family resources were scarce, in the sense that 66% of those in shelter were dependent upon the institution due to lack of parents able to provide care or due to having been neglected by their parents.

A study of runaway youths served in a Toronto shelter gives the frequency of prior abuse (Janus et. al., 1987). 73% of girls and 38% of boys had been sexually abused. 43% said physical abuse was an important reason for their running away. Other findings from the Toronto study are described under BACKGROUND STUDIES ON YOUTHS SERVED IN SHELTERS, pp24-26.

The findings from 1981, while out of date, covered some areas that Janus and McCormick didn't cover, and were therefore included, since in those areas Reese provided the most recent statistics available. The findings of both Reese as well as those of Janus and McCormick are validated by the writer's impression at Booth Brown House. Rage, self- mutilation and self-abuse, property damage, peer relations problems and disruptive behaviour were all common. Many children had experienced various forms of abuse as well.

In order to supplement the information in the data presented in the table above, the writer has also included data from a more recent study of a specific shelter, an adolescent home for boys run by Boys' Town in Kansas(Teare et al., 1992) The files of 100 youths consecutively admitted to the shelter were examined for demographic information which had been given by the boys. 87% reported having been verbally aggressive, 67% had run away at least once in the past, 52% reported having had a problem with drug or alcohol

use in their family, 51% reported parent preoccupation with their problems, and 44% reported beinb physically abused by a parent.

Data on the boys' high level of satisfaction with staff at the above home is given in the introduction, as an example for the reader of what it is possible to achieve in a shelter.

At Booth Brown House, the programs on the shelters and the treatment facilities are similar. Both have similar rules for behaviour, similar rewards for compliance, peer evaluation procedures, and activity schedules.

The final determinant to my decision to use treatment center studies as applicable to shelters is the fact that there is a great deal more research on kinds of treatments and their outcomes for treatment facilities than for shelters. Consequently the structure of this literature review will reflect the previously described similarities between treatment facilities and the two Booth Brown House shelters, in terms of the population they serve and the program structure. The literature review will provide the reader with research findings on the structures and relative effectiveness of various treatment facilities, along with a recommendation that the reader take that information into account after, or if, the proposed survey is completed, when and if the reader considers possible programmatic changes in response.

To place the similarities of shelters and residential treatment into perspective, the reader should know that they are only two of many options in Minnesota. There is a continuum of care in Minnesota for adolescents with mental or emotional problems.

The doctrine in the United States is that children should be put into the least restrictive environment where they can develop in safety. The effort is also to allow them as "normal" a life as possible, whether at their schools or at their residences (oral communication, Anthony T. Bibus, June, 1994).

Consequently, if children are having difficulty at school, for behaviour, learning disabilities or low intelligence, the preference is for them to be able to go to their neighborhood school with the children who do not require require special services, and to

children who were taken from the home in part because of their own behaviour. More specifically, 25% of the children included in the Ontario study, ages 7-16, were out of parental control, and another 27% were there because their parents had rejected them. (The precise degree to which the adolescents' behaviour had been a factor in their parents' rejection is unclear.)

70% had lived with more than one family during the year before their most recent admission to care; 42% had lived with two to three different families; 24% with four to five families; and 11% with six to eight families. They may have felt rejected by families, in view of the fact that only 15% of them saw their parents weekly or more often. Their removal from the home may have come as a shock; two thirds had received no preparation from the parents.

This writer found some information on treatment facilities which was lacking in the literature on shelters. The information comes from the Minnesota Council of Child Caring Agencies (MCCCA) Student Data Reporting System Annual Report on Students (1990), which tells us who is being served in Minnesota treatment facilities. Given the overlap in populations served at treatment facilities and those served at shelters described above, and the value of the information uncovered, the researcher has presented the information below.

People of color are disproportionately represented at Minnesota treatment facilities. 11% are black; 6% are Native American; 73% are white. 65% are boys. Other family forms rather than the two-parent first-time married family are also disproportionately represented.

By comparison, in the same year the proportion of the general population of all ages in Minnesota of various racial groups was as follows: 94.4% white, only 2.2% black, 1.1% American Indian and 1.2% Hispanic. (Minnesota Census Bureau, 1990).

More than half of the residents were living in an institution prior to coming to the treatment facilities used in the study. Many had been physically or sexually abused. A disproportionately high number had "serious or severe" problems with maternal relationships, paternal relationships, impulsivity, male adult relationships, social immaturity, use of leisure time, and depression.

A question outside the purview of this study is whether all the minority residents in treatment facilities belong there, or whether some are there because of discrimination, which may have involved

USEFULNESS OF TREATMENT

The first question which a literature review which is anchored by research on residential treatment should address is in what situations, if any, has residential treatment been shown to be effective. Information supporting their effectiveness has existed for 25 years. The models described below have been especially successful.

A behavioural model described by Blase, Fixsen, Freeborn, & Jaeger (1982) used a family orientation by designating two house-parents for each cottage. This model was shown to produce a higher level of resident satisfaction with their experiences while in treatment, as well as lower rates of delinquency, a greater achievement orientation, and a more internal locus of control (Jones et al, 1982)

A peer culture model employed at Achievement Place, and 250 other homes, was shown to produce greater satisfaction with residents' social climates and more order, and great improvement in moral development. (Davis & Quigley, 1988).

The psychoeducational model is employed at Cumberland House, a 25-year-old institution based upon teaching youths how to deal with situations which they bring up for discussion. The article explains that in the psychoeducational model, inability to read, for example, would be treated as the problem needing attention, not as some manifestation of a deeper problem. Research has shown their residents showed greater increase in positive self-concepts and in feelings of competency in running their lives than youths in other treatment programs (Wilbert Lewis & Beverly Lewis, cited in Lyman, R., 1989).

High-intensity programs are also particularly successful. Treatment facilities in Kansas and Nebraska which had relatively high academic and behavioural standards for their residents were compared to those

with lower standards. The high-intensity model produced more positive results, such as success in avoiding after discharge admission into institutions and greater levels of post-high school education (Daly and Doud, 1994).

The Minnesota Council of Child Caring Agencies (MCCCA) has measured the effect of treatment on the lives of children and adolescents in several areas. (The Agency itself is described below, page31)

54% completed their treatment program. Depending on the type of facility, 54% to 86% were discharged into noninstitutional settings. The client satisfaction survey was, strangely enough, only given to the parents and social workers of the former residents, not to the residents themselves. It is reproduced below:

How satisfied were you with: very satisfied or satisfied

%

a. the amount of information 88%

you received concerning your child's treatment?

b. The staff's acceptance of your opinions and point of view 92%c.

c. Your involvement in the child's treatment? 95%

d. The services provided by our (MCCCA) program? 92%

e. The support you received from the staff 89%

during the child's treatment?

f. The staff's response to your questions 91%

regarding the child's treatment?

g. The placement setting in meeting the child's 91%

needs?

h. Overall, how satisfied are you with the 88%

services provided by our program?

One wonders if the children's ratings would have been so high; one also wonders why the MCCCA elected to interview the parents and not the children-whether the children's opinions were seen as less valuable, or seen as insufficiently objective. This could be an interesting subject for a thesis.

The one thing missing from the literature is evaluation from the adolescents themselves of their comfort with specific components of the structure of the treatment centers which they attend or previously attended. This is part ofthe reason for this proposal. Other kinds of evidence for treatment's usefulness are put forth below.

A study from 1967 (Phillips, 1973) compared a group of boys at Project Achievement, which uses Achievement Place, described under USEFULNESS OF TREATMENT, page 26, as a modelwith demographically similar groups at a boys' school or on probation. Two years after treatment, 53% of those from the boys' school had been reinstitutionalized at some point, as had 54% of those on probation, while only 19% of those from Achievement Place had been. Another comparison centered on school performance. Three semesters after graduation, 90% ofthe boys from Project Read were doing C work or better. By contrast, 40% of those from the Boys' school were doing D or F work.

THE EFFECTIVENESS OF TREATMENT COMPARED TO OTHER FACTORS

Having determined that treatment can be useful, based on Blase(1982), Davis (1988) and Lewis (1989), the next question is the degree of usefulness. In point of fact, research indicates that the long-term effects of residential treatment are genuine but that they are modest in comparison to the effects of a thorough preparation for the challenging transition back into the community.

In a study by W.W. Lewis (1984), residents were categorized in terms of to what degree they had met treatment program behavioural and ecological objectives at discharge. Behavioural objectives would be, for example, a reduction in physical or verbal abuse of staff and residents at the treatment program. Ecological objectives would be connecting them to home community, school, and family. The characteristics of those adolescents forming a group composed of those 20% who had improved most were compared to those 20% who had improved least. Six weeks after discharge these groups were again compared.

It was found that there was only strong correlation of personal characteristics (i.e. race or ethnicity) or of placement history prior to treatment (i.e. previous incarceration) with success six weeks after

discharge in attaining the desirable ecological positions, measured and defined as a low degree of restrictiveness and institutionality in the place where the former treatment home residents were living six weeks after discharge. That one correlation was with the degree of success residents were having in meeting programmatic objectives at the time around their discharge. The effect of success in meeting ecological objectives was, however, much greater than the effect in meeting behavioural objectives.

QUALITIES OF TREATMENT PROGRAMS GIVING SUCCESS

Research shows that an important factor in the effect of treatment is the set of rationales which the staff give the residents for the staffs' actions. One study involving adolescent girls (Braukmann, 1983) showed that staff can be trained in this area, and that it affects the degree of cognitive change in residents. The writer hopes that an outcome of the proposed study will be that staff will have more valid and credible rationales.

Another study gives information on the significance of of where a child goes to live after being discharged by a shelter or treatment facility as a factor influencing the child's healthy reintegration into the community. That study, done by the Minnesota Crime Control Planning Board Research and Evaluation Unit (1986), has two parts. The first part compares adolescents in three counties to one another. The second part is a comparative survey of social service workers in the three counties which asks them to make judgments about the effectivenes and equity of the juvenile justice systems in their counties.

The most noteworthy finding of this study was that workers saw a need for agencies to adopt an integrated philosophy of service. They hoped that this would limit gaps in support that adolescents experience in their counties following discharge from juvenile justice facilities, including outpatient mental health services and supported living situations. Once again a factor relating to the world outside the treatment facility is seen as relatively important in determining outcomes compared to what happens inside the facility.

A study shedding further light on ecological impact on outcomes was done on 149 runaway children

in a Toronto shelter (Janus et.al., 1987). Those who were reunited after leaving the shelter with immediate or extended family fared better psychologically than those who weren't, based on their self-reports six weeks after leaving. The table below, which includes at the bottom those who characterized themselves as having overall negative feelings, gives figures for those who could not reunite with their families.

percentage reporting feelings listed below	
hopelessness	62.72
suicidal ideation	62.79
hostility	61.32
negative self-evaluation	63.10
overall negative feelings	65.81

A study of Boys' Town youth done by Teare (1992) described in the introduction which revealed that facility to have a high rate of a resident satisfaction informs us that a notable feature of that program was extensive use of groups. They have fifteen groups; the groups children are. assigned to vary and are based upon their needs. These groups are designed to teach skills, such as greeting skills and peer relations.

Teare tells us that owing to the use of those groups, the program has a positive focus, rather than the negative focus when programs center their interactions with residents on consequences. It may be that a positive orientation through the use of groups promotes resident satisfaction. Whittaker's study(1981) described under BACKGROUND OF ADOLESCENTS SERVED IN SHELTERS (p.31) supports the use of such groups for teaching social skills.

Maslach (1983) did a study with pre-teenage children in which he demonstrated the influence of the client-to-staffratios on the interactions of staff with children. He found that when the ratio was highest staff, who apparently did not have the time in that situation to interact on a nurturing level, resorted to what Maslach calls "control techniques", such as early bedtime, mediation, timeouts and restraints. The abstract available to the writer did not specify what the range of ratios was.

The ratio of staff to children fluctuates at the Booth Brown House shelters, owing to the variation

of number of residents, as they rapidly arrive and depart. The ratios of staff present at any given moment on the units to residents on the unit are never terribly high; the range of fluctuation is from 1:1 to 1:3.

A MINNESOTA EVALUATIVE AGENCY

The Minnesota Council of Child Caring Agencies issues an annual report describing the success of adolescent treatment centers in terms of what happens to residents after discharge. This is measured by oral reports from adolescents' social workers obtained six to nine months after discharge. This is done in terms of psychosocial indicators such as drug use, depression, familial relations etc.

During the interview researchers also ask about postdischarge placements, which are categorized as to whether each incorporates an institutional or noninstitutional setting. Success is defined as a stable noninstitutional placement after discharge at the time of the interview; the optimum result for a child would be restoration to the family.

This would not be a useful way of measuring the post-discharge effect of treatment on adolescents in shelter at Booth Brown House or elsewhere. Given the turbulence of the lives of the adolescents who come to Booth Brown House shelters, it is unlikely that the social workers of former residents would be able to give the evaluator accurate measurements of what would presumably be the relatively small effect of shelter on their lives. If we detected any difference between a control group of adolescents of similar family backgrounds who had not been in shelter and former shelter residents of Booth Brown House, it would probably be too small to be statistically significant. After all, few residents are there for more than two months.

That is why the goal of the proposed evaluation has never been stated as being to help their psychosocial adjustment. True, the writer suggests that research on treatment facilities which have helped their residents'psychosocial adjustment be used as a criterion for deciding what changes to make; but that recommendation is made because to do something is better than to do nothing, not because program modifications will likely result in measurable long-term change for Booth Brown House shelter

residents. In fact, the proposed evaluation centers around client satisfaction, with treatment considerations merely serving as a guide for staff and administration and the evaluator to use in making decisions in response to the evaluation results.

In the remainder of the literature review, an historical overview of adolescent treatment in the United States will be offered. This will be followed by a discussion, in chronological order of development, of different evaluation tools developed for adolescents.

SHELTERS AND TREATMENT CENTERS BEFORE THE 1950's

Facilities for children in the 19th Century in the United States were based on stereotypes and oversimplication. Youths were described as victims of their social class and ethnicity. Their families were depraved or imcompetent. Treatment consisted in socializing youth in middle-class values and teaching them to work.

By the 1960's adolescents' group homes had been developed that were very similar to what we have today. The program described below was actually for children too young to have reached adolescence. In addition, those children were handicapped and not necessarily in need of psychological treatment or behavioural correction. The facilities were two "cottages" in London, England.

That facility, described by King (1961), had the following routine. Children were wakened at 7:00-7:15 am, did chores, ate breakfast and began classes. They could sleep late on weekends. Like Booth Brown House, they had groups in the evening to talk about interpersonal issues. During the day they went to school. Every day in the evening they bathed, sometimes with assistance, played games, watched television, and went to bed, any time between 6:30pm and 10:00pm. They could go out alone to play outside. Sometimes stories were read to them in bed.

THE EARLIEST EVALUATIVE ATTEMPTS

The earliest evaluative attempt this researcher could find that was scientifically done was begun in

the 1950's by Goffman. Goffman, (1961) conducted an analysis of residential institutions which resulted in a schema. It applies to any "total institution", defined by Goffman as any institution in which the residents do not have the option ofleaving. Goffman saw total institutions as being dedicated differentially to competing values.

King and collegues, by contrast, rebut Goffman by offering a variety of examples in which the denial ofindividuality, which Goffman describes as emanating from c oncerns over efficiency, are themselves not efficient. Their theory, in contrast to Goffman, is that it is more psychologically comfortable for workers to deny the individuality of residents of total institutions, regardless of efficiency.

King and Colleagues created a Child Management Scale, which is focused on the answers to staff to questions regarding what they did and why they did it, accompanied by staff observation. The questionnaire results in a rating in depersonalization and other qualities.

EVALUATIVE TOOLS CREATED BY RICHARD MOOS

Moos and his associates at the Social Ecology Laboratory at Stanford University did several kinds of client and worker-based program evaluation throughout the 1970's and 1980's. They created a variety of what they called Social Ecology Scales. One of these, the Community Oriented Program Environment Scale, used in a 1970 evaluation of two facilities treating adolescents in the community, is described in an article (Fairchild, 1984)

Moos wrote a book called Evaluating Treatment Environments in which he uses and compares instruments for staff and instruments for patients at a variety of residential treatment facilities. His instruments were designed to measure whether respondents would have preferred more, less, or the same amount of a variety of programmatic qualities: involvement, support, spontaneity, autonomy, practical orientation, personal problem orientation, anger, order, program clarity, and staff control. The instruments also included true-false questions.

Moos and the other researchers at the Social Ecology Laboratory then generalized about the

adequacy of the programs in each of those areas. The instrument was also used to create broader generalizations about each program. The categories, or dimensions, as Moos called them, are as follows: the Relationship Dimension, the Personal Development Dimension, and the System Maintenance Dimension. They were able to compare their results with the national average, since their test is widely used. An interesting finding was that the clients at Stanford did not rate their programs as highly as did the workers.

An article by Moos (1979) described several evaluations that Moos and colleagues had done using different versions of their Community Oriented Program Environment Scale, abbreviated as COPES scale, including generalizations based on Moos's and colleagues' own evaluations and also based on theorizing done by other writers about how evaluations are utilized by staff. Moos and colleagues also incorporate examples supporting those generalizations which are derived from their own evaluations.

Utilizing results of evaluations of Richard Moos

Moos and colleagues' description of the administrative utilization of evaluations made at three psychiatric programs, one of which was an adolescent treatment program, supported the belief that program evaluations can have a long-term and beneficial impact on programs. Other issues Moos and colleagues explored included client reactions to changes and limitations to change connected to personal qualities of either the personnel or the agency.

This study also demonstrated the benefits of utilizing client feedback in determining change. In the adolescent treatment study, The COPES evaluation showed that staff and clients agreed somewhat on the qualities of the program. They then got together and proposed and implemented changes in the program, for example, an increase in structure, which both groups thought lacking. Six months later staff and clients were retested, and both groups believed that the programs had changed in the directions they wished. Both groups also rated the program more highly, although there were some areas in which their opinions of the ideal had shifted.

The study's relevance to change at adolescent shelters such as those at Booth Brown House is

limited. For one thing, the shelter population is continually changing, so there would be less continuity in Booth Brown House shelters in the change-evaluation process implemented than there was at the treatment center where Moos did his evaluations. For the same reason, interpretation by a researcher of the results of changes made over a future six-month period using the COPES scale for a shelter would be complicated and less reliable. Finally, the tools designed by Moos either do not assess specific program components present at Booth Brown House shelters, or they do not do so to the extent that the questionnaire designed for Booth Brown House shelters does.

MORE RECENTLY CREATED EVALUATIVE TOOLS

Since Moos began to develop his evaluative tools in the 1970's other researchers have created their own. A recent attempt to measure institutional progress (Rafal, 1991) comes from an adolescent girl's home. An Adolescent Adjustment Scale was created, similar to Moos's.

78 girls who had lived in an urban eight-bed community over a period of 14 years were involved in an attempt to develop a profile of girls who adapt well to group homes. School adjustment was measured through information obtained from the schools which they were attending. The only finding available to this researcher is that school attendance predicts adjustment. The Adolescent Adjustment Scale asked the girls about their feelings, self-esteem, and habits, such as alcohol use.

Another residential facility, Hillsdale Childrens' Center, in Rochester, New York (Price et. al., cited in Balcerzak, 1989) came up with a elaborate evaluation system. The evaluators worked closely with the evaluated. Theirs was a two-stage process. First the evaluators identified areas where there might possibly be a problem. Then they met jointly with clinicians to make a judgment on what the actual problems were. They evaluated the program in several areas:

What was the quality of the program i.e. were services and programs being delivered appropriately?

How was the system performing- was the system organizing policies and procedures to maximize efficient and effective service?

How were providers performing-were direct service providers able to carry out tasks competently

within the context of agency policies?

The children showed progress, going from 75% in the severe range of emotional or behavioural problems in school to 75% in the mild to normal range. The evaluators thought in terms of the cues that they could discover within the program; they believed that their utilization of these cues was what would enable them to evaluate the program in all its aspects. Client cues were whether the client was responding to treatment. Service cues were how well were services being delivered in comparison to comparable units. Provider cues were whether certain service providers function at a lower level than their colleagues.

Half of the questions were taken from the evaluation already used by the treatment unit at Booth Brown House. Some questions not used because they concerned treatment, for example, "I felt my counselor helped me understand how my self-esteem is affecting my family visits." While the evaluation used on treatment contained several questions dealing with components with the program, it was primarily geared to measuring residents' sense of well-being and progress, not to isolating the program components which might account for their psychological state.

SUMMARY

In summary, the literature review has presented arguments for the similarity of the structure and population of children's residential treatment centers to children's shelters, has deduced a similarity of personal needs, and, based upon those similarities, has relied upon studies of treatment centers in the assessment of what program qualities might enhance the levels of comfort, nurturance and safety for residents of shelters. The decision to rely upon treatment centers reflects the fact that there is a great deal more information on treatment facilities than on shelters.

There is considerable evidence that treatment centers are of value, but it is clear that a great deal of their impact depends on the reintegration of the child into the community. Features of treatment facilities of possible benefit include a positive approach to the residents; a low client-staff ratio; rationales for policies that make sense to staff; and extensive use of groups.

Relatively few researchers have done client satisfaction studies, especially in view of the numbers of youths who spend time in institutions. Minnesota is fortunate to have its own evaluation agency.

Several cases were described in which researchers had developed instruments designed to measure progress in treatment. The focus of those instruments demonstrated the high importance placed upon objective indicators of progress in comparison with indicators of client satisfaction.

The successful application of instrumentation developed by Moos to the assessment and ultimately the improvement of client satisfaction was described but was not incorporated into the instrument developed for the proposed evaluation. This reflects the fact that the evaluations Moos designed were geared to evaluate the milieu in terms of the abstract qualities of life provided, while the satisfaction questionnaire proposed for Booth Brown House is designed to help staff and administration evaluate the residents' satisfaction with specific components of the shelter programs. Moreover, on those occasions when Moos focused upon specific program elements, they were different from program elements of the two Booth Brown House shelters. There was also an excellent alternative source of ideas for the proposed evaluation, namely the survey which is already used on the Booth Brown House treatment unit.

The COPES evaluation process Moos described did, however, prove useful to the writer by providing an example of the application of survey results to a larger change process. The methods to be described under Chapter III, METHODOLOGY, include the periodic reapplication of the questionnaire to the clientele used in the COPES evaluation, as well as mechanisms used in the COPES evaluation to ensure the continuous involvement of staff in the evaluation process, and as well as the writings of another evaluator who supports the continuous involvement of both the staff and the researcher, Michael Patton.

Research presented under QUALITIES OF TREATMENT PROGRAMS GIVING SUCCESS (p.39) demonstrated the importance of rationales to residents. The proposed study, by giving workers a knowledge of typical reactions, should enhance the ability of workers to give helpful rationales which may relate to his or her understanding of why residents are reacting in a certain way. This will happen if the study helps the worker to understand, when an adolescent complains, the underlying issue, of

which the complaint may be a manifestation, which in turn would enable the worker to put things in focus for the child.

METHODOLOGY

THEORETICAL FRAMEWORK

The usefulness of the proposed evaluation rests on several theories or assumptions.

One design choice the writer has made is that the staff involvement will not cease with the compilation of statistics. In the writer's vision, staff and the evaluator meet in order to look at the results of the evaluation so that they can together review its implications and decide what to do to improve the program (see EVALUATION DESIGN). There is an assumption upon which the usefulness of the meeting depends: the assumption that staff and administrators will be able and willing to alter their behaviour when presented with research findings which suggest that a change in their behaviour is needed.

This relates to cognitive social learning theory. Cognitive social learning theorists believe that people make decisions on what they wish to do based on the information that they take in. They view thought as a kind of behaviour, viewing themselves as behaviourists.

Once thought is categorized by a school of learning as a behaviour, the duality of thought and behaviour is weakened. In this duality, behaviour can be known, understood, and influenced; thought is unknowable, unobservable, and unpredictable. Those who weaken this duality and the concomitant mystification of thought, as do social learning theorists, can feel more confident than they otherwise would in predicting the learning of others, if the thoughts of the would-be learner are known. (Hall, E. & Lamb, M.,1986).

Another assumption is that staff have competencies which can be exploited to further

the evaluation-change process. Evaluators who rely upon this view are, knowingly or not, in agreement with the strengths-competency perspective.

To illustrate how agreement or disagreement with the highly compatible strengths-competency and social learning perspectives influences evaluative practice, let us suppose that a questionnaire reveals what could be seen as a glaring inadequacy of the shelter programs-for example it might reveal that all the children feel extremely unsafe. Let us imagine a researcher who follows a competing view such as the medical model. That researcher might see only a problem, an organizational sickness, if you will, and will set about to fix the sick patient, the shelter program, using his or her expertise alone.

By contrast, a researcher using the assumptions built into the research design, i.e. the strengths-competency and social learning perspectives, will not likely conclude that the staff are all inadequate or unable to learn, and that therefore staff views are not of value; that researcher will instead focus on the other program areas in which the children have positive feelings, in order to understand what staff are competent at, so as to see how staff strengths can be used to improve the glaring inadequacy previously revealed.

Another design choice made by the writer is to use an outside evaluator. (See EVALUATION METHOD for an explanation.) This second design choice requires inclusion of another piece into the writer's conceptual framework: open systems theory. Open systems theory includes the assumption that, like all living systems, the shelter system at Booth Brown House is an open system in which change can caused by agents outside the system. If this were not the case, it would be futile to bring in an outside evaluator to bring into the system to provide negative feedback to counter whatever excess is creating the difficulties.

The proposal also assumes that the program has a purpose outside self-preservation of the system. Thus the proposal excludes the assumption that bureaucracies, such as Booth Brown House are all based on self-preservation.

There is another assumption derived from the strengths- competency approach upon which the usefulness of the proposed evaluation rests. In order for the research results to be helpful, children will have to be seen as having some competence in assessing their own needs and feelings.

EVALUATION PARADIGM

The first section of EVALUATION PARADIGM contains a discussion of the advantages of written questionnaires, both in general and more specifically for Booth Brown House, in comparison to interviews. The next section describes advantages of oral interviews.

The advantages of a written questionnaire paradigm:

Questionnaires give the research designer more control. The ways that questions are asked can affect the ways they are answered. By relying on human beings to ask questions, researcher designers choosing to use the interview format has no guarantee that questions would be asked the way the researchers intended. Questionnaires reduce that risk (Rubin & Babbie, 1989).

Written questionnaires are more likely to protect confidentiality. While an interviewer may have every intention of protecting the anonymity of the interviewee, and may tell that to the interviewee, this may not relieve the anxiety of the person being interviewed, especially if no bond of trust has been previously established between them.

The dangers at Booth Brown House which would result from the resident not feeling

assured of confidentiality are several:

The resident may not be truthful about his or her opinions and feelings.

The resident may participate, but find the experience intimidating and degrading.

The resident with more negative feelings may choose not to participate, thus skewing the study.

Even if an external evaluator were chosen to interview them, the children might not trust in reassurances from that interviewer that their opinions would not be revealed to Booth Brown House staff.

Even in the use of a written questionnaire, guaranteeing confidentiality is a challenge. Ways of maximizing confidentiality in the administration of written questionnaires will be described below under QUESTIONNAIRE ADMINISTRATION. Also in that section, an interview procedure is described which minimizes the effect of the limits to confidentiality inherent in the interview format on research.

Use of a written questionnaire allows for the collection of data from a larger number of subjects on a wider variety of topics that an interview format, since close-ended questions are typically used for most questions. The choice of answers to closed-ended questions which are offered are usually condensed into a sentence or even into a few words.

The use of close-ended questions limits the number of answers the subject has to choose from. The advantage of that restriction is that it improves the chances that data will be statistically significant.

The advantages of an oral interview paradigm:

Interviewees may give answers that the researcher did not anticipate, thus expanding

the awareness of the researcher and possibly altering the research hypotheses.

The qualitative method, with its focus on the individual, tells us more about the intensity of the feelings residents have around issues.

Answers allow the interviewee to more fully express his or her thoughts, thus giving the researcher a fuller understanding of the experience of the interviewee.

The interviewee has an opportunity to explain the question, and to ask follow-up questions which the previous answer might have prompted.

The interviewee may have more of a feeling of being heard and valued when the questions are asked by a human being instead of by a sheet of paper.

In the next section the writer explains why, if a choice must be made, a written questionnaire, sampling a larger number of subjects, may be more valuable for the Booth Brown House shelters than an interview.

The reason relates to the kind of service delivered at an adolescent shelter such as Booth Brown House. There is tremendous diversity within the shelter population, but it would be unrealistic for anyone to think that Booth Brown House or the county government can provide an ideal structure for each individual resident. Common sense suggests that it is not an option to build ten different shelters, each with a unique structure designed to meet the needs of those particular residents. Of course, the shelter must do everything it can so that everyone feels safe. But it would be unrealistic to think that the recreational activities available will meet the tastes of every resident, or that the amount of quiet time after dinner will be the right amount for everyone.

The writer assumes that limited public funds would limit the time and money allotted for an evaluation process, thereby limiting the number of residents who could be

intimidating and degrading.

The resident with more negative feelings may choose not to participate, thus skewing the study.

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The writer assumes that limited public funds would limit the time and money allotted for an evaluation process, thereby limiting the number of residents who could be interviewed in person.

The impossibility of satisfying the preferences of every resident is one reason why a written questionnaire, with, as is typically the case, predominantly close-ended questions, has been chosen. The shelter should attempt to meet the needs of all its residents, for example, by providing a safe environment, not to satisfy each one, for example by providing each one's preferred amount of free time.(Brinkenhoff, 1980). It certainly makes sense to attempt to meet the preferences of the majority, when the things residents prefer are not detrimental to their development, of course.

There is another facet of shelter life which suggests the advantage of using a written questionnaire.

That facet involves the unique social environment of a shelter. Many of the children will have come to Booth Brown House because they were forced to do so, by court, social workers, or parents. It is conceivable that the undeniable

sense of coercion could so permeate their view that they would be especially distrustful of reassurances that their answers would not be held against them, or that confidentiality wouldn't be broken.

This danger in a coercive environment also could exaggerate fears in answering a written questionnaire, though to a lesser degree. This makes the procedures to maximize confidentiality, described under QUESTIONNAIRE ADMINISTRATION, page , especially relevant. The larger sample which a written questionnaire would allow for would increase the chances that the results would be statistically significant, and therefore generalizable to future shelter residents at Booth Brown House or elsewhere.

Why not use both?

A solution to the problem of having to choose between methods is to use both. The written questionnaire could be done with a large grtoup of children. This would give us our statistically significant results. Following their completion of the written questionnaire, some of the children could be offered the opportunity to be interviewed as well (oral communication, Robert Kincaid, July 13, 1994).

Selecting the children to be offered an interview from the same set as those who filled out the questionnaire could be helpful. If the researcher could categorize the responses children made during the interviews insofar as was possible, given the open-inded nature of the questions, the results could be compared to the results from the written questionnaire. An example of the potential benefit is given below:

Let us take a question from the written questionnaire asking children to indicate agreement with the statement "I felt unsafe on shelter". Suppose that in the interview a recurrent theme for the same grtoup of children was anger and hllplessness over feeling disrespected. We

could now hypothesize that if the shelter could make children feel more respected, they would feel more safe.

The writer, while stating a preference for a written questionnaire or over an interview format, elects not to make the final choice for Booth Brown House or for any other institution considering an evaluation. There are too many unknowns to allow for certainty:

It is unknown to what extent, if any, adolescents will feel pressured to participate in either kind of study.

There is no objective, value-free way to judge whether the gains outweigh the risks.

It is unknown how much value the additional depth or breadth of either method will hold.

EVALUATION METHODS

In the first section of EVALUATION METHODS the writer recommends evaluation procedures which would apply to eithera written questionnaire, an interview format or a combination thereof. The second section discusses methods used in conceptualizing the written questionnaire. The third and final section will offer guidelines for the creation of an interview format.

Procedures for either a questionnaire or an interview format .

The evaluation should be done at least yearly. A yearlyevaluation would serve several purposes: (i)It would enable administration to keep pace with any changes of which they might be unaware in the way direct care staff are implementing policies.

(ii)It would enable them to evaluate changes which may have been made in the policies themselves.

(iii)It would give administrators up-to-date data on which tobase their decisions on possible programmatic changes.

Due to the youth of the subjects, parents would be asked if they would like to sign a consent form.

As recommended by Michael Patton (1978), the involvement of the evaluator would continue after the information from the interviews or questionnaires had been organized. The evaluator would present the results at an inservice. The evaluator would then be incorporated into teams which would meet after the inservice to look at what changes in the program should follow.

The continued involvement of the evaluator does not always occur in social work research. There are several reasons for involving the evaluator in the whole process, based on the writing of several researchers.

Institutions have as one of their goals their continued existence (Doug Perry, oral communication, February 15,1993). While the writer sees institutions as being capableof change(see CONCEPTUAL FRAMEWORK), there may be someresistence to change which the evaluator may be able toconfront by his or her continued involvement.

Michael Patton (1978) sees another advantage inincluding evaluators in the change process. He writes "Both strengths and weaknesses of the data are made clear and explicit" (p. 202).

Patton believes that evaluations are more likely to beused if decisionmakers and affected parties are included in every stage of development of the research. When they are included, the researcher can ensure that the research will answer the questions that staff and administrators want answers to. This also gives the staff a sense of ownershipof the research which may give them additional motivation to see that the results, and their

efforts, are utilized, as well as help to alleviate any fears they have of how the research will impact their lives.

The process can be time-consuming; this researcher has thus far had to make seven revisions of this proposal based on the suggestions of faculty and staff.

Patton (1978) suggests that the researcher "accommodate rather than manipulate the views of persons involved" (p.289). They have knowledge based on their first handexperience which the evaluator does not have.

Procedural guidelines for creating a questionnaire:

As regards the content of the questionnaire itself, the writer has also used Michael Patton's suggestions on the content of the questionnaire (1978).

The writer has, for example, attempted to include a mixture of questions which will result in an evaluation of both the processes used on the shelters to respond children's needs as well as the product of those efforts. For instance, the questionnaire asks the children if they felt safe, a product question, as well as if they thought the rules were fair, a process question, since rules relate most directly to the manner in which staff addressed behavioural issues.

Procedural guidelines for an interview format:

The researcher must train staff in interviewing. The cost of having the researcher himself or herself do the interview would be prohibitive (see EVALUATION PROTOCOLS). This training must include neither leading the interviewee, nor showing emotion of any kind upon hearing children's responses.

The researcher must explain what the questions mean, and how the answers are to be interpreted. The teaching should include role plays.

The researcher must give the staff a script to follow inintroducing questions and explaining the purpose of thesurvey (Rubin & Babbie, 1989).

EVALUATION PROTOCOLS

The first section of EVALUATION PROTOCOLS recommends procedures for the administration and analysis of the results of the questionnaire. The second section does the same for the interviews.

Evaluation protocols for the questionnaire:

Because the questions ask for information that childrenmight feel uncomfortable giving, it would be best not to haveany of the direct care workers on the shelters themselvesinvolved in handing out or receiving the questionnaires.

In deciding who to assign the research tasks to, it is important to have some idea of the time line. The average length of stay at the shelters is one to two weeks. Let us then estimate a refusal rate for the questionnaire ofseventy-five percent (hopefully it will be lower), and let us suppose that fifty percent of the parents can becontacted and subsequently sign a consent before their children are discharged and an average population count of fifteen. If the above are true, then the data collection will take ten to twenty weeks.

The person who administers the questionnaire should notbe the same person who analyzes the data, for severalreasons: In view of the considerable length of time that the writer believes will be required for data collection, it seems essential for cost control that the research be done by a current employee in some other department of Booth Brown House, as the cost of hiring someone to just do research would be prohibitive. A researcher will be needed, however, to analyze the data, both because of the complexity involved in doing so and because of the enormous amount of time that will be involved.

Suppose it were to take ten minutes to enter the data for one questionnaire into the computer (the information from the interviews probably will not need to be entered into a

computer, since it need not be statisticallyanalyzed). Suppose, then, that forty questionnaires were used.

In that event, almost seven hours would be required just for entering the data. After that, someone would need to compute the percentages for each question, which wouldrequire at least ten minutes for each question. The proposed questionnaire has twenty-five questions.

In addition to the impracticality described above of having the researcher or any one person do everything, there is a benefit to the children who take the questionnaire or the interview in having tasks split between the staff and the researcher. It protects confidentiality of children, in the following way:

If the person collecting the questionnaire were somehow, in spite of all the safeguards, to accidentally see who filled out which questionnaires, such an accident would not result in anyone knowing that child's views, because the research tasks would be structured in such a way that theperson collecting the data would not be required or allowed to read the questionnaires.

A reasonable choice for data collection would be to use full-time staff from the treatment unit. Full-time treatment staff are rarely if ever used to fill shifts on theshelters, so it would be unlikely that children on treatment would feel concerned about how a full-time treatment staff dissatisfied with their feedback from the questionnaires could impact them if they were to be readmitted to one of theBooth Brown House shelters in the future. If they do feel concerned about that they also have the option of refusing to take the questionnaire.

Evaluation protocols for an interview format:

For reasons of cost, it would be impractical to have a researcher conduct the interviews, just as it would be to have the researcher administer the written questionnaires.

As few people as possible should conduct interviews, in order to minimize variation in responses due to different styles of the interviewers (Rubin & Babbie, 1989).

Similarly to the questionnaire, the interview should not be offered to any child prior to the day of discharge.

The interviewer should introduce the interview by explaining its purposes. The interviewer should explain that he or she will be the only one who will know the person responsible for stating whatever view the interviewee expresses. The interview will take place in private. The interviewee will be told that participation is optional, and that any decision not to participate will be kept confidential.

DEFINING THE SAMPLES

The same method should be used for selecting participants for either a written questionnaire or for an interview. Thesample size for the questionnaire will be defined in this section. The sample size for an interview format will not bespecified herein, since it is not possible to deterrnine howtime-consuming it will be when it has not been created.

Only those residents whose parents have signed a consent form will be offered a questionnaire. (This also holds truefor any interview format). The consent form will be handed out to legal parents who accompany their children to admission orto social workers who are willing to try to pass them on to parents. The direct care staff will be responsible for handing them out. A copy of the consent form is included in the appendix. The completed forms will go to the questionnaire administrator. When it comes time for a child to be discharged, the questionnaire administrator, probably a staff from theBooth Brown House

treatment unit, who would check a list having the names of all children for whom the questionnaire administrator has previously received letters of consent from parents or guardians. If that child were on the list, he or she would be offered a questionnaire. That procedure isdescribed in more detail under EVALUATION PROTOCOLS (pp. 52-53).

The first year of its use, it is recommended that the questionnaire be piloted on five residents. The same confidentiality and consent procedures would be followed for the pretest participants as have been designed for those who take the questionnaire in its finished form. Due to thelength of time that it would take for them to give such detailed responses, they would each be given only one page of the questionnaire. In order to protect anonymity, the researcher would distribute the single pages each in its own envelope to the distributors, so the distributors would not know which child had gotten which page.

Each child taking the pretest would be asked beforehand to write out on a separate peice of paper an explanation forwhy he or she gave whatever answer he or she chose gave for each question. The limitations of their roles as pretesters would be described at the bottom of the consent forms given to them and their parents.

The procedures described above would go on all year around, but the statistical studies would not use every questionnaire that was filled out, due to the prohibitive cost of paying a researcher to use every questionnaire tocompile data. The unused questionnaires would serve as a resource which the shelters could use if they wished at a later date.

Two different methods would be used to select samples for two different studies, each with its own purpose. One method would be implemented upon the same date each year. The sample generated by that method would be composed of the first twenty residents of each shelter to fill out questionnaires, starting on the designated date. That study would give staff and administration information on what was going on in each shelter at that time, so that they could pinpoint which staff and which policies were involved in whatever was going well or poorly during the time it took to collect the first twenty questionnaires from each shelter.

The other method of questionnaire selection would result in the use of a different portion of the pool of questionnaires which had been collected from children who had filled them out when they were offered to them at their discharge after their parents' consent letters had been received. Under this second selection method, the researcher would create a sample of completed questionnaires which will consist of twenty residents of the boys' shelter and twentyof the girls' shelter who were discharged over the course of the entire year which had just ended.

They would be selected randomly by computer.

Another possibility is to have the questionnaire tabulated in monthly reports printed using the agency's management information system.

The surveys would be administered as soon as Booth Brown House approved the proposal and arranged for its implementation. The collection of data using the second method would be repeated annually, starting on the same dateas that selected for the implementation of the first method.

The second method would perhaps yield more generalizable data, since the results would be less likely to reflect thepeer culture on the unit, as there would be no residents who would have stayed at Booth Brown House for anything near to an entire year, thus each individual resident's influence on peers and therefore on the study itself would be limited.

PROCESS OF DEVELOPMENT OF THE WRITTEN QUESTIONNAIRE

Suggestions for items to include in the survey instrument came from a variety of sources. Each staff person on the shelter units was given an old questionnaire and asked to use it to brainstorm about things he or she would like to know about the residents' feelings, and to write their comments down on the questionnaire or on a separate sheet of paper. After the first draft was developed, feedback was obtained from the Clinical Director of Booth Brown House, academic advisors and social work students at Augsburg.

Many of the questions on the instrument incorporated into this research proposal come from the survey instrument used to solicit feedback. This questionnaire is routinely given to children on the treatment unit at the time of discharge. A resident also served as a key informant for other residents' concerns which the survey should address.

It is recommended that the questionnaire enclosed with this evaluation proposal be pretested on a sample of at leastfive residents on each shelter. The method is described under PROCESS OF DEVELOPMENT. Changes indicated should be made to ensure that the questions are clear to the resident and relevant to his or her experience while at Booth BrownHouse. It is also recommended that the questionnaire bemodified each year to reflect changes in policies and the population that have occurred in the past year.

During the second year of the questionnaire's use, and for every year thereafter, a committee should be appointed by Booth Brown House administration to review the questionnaire to see if it needs to be changed. This committee should include the supervisors of both shelters and several direct care staff from each.

MEASURES TO PROTECT HUMAN SUBJECTS

It is important that the instrument be administered in such a way that respondents will not feel pressured either to fill it out or to give the answers that they might think staff want to hear. The former would be unethical; the latter could affect the validity of the findings.

There are several procedural steps which should be taken to ensure that residents will not feel pressured, in addition to selecting a questionnaire administrator or interviewer who is not a shelter staff (see above).

The questionnaire or interview should be administered just before the child is to be discharged to go home or elsewhere. This is done in the hope that the child who knows he or she will soon be beyond staff's influence will not feel vulnerable to staff disapproval. The child should be told the purpose of the questionnaire or interview,as he or she is given a consent letter. The children should be told that the consent letter is included to inform them about what the questionnaire is for as well as to inform them about the steps that will be taken by the evaluator so that no one ever knows whether or not they decided to fill one out.

The remaining procedures under MEASURES TO PROTECT HUMAN SUBJECTS apply specifically to the questionnaire.

The child being handed the questionnaire should be told he or she does not have to fill it out, and that there is no place on the questionnaire or the consent form where he or she will be asked to write his or her name.

The child should be invited to accept the two forms whether he or she is going to fill them out or not. He or she should also be told that he or she does not need to tell the person handing out the form his or her decision. They should be told that whether they decide to fill it out or not, their decisions will not influence their discharge date, nor will it affect their treatment should they in the future return to Booth Brown House.

In the event that the child says immediately that he or she is not going to fill out the questionnaire, before the researcher can explain the confidentiality procedures, then the child should be told that if he or she would rather the researcher not know then the child can take the from into his or her bedroom as if he or she is going to think it over.

The child being handed the questionnaire should be given the option of going to his or her room to fill it out,or not, as the child wishes. Children should also be told that staff will not ask them to open the door for the fifteen minutes required to complete the questionnaire.

They should be told that in order to make sure that the distributor does not see whether they have filled it out or what they have written, they can fold the questionnaire in half before handing it in to the distributor, who, it should be explained, will come around with a Manila envelope holding the entire weekload of questionnaires which children have returned. That way, they should be told, no one will be able to tell which questionnaire is the one they handed in.

The above procedures should alleviate the children's concerns over whether their questionaires will be kept confidential. The researcher should keep all the questionnaires in a locked drawer, and should destroy all questionnaires after the study is completed.

THE WRITTEN QUESTIONNAIRE: ITS CONTENTS

A primary criterion in selecting questions was that they concern policies that seem changable. McKeachie (Cited in R.Moos, 1979) postulates that change requires that those who receive critical feedback must see a practical way to achieve an alternative outcome or process.

The first question measures the length of stay by asking respondents to indicate which of several time intervals corresponded to the length of their stay up until that time: less than one week, one to two weeks, two to four weeks, four to six weeks, six to eight weeks, or greater than eight weeks. The questionnaire separates out those children residing less than one week (see WRITTEN QUESTIONNAIRE: ITS CONTENTS) because they could have given invalid data, besed on hearsay about the program, due to their lack of firsthand experience.

It would have been simpler for the questionnaire to simply ask residents to write down the number of days they have been at Booth Brown House. The problem would have been that unfortunately, as the writer knows from his internship at Booth Brown House, children often do not know how long they have been there. Those children might have refused to answer the question due to the frustration of putting

down an answer without knowing it to be correct. By giving children ranges of time to choose from, the writer hopes that respondents will be able to choose an answer with some confidence, thereby increasing the number of responses to that question.

The majority of the remainder of the survey questions follow a format in which a statement is printed, and respondents are asked to indicate whether they strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with it. Questions were selected to cover as many areas of each resident's cognitive and emotional experience while at Booth Brown House as possible, including interaction with childcare workers; program structure, including time spent doing chores and room times; feedback groups; safety; and physical and material accomodations, including medications, personal care items, and rooms. They are also asked what changes they would like to see in the program, and what were their favorite recreational activities.

Question six, about boredom, is important information. If residents were bored, a case could be made for more planned activities. In that case, for example, the free time that residents normally have between three o'clock and five o'clock could be cut back by adding time playing basketball or doing crafts with the recreational therapist.

Several questions require elaboration. Each day on shelter, a feedback group is held, where residents give one another feedback on their behaviour. Staff also give feedback and announce how many points, based on behaviour, each resident has received. Question 11 gauges respondents`satisfaction with the amount of time they have there to give their own views, question 8 asks them to gauge the effect of feedback on them and others.

Each resident has a primary counselor, who is responsible for arrangements concerning that resident with representatives of the outside world i.e. parents, probation officers, etc. Question 13 gauges respondents` satisfaction with that relationship.

Question 16 gauges the perceived clarity of staff expectations for respectful treatment of staff and other residents. Disrespectful treatment such as swearing and name-calling is one of the most common causes of loss of points at Booth Brown House. By the time children arrive at shelter, they often have incorporated into their habits of speech a wide variety of impolite expressions. Children upon their

admission into Booth Brown House are often faced with uncertainty as to how long they will be in shelter and what will be expected of them. It will be interesting to see if staff, by providing structure and individual attention, succeed in helping the children to feel safe.

For ideas on questions to include in creating an interview format, the reader should examine questions 22-25 of the written questionnaire, which are open questions.

DATA ANALYSIS

For each question using a Likert scale, the number of respondents selecting each of the five responses will be totaled. For each of the questions using that scale, seven separate totals will be made: two consisting of all the respondents on each shelter;two consisting of all the respondents on each shelter, except for those who had been there for less than one week (six or less days); two consisting only of the respondents from each shelter who had been there for less than one week; and one consisting of all the respondents of both shelters together, regardless of the length of residency.

For each response to each question using a Likert scale, the percentage of respondents selecting that response will be calculated. For the majority of the questions, the median, not the mean, will be calculated, since the majority of questions will not yield interval data.

For questions six and eight, the average amount of free time and chore time respectively, the following calculation will be used: the sum composed of the minutes added together from all respondents will be divided by the total number of respondents to yield an average.

According to staff, the average amount of time for which each resident on the boys` shelter worked was fifteen minutes at the time they were asked, the same as for the girls` unit. The average amount of free time on the boys` unit, according to the staff, was three hours, also the same as for the girls` unit.

Information on satisfaction will yield several kindsof graphs. In addition to any other divisions made, graphs should be produced for three population groups: boys, girls, and both together. For example, length of stay of the residents on the boys' shelter could be plotted over level of satisfaction; a diagonal line pointed upward to the right would indicate a positive correlation of length of stay with satisfaction; a

line pointed downward to the right would indicate a negativecorrelation, and a straight line would indicate there was no correlation. A graph of the same variable for the girls' shelter might indicate an opposite correlation; a combined graph would be intermediate between the two.

The writer recommends use of Lotus or Microstream software for this purpose.

The variation of overall satisfaction in relation to length of stay will be computed and graphed by assigning avalue of 1.5 to one-to-two weeks; 3 for two-to-four weeks; 5 for four-to-six weeks; and 7 for six-to-eight weeks. ("Greater than eight weeks" will not be included on this particular graph due to the indeterminate length.) Level of slight and strong satisfaction combined, then, will be graphed over length of stay.

It is important to understand how satisfaction ebbs and flows as the weeks pass for a typical resident. Due to the pivotal importance of the satisfaction question to evaluators, other graphs of satisfaction will be made, in addition to that described in the preceding paragraph. This will be done in order to uncover every possible pattern related to satisfaction:

For each respondent group, defined as above by two variables-length of residency and sex, the percentage making each of the five possible responses to the satisfaction question-strongly disagree, slightly disagree, neither agreenot disagree, slightly agree, and strongly agree, will be computed. Four length-of-residency categories multiplied by two sexes will yield yield eight graphs through this procedure.

The number of nonrespondents will be computed by subtracting the number of questionnaires returned from the number handed out. It is not possible to specify data analysis procedures at this time for the still unwritten interview format.

LIMITATIONS

POTENTIAL PROBLEMS IN APPLYING THE RESULTS TO SHELTER

There are several possible hurdles which the evaluator may face in attempting to promote the application of the results of the proposed study to program design and the manner suggested by the writer's theoretical framework:

An advantage to using an outside evaluator is, as suggested under THEORETICAL FRAMEWORK, the introduction of new feedback. To this should be added the objectivity which an outside evaluator it is hoped would bring. The disadvantage is that an outsider may not inspire enough trust in staff for them to be willing to take the risk of participating in the evaluation process. If they participate in spite of distrust, they may take on an obstructing role.

The results of an evaluation might suggest modifications which some staff people could be uncomfortable with. If so, they may fight for the status quo, and their involvement in their process, recommended by evaluators(Patton, 1978) may be harmful.

Finally, there is the possibility that an overdevotion to the strengths-competency perspective may prevent the evaluator from recognizing personnel changes which may be necessary.

LIMITATIONS ON GENERALIZABILITY

One would hope that the results of a study utilizing this questionnaire could, if published, be utilized by other shelters who are not able to use a similar evaluation design at the time in question.

The generalizability of a study using the written questionnaire developed is more tangible and easier to assess than that of a study based on interviews. Consequently only the generalizability for the questionnaire is assessed below.

The limit of generalizability of the study comes from the wide range of presenting problems not

only of residents of Booth Brown House, but also between residents of different shelters.On a behavioural level, a population at a given shelter may be composed primarily of children who have perpetrated crime, or it may be composed of crime's victims, for example, sexual abuse survivors. On a mental health level, it may be composed of children suffering from depression, rage, or feelings of worthlessness. These particulars depend on the city where the shelter is located and its social environment, the particular day, or the alternative kinds of placements available in that community. If the child care workers and administrators can remember this and take this into account, the study should still prove to be of some wider benefit.

The study is also limited in generalizability within Booth Brown House. The Booth Brown House treatment unit was not included, only the two shelters, due to the differences in their programs,. They sometimes have similar structures to serve different pruposes. For example, in the community groups which the treatment unit, like the shelters, employ, there is less concern with the day-to-day conflicts between residents, and more with concern with problems that brought the children into treatment. As a result of the differences, a different questionnaire would have been required for the treatment unit.

The residents at the Booth Brownhouse treatment facilities have different expectations from those of the shelter residents. The shelter units' residents expect to be there a short while; they do not seem interested in making personal changes while there, and this is reflected in their attitude. The treatment residents, by contrast, were interviewed prior to admission, where they gave information designed to measure their motivation to change and the areas where they could benefit; upon enrollment they were asked to make a commitment to their treatment.

One would therefore expect that treatment residents would be more receptive to structure and restriction, since they will have been told what the structure and restrictions should be prior to admission, as well as explanations for the structure.

The year during which the study is undertaken is also a factor limiting its usefulness. The residential population changes greatly from year to year, and mirrors what is going on within society. For example, only during the last few years have we seen a great increase in the number of residents who are from Southeast Asia, people with unique customs and unique family backgrounds requiring

special sensitivity.

The workers at Booth Brown House change greatly over time. The longest period of time for which any of its current employees has been employed there is presently only six years. Because the interplay of personality seems like such an important factor in residents' behaviours and feelings, the turnover rate will influence generalizability.

This is why it is so important that the questionnaire be given regularly, to keep track of trends in responses over time as the staff, the program, and the population all change.

LIMITS ON VALIDITY

In order for the evaluation to be valid, it had to reduce residents' fears that their answers would not be kept confidential. Otherwise several validity problems would have resulted.

For one thing, children might have been less honest in their responses,choosing not to voice their criticisms, out of a fear of offending staff people. Another possible reaction would be that the children more fearful of staff reactions to their answers would have elected not to participate. The portion of the sample lost might have been the children with more negative perceptions of Booth Brown House, thus skewing the study.

It is also possible that there would be a lower rate of participation from children who thought it more likely that they would reside in shelter in the future. This also could have skewed the results. An alternate possibility is that children who believed their decision to participate or not to participate in the study would not be kept confidential would have participated against their will. The milieu would promote that reaction, for reasons discussed previously. Not only is it likely that these children would be among those who would be less than honest in their responses; such a scenario would pose an ethical problem as well for the writer of this evaluation proposal, as well as for any future evaluators and questionnaire administrators.

One of the values social workers espouse is the client's right to self-determination. It is the client's right to decide whether to participate in research, regardless of how beneficial the study might be for the

population being surveyed. Due to past abuse in the behavioural sciences, this imperative appears to be zealously enforced by the profession.

The questionnaire administration procedure designed should eliminate almost all feelings of coercion, through the requirement parental consent, informed consent of subject, waiting until discharge to administer the questionnaire, and guarantees of confidentiality; confidentiality is not quite so assured, unfortunately, for the interview format. In any case, there are other other validity problems for the questionnaire results which are not so easily solved.

Many children have a strong dislike of Booth Brown House shelters by the time they leave. As a person who has filled out many instructor evaluations, the writer is aware of the temptation to indulge in the vengeful and satisfying practice of giving an instructor who has in some way made offense uniformly poor marks, even though those marks might be more negative than the evaluator's true impressions. THe writer usually resists the temptation, but one might wonder if children in the same situation will.

It is also possible that by the time children are in the exciting and hopeful stage of finally being discharged, they may themselves be looking at the world in rose-colored glasses, and their answers may not reflect their true feelings for the bulk of their stay.

There are several factors that may result in an unrepresentative sample. Many of the children with the most negative feelings may never have an opportunity to fill out a questionnaire. This is because they will probably have left suddenly and against policy, by going "on run".

Many children will be excited to leave, and may not take the time in filling out the questionnaire to to think reflectively about their feelings.

Finally, there is the possibility that the process of obtaining parental consent may screen out certain kinds of kids from the survey. The ones most likely to get parental consent will be the ones there for the longest period of time. These are likely to be detained there because their families do not want them back or because the authorities believe their families are unsafe for them. If this is the case, it may result in the researcher looking through dark- colored glasses.

Evidence exists, however, that it is wise to listen to children. Boys' Town (Daly and Dowd, 1986)

did an analysis of the complaints of its residents. It found that 60% of the complaints its residents made about staff were valid.

RECOMMENDATIONS

A. It is recommended that when this evaluation proposal is implemented, the questionnaire should be discussed among the staff and their administrators on each shelter after the results are tabulated. This would be especially beneficial if the discussion among staff and administrators were to lead to a consensus among them on how to treat children.

While consensus cannot be guaranteed, it is a possible outcome of post-survey discussion, because the questionnaire or interview results should give staff a common experientially-based understanding of how children feel which they can bring to the discussions. It is hoped that if this consensus is attained, it will simplify the childrens' world by resulting in the staff treating them more similarly to the way other staff treat them. If that occurs, the children will be better able to better predict consequences of their behavioural choices.

In additon to this direct benefit to the children of staff having a discussion process following the questionnaire results, there may be an indirect benefit of staff consensus, if it is achieved. Working at an adolescent shelter is a stressful job. Much of the stress, in the experience of the writer, comes from angry disagreements between staff people on how firm to be with children. One staff person, for example, might assign room time to a child, an assignment that another staff will be held responsible for enforcing later in the day. Sometimes one staff will be using counseling skills to deal with an angry child, until another staff steps into the discussion, stressing the inappropriateness of the child's means of expression. The intervention of the confrontational staff would defeat the counseling efforts of the first staff. Consensus should reduce those sources of stress.

A particularly important gain would be if the discussion led to agreement among staff over

rationales for policies. Previous research has demonstrated the impact of giving rationales for rules on the degree of cognitive change experienced by children in shelters (Braukmann, 1983).

B. It is recommended that more client satisfaction questionnaires be developed and implemented in children's shelters and treatment centers, for the following reasons:

Social work practitioners are obligated to seek client feedback, in order to ensure efficacy and provide for self- determination.

The evaluation procedure would fill a gap in the literature on children in treatment centers and shelters. Only one study was found in the literature review that asked children about their experience while in shelters or treatment centers. Moreover, no study could be found in the literature review that had children in shelter or treatment centers evaluate specific components of their programs.

C. It is recommended that staff and administration of shelters work together to improve programs. A program using this joint approach improved service delivery and worker performance(Price, cited in Balcerzak, 1989).

D. It is recommended that client satisfaction be a goal of children's shelters and treatment centers. It is feasible to maintain high standards for residents' behaviour while providing them with a fair level of satisfaction (Daly, L. & Dowd, 1994). If this writer and the Booth Brown House Shelter administration had worked more closely on finding a joint solution to the problem of obtaining parental consent, the writer might have been able to personally carry out the evaluation.

E. It is recommended that future evaluators be careful to make their questionnaires and consent letters user friendly. This is especially important in working with children due to their lower comprehension level and their internalization of the expectation of adults that they comply with

requests.

F. It is recommended that during the admission processes of shelters and treatment centers, consent be routinely sought from parents for participation of their children in confidential questionnaires and interviews. This protects rights and eliminates a source of controversy, as many researchers question whether children are competent to make decisions by themselves about participation in studies (see APPENDIX i).

G. It is recommended that, in order for Booth Brown House and other shelters to benefit from the experiences of other institutions, they should rely for the present time on studies done on treatment units in other locations rather than on other shelters. These studies illustrate successful components of other programs which may be incorporated into shelter programs. The results of other institutions would be used following evaluations, for the purpose of raising levels of client satisfaction in deficient areas.

The reason for using treatment center studies to imporove shelters is that much more is known about characteristics of successful children's treatment programs than about successful childrens' shelters.

H. It is recommended that workers and researchers in children's shelters and treatment centers not assume that all the parents are incompetent or that all the children suffer from severe emotional or behavioural disorders. Workers and researchers must instead remember that class prejudices play a role in the separation of minority children and of children of low socioeconomic status from their families (Patton, 1989).

I. It is recommended that child care professionals employ a general maxim in their decisions on how they treat children: Children in institutions should be treated with the same respect which any adult would wish for. The research in the literature review of this thesis uncovers a

pattern: the programs with exceptional success are those which treat children with high levels of respect, patience and kindness. More specifically, research demonstrates the benefits of providing children with the following:

1)Providing them with rationales for the policies they are expected to abide by.

2)Working while they are in the institution to ease their anticipated reintegration into the community.

3)Creating formal groups composed of residents which are intended to provide mutual support.

4)Creating a family atmosphere, thereby providing them with the sense of belonging and a low client-to-staff ratio are associated with successful treatment programs.

5)Using mistakes children make as indicators of the need to teach them skills, not of a need for punitive consequences.

I. It is recommended that the results of the Booth Brown House survey when completed be sent to other shelters and treatment centers in Minnesota and elsewhere. The results are greatly needed, and the similarities of children in shelters to those in treatment justifies including treatment centers in the category institutions to receive results of the evaluation. While the study is limited in generalizability, and while other facilities should do their own studies, until other facilities do so the results should prove useful.

J. It is recommended that social services and information- gathering services be improved for children being discharged from shelters and treatment centers. Follow-up studies will enable researchers to determine the long-term impact of their programs on clients. Research has identified the critical role of follow-up services in determining reintegration into the community. Professionals see this as a need (Minnesota Crime Control Planning Board Research and Evaluation Unit, 1986).

K. It is recommended that more effort be spent to hook up residents of shelters and treatment centers to community resources prior to discharge. The presence or absence thereof affects postdischarge adjustment (Lewis, 1984).

L. It is recommended that more resources be devoted to family support services as a preventative measure and as an alternative to residential treatment and shelter. Federal funds for family support are presently declining (Pelton, 1989).

This thesis started off as a proposal for a client satisfaction questionnaire which I was going to see implemented myself. The narration below documents my failure to get the needed authorization from Augsburg.

The Augsburg Institutional Research Board, of IRB. is composed of Augsburg social work faculty, faculty from other departments, faculty from other colleges, and other researchers in the local community. It must approve all research by Augsburg students involving human subjects.I had at an early point anticipated some difficulties from the IRB, but I and my advisor had thought that we had addressed them sufficiently in my application. The IRB declared in denying me approval that the benefits of the proposed study did not outweigh the risks.

I had attempted to minimize the risks in several ways. I had avoided asking questions which I thought would be upsetting to adolescents-for example, asking them if they ever think about suicide. I saw the evaluation as being potentially beneficial to the program and to its future residents.

I had built into my proposal elaborate precautions to ensure that children would not feel pressured to answer it. I had planned to give the questionnaires out to children myself at "quiet time"- a daily twenty-minute

period when the children are confined to their room, in the hope that the time will give them a break from the stress of relating to their peers and staff, as well as a chance to think quietly.

They were to be given a questionnaire and a consent form before entering their rooms. The consent form was for them to read but did not need to be signed; if they decided to take the survey, their doing so would serve as sufficient proof of consent. The reason for following that procedure was to protect their anonymity. In addition, the consent informed them not only of their right to refuse, but also told them that staff people had been instructed not to leave the childrens' doors closed during quiet time so that they would not be able to see who was filling out the questionnaire and who was not

Before the end of quiet time, all the children-both those who had filled out the questionnaire and those who had not- were to fold the questionnaire in half so that any writing on the inside could not be seen. I would then come around to the rooms with a large manila envelope, into which they were to insert their questionnaire. The latter procedures were done for the purpose of ensuring that I would not be able to see who had filled out the questionnaire and who had not.

In addition, the questionnaire itself assured them that no one would know who had filled out the questionnaire and who had not, and that their decisions to do so or not to do so would not affect the way they were treated at Booth Brown House.

The questionnaire was designed to ask for only the most important demographic data. This policy was undertaken to make it impossible for me to deduce which questionnaire came from which child.

The IRB was concerned that if possible the parents of the children should give consent, in case the children did not understand their rights or were not competent to protect their own privacy. One unfortunate circumstance relating to the milieu was that it would be extremely difficult to obtain parental consent, for a variety of reasons. For one, many of the children were brought to shelter by the police or social worker or probation officer, rather than their parents. Contact between staff and parents was therefore limited in many cases.

I considered various alternatives. I could attempt to contact parents by letter after their children were admitted, enclosing a consent form signed by the shelter supervisor and a return envelope. The problem with this approach was the time line. Many of the children who resided at Booth Brown House were there for only a matter of

days. By the time I would have received the signed consent letter in the mail the child could very well have been gone.

The result of the above procedure would have been to skew the study, because children who were at shelter for a shorter time would have been underrepresented in this study, thus reducing the potential benefits its results might have held.

An alternative approach would be to obtain consent by calling parents on the phone. Unfortunately I myself would not have been allowed by Booth Brown House to do so. The parents could obviously have concluded that the administration had given me their phone number, which would have been a violation of their privacy. It would have greatly increased the work load of the already overworked unit supervisors if they had had to call the parents of every child residing there. They never offered to do so during our many discussions.

I had been concerned right from the start of my conceptualization of my research project about the IRB; consequently, I contacted the Chair of the IRB early on. I sent her a copy of my first draft of my questionnaire, so she could see to what extent the questions might have been sufficiently personal to be uncomfortable for a child to answer. I spoke to her by phone a few days later. She assured me that it woudl probably be acceptable for me not

to have parental consent, given the age of the children(twelve to eighteen), if I could make the questionnaire and the consent form user friendly for children. This would ensure that their consent would be an informed consent.

I decided to use the "expedited approval" process. In this process, only the Chair examines the application. .

I received a letter in response from the Chair asking me to submit the longer form. I worked to ensure that the consent letter and questionnaire enclosed in the next application were easy to understand.

I received a letter from the IRB informing me that my application was denied. The two main reasons, according to the letter, were the lack of parental consent and the possibility that children would feel pressured to fill it out.

I had been concerned early on with the possibility that children would feel pressured. In fact, I had suggested a different method, that all of the children be given questionnaires immediately before discharge, along with a return envelope. That way, they would not have to worry about their answers affecting their treatment.

The supervisor with whom I discussed this option discouraged it, because she thought that I would probably

not receive a single questionnaire if I followed that procedure. It was too much to expect of them that they would take time out from things they could be doing in the community to fill one out. She suggested the quiet time option, which I accepted, after devising the elaborate precautions which I described earlier.

There were also three minor reasons in the letter from the IRB for their denial of my application. These were the complexity of my questionnaire, my reputed failure to develop a "user friendly" consent letter, and the danger to confidentiality posed by the demographic information I sought.

An underlying concern of the Institutional Research Board and of my advisor grew out of several implications of the children's manditory admission. For one thing, the members of the board did not want to add to the uncomfortable feelings of coercion from which the children were most likely already suffering. They also appeared to wonder if children in an institution they imagined to already have an atmosphere of coercion, stemming from the many rules as well as from the children's lack of choice in being there, would understand their choice. The board members apparently wondered whether the children would truly understand that they would suffer no penalty if they

were to make a choice not to be in a study sanctioned by the institution which contained them.

I considered my next step. I could try to fix my proposal. I could choose instead, as one of my readers suggested, to write about the project I had planned to complete, as I have done in this manuscript, including the literature review and the methodology I had already written, as well as the IRB process I had undergone.

My advisor had another proposal. Recognizing, as she did, that I had done my best to get my application approved, she suggested that I abandon my plan to personally carry out my survey. Instead, she suggested, I could change my thesis design into a proposal for a research and evaluation project which Booth Brown House could implement itself, if and when and by whomever the director wished.

I could also, as a reader suggested write about the approval process in my thesis.

Although the proposed option would require a substantial amount of work on my part, I chose it, because at least I could use a substantial part of my previous work and learning,

BOOTH BROWN HOUSE QUESTIONNAIRE: UNITS 3 & 4

For all the questions below, circle the number for your answer. It will be helpful for staff to know the changes they need to make. Remember, this is anonymous, no names are used. It is your choice whether to complete the form.

1)How long have you been at Booth Brown House? Circle a number.

less than 1 week(6 or less days)	1
1-2 weeks(7-13 days)	2
2-4 weeks(14-27 days)	3
4-6 weeks(28-41 days)	4
6-8 weeks(42-47 days)	5
8 weeks or more(48 or more days)	6

Circle the number for how you feel about these statements.
2)"I have felt satisfied with my services from Booth Brown House".

1	2	3	4	5
strongly disagree	slightly disagree	neither agree nor disagree	slightly agree	strongly agree

3)"I received whatever medical supplies I needed when I needed them." Circle the number.

1	2	3	4	5
strongly disagree	slightly disagree	neither agree not disagree	slightly agree	strongly agree

4)"I felt comfortable in my room."

1	2	3	4	5
strongly disagree	slightly disagree	neither agree nor disagree	slightly agree	strongly agree

5)What's the average amount of free time you had per day? It's okay to guess.____ hours

6)I was bored often at Booth Brown House.

1	2	3	4	5
strongly disagree	slightly disagree	neither agree nor disagree	slightly agree	strongly agree

7)The one thing I would most like to do more of is________

8)"The amount of time I spent doing chores for my allowance was fair."Circle the number which best fits your feelings

1	2	3	4	5
strongly disagree	slightly disagree	neither agree nor disagree	slightly agree	strongly agree

9)What would you say is the average amount of work you did per day? It's okay to guess. ________

10)What was the average amount of room time you did per day since coming to Booth Brownhouse? Just guess. ____hours

11)"During the daily feedback group I had enough time to give my feelings and ideas." Circle the best number.

1	2	3	4	5
strongly disagree	slightly disagree	neither agree nor disagree	slightly agree	strongly agree

12)"Giving and accepting feedback in groups helped me to do things differently." Circle the best number.

1	2	3	4	5
strongly disagree	slightly disagree	neither agree nor disagree	slightly agree	strongly agree

13)"I had enough time most days for talking one-to-one with different counselors."Circle the best answer.

1	2	3	4	5
Strongly disagree	slightly disagree	neither agree nor disagree	slightly agree	strongly agree

14)What is the average amount of time you spent each day talking one-to-one with counselors? It's okay to guess.

Circle the number for how you feel about these statements.
15) " Quiet time was valuable in helping me gather my thoughts before evening begins."

1	2	3	4	5
strongly disagree	slightly disagree	neither agree nor disagree	slightly agree	strongly agree

Circle the best number for how you felt about these statement.

16) "I understood what behaviours I was and wasn't allowed to do."

1	2	3	4	5
strongly disagree	slightly disagree	neither agree nor disagree	slightly agree	strongly agree

17)"Consequences I was given helped me learn appropriate behaviour."

1	2	3	4	5
strongly disagree	slightly disagree	neither agree nor disagree	slightly agree	strongly agree

18"I have felt safe from physical danger at Booth Brown House."

1	2	3	4	5
strongly disagree	slightly disagree	neither agree nor disagree	slightly agree	strongly agree

19)"I could count on staff to make sure none of the kids picked on anyone."

1	2	3	4	5
strongly disagree	slightly disagree	neither agree nor disagree	slightly agree	strongly agree

20)"Usually when I did things that I got consequences for, I knew beforehand that I was breaking the rules.

1	2	3	4	5
strongly disagree	slightly disagree	neither agree nor disagree	slightly agree	strongly agree

21)Where were you living before coming to Booth Brown House?
Circle the best number.

with one or both parents	1
at a foster home	2
at another shelter	3
at a reform school or juvenile justice center	4
other ________________	

22)What changes would you like to see made in the shelter program? ____
____
____

23)How old are you? Circle the best number.

eleven to fifteen	1
sixteen to eighteen	2
other	3

24)What is the most important thing to you that will be different about you or your life when you leave here from when you came here?
____
____

25)What is the most important thing that you have achieved here or will have achieved by the time you leave here?____
____

26)What kind of help would you most like to have received from the shelter by the time you left here?
____
____

Dear Parent:

I am employed at Booth Brown House, where your child was staying at the time this letter was sent to you. I am doing an evaluation of services offered at Booth Brown House boys and girls shelters.I am trying to find out how children staying there like it. This letter is mailed to every parent of a child who stays at one of the shelters. I am writing to ask you to give consent for your child to participate in the study. Children will communicate their views and feelings about shelter by filling out a questionnaire. Their answers will help us consider what changes to make so that children will like shelter better.

We will do things to make sure no one knows which children decide to participate or what they write, and we will inform the children what they can do to prevent anyone knowing what they wrote of whether to participate.

They will be told not to put their names on the questionnaire. Each child whose parent gives consent will only be invited to participate just before he or she is discharged. The staff person who is handing out questionnaires will inform the child of the research opportunity at that time, when they will also be told that they do not have to participate if they don't want to. At that point the staff will ask them not to put their names on the questionnaire. As a further precaution, when the staff person then offers children a questionnaire and consent letter, he or she will urge them to take them into their room, and fold them before they come out, so the writing is all on the inside. That way, no one will see whether they filled one out or not.

I am the only one who will see the questionnaires, which I will destroy after the study is completed, and which will not have the children's names on them anyways, I will tell them; therefore what they write on the questionnaire will not affect whether they are allowed to come back to Booth Brown House, nor will anyone but myself know which parents give consent for their children's participation.

I have enclosed a stamped, self-addressed envelope. Please sign and send the consent letter if you would like your child to participate. If you have any questions, you may call me at 646-2601

Sincerely yours,

(Researcher's name)

(researcher)

Booth Brownhouse
1471 Como Ave. S.E.
646-2601

Dear resident:

You are invited to be in a research study to learn in what ways you like and dislike your time at Booth Brownhouse. This study is being conducted by (researcher). I am asking you residents to fill out the questionnaire you were just given.

You do not have to fill out your questionnaire, and it won't affect your level or your points, or your future treatment. No one will know whether you filled it out or not. To make sure thatI don't accidentally see whether you filled it out, fold your consent form in half, so that the writing is on the inside, so I cannot see it. When I come to your room to collect yours, you can put it, folded, in the big envelope I will be carrying, whether you filled them out or not. You can keep your door closed during today's quiet time, and staff won't ask you to open it.

No one but myself will see your questionnaire. You don'tneed to put your name on the questionnaire, so I won't know which one is yours.

This study will be used to help the staff at Booth Brown House know what kids like and dislike, so that they consider what changes, if any, they should make in the shelter program.

When I'm not working on your questionnaires I'll keep them in my desk, which no one will be allowed to look through. After I finish my research, which should be within a year, I'll throw the forms away.

If you start to fill out the questionnaire and change your mind, you can stop at any time. You can also skip questions that you don't want to answer.

If you decide to fill out the questionnaire, don't be afraid to be honest, even if your answers show that you didn't like it here. If you decide to do it, please start now. Your answers will be helpful in making this a better experience for other kids.

If you have any questions, you may call me at Booth Brown House, 646-2601.

Sincerely yours,

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BACKGROUND ON ADOLESCENTS SERVED AT SHELTERS

James K. Whittaker (1981) gave us information about some of the special needs which typically accompany the emotional or behavioural disorders of children in treatment. Using an instrument he created, the Child Behaviour Checklist, he sampled one group of children who had just been admitted to residential care, and a control group composed of children living in the community of similar age, socioeconomic status and family backgrounds. He found differences in in twenty items which dealt with social competency. This suggests the need for intervention such as that of Achievement Place, which is described below under USEFULNESS OF TREATMENT.

Whitaker's article informs us that in the year in which it was written, 70% of children in out-of-home noncorrectional placements were in foster care, and 30% in residential institutions. The number of youths in either kind of residential between the years of 1966 and 1981 averaged 125,000 nationally.

One can use Whittaker's statistics to speculate on how many of the children who needed mental health treatment were receiving it without residing in a residential treatment setting.

Foster homes are not a therapeutic mileau. Consequently the fact that 70% of the children in out-of-home noncorrectual institutions were in foster homes suggests that

the majority of children taken out of their who did not go to correctional institutions were not placed into residential treatment. It is not said how many of those in foster homes were receiving mental health services in another form. In view of the drastic nature of removal from the home, both in terms of what has to take place before removal is effected and in terms of the effect of removal upon a child, one wonders how many of the children removed from their homes were subsequently underserved for mental health needs, as well as how many of them were among the unknown numbers receiving nonresidential mental health services.

One study (Palmer, 1990) was composed of foster children from four Childrens` Aid Societies in Ontario, Canada. Since foster children are drawn largely from the same pool as shelter children, albeit the case that foster children may not present quite as many problems as shelter children, this study will be instructive. Like Booth Brown House shelters, these shelters contained a significant number of children who were taken from the home in part because of their own behaviour. More specifically, 25% of the children included in the Ontario study, ages 7-16, were out of parental control, and another 27% were there because their parents have rejected them. (The precise degree to which the adolescent`s behaviour had been a factor in their parents` rejection is unclear.)

70% had lived with more than one family during the year before their most recent admission to care; 42% had lived

with two to three different families; 24% with four to five families; and 11% with six to eight families. They may have felt rejected by families, in view of the fact that only 15% of them saw their parents weekly or more often. Their removal from the home may have come as a shock; two thirds had received no preparation from the parents.

This writer found some information on treatment facilities which was lacking in the literature on shelters. The information comes from the Minnesota Council of Child Caring Agencies(MCCCA) Student Data Reporting System Annual Report on Students(1990), which tells us who is being served in Minnesota treatment facilities. Given the overlap in populations served at treatment facilities and those served at shelters described above, and the value of the information uncovered, the researcher has presented the information below.

People of color are disproportionately represented at Minnesota treatment facilities. 11% are black; 6/5 are Native American; 73% are white. 65% are boys. Other family forms rather than the two-parent first-time married family are also disproportionately represented.

By comparison, in the same year the proportion of the general population of all ages in Minnesota of various racial groups was as follows: 94.4% white, only 2.2% black, 1.1% American Indian and 1.2% Hispanic. (Minnesota Census Bureau, 1990).

More than half of the residents were living in an

institution prior to coming to the treatment facilities used in the study. Many had been physically or sexually abused. A disproportionately high number had "serious or severe" problems with maternal relationships, paternal relationships, impulsivity, male adult relationships, social immaturity, use of leisure time, and depression.

A question outside the purview of this study is whether all the minority residents in treatment facilities belong there, or whether some are there because of discrimination, which may have involved having their behaviours being put under special scrutiny.

Early studies (Sue, cited in Neighbors, 1992) found that blacks and other minorities are more likely to drop out of treatment than whites, but recent studies (O'Sullivan, cited in Neighbors, 1992) found that this has changed.

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