A formative evaluation study of a group home program for male young offenders.

Gavin Kenneth. Shaw

University of Windsor

Follow this and additional works at: https://scholar.uwindsor.ca/etd

Recommended Citation
https://scholar.uwindsor.ca/etd/617
NOTICE

The quality of this microfiche is heavily dependent upon the quality of the original thesis submitted for microfilming. Every effort has been made to ensure the highest quality of reproduction possible.

If pages are missing, contact the university which granted the degree.

Some pages may have indistinct print especially if the original pages were typed with a poor typewriter ribbon or if the university sent us an inferior photocopy.

Previously copyrighted materials (journal articles, published tests, etc.) are not filmed.

Reproduction in full or in part of this film is governed by the Canadian Copyright Act, R.S.C. 1970, c. C-30. Please read the authorization forms which accompany this thesis.

THIS DISSERTATION
HAS BEEN MICROFILMED
EXACTLY AS RECEIVED

LA THÈSE A ÉTÉ
MICROFILMÉE TELLE QUE
NOUS L'AVONS RÉCU
A FORMATIVE EVALUATION STUDY
OF A
GROUP HOME PROGRAM
FOR
MALE YOUNG OFFENDERS

by

Gavin Kenneth Shaw

A thesis
presented to the
School of Social Work
of the University of Windsor
through the
Faculty of Graduate Studies and Research
in partial fulfillment of the
requirements for the degree of
Master of Social Work

© Windsor, Ontario, 1983
ABSTRACT

The present study subjected New Beginnings (Essex County), a group home program for male juveniles and young adults in conflict with the law, to a program evaluation—specifically, a formative evaluation for monitoring program implementation. The purpose of formative evaluation is to, first, describe a program to show what takes place and, second, to direct this information back into the program in an organized way for the purpose of stimulating improvement. In this context, the present study was able to identify several program process-related issues.

Certain techniques and procedures were used which can be adapted for use by the program's decision-makers in an ongoing process of self-evaluation. Chief among these procedures was the analysis of the Community Oriented Programs Environment Scale, an analysis which showed a profile unique to New Beginnings and its treatment environment. The profile indicated that the New Beginnings program had been placing relatively little emphasis on relationships between residents and staff. The same was true of the program's emphasis on order and organization. Of several dimensions of the treatment program which were assessed, the greatest emphasis was on the open expression of anger and aggression.

A secondary procedure was an attempt to rationalize the program in terms of an analysis of goals and objectives. Several suggestions were made on methods to modify and improve the goal-setting process.
In addition to these procedures, certain other aspects of the program were examined, including the counselling program, staff supervision, and staffing patterns. Several suggestions and recommendations were made with respect to these issues.
ACKNOWLEDGEMENTS

The author would like to acknowledge the contributions of those individuals who made the completion of this thesis possible. Dr. James Chacko and Dr. F.C. Hansen of the School of Social Work gave generously of their knowledge and their time, providing much-needed direction to the work as it progressed. Dr. G. Booth, the external reader, became involved with the project at a late stage, and for this he deserves special recognition.

The author could not have completed the work without the resources provided to him by his parents, who, after their son had flown the nest many years previously, generously opened their home to him on his many pilgrimages from Toronto. Without their support, materially and emotionally, the thesis could not have been completed.

The author would also like to acknowledge those whose personal relationship with him provided the friendship and companionship he needed throughout a very memorable year in his life. Thanks must go to Wayne Ashley, philosopher, who provided numerous interruptions during critical phases of the work. Dave Hillock, a person of considerable and varied talents, will always be remembered. So, too, will Bonnie Sokoloff, whose relationship with the author enriched him and made life interesting.
# CONTENTS

**ABSTRACT** ................................................. iii

**ACKNOWLEDGEMENTS** ....................................... v

**Chapter** ............................................................ page

**I. STATEMENT OF THE PROBLEM FOR RESEARCH** ............... 1

  Purpose of the Research ...................................... 1
  New Beginnings (Essex County) ................................ 2

**II. REVIEW OF THE LITERATURE** ............................... 5

  Intervention with Male Young Offenders ...................... 5
  Community-based Group Homes .................................. 6
  Assessing the Treatment Environment ......................... 12
    Social Climate .................................................. 12
    Community-Oriented Programs Environment Scale (COPES) ... 14
    Clinical Use of the COPES .................................... 18
  Organizational Structure and Processes ....................... 21
    Board of Directors ............................................. 22
    The Role of Committees in an Organization ................ 23
  Social Program Evaluation Research ........................... 26
    Defining Program Evaluation .................................. 26
    Formative Evaluation and Formative Research ............... 27
    Program Evaluation and the Stages of Program Development 29
    Preconditions for Evaluation ................................ 31
    Statements of Agency Purposes, Goals, and Objectives .... 34
      Agency Purpose ............................................... 35
      Goals ......................................................... 36
      Objectives ................................................... 38
      Program Activities .......................................... 40

**III. METHODOLOGY** ............................................. 42

  Research Questions ............................................ 42
  Research Classification ........................................ 43
  Sampling ......................................................... 45
  Data Collection Methods ....................................... 45
  Research Questions I and II: Treatment Processes .......... 45
    Case Records .................................................. 45
    Community-Oriented Programs Environment Scale (COPES) ... 46
VI. SUMMARY AND CONCLUSIONS ................................................. 128
    Suggestions for Further Research and Evaluation ........... 129
    Summary of Recommendations ...................................... 132

Appendix

A. COMMUNITY ORIENTED PROGRAMS ENVIRONMENT SCALE .......... 136

B. QUESTIONNAIRE: NEW BEGINNINGS BOARD OF DIRECTORS ........ 142
    Board Composition, Recruitment, and Attendance .......... 142
    Committees .................................................. 142
    Planning .................................................... 143
    Personnel ................................................... 143
    Finance ...................................................... 145

C. QUESTIONS: CASE MANAGEMENT ........................................ 146

REFERENCES .................................................................... 148

VITA AUCTORIS ............................................................. 152

LIST OF TABLES

Table page
1. Research Classification (Tripodi, 1981) ......................... 44
2. 1982 Referral Sources .............................................. 51
3. Days of Care by Age ............................................... 52
5. Standard Score Equivalents of COPES Mean Subscale Scores .... 63
6. Staff Education and Experience ................................... 91
LIST OF FIGURES

Figure 1. COPES Form R Profile for Residents and Staff of New Beginnings  65
Chapter I

STATEMENT OF THE PROBLEM FOR RESEARCH

1.1 PURPOSE OF THE RESEARCH

The purpose of this research project was to develop and carry out an evaluation of the treatment environment of a community-based residential care program for juvenile offenders.

There has been much recent interest within the social work profession in the problems of juvenile delinquency. This interest has been stimulated by the introduction, by the Government of Canada, of the Young Offenders Act to replace the Juvenile Delinquents Act (1929) for dealing with juveniles in conflict with the law. The new Act, to be fully implemented by 1985, will bring substantial and critical changes to the juvenile justice system, changes which will have direct implications for the care, treatment, and punishment of juvenile offenders. One of the most significant changes is the shift in focus from the "treatment" orientation of the Juvenile Delinquents Act to a more legalistic, "due process" orientation.

The subject of the research was a community-based group home program for young male offenders. This type of program is going to be affected directly by the introduction of the new juvenile offenders law. The group home was the only program of its kind serving the juvenile population in the Windsor and Essex County area. The program itself is briefly described in this chapter and, in greater detail, in subsequent chapters.
The aspects of the program that were of primary interest in this study were:

1. The treatment environment and treatment processes,
2. Staff and resident perceptions of the treatment environment, and
3. Relationships of the board of directors and agency administration to the program, with particular interest being in how these relationships affect the operation of the treatment program.

Descriptive information about the New Beginnings program was sought in order to elucidate the nature of the program that the agency offered to young offenders in Windsor and Essex County. In addition, subjective judgements of the program given by residents and staff were elicited in order to complement the descriptive information about the treatment environment.

Once the relevant program information was obtained and evaluated, a summary of procedures for the agency to adopt, for purposes of ongoing future self-evaluation, was developed for the board of directors of the agency. Thus, one of the major purposes of the research was to provide the agency with the knowledge necessary for improving the ongoing performance of the treatment program.

1.2 NEW BEGINNINGS (ESSEX COUNTY)

New Beginnings had its origins in a pilot project for young offenders which was sponsored by the St. Leonard's Society in Windsor, Ontario, in 1969-1970. On June 7, 1971, the Ontario Minister of Financial and Commercial Affairs issued a charter to a group of individuals in the Windsor area, creating a non-profit corporation without share
capital under the name of New Beginnings (Essex County). The object of the corporation, as enunciated in the Letters Patent, was:

a) To follow Christian teaching by the assistance, education and rehabilitation of juvenile and youthful-adult offenders and other needful youth and to promote their integration into an establishment in society;

b) Subject to The Mortmain and Charitable Uses Act and The Charitable Gifts Act, to raise funds to support such enterprise; and

c) Subject to The Mortmain and Charitable Uses Act and The Charitable Gifts Act, to receive donations, gifts, legacies and bequests of every nature and kind;...

At the time of incorporation, New Beginnings (Essex County) was accepted as an Affiliated Member of the St. Leonard's Society of Canada. In May, 1972, New Beginnings purchased a property at 485 Church St., Windsor, which became the residence for the program. After a period of approximately two years New Beginnings was approved, on April 10, 1974, by the Ontario Ministry of Community and Social Services under the Children's Institutions Act. On January 1, 1978, New Beginnings was accepted as a full Member Agency of the United Way, Windsor-Essex County.

New Beginnings has stated that it is the only resource in the Windsor area that provides structured residential care to young men between the ages of 14 and 19 who have come repeatedly into contact with the law. It is the sole local residential resource for 16 and 17 year old males who have been charged with one or more criminal offenses. In cooperation with St. Leonard's Society, New Beginnings also provides service for 18 year olds in similar difficulties. New Beginnings states that it will also provide residential care for other young men who are
already under probation supervision or who are referred from other community agencies that have contact with young men in conflict with the law. Thus, New Beginnings obtains its referrals primarily from the juvenile and criminal courts, but also from other sources such as Probation and After-Care (Ministry of Community and Social Services) and the two local Children’s Aid Societies.

Currently, New Beginnings continues to operate its residential program from the Church St. house. The organization also occupies office space at 275 Oak St. An office of the St. Leonard’s Society and a bail review program for juvenile offenders also operate at that address. The Executive Director and one clerical person work out of the Oak St. offices. The Chief Residence Counsellor reports directly to the Executive Director, and works primarily at the Church St. residence. The other staff of the program, the residence counsellors and homemaker, also work primarily at the residence on a rotating shift schedule.

New Beginnings operates its program within a context of a variety of services for children and youth in the province of Ontario. In order to gain an understanding of the context in which New Beginnings operates, it will be instructive to consider the role played by New Beginnings and similar agencies in the community and in the field of juvenile corrections. The following chapter consists of a selective review of the literature in the field of community-based treatment for young offenders. A review of the relevant literature on the subject of “social climate” of treatment environments is also presented. An overview of evaluation research methods is provided, with particular reference to evaluation methods that are used for the accomplishment of the purposes of a study such as the present one.
Chapter II

REVIEW OF THE LITERATURE

2.1 INTERVENTION WITH MALE YOUNG OFFENDERS

The two most common dispositions of juvenile courts in Canada and the United States are probation and institutionalization (Gross & Brigham, 1980). Probation programs are generally meant to make "treatment" fit the needs of youth. Institutionalization is identified with an expectation that rehabilitation will occur through education and vocational training, casework, and counseling services.

In reality, however, youth who are institutionalized for their delinquent behavior may find themselves in an overcrowded and understaffed facility in which rehabilitation is subordinated to control and maintenance of acceptable social behavior. Such institutions provide a unique opportunity for youth to learn new antisocial behavior which is rewarded by peers more often than it is punished by staff. Prosocial behavior, conversely, is punished by peers more often than it is rewarded by institutional staff (Gross & Brigham, 1980).

The history of the development of community-based corrections is that of the movement to keep juveniles out of training schools, and is part of the whole larger societal movement towards deinstitutionalization. A relevant aspect of this movement has been a growing awareness of what does and does not happen to youths confined in correctional centres. Such places provide youths with experiences that are "brutal
and degrading, and as a result of the deprivations of incarceration, inmates create their own society based on violence and exploitation" (Bartollas & Miller, 1978, p. 149).

A potential improvement has been in the development of community-based group home programs for delinquent youth. Generally, these programs have developed out of the perceived failure of institutional programs and the need to develop programs for those individuals who require more than probation services. That is, in addition to probation and institutionalization, there is a third potential disposition for a juvenile court judge to make.

Community-based Group Homes

Community group homes are defined as single dwellings operated by an organization or agency, housing an average of four to 12 youths. Nylton (1982) has reported that the concept of "community" is rather elastic, and that some so-called community group homes house over 100 juveniles. Staff are seen either as houseparents or as counselors, rather than as foster parents.

A typical model of care in a community-based group home is the "parent model". Parenting within this context is defined and differentiated from other forms of care in the following ways:

a) Parenting is modeled by adult youth service professionals as opposed to blood relatives or surrogate mother and father figures (as in a foster home);

b) The group home setting does not model the traditional sibling relationship among residents;

c) The group home setting does not demand conformity to a "family group" type of social structure, and residents are not required to relate to the dependency demands of a family situation. (Adams & Raumbach, 1980)
Group home care does, however, offer similarities to traditional family care (including foster care) in that it is community-based and has no special architectural or other structures built in for the external control of residents (Adams & Baumbach, 1980). Group homes also do not deal with (or prefer not to deal with) severely disturbed individuals or chronically delinquent adolescents. Programs are implemented by a rotating staff, which offers a relatively high staff-to-resident ratio in comparison with institutional programs.

The supervision and legal responsibility for the care of the juveniles rests with the organization that operates the facility. Typically, the residential program relies on the community for various resources (such as activities for the residents) and services.

Bartollas and Miller (1978) found group home programs to exhibit a wide range of variation, varying in size (as reported by Hylton, 1982), and because they have been developed to meet varying needs for different populations and communities. Further, they "often reflect the personal philosophies of their founders or directors" (Bartollas & Miller, 1978, p. 159). Also:

Intake criteria, length of stay, treatment goals, target population serviced, quantity and quality of staffing, services offered, physical facilities, location in relation to the rest of the city, and house rules are extremely diverse . . . . (p. 159)

Community-based correctional group homes often have a treatment-oriented program, using social work methods and group experiences which are geared towards dealing with problems as they arise within day-to-day living. Several models of treatment are being used in community group homes. Many are variations of behavior modification programs, and the
assumptions are that, primarily, the environment is responsible for both the maintenance and the change of behavior. Significant people in the group home environment (including the other residents, as well as staff) are responsible for specifying and managing the contingencies for reward, and the primary goal of treatment is for the youth to learn more appropriate responses to environmental stimuli. Other formats do not rely as heavily on behavioural methods. Other program types include the various "therapeutic community" or "guided group interaction" models, and others which employ combinations of psychodynamic and behavioural methods. The major emphases of group home programs are on group living, school attendance (or, alternatively, seeking employment), working with parents and families, and participation in the community. Smykla (1981) points out that these aspects of group care are often in existence in name only, and that in practice these ideals are not met; that is, group homes are often nothing more than small institutions. For example, the idea of "normal group living" does not usually mean that the youth living in a group home can leave the home whenever he wants to, without threat of some legal penalty as a consequence. Also, those youths living in group care may not see its advantages over institutional care. Instead, they may often see the group home as the lesser of several evils which involve varying degrees of punishment for their delinquent or criminal behaviour. The result may be similar to that identified with the traditional institution, where youths continue to learn (and to be reinforced for) antisocial behaviour (cf. Gross & Brigham, 1980). Community-based group care, having been built on a belief in reintegration of the offender into the community, requires both the offender and
the community to change. It is taken for granted that reintegrating youthful offenders into the community is a good thing, but it has often been the case that "the community has not wanted to become integrated with its offenders" (Hylton, 1982, p. 352). It is for these reasons of public concern that group homes for youthful offenders have often become nothing more than reproductions on a smaller scale of traditional institutional conditions.

Critics of community corrections often base their objections on the belief that such treatment only reinforces antisocial behaviour, whereas an institutional program would provide the necessary element of punishment. In this view, the community deserves better protection from the criminal activities of delinquent youth. The idea of community responsibility for dealing with its own problems is met with resistance from those who seek retribution. It is much easier to blame society's youth problems on the failure of training schools, the inefficiency of the juvenile justice system, or on the personality of the offender, than it is to accept communal responsibility for community social problems (Bartollas & Miller, 1978; Hylton, 1982). Hylton (1982) wrote that, out of the need to reassure the community that it is being protected, offenders are placed in group home environments that strictly supervise them and subject them to conditions that resemble the more traditional correctional environments. Community reactions often can be deduced from the perspective of the restrictive zoning bylaws that are enacted regarding group home location and other neighbourhood-based political pressures that are mobilized to allow group homes to exist only in residential areas other than those of the middle classes. There are impor-
tant tasks for the group home administrator which are related to the building and maintenance of ties between the offender and the community so that misconceptions can be dealt with and problems anticipated.

Proponents of group care for youthful offenders, nevertheless, see advantages in this type of care. Smykla (1981) lists several:

1. Deinstitutionalization

2. Normalization
   - encouragement of self-reliance, independence, and healthy interpersonal relationships
   - relatively "normal" living for those youths with special needs

3. Localization
   - avoidance of the disruption and demoralization associated with being removed from family and friends

4. Socialization
   - teaching of information, skills, self-control, and independent living skills needed for living in the community after leaving the group home
   - help in adjusting to regular school participation
   - help in learning about healthy relationships with family, friends, teachers, employers
   - help in learning to succeed in the community

5. Externalization
   - using public facilities and services outside the group home, and attempting to integrate the program with the surrounding community

6. Individualization
   - providing an opportunity to match the care of the juvenile to his needs, and to enjoy the right of access to the most suitable services

7. Economy
   - providing care that is no more expensive than other alternatives, if not less expensive (particularly in comparison with training schools)
- making an investment, not only in terms of dollars but in terms of human lives

To a greater or lesser degree, these qualities of group home care are present in any non-institutional community group home.

In a review of alternatives to the incarceration of juvenile offenders, the Ontario Ministry of Correctional Services (Birkenmeyer & Polonoske, 1975) outlined some of the factors which further rationalize the use of group care with this population:

1. Group homes offer less disruption in life style than an institution;

2. Rehabilitation is more relevant to the community, in the sense that a group home program can allow the youth to maintain contact with his community;

3. Group home staff (or "parents") are able to direct the formation of the group's social system and thereby monitor changes in behaviour and attitudes;

4. Closer relations between the staff and the youth allow for greater control over the treatment program.

These factors correspond to those identified above by Smykla (1981). The first point, concerning disruption, corresponds to Smykla's "localization", the second roughly matches the idea of "externalization", the third is relevant to a group home's ability to work on "socialization", and the fourth concerns the "individualization" of the treatment to meet the needs of a particular client.

The literature on group home treatment is in general agreement that this form of treatment may be more effective than alternatives such as training school with respect to rehabilitation and the effect on recidivism (Gross & Brigham, 1980; Bartolasi & Miller, 1978; Empey, 1978; Hylton, 1979/80). Also, in terms of the relative cost, it has been generally recognized that training schools are very expensive to main-
tain in comparison with community-based group care. The movement to
deinstitutionalization has furthermore contributed support to the belief
that youthful offenders' problems ultimately begin in the community and
arise from difficulties in learning how to cope with community problems
and pressures. It is, therefore, in their community that youths must
learn how to stay out of trouble. Training schools do not prepare
youths for making better adjustment to community life. Bartollas and
Miller (1978) point out that, further to the etiological argument just
outlined, community-based programs are, overall, more humane, more
economical, and no less effective than confinement of the youth in a
training school for purposes of control and punishment.

These arguments of greater effectiveness and lower cost, while not
of primary interest in the present study of treatment processes, have
had the effect of stimulating the growth of community-based care for
dealing with young offenders.

2.2 ASSESSING THE TREATMENT ENVIRONMENT

Social Climate

Rudolf H. Moos has written extensively on the subject of the impact
of treatment environments, particularly within the context of program
evaluation (see, for example, Moos 1974a). The subject belongs to the
field known as "social ecology", which is concerned with human adapta-
tion and human milieus—that is, with the impact of physical and social
environments on human beings. In practical terms, social ecology is
concerned with the assessment of environments and the development of
optimum human milieus. It is also "a point of entry" into relevant
clinical and applied problems" (Moos, 1974a, p. vii). Social ecology is linked to psychology, sociology, and social work in its emphasis on the importance of the social environment and in its interest in environmental effects on psychological variables.

One of the basic assumptions of social ecology is, "Human behavior cannot be understood apart from the environmental context in which it occurs" (Moos, 1974a, p. 21). From various social science perspectives, social ecology as a discipline is organized around the belief that,

...the immediate psychosocial environment in which (people) function determines their attitudes, behaviors, and symptoms, and that this environment can be the most critical factor in determining the outcome of treatment. (Moos, 1974a, p. 8)

Social ecology, then, has relevance to social work practice, particularly to the psychosocial approach to social work intervention exemplified by the casework theory of Florence Hollis (see Hollis & Woods, 1981).

Some of the major methods used in Moos' social ecology for the investigation of the characteristics of a treatment environment include the study of (1) the major "behaviour settings", (2) dimensions of organizational structure, and (3) dimensions related to the organization's psychosocial characteristics and organizational climate. "Behaviour settings" are those contexts in which significant interactions occur within the treatment environment. Structural dimensions of the organization are of interest insofar as such dimensions as size and staffing, salary levels, and relationships between supervisors and staff may be related to behavioural and attitudinal effects on the members of the organization. The third method above--study of psychosocial characteristics and organizational climate--focuses on the general values and orientation of the organization.
Moos has developed a number of scales which measure variation in the characteristics of different treatment environments. These characteristics are referred to generally as the "social climate" of an organization. One of Moos' scales is the Community Oriented Programs Environment Scale (COPES— see Moos, 1974a, 1974b). This scale, among several other of Moos' social climate scales, was developed from the social ecological assumption that the immediate psychosocial environment is an important aspect of the overall treatment process. Moos felt that a technique to facilitate direct comparisons among different types of community-based programs would have great potential utility in program evaluation. Having found that several investigators had used scales of a similar type in attempts to measure patient and staff evaluations of institutional settings, Moos observed that the various assessment techniques seemed to have practical clinical utility. Specifically, feedback of assessment data concerning the characteristics of an environment often can enhance program analysis and motivate change.

Community Oriented Programs Environment Scale (COPES)

The COPES instrument was developed from Moos' previous Ward Atmosphere Scale (WAS— see Moos, 1974a), which had been constructed to measure the social climates of psychiatric treatment programs as perceived by patients and hospital staff. Several sources were used to obtain the initial item pool for the COPES: WAS items, behaviour observers, professional and popular literature on the characteristics of ward environments, and interviews with staff and patients concerning the differences they perceived among different hospital wards. From a pool of
over 500 items a 130-item scale was derived. Items were sorted by agreement among three independent judges into twelve rationally derived categories. These categories were developed on the basis of the concept of "environmental press", or those characteristics of an environment which exert pressure on an individual toward some form of behaviour. The original scale was administered to a sample of 203 staff and 373 members of 21 different community-based programs, including residential centres for men and women, psychiatric rehabilitation centres, and adolescent residential centres. On the basis of the results, the scale was revised according to the following criteria:

1. Each subscale was to have acceptable internal consistency, and items should correlate more highly with their own subscale than with any other.

2. Not more than 80% nor less than 20% of subjects should answer any one item in one direction, in order to avoid using items that may be characteristic only of extreme programs.

3. There should be approximately the same number of items answered "True" as answered "False" within each subscale, in order to control for acquiescent response set.

4. Items should not correlate significantly with a measure of positive and negative halo response set.

The above criteria resulted in the revision of the scale such that there were 100 items grouped into ten subscales. Two subscales of the original twelve were dropped because they did not meet the first criterion above. For the remaining ten subscales, internal consistency calculations revealed interitem consistency of between .62 and .82 for members
and between .64 and .89 for staff (see Moos, 1974b, p. 6, Table 4). In addition, with regard to item-to-subscale correlations, over 90% of the items for members and 95% of items for staff had correlation coefficients above .30 with their appropriate subscales. It was concluded then that all of the remaining ten subscales had acceptable internal consistency and "moderate" to "high average" item-to-subscale correlations. Average intercorrelations among the subscales were .23 for members and .24 for staff, which led Moos to claim that the scale measures distinct although correlated characteristics of member and staff perceptions. With regard to the degree to which the COPES can differentiate between programs, the results of one-way analyses of variance indicated that all ten subscales differentiated significantly among the 21 programs (p < .01 for ten out of ten subscales for members, and p < .01 for nine out of ten subscales for staff). Moos concluded that the COPES subscales were able to discriminate among the average perceptions of members and staff on different types of programs.

Having refined the original set of items into a 100-item, 10-subscale instrument, Moos then administered the COPES to members and staff of fifty-four (54) different programs for purposes of acquiring normative data which would be made available for investigators who wished to compare new program data to a normative sample.

This version of the COPES is called Form R (for "Real"), and is used to assess the perceptions of members and staff of a program concerning the actual operation of the program. Other versions of the COPES were developed in order to assess the perceptions of an "ideal" program (Form I) and to assess expectations of staff and residents who
come into a program (Form E). The ten subscales of the COPES assess differing dimensions of a treatment program. The ten subscales are defined by Moos (1974a) as follow:

1. **Involvement**—measures how active members are in the day-to-day functioning of their program.

2. **Support**—measures the extent to which members are encouraged to be helpful and supportive towards other members and how supportive staff are toward members.

3. **Spontaneity**—measures the extent to which the program encourages members to act openly and express their feelings openly.

4. **Autonomy**—assesses how self-sufficient and independent members are encouraged to be in making decisions about their personal affairs (what they wear, where they go) and in their relationships with the staff.

5. **Practical Orientation**—assesses the extent to which the member's environment orients him toward preparing himself for release from the program. Such things as training for new kinds of jobs, looking to the future, and setting and working towards goals are considered.

6. **Personal Problem Orientation**—measures the extent to which members are encouraged to be concerned with their personal problems and feelings and to seek to understand them.

7. **Anger and Aggression**—measures the extent to which a member is allowed and encouraged to argue with members and staff, to become openly angry, and to display other aggressive behavior.

8. **Order and Organization**—measures the importance of order and organization in the program in terms of members (how do they look), staff (what they do to encourage order), and the house itself (how well it is kept).

9. **Program Clarity**—measures the extent to which the member knows what to expect in the day-to-day routine of his program and the explicitness of the program rules and procedures.

10. **Staff Control**—assesses the extent to which the staff used measures to keep members under necessary controls (e.g., in the formulation of rules, the scheduling of activities, and in the relationships between members and staff). (Moos, 1974a, p. 231)

Moos has grouped these ten subscales into three distinct "dimensions". The Involvement, Support, and Spontaneity subscales measure the Rela-
tionship dimensions of the program. These dimensions refer to the type and intensity of personal relationships existing between members and staff. The Autonomy, Practical Orientation, Personal Problem Orientation, and Anger and Aggression subscales measure Treatment Program dimensions, or different aspects of the program that reflect the therapeutic values and orientation of the program. The last three subscales—Order and Organization, Program Clarity, and Staff Control—assess the System Maintenance dimensions of the program, or how well the program functions in an orderly, clear, organized, and coherent manner (Moos, 1974a, p. 41-42).

Clinical Use of the COPES

The COPES was designed not only as a multipurpose research tool regarding the differences in perceptions of treatment milieus, but also as an evaluative technique that would be useful to staff within programs. The COPES can be used by program staff for identifying aspects of a treatment program that may be significant for purposes of program revision. In order to substantiate these claims for clinical utility, it is necessary to support the claim the COPES differentiates among different types of programs and among different programs of similar types.

The COPES has been used to investigate the treatment environments of alcoholism treatment programs (Bliss, Moos, & Bromet, 1976; Bromet & Bliss, 1976; Cronkite & Moos, 1978, 1979; Marchand, 1982; Moos, 1978; Moos, Mehren, & Moos, 1978; Balkon, 1978; Walter & Harris, 1977), psychiatric treatment and community mental health facilities for adoles-
cents and adults (Golden, 1974; Lehman & Ritzler, 1976; Luft & Fakhouri, 1977; Moos, 1972, 1973, 1974a; Otto & Moos, 1974), criminal drug abuser programs (Bell, 1976; Rexroat, 1976), and residential treatment facilities for children and adolescents (Brady & Babich, 1979; Duncan & Brill, 1977; Jones & Weinrott, 1977; Kohn, Jeger, & Koratsky, 1979; Moos, 1974a; Shinn, 1978). The literature has shown a diversity among COPES profiles among the variety of community-based programs tested. Among the alcohol programs cited above, Bromet and Bliss (1976) found that the COPES discriminated between four residential alcoholism treatment programs, and that changes in the treatment programs resulted in corresponding changes in the relevant dimensions of the treatment milieu as measured by the COPES. Moos, et al. (1978) found a "strong" emphasis on the three Relationship dimensions, "about average" emphasis on Treatment Program dimensions, and "above average" emphasis on System Maintenance dimensions. Palkon (1978) also found a strong emphasis on the Relationship dimensions, and less emphasis on Treatment Program and System Maintenance dimensions, except that that particular treatment environment was highly "controlling". Others (Marchand, 1982; Walter & Harris, 1977) also observed alcoholism programs with high emphasis on Relationship dimensions, but varying in emphases on other aspects of the Treatment Program and System Maintenance dimensions. Among the psychiatric treatment programs subjected to COPES analysis, Lehman and Ritzler (1976) found that the COPES discriminated between a "therapeutic community" type of community-based program and a more traditional hospital-based program. The community-based program in that study was higher on Autonomy, Involvement, and Practical Orientation, and lower on Order and
Organization than the hospital-based program. In another study comparing a community-based mental health program with a hospital-based program, Luft and Fakhouri (1977) found that the community-based program was higher on the Relationship dimensions and Practical Orientation, and lower on the Anger and Aggression and the Order and Organization aspects of the treatment environment than the hospital-based program.

The studies concerning residential facilities for children and adolescents also supported the contention that the COPES discriminates between programs. Duncan and Brill (1977) found that the COPES generally discriminated among several group homes operated by one organization, among "cottages" operated by the same organization, and between the group homes and cottages. In a study comparing fifteen (15) specialized residential treatment programs with fifteen (15) "control" programs, Jones and Weinrott (1977) found that the COPES was able to discriminate between the two types of program. Their study confirmed the expectations derived from the particular model of specialized treatment that there would be higher emphasis on Involvement, Support, and Order and Organization, and lower emphasis on Anger and Aggression and on Personal Problem Orientation in comparison with the "control" or non-specialized residential treatment programs.

It appears, then, that the literature provides sufficient support for the contention that the COPES has value as a tool for discriminating the treatment environments of different kinds of community-oriented programs for children, adolescents, and adults. Further, the COPES has shown some utility as an indicator of change within programs, over time, with respect to the social climate of treatment environments. Thus, the
CPOSES has been demonstrated to be not only a useful research tool but also a potentially useful method of assessing programs for evaluative purposes.

2.3 ORGANIZATIONAL STRUCTURE AND PROCESSES

Since certain of the research questions stated in Chapter I are concerned with the relationship of the New Beginnings Board of Directors to the residential program, it will be of some relevance to consider the structure and function of organizational units within formal organizations. Moos (1976) wrote on the impact of organizational structure and change on human behaviour. In his view, an organization is in part a formal structure established for the pursuit of relatively simple or straightforward objectives. It is also, however, an environment which influences the behaviour and attitudes of those who participate in it. This influence can often be traced to the influence of structural variables which Moos identifies as the "size" and "shape" of the organization. Size and shape refer, for example, to the number of staff and the number of levels of authority. These aspects of organizational structure are often under the direct control of the board of directors of a small community-based residential treatment facility. Comparative research by Jesness (1965) had shown size and shape to have significant effects on the treatment environments of facilities for juvenile offenders. Comparing a 20-bed unit with a 50-bed unit, each with an identical number of staff, the smaller unit was found to be less regimented, friendlier, and more "informal". Strict discipline was minimal in the 20-bed unit and the staff were more supportive and involved in the
personal problems of the residents. The larger, 50-bed unit was, by contrast, more regimented and less friendly. Staff frequently used stringent punishments, tight limits, and more regulations for behaviour. Thus, the "effects of size and staffing on the social climates were dramatic" (Jesness, 1965, p. 23). In earlier work on the social climates of correctional institutions, Moos observed more supportive interactions between residents and staff in smaller, more heavily staffed institutions (see Moos, 1972). There was also more agreement between staff and residents on the social climates of smaller programs, a finding which was interpreted to mean that smaller programs were characterized by more coherent and integrated social environments. These findings substantiate the notion that certain factors related to organizational structure can have great relevance to the treatment process employed by the organization.

Of additional interest in the case of New Beginnings is the relationship of various board committees to the treatment program. For this reason, some attention will be given to the role of committees within formal organizations.

Board of Directors

According to Clifton and Dahms (1980), "community boards of directors" emerged in North America in the late 1950's and early 1960's. This trend has made possible what has become known as "grassroots" input into social programs and agencies at the community level.

The people who live and work in a community--people who have first-hand knowledge and strong feelings about that community--are being given a critical voice through membership on governing boards in community-service programs. In the nonprofit sector of community services, agency survival is often dependent on an active and informed governing board...
Members of governing boards are legally responsible for developing administrative policy regarding personnel, accounting, budgeting, community participation, financing, and the establishment of program priorities. They also help to evaluate the programs and services provided by the agency they govern. In other words, the board of directors establishes a policy and the agency implements and executes that policy.

Specifically, the board identifies needs, establishes long-term and short-term goals, formulates plans, develops policies, determines fiscal and personnel policies, approves proposals for financing programs, and ensures compliance with the stipulations of funding sources. . . . (Clifton & Dahms, 1980, p. 125-126)

In terms of program management, the role of a board of directors is limited to hiring and firing the executive director and evaluating that person’s performance. Such an assessment, according to Clifton and Dahms, should include "an evaluation of the director's ability to implement policy and reach goals and objectives established by the board. . . ." (p. 127). Nevertheless, the board should play a leadership role in initiating agency policy, particularly in establishing program priorities and program goals and objectives.

The following section will address some of the issues relevant to the use of Board committees by New Beginnings.

The Role of Committees in an Organization

The role of a committee within any formal organization is to assist management in performing the "coordinating function". The coordinating function is one of seven basic executive functions of human service administration, first articulated in the management theory of Gulick and Urwick in 1937. (For a summary of this work see, for example, Ehlers, Austin, & Prothero, 1976.) These seven functions are:

1. Planning
2. Organizing
3. Staffing
4. Directing
5. Coordinating
6. Reporting
7. Budgeting

Committees are created and utilized as part of the administrator's coordinating function. They are an integral part of the job of interrelating the various parts of the work of the organization. Generally speaking, a committee's purposes and functions should be well defined, clearly and in writing, in order for it to have maximum usefulness to the organization. And not only should the committee be given responsibility, it should be given the corresponding authority for the performance of the relevant organizational activity with which it is charged (Ehlers, et. al., 1976). It is in this realm that the chairperson of the board has an important role. According to Clifton and Dahms (1980), "in setting the tone of the board, he or she can either inhibit progress or serve to implement change" (p. 127). Part of this "tone" is the degree to which responsibilities and authorities of the various parts of the organization are given formal status.

An organization's degree of formalization of roles (e.g., of board committees or of the executive director or staff) will affect significantly how the organization and its members perform.

... the degree of formalization has important consequences for the individual. He can overreact, becoming a slave to the rules or fighting them for the sake of fighting. The individual can be dulled by an overspecification of how he is to perform in the organization. At the same time, if inappropriately guided by the organization by either too much or too little specification, the behaviour of individuals can have
extremely negative consequences for the organization. (Hall, 1977, p. 178-179)

Thus, an agency that adopts a highly formalized structure runs the risk of "overdoing it" to the point where employees either rebel against the administration or, at the other extreme, are given insufficient direction for the performance of their duties. The optimal path for agency administration lies somewhere on this continuum of formality-informality. The decision as to how "formal" a structure an organization will have comes, by necessity, from those in positions of power within the organization:

Another obviously important source of the degree of formalization is the decision-making process within organizations. People in decision-making positions determine whether or not the organization should 'tighten up' its procedures. They also develop images about the people in the organization as being capable or incapable of self-direction. (Hall, 1977, p. 179)

It can be seen, then, that organizational processes within a formal organization may have direct effects on the behaviour of its members. Taking certain organizational processes into consideration is, thus, of some relevance in an evaluation study. This will become more clear once some of the relevant issues have been reviewed with respect to the evaluation of community-based social programs.

The following section will establish certain concepts in this area of program evaluation, with particular emphasis on the form of evaluation known in the literature as "formative evaluation".
2.4 SOCIAL PROGRAM EVALUATION RESEARCH

Defining Program Evaluation

A program evaluation represents, to some extent, the fact that all social programs are required to provide proof of their legitimacy and effectiveness in order to justify public support (Suchman, 1971). The need for an evaluation rarely occurs in an atmosphere of complacency. That is, according to Suchman, there is generally some source of "dissatisfaction and puzzlement" which needs to be identified before steps can be taken to modify it. The evaluation can then be seen as a problem solving enterprise which is related somehow to a decision-making function (Suchman, 1971, p. 99-100). Kiresuk and Lund (1977) believe that the impact of evaluation findings will be maximized when direct links are made between evaluation data and the decision-making process.

More specifically, program evaluation "involves the collection, analysis and interpretation of data bearing on program goals" (Epstein & Tripodi, 1977, p. 111). Scriven (1972) says much the same thing: that methods of evaluation generally consist in the gathering of program performance data and relating this data to the goals of the program. Scriven states, however, that although the methods of evaluation are essentially the same in many settings, the role of evaluation varies according to the purpose to which the information will be put (1972, p. 123-124). Scriven distinguishes two primary forms of evaluation: "summative" and "formative". Summative evaluation involves assessment of effectiveness, and is usually intended to form the basis of a definitive judgement about the worth of a program. This kind of judgement can then be used to decide on whether a program should be implemented in other
settings. Formative evaluation, on the other hand, is less concerned in that way with effectiveness or generalizability. That is, formative evaluation occupies a unique role within the spectrum of available evaluation methods which have been developed to meet unique evaluation needs.

**Formative Evaluation and Formative Research**

Evaluation that is primarily concerned with assessing and improving a specific program, without regard to the generalizability of the findings, has been called "formative evaluation" (Scriven, 1972; see also Epstein & Tripodi, 1977, p. 112). A formative evaluation is one in which assessment of a program is done periodically, and feedback is used to improve performance. Evaluation of this type is more than judging—it is an understanding of process and a feedback of information into the program for purposes of program revision.

Rutman (1976) outlines a concept of "formative research", defined as a means to address the preconditions of what he considers to be "true" evaluation research. (By "true" evaluation, Rutman is referring to "effectiveness" evaluation or evaluation of outcome.) A formative research study collects data on the operation of a program, documents what takes place, and contributes to the processes of change in the program and in revision of goals and expected outcomes. Such a study can discover latent program goals, and it is this aspect of discovery of program relationships that marks the difference between formative research and "true" evaluation which attempts to test hypotheses scientifically. Formative research is not a methodology, but rather a way of
understanding the purpose of the research. Data are fed back into the program, so that the program and the process of research can be interactive and reciprocal.

The "formative evaluation" referred to by Scriven (1972) does not, therefore, use research designs involving experimental controls and randomized assignment of subjects to experimental or control groups. That is, one of the roles of formative research— to discover information about a program— contributes to the development of the kind of data one will eventually need for performing an experimental study. Also, the kinds of problems of interest in a formative study are such that the use of the experimental method is premature. The role of a formative evaluation study in the evaluation process is a preliminary one in which program variables are not subject to strict experimental control. This concept conforms to Rutman's view of the role of formative research in the evaluation process.

The knowledge about the relationship between program interventions and processes that is gained through formative evaluation can then provide the impetus for a subsequent "summative evaluation" (Scriven, 1972). A summative evaluation is one that provides information that is meant to be generalizable to other comparable programs and situations. Summative evaluation is, then, equivalent to what Rutman is referring to as a true effectiveness evaluation.
Program Evaluation and the Stages of Program Development

There are a number of points in the process of the development of a program at which an evaluation may be performed. The questions one might ask about a program vary according to the stage of operation at which the program is evaluated. Specifically, evaluations are undertaken within one or more of the following three classifications, each of which is related to a stage of program development:

1. Analysis of program conceptualization and design
2. Monitoring of program implementation
3. Assessment of program utility (Rossi & Freeman, 1982)

Each of these classes of evaluation research has its place at a different point along a continuum of program development. Programs that are already in place, such as New Beginnings, would most appropriately use a model of evaluation which falls under the second or third classification.

Evaluation to monitor program implementation is done, according to Rossi and Freeman (1982), for reasons of accountability or because some programs are not implemented according to their original design (due to budget or personnel problems, for example). It may also be that the intended participants in the program do not exist in the numbers required, or that they cannot be easily identified, or that they are uncooperative. Monitoring of program implementation is an evaluation strategy which asks whether or not the program is reaching the appropriate target population and also whether the actual delivery of services is consistent with what was specified in the program design. The evaluator is interested in systematic attempts to measure (1) program cover-
age (of the target population), and (2) program process. Love and Shaw (1981) include the following evaluation questions under "program monitoring":

1. How many clients and staff are involved in our program?
2. What specific strategies are we using to deliver service to these clients?
3. Is the program operating on schedule?
4. What is the proportion of face-to-face service time for our program?
5. What is the average length of time it takes for our program to complete one case?
6. How many hours of service does our program deliver each year?
7. What is the average number of contact hours per worker?
8. What is the relationship between the plan for the program and its actual delivery? (Love & Shaw, 1981, p. 45-47)

The present study is concerned primarily with these issues—that is, how the treatment environment of New Beginnings has been developed and implemented in accordance with the intentions of those who designed it and are responsible for its operation.

Assessment of program utility—the third classification above—may be the most appropriate in situations where it is critical to know the degree to which a program has an impact (i.e., a question of "effectiveness") and has benefits in relation to costs ("efficiency"). An "impact assessment" (Rossi & Freeman, 1982, p. 38) gauges the extent to which a program causes change in the desired direction. Questions one might ask would then include the following:
- Is the program effective in achieving its intended goals?
- Can the results of the program be explained by some alternative process?
- Is the program having effects that were not intended?

These questions are not relevant to the present study. Until it is discovered how the New Beginnings program has actually been implemented and what the treatment environment is like, questions of effectiveness and outcome are premature.

**Preconditions for Evaluation**

Certain necessary preconditions for evaluation research have been outlined by Rutman (1976, p. 6-7). The three main factors contributing to a successful evaluation have been identified as:

- A clearly articulated program
- Clearly specified goals and/or effects
- A linking rationale

A clearly articulated program is no assurance that the program has actually been implemented in the prescribed manner, but at least the program can then be conceptualized in operational terms in order to determine what, in fact, has been implemented. The existence of a clear articulation of the program is the basis for eventual evaluation of the program's effects in terms of specific attributes of the program.

With reference to Rutman's second precondition, goals should be specified with reference to the needs that the program has been intended to meet. By specifying them clearly before an evaluation is undertaken, the evaluator may obtain information about implicit or unstated goals,
or about contradictions and irrelevancies to the program's actual activities. Rutman (1976) states that if program goals are unclearly stated, then it is a responsibility of the evaluator to work with program staff in a process of clarification. Clear goals are a basis for:

a) determining what particular aspect(s) of a program is (are) given priority;

b) identifying the ideological base upon which the program is constructed;

c) sorting out conflicting or competing goals;

d) holding programs accountable; and

e) reflecting the causal explanation of the particular social problem that the program's goals are ostensibly attacking (Rutman, 1976, p. 7).

Patton (1978) also recognized the importance that has been given to identifying and clarifying program goals, particularly in the context of "comprehensive" evaluation (i.e., effectiveness or outcome-focused evaluation). However, in Patton's view, if evaluation results are to be put to use by decision-makers, framing evaluation questions in terms of program goals is only one option: "Clarifying goals . . . is neither necessary nor appropriate in every evaluation" (Patton, 1978, p. 121). The most crucial issue in evaluation is, according to Patton, determining what information is needed by decision-makers, "not whether or not goals are clear, specific, and measurable" (p. 130). Clearly written goals are required only if one takes what Etzioni (1964) referred to as the "goal-model approach" to evaluation, which focuses on conducting an eventual effectiveness evaluation in terms of the measurement of the
program's success in attaining its goals. Taking a "systems" approach to the sociology of organizational analysis, Perrow (1970) stated that "... it is clear that goals are multiple and conflicting, and thus the 'character' of an organization is never stable" (p. 173). This perspective is shared by Patton (1978): "... the evidence is that thousands of programs operate with 'highly fluid structures and changing goals' (p. 130). Whether or not one places emphasis on program goals thus depends on one's theoretical perspective.

Rutman's third precondition for a successful evaluation is that a program should have "a linking rationale". Simply stated, this refers to the idea that program goals should suggest why the treatment program is expected to meet the stated goals and/or produce the intended effects and outcomes. In order for any program to be evaluable there must be some rationale for linking efforts and anticipated outcomes in a rational way, otherwise there is simply no justification for the expenditure of all the effort that has gone into the program.

If the above preconditions are not met, Rutman states that the evaluation study will be largely irrelevant for the planning and management of the program. Such a situation leads to the collection of meaningless data on overly vague program goals. Another problem is in the potential for the evaluator to be requested to measure unachievable goals while failing to investigate those which may well be within reach of the program (Rutman, 1976, p. 9).

With respect to the articulation of the program and the specification of goals, there is a general consensus in the literature that a step-by-step approach is indispensable. The following section outlines
a scheme that can be used by an agency in the elaboration of a program, using a goal-based model.

**Statements of Agency Purposes, Goals, and Objectives**

The United Way of Windsor-Essex County has produced a manual entitled "Building a Foundation for Program Evaluation" (Forrest, Marchand, Campbell, Fiorini, & Parent, 1982), which was intended to be used by United Way agencies as information "to assist agencies in developing a foundation for undertaking future program evaluations" (p. 1). Evaluation is examined from a planning perspective, and the focus is "primarily on the identification and clarification of program goals and objectives, defining program activities, and specifying why the activities are expected to achieve the objectives" (p. 1).

It should be mentioned at this point that, in the literature of program evaluation, there is not perfect agreement on the distinction between the terms "goal" and "objective". In a subsequent section it will be seen that distinction is often made wherein "objectives" are considered to be of more limited scope than "goals". In this view, an "objective" exists at a lower level of abstraction than a "goal", and a "goal" is achieved when a number of subsidiary "objectives" have been achieved. Others consider the terms "goal" and "objective" to be synonymous, and use terms such as "sub-objective" to refer to intermediate steps. In the present study the former scheme has been adopted, in which a "goal" is superordinate to an "objective". The following sections deal with the terminological and definitional issues involved in this distinction.
Agency Purpose

Forrest, et al. (1982) advise:

The purpose of the agency should be stated as a broad philosophical description of the overall goals of your agency. It describes the reason your agency exists. It should indicate what you want to achieve in the long run, your target consumer populations, and the general approach to be taken. (p. 39)

(p. 32). The following questions are relevant to an agency's statement of purpose:

1. Does the statement of purpose include:
   - desired end result?
   - target groups?
   - problems addressed?
   - general approach?

2. Does the statement of purpose cover all present agency programs?

3. Have appropriate people been consulted: board members, administrators, professional staff, consumers? Does it have their approval?

4. Is there consensus about the purpose among management and staff?

5. Is the purpose realistic in terms of available funding?

6. Is it consistent with the agency's by-laws, legislations (sic), certification, and licensing boards?

7. Does the purpose accurately set this agency apart from other agencies? (p. 42)

Love and Shaw (1981) state, similarly, that the "purposes, charter, or mission statement describe the types of needs that the organization should meet" These issues are important in the sense that program goals and objectives that are subsequently developed should relate directly to the statement of purpose. Forrest, et al., state that referring to the statement of purpose when setting goals and objectives "ensures that
program expectations and activities are consistent with purposes identified as basic to an agency's policy and direction" (p. 42).

The process of setting goals, defining specific program objectives, and devising program activities can be seen as a process that flows in a step-by-step manner from the original statement of purpose.

Goals

An organizational goal is a desired state of affairs which the organization attempts to realize. (Etzioni, 1964, p. 6)

A goal is to a program what a purpose is to an agency. Goals must be consistent with the purpose of the agency, and provide a framework for setting program objectives. (Forrest, et al., p. 43)

If you don't know where you're going, you'll be somewhere else when you get there. (Clifton & Dahms, 1980, p. 27)

All of these statements reflect a common view in the literature of program evaluation and organizational analysis— that is, that the elaboration of program goals is a necessary and vital step in both the development of a successful program and in determining its evaluability. A checklist of evaluative questions regarding goal statements is provided by Forrest, et al. (p. 50):

1. Have program staff been significantly involved in the goal development process?

2. Is each stated in terms of results or ends?

3. Does each goal provide challenges beyond what is presently being accomplished in the program?

4. Are the goals realistic?...

5. Do the goals contribute to the accomplishment of the agency's purpose?
Although one of the above questions seeks knowledge about whether program goals are stated in terms of results or ends, it should not be interpreted as meaning that stated goals need to be time-limited—this is a feature of program objectives, which are the operationalized and specific statements about how a program's goals are put into practice.

To reiterate Rutman's point of view (Rutman, 1976), clear goals are a basis for determining priorities for the future, and for sorting out conflicting or competing goals. Many organizational problems may thus be attributed to the lack of a rationalized goal-setting process. Further, clearly stated and understood goals "can help to eliminate frustration, confusion, and duplication of effort" (Clifton & Dahms, 1980, p. 27).

The setting of "official goals" within an organization combines with a number of factors both internal and external to the organization to produce what Hall (1977) calls "operative goals". Operative goals, being the goals that the organization uses in practice, reflect the relatively abstract official goals (Etzioni's "desired state of affairs") in interaction with "the modifications and perversions of these by personnel in decision-making positions" and with "pressures from the external environment" (Hall, 1977, p. 73). Identifying an organization's actual (operative) goals involves, according to Hall, an emphasis on intentions—what the organization's participants are trying to accomplish—and on activities—what the individuals in the organization are actually doing. Another important factor emerges when one attempts to identify the goals of an organization. That is that there may not be agreement within the organization as to what the priorities
and goals are. For example, factional conflicts (particularly in larger organizations) and differing approaches to service can influence both the actual content of goals and their stability over time.

Objectives

As mentioned earlier, there are those who do not use a concept of "objective" as distinct from "goal" (e.g., Love & Shaw, 1981). Rather, the two concepts are regarded as being synonymous. On the other hand,

. . . Those who take the standard school-of-business approach (management by objective, or MBO) usually make technical distinctions between goals and objectives. Objectives are thought to be narrower in scope than goals . . . . (Clifton & Dahms, 1980, p. 27)

In a similar vein:

In order to measure outcomes, final goals must be broken down into clearly stated program objectives . . . . An objective may be defined as a shorter-range, more specifically stated end by which a goal is attained . . . . (Forrest, et al., p. 57)

Taking the approach that objectives are distinct from goals, and following the rationale with which the statement of purpose is translated into a framework of goals, an agency's program objectives must then flow from the stated goals. That is, an objective is something that must be accomplished in order to achieve a final goal. The objective should be phrased in such a way that it is measurable, and in order to be measurable, it should be specifically stated with an indication of the time within which the objective is to be accomplished.

Forrest et al. (1982) specify a number of steps in developing an satisfactory set of program objectives:

1. Indicate the population or subgroups of that population which the program was expected to serve . . . .
2. Identify for each subgroup, the human service area or subareas in which the program was expected to produce change . . . .

3. Indicate the specific change(s) in each human service sub-area . . . (Forrest, et al., 1982, p. 63)

The general form that an objective should take corresponds to the following sentence:

The change in human service area for population or subgroup by target date.

Thus, for example, a New Beginnings objective might be stated:

The increase in educational achievement for 14 to 19 year old juvenile and youthful adult offenders by the end of three months in residence.

The "change" to which reference is made above (in the general form of the objective) has, in this way, been stated in measurable terms: an "increase". An evaluator is now able to measure whether that objective has or has not been achieved within the specified time period. (Of course, the meaning of "educational achievement" would have had to have been defined operationally in order for an objective assessment to be made).

In addition to these four general pieces of information, there are three other pieces of information relevant to the objectives that should be made explicit as well. These are: specifying the person(s) responsible for the achievement of the goal, how it is to be assessed for success, and how the achievement of the objective relates to the goal with which it is connected. In total, then, there are seven pieces of information that are required for a comprehensive statement of a program objective. As stated by Koontz (1971),

... Throughout organizational history there has been an appreciation that groups of people work toward the achievement
of objectives, but only lately have we come to realize that, to be meaningful, objectives must be actionable and verifiable and that the measure of managerial effectiveness should be a demonstrated ability to lead groups toward the attainment of such goals. (p. ix-x)

If the management by objectives approach is taken one can, according to Koontz, appraise a program manager by assessing the record of achievement in meeting objectives.

Program Activities

Just as agency goals are related to overall agency purposes, and (similarly) as objectives are related to goals, statements about program activities should provide the link between each distinct program activity and the objective it is directed toward accomplishing. Love and Shaw (1981) state that every organization has programs and methods which are established to reach its ultimate goals. A statement of a program activity is a "statement of a process that implements the achievement of a goal" (Clifton & Dahms, 1980, p.30). According to Forrest, et al. (1982):

If a planned or continuing activity cannot be linked to any stated objective, either a necessary objective has been left out, or the activity is not necessary. Similarly, if a stated objective has no activity either an essential activity is not being planned, or the stated objective is not necessary to the program. (p. 67)

Also,

. . . . The justification for identifying this linking rationale is to determine whether the program can be evaluated. . . . [S]ome programs state objectives toward which there is no actual effort directed. In this situation, programs are held accountable for objectives which are merely stated but not actually pursued . . . . (p. 70)
In this final step in the elaboration of the program, the evaluator is interested in questions about what is to be done, by whom it is to be done, when and where it is to be done, and what materials (if any) are required. For example, a goal of New Beginnings may be to improve the "life skills" of a resident, with an intermediate objective towards this goal being "the provision of effective and appropriate educational and/or employment planning". What must then be specified is exactly how this objective and, ultimately, the program goal will be accomplished. Clifton and Dahms (1980) state, "If a goal is stated clearly, the procedures [activities] needed to implement that goal should be obvious" (p. 30). Development of appropriate program activities might, to continue the example, include twice-weekly group sessions in which the residents are given concrete information about some aspect or other of "life skills". Another appropriate program activity might be to provide residents with individual daily sessions on some aspect of the desired skill area. Whatever the activity, it is important to elaborate it in enough detail so that an objective observer (as well as program managers) can eventually determine whether that particular activity has produced a desired result.

When procedures are sequential and relevant to a stated goal, those responsible for assessment and evaluation are able to render maximum aid to an agency and a project. (Clifton & Dahms, 1980, p. 30)

In the example just given, it has been assumed that frequent group sessions or daily individual sessions are somehow linked to the objective that is to be met. This assumption may or may not be valid. If it is not valid, then there is no reason to expect that engaging in these activities will assist in achieving the program's objectives.
Chapter III
METHODOLOGY

3.1 RESEARCH QUESTIONS

On the basis of the review of the literature concerning social climate and formative evaluation, and considering that the purpose of the present study was to conduct such an evaluation, the following research questions were developed.

With respect to program process, evaluative information was sought from answers to the following research questions:

1. What are the treatment processes being used by New Beginnings with its residents?

2. What perceptions of the treatment environment of the residential program are held by staff and residents of the program?

New Beginnings has specified a number of program goals and modes of treatment that are put into practice with the juveniles who are accepted into the residence. These aspects of the program may be evaluated in terms of the answers to this question:

3. Are New Beginnings' stated goals and objectives consistent with the care that is actually offered to its residents?

Further research questions with respect to organizational processes and the amount of "effort" put into the program include:

4. What management activities are related to the program, and what effects do the board and the administration have on the treatment process?
5. What staff, management, and board efforts are involved in the development of program goals and in developing the resources needed to achieve program results?

These questions have been adapted from a general framework of program evaluation developed by Tripodi, Fellin, and Epstein (1978, p. 54-55), and are the general research questions that guided the present research study.

3.2 RESEARCH CLASSIFICATION

According to Tripodi (1981), research studies may be classified according to their major purposes within four levels of a knowledge-building continuum. Each of these purposes or objectives is associated with certain research procedures which are designed to meet specific criteria in order to produce evidence of the desired level of knowledge. Table 1 outlines the levels of knowledge, the objectives of each level, and typical research designs that are commonly used at each level.

All significant aspects of the present evaluation conformed to a "case study" approach, for example, measuring the extent to which the treatment program is consistent with its stated goals, and seeking to learn the subjective perceptions of program participants regarding the treatment environment. This aspect of the study provided "hypothetical-developmental" (Level 1) knowledge about the New Beginnings program.

To further assist in classifying the design of this study is the concept of "differential social program evaluation" (Tripodi, Fellin, & Epstein, 1978). This scheme differentiates the approach that one takes


<table>
<thead>
<tr>
<th>Levels</th>
<th>Knowledge objectives</th>
<th>Designs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hypothetical-developmental</td>
<td>Qualitative description and concept development</td>
<td>Case studies</td>
</tr>
<tr>
<td>2. Quantitative-descriptive</td>
<td>Quantitative description of empirical relations</td>
<td>Descriptive surveys</td>
</tr>
<tr>
<td>3. Associational</td>
<td>Statistical description of degree of relation</td>
<td>Comparative studies</td>
</tr>
<tr>
<td>4. Cause-effect</td>
<td>Knowledge that change in one variable produces change in another variable</td>
<td>Experimental, quasi-experimental</td>
</tr>
</tbody>
</table>

...to an evaluation based on (1) the stage of program development, (2) the objectives of evaluation at each stage, and (3) different strategies for collecting evaluative information. The stage of program development of the present study was the stage of "program implementation" in the scheme of Tripodi, et al. (1978). The objective of the evaluation is to provide information about "program effort" (i.e., information about the type and amount of program activities and inputs).

Rossi and Freeman (1982) refer to successive stages of operation of a program. In their framework, an evaluation of a program that is already in place (such as the New Beginnings residential program) is classified as "monitoring of program implementation". This scheme is, thus, highly consistent with that of Tripodi, et al. (1978) in referring to an evaluation focus being on how a program has been implemented.
In summary, the design of the present study is classified as a case study. It is further classified as program evaluation, specifically formative evaluation for the purpose of monitoring of program implementation.

3.3 SAMPLING

Nonprobability sampling techniques were used in the present study, due in part to the small number of program participants in the New Beginnings residential program. All residents and staff of the program were available to the researcher. Since this study was framed within the context of a hypothetical-developmental level of knowledge, there was no need to adopt procedures for extracting a sample of the population. Current residents of New Beginnings at the time of the evaluation, management and residential staff, and some board members were involved as participants in the evaluation study.

3.4 DATA COLLECTION METHODS

Several data collection methods were used for obtaining the necessary information for the present evaluation study. The following sections outline the methods used to gather data for each of the research questions specified earlier in this chapter.

Research Questions I and II: Treatment Processes

Case Records

Some of the description of New Beginnings' treatment processes was accomplished through the selective use of case record material from the
files of the agency. One case was selected for discussion, using the criteria that the length of time in care and the type of problems at admission were typical for a client of New Beginnings. Reference to program data supplied to the researcher and consultation with the Executive Director guided the selection of the particular case that was used.

New Beginnings keeps a number of records concerning each of its residents: (1) a central file, holding medical, legal, and bail records, (2) a case book for keeping written records of staff meetings, monthly assessment reports, and case notes, and (3) the residents' log, to which the resident has regular access, and which is used for keeping daily notes on the activities of the residents, entering resident requests, and giving the resident written feedback concerning requests and other matters.

Community-Oriented Programs Environment Scale (COPES)

A significant source of information on treatment processes was the response given by the staff and residents of New Beginnings to a version of the Community Oriented Programs Environment Scale (COPES), which was used to measure the "social climate" of the New Beginnings treatment environment. See Appendix A for the 100-item scale that was given to the residents and staff of New Beginnings during the present evaluation study. The wording of some items was modified in order to make the items more relevant and understandable to the residents and staff of New Beginnings. For example, where Moos used the word "member", the word "resident" was substituted; where "day room" was used, the words "living room" were substituted.
The COPES scale was administered to the staff group during the second half of a regular staff meeting on the morning of February 9, 1983. The residents were given the scale on the same day during the evening "quiet hour" from 6:00 p.m. to 7:00 p.m. For both groups, instructions were given verbally by the researcher. The instructions were limited to a brief statement that the questionnaire was comprised of a number of statements about the New Beginnings residential program, and that they were to answer "True" or "False" to each statement according to their own thoughts and beliefs about the program. The staff group was given the questionnaire to read and complete individually. The residents were given the questionnaire and were given each question verbally, one at a time, by the researcher. This procedure was adopted by the researcher in order to avoid the problem of difficulties with those residents with inadequate reading skills. Thus, all residents finished the questionnaire at the same time.

Research Question III: Goals and Objectives

Regarding agency purpose, goals, and objectives, written materials were made available by New Beginnings for inspection by the researcher. These materials were found primarily in the New Beginnings policies and procedures manual which is updated and expanded on an ongoing basis. Additional information concerning the objectives of the program was found in submissions to one of New Beginnings' funding sources, the United Way of Windsor-Essex County.
Research Questions IV and V: Roles of Management and Board

Written policies on personnel practices, functions, and responsibilities were reviewed, and written questions were submitted to the New Beginnings Board of Directors. (See Appendix B for the list of evaluation questions for board members.) Selected Board members were asked to supply written answers to evaluation questions pertaining to Board finances, personnel policies, Board committees, membership, and attendance. Several informal interviews were held with the Executive Director concerning various aspects of the operation of the program in order to complement and expand upon the written responses to questions.

3.5 DATA ANALYSIS METHODS

The scoring of the COPES and the calculation of COPES subscale raw scores, means, and standard deviations was done by computer using the Statistical Analysis System (SAS). Plotting of COPES data in graphic form was done using SASGRAPH.

3.6 LIMITATIONS OF THE STUDY

A study using nonprobability sampling methods does not have associated with it the use of inferential statistics for comparing observed differences between units of observation, as would a study using a more rigorous research design to compare treatment and control subjects. A result of this lack is that findings cannot be generalized beyond the particular unit under study. One reason for this is that inferential statistics rely on the availability of an estimate of sampling error (i.e., standard error) which, if all members of a population are taken
under study, is not available. Furthermore, it is obviously not necessary to take a sample of the population in a situation in which the entire population under study can be observed (as in the present study).

Posavac and Carey (1980) suggest that, despite limitations in scientific rigour, process evaluations (such as the present study) are not meant to reveal whether individuals actually benefited from a program. Research interest is in the degree to which a program is implemented as planned, for example, rather than in generalizing findings to some population.

Single-group designs also do not permit conclusions to be drawn as to whether the program in question has a causative effect, due to the absence of experimental controls.

Despite these weaknesses, several useful avenues of investigation are open to the researcher using a single-group design. One can determine such things as how program participants and staff perceive the program—i.e., their views on how the program is (or should be) operating. Also, in the specific case of an evaluation study, a single-group design is useful in focusing attention on the specific problems of the agency or program under study, which can assist the program towards making positive and substantial changes without being limited by rigorous methodological considerations.

In those situations where the focus of research is to be on providing clinically useful information relating to program change, the method of investigation should be determined by the problem of interest. The limitations of a case study approach with respect to generalizability are, thus, offset by potential clinical usefulness of the findings to a specific program.
Chapter IV
DATA FOR EVALUATION

4.1 RESEARCH QUESTIONS I AND II: TREATMENT PROCESSES

With respect to program process, evaluative information was sought from answers to the following research questions:

1. What are the treatment processes being used by New Beginnings with its residents?

2. What perceptions of the treatment environment of the residential program are held by staff and residents of the program?

Before presenting the results obtained for this component of the study (beginning below with the section on "Case Management"), information of a purely descriptive nature will be presented in order to give the reader an idea of the "size and shape" of the agency.

1982 Program Information

The following consists of program information about the New Beginnings residential program for the calendar year 1982, the most recent full year for which such information was available.

Information was made available concerning New Beginnings' referral sources, age and number of clients, and rates of occupancy.

Table 2 below shows the number of referrals from all referral sources in 1982.
TABLE 2

1982 Referral Sources

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>No. of Clients (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lawyer</td>
<td>4 (11.1)</td>
</tr>
<tr>
<td>Legal Assistance of Windsor</td>
<td>3 (8.3)</td>
</tr>
<tr>
<td>Juvenile Court</td>
<td>3 (8.3)</td>
</tr>
<tr>
<td>Provincial Court</td>
<td>1 (2.8)</td>
</tr>
<tr>
<td>County Court</td>
<td>1 (2.8)</td>
</tr>
<tr>
<td>Reaching Out Bail Program</td>
<td>4 (11.1)</td>
</tr>
<tr>
<td>Probation and Parole</td>
<td>6 (16.7)</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>1 (2.8)</td>
</tr>
<tr>
<td>School</td>
<td>3 (8.3)</td>
</tr>
<tr>
<td>C.A.S.</td>
<td>3 (8.3)</td>
</tr>
<tr>
<td>Mother</td>
<td>2 (5.6)</td>
</tr>
<tr>
<td>Father</td>
<td>1 (2.8)</td>
</tr>
<tr>
<td>After-Care</td>
<td>1 (2.8)</td>
</tr>
<tr>
<td>Hospital</td>
<td>1 (2.8)</td>
</tr>
<tr>
<td>Other group homes</td>
<td>2 (5.6)</td>
</tr>
</tbody>
</table>

Total = 36 (100)

From the data in Table 2, it can be seen that the largest segment of referrals came from the courts or court-related service agencies (15 out of 36, or approximately 42%). These include referrals from the Juvenile, Provincial, and County Courts, Reaching Out, Inc., and probation and parole. Including referrals from lawyers and legal service agencies, 22 out of 36 (61%) of referrals came from within the juvenile justice system. The remainder of the 1982 referrals came from other community agencies and services (8 out of 36, or 22%), parents (3 out of 36, or 8%), and schools (3 out of 36, or 8%).

The majority of clients came from the City of Windsor (28, or 78%), and the rest from elsewhere in Essex County (8, or 22%). This propor-
tion (78:22) was roughly reflected in the total number of days of care in 1982 used by the city and county groups, where days of care is the number of days in the residential program for each boy multiplied by the total number of boys in care over the year (36). That is, out of a total of 3601 days of care in 1982, 2897 (80%) were given to juveniles from the City of Windsor, and 704 (20%) to juveniles from elsewhere in the County of Essex.

The number of days of care by age group, and the mean number of days of care per age group, is shown in Table 3.

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Number of boys</th>
<th>Total number of days of care (%)</th>
<th>Mean number of days of care per age level</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>1</td>
<td>45 (1.2)</td>
<td>45</td>
</tr>
<tr>
<td>15</td>
<td>6</td>
<td>354 (9.8)</td>
<td>59</td>
</tr>
<tr>
<td>16</td>
<td>13</td>
<td>1328 (36.9)</td>
<td>102</td>
</tr>
<tr>
<td>17</td>
<td>9</td>
<td>1121 (31.1)</td>
<td>125</td>
</tr>
<tr>
<td>18</td>
<td>4</td>
<td>471 (13.2)</td>
<td>118</td>
</tr>
<tr>
<td>19</td>
<td>3</td>
<td>282 (7.8)</td>
<td>94</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>3601 (100.0)</td>
<td></td>
</tr>
</tbody>
</table>

The figures shown in Table 3 show that the sixteen year old age group used the most days of care (1328 out of 3601, or 36.9%). This was due in part to the fact that there was a larger number of this age group in care (13 out of 36) than of any other age group. The mean number of
days of care (shown in Table 3) indicate that both the seventeen and eighteen year old clients, on average, remained in care longer than the sixteen year olds. That is, the seventeen year olds remained in care the longest at an average of 125 days each, and the fourteen year olds the shortest at an average of 45 days each. The average length of stay for all groups, taking the total number of days of care (3601) and dividing by the total number of clients (36) is 100 days, or 14.3 weeks. It should be noted, however, that New Beginnings accepts emergency placements into its residential program, which are placements of shorter duration than those of the regular clients. The total number of days of care reported in Table 3 includes these "sheltered care" days. Removing the sheltered care days from the total days of care produces an average length of stay for the residential clients of approximately 116 days, or approximately 16.5 weeks.

The next section outlines the case management approach used by New Beginnings. This aspect of the program pertains to Research Question I regarding the description of treatment processes.

Case Management

The treatment process of a community-based group home is affected to some degree by the procedures it uses to manage the progress of a case from admission to discharge. This section outlines the observed case management procedures used by New Beginnings. A subsequent section describes how these procedures were used in practice by giving some case material on one of the residents of the residential program.
New Beginnings has adopted certain procedures for case management with respect to its residents. Appendix C outlines the questions which guided the data collection in this area. The case management function at New Beginnings is carried out using a "primary worker" concept. Each of the residence counsellors is assigned to one or more residents as the primary worker. This role involves the development of an initial assessment of the resident upon his arrival at New Beginnings. In addition, in order to comply with Ministry of Community and Social Service standards, each resident must have what is known as an Independent Program Plan. This is a service plan which is reviewed periodically over the time the resident is in the program. The primary worker's initial assessment of the resident and the Independent Program Plan are presently being amalgamated at New Beginnings for purposes of setting the resident's individualized goals and objectives. The primary worker is also, technically, the first individual that a resident is expected to approach if he has a complaint or a concern about the program.

Recording of the behaviour of the residents is done daily at the end of each shift for each individual resident. These records are available for the residents themselves to read. A second "log book" is used for recording client information that is judged inappropriate for the resident to see (e.g., suspicion of homosexual activity). A third type of recording is used for recording critical incidents involving a resident, which are incidents serious enough to require consequences such as "grounding".

Weekly staff meetings are used to discuss program plans, the general behaviour of the residents, and generally what has happened
during the previous week. The residents are informed about the discussions on their behaviour, and this is done in front of the residents’ peers. It is felt that peer pressure is a valuable tool in modifying inappropriate behaviour. In addition to these weekly reviews, New Beginnings uses a Weekly Behaviour Modification System to monitor the residents’ performance in school, doing chores, and in participation in recreational activities. At the end of each shift every day and evening, the staff places check marks on the residents’ charts. The Chief Residence Counsellor then makes additional comments on the charts. On the basis of a week’s performance on the system, it is decided how much allowance the resident will receive that week. The residents’ performance is discussed with them each week before the allowances are given.

**Discharge**

The New Beginnings policies and procedures manual indicates the criteria for the discharge of a resident. Quoting from the manual, a resident will be discharged from the New Beginnings residential program when:

a) the resident has achieved the goals established in his plan of care;

b) continuing in the program would have a negative effect on the resident or other residents;

c) the needs of the client at admission no longer exist;

d) the placement is not appropriate;

e) court order— but may continue with mutual consent of the resident and agency;
f) termination of parole/mandatory supervision--may continue with mutual consent of resident and agency;


g) discharges requiring alteration of court or probation order done in consultation with proper legal authorities.

"Emergency discharges" are also provided for by New Beginnings policy. These may occur "when a resident poses danger to himself or to others through his behaviour." If a hospital admission is required, residential staff are to make the arrangements at the "nearest or most appropriate medical facility and if necessary the police are to be notified." In such cases, the Chief Resident Counsellor, the Executive Director, parents or guardians, Probation officers, police, and any other relevant persons or agencies are to be notified of the emergency.

When a decision is made that a resident is no longer appropriate for the residential program, placement planning is begun which may involve other community agencies. New Beginnings contacts these other agencies and, where appropriate, may make a referral. Follow-up of the resident upon termination is generally done by the agency to which this referral is made.

Resident Case Material

This section reports case data from the files and logs of New Beginnings. It is meant to illustrate the treatment process as it applies to a "typical" resident of the program. As such, the information given here further answers Research Question I on treatment processes. Discussion of this descriptive information takes place in the next chapter.
The following case information was drawn from the files of New Beginnings concerning one of their residents. Information was obtained from the initial assessment report, staff meeting notes, monthly assessments, and other case notes written from time to time. Additional information was obtained verbally from the Executive Director.

D.L., a 17-year-old male, was accepted into the New Beginnings residential program in April, 1983. He had been confined in the Essex County Jail when he was referred to New Beginnings by the local bail review program, with charges of theft and robbery with a weapon pending against him. A justice of the peace stipulated bail conditions which stated that D.L. was to be placed in the custody of New Beginnings, where he was to abstain from using drugs or alcohol, observe curfew, and observe the rules and regulations of the program under threat of having bail rescinded if he did not.

New Beginnings' initial assessment at admission included the information that D.L. was not attending school and was instead looking for work. He had completed some Grade 9 and 10 courses at a local vocational high school before opting to begin a job search. The assessment stated that it was believed that alcohol abuse had contributed to D.'s alleged involvement in criminal activity. Nevertheless, his health appeared good, and his general hygiene and appearance appeared "appropriate, normative". D. had had no previous contacts with other social agencies prior to his arrest. He was living with his mother in Windsor, and an older brother was living elsewhere in Windsor in his own apartment. D. had a 15-year-old girlfriend living outside of Windsor, and he had developed a relationship with this girl's family such that he often spent entire weekends there on visits.
At the residence during the initial assessment period, D. was observed to be "initially cooperative, drifting toward testing, hostility, and manipulation". Initial goals were set, stated as:

a) Cooperative behaviour

b) Positive attitude

c) Employment

Subsequently, in order to conform to Ministry of Community and Social Services (Children's Services Division) standards, a Plan of Care was drawn, which specified the following "individualized goals":

a) Counselling

b) Psychological assessment

c) Education

During his first month in care, D.'s general attitude was evaluated as being "consistently manipulative", with some testing of limits placed on him. There had been several instances where D. had been "grounded" due to non-compliance with curfews and house rules. D.'s leisure activities consisted of him spending as much time as possible away from the house, avoiding participation in house activities. His peer relationships with the others in the house were characterized as being "superficial and aloof". Staff noted that, during the first week in care, D. was generally quiet and well-mannered and that he seemed to receive deference from the other boys on account of his seemingly mature behaviour. By the second week, however, staff were noting that D. had begun to manipulate various situations to his advantage, using the excuse of job interviews or other alleged appointments in order to gain special permissions. Within the residence itself, there were no particular
behaviour problems. It was recommended that D. begin attending Alcoholics Anonymous meetings with his mother, and that a contact be made with a special needs counsellor at Canada Manpower regarding vocational assessment. Soon, D. began to attend the A.A. meetings and had found a job.

Over the next several weeks, D.'s acceptable response to house rules and to the program declined in quality. He began to be "physically over-dominant" with the smaller residents who had been looking up to him. He also had begun to lose his temper ("blow") with little provocation. Staff were instructed to monitor this behaviour and make attempts to control it. The special needs counsellor at Canada Manpower, who questioned D.'s motivation and attitude toward finding work, arranged for diagnostic aptitude and vocational testing as well as some psychological testing. (This referral was made because of the fact that D. was no longer employed at his job.)

After several weeks had passed, during the second month of the placement, staff noted that D. was maintaining an "average" response to the house rules. He had become more demanding of attention and privileges, and had begun a decline in his involvement with A.A. Despite the testing of limits, D. usually followed the house rules. The main focus of treatment remained on having D. maintain his involvement in vocational rehabilitation counselling. Two diagnostic assessment sessions were scheduled for this purpose in June.

At this point in the treatment process, the staff consensus was that D. should remain in the New Beginnings program until further gains were made, in particular with respect to what the staff suspected was a
difficulty in reading. D. had begun also to manipulate other residents into being uncooperative with summer recreation staff. He was not attending A.A., and he was seeking work sporadically. If D. were to return to court, it was stated to D. that the Director would be inclined to recommend that D. be returned to jail.

At this time D. began to enquire about the possibility of having certain bail conditions modified and about a definitive date for leaving New Beginnings. D. sought the opinion of a lawyer other than his original lawyer in this matter, because he was not convinced that his alternatives were either New Beginnings or jail. He was told that if he were to return to court at that point that he would likely be sent to jail. The perceptions of New Beginnings staff were that D. had been a "negative influence", and that he was saying and doing "nothing constructive or positive" with himself. It was their opinion that D. was not yet in a position to realistically consider leaving the program.

D. remained cooperative "on the surface" but consistently engaged in manipulation of situations for his own ends. For example, D. had begun to seek permission for things from one staff person after another had denied him. Staff discussion of this pattern led to a recommendation from a staff meeting that there be more coordination and communication among the staff in this area. The treatment focus relating to vocational rehabilitation was at this point postponed because D. had found another job, making him ineligible for rehabilitation services. Now, since he was receiving an income, New Beginnings was requiring D. to begin contributing towards room and board expenses and to buy his own clothing.
Because he was working, and also because he was spending most weekends with his girlfriend and her family, D. did not participate regularly in house activities at New Beginnings. At one point D. lied about having to go to work one day because, in the opinion of staff, he wished to avoid planned recreational activities. This led to D. being "grounded" for a period of time. In another manifestation of what appeared to be the same pattern, D. was confronted (through the resident's log) about missing the regular daily quiet hour, and threatened with having his weekend overnight visits restricted. It appeared then that D. was beginning to respond to the routine of life at New Beginnings. Throughout the month of August, D. continued to work. Treatment goals were modified so that more emphasis would be placed on teaching D. about budgeting his income in preparation for eventual independent living. For this purpose, D.'s primary worker was to develop a plan to teach D. about budgeting for living expenses, managing a bank account, and, in general, about the realities of living independently. D. eventually bought some furniture in anticipation of beginning to live on his own.

As August ended, it was expected that it would not be very long before D. would move into an independent living situation and have his involvement with New Beginnings terminated. The criminal charges which led to his involvement with New Beginnings were expected to be dealt with again on a date in mid-September.

Some of the implications of this case material will be discussed in Chapter V.
Community Oriented Programs Environment Scale (COPES)

This section reports the data observed with respect to Research Question II, concerning the subjective perceptions of the treatment environment held by the staff and residents of New Beginnings.

The result of the administration of the COPES is presented here. Table 4 below gives the means and standard deviations calculated on each of the COPES Form R subscales for the residents and staff of New Beginnings as well as for the American normative sample (from Moos, 1974b).

<table>
<thead>
<tr>
<th>Subscale</th>
<th>American Normative Sample (Member Norms)</th>
<th>New Beginnings Residents</th>
<th>New Beginnings Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>S.D.</td>
<td>Mean</td>
</tr>
<tr>
<td>Involvement</td>
<td>6.22</td>
<td>1.32</td>
<td>4.20</td>
</tr>
<tr>
<td>Support</td>
<td>6.77</td>
<td>1.15</td>
<td>5.80</td>
</tr>
<tr>
<td>Spontaneity</td>
<td>5.50</td>
<td>1.21</td>
<td>5.30</td>
</tr>
<tr>
<td>Autonomy</td>
<td>5.87</td>
<td>1.11</td>
<td>3.00</td>
</tr>
<tr>
<td>Practical Orientation</td>
<td>5.56</td>
<td>1.21</td>
<td>5.80</td>
</tr>
<tr>
<td>Personal Problem</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orientation</td>
<td>4.90</td>
<td>1.57</td>
<td>5.40</td>
</tr>
<tr>
<td>Anger &amp; Aggression</td>
<td>4.16</td>
<td>1.98</td>
<td>8.30</td>
</tr>
<tr>
<td>Order &amp; Organization</td>
<td>7.13</td>
<td>1.32</td>
<td>4.10</td>
</tr>
<tr>
<td>Program Clarity</td>
<td>6.55</td>
<td>1.07</td>
<td>5.80</td>
</tr>
<tr>
<td>Staff Control</td>
<td>5.13</td>
<td>1.25</td>
<td>7.40</td>
</tr>
</tbody>
</table>

"Member norms" (i.e., resident norms) are cited from the normative sample data in conformance with the convention adopted by Moos to compare both program staff and program resident data with resident.
norms. In Moos' program profiles (see Moos, 1974a, 1974b) residents' and staff mean program scores are usually both plotted against residents' norms. This is done in order to facilitate direct comparison of resident and staff perceptions of a particular program.

Moos (1974b) provides standard scores for plotting profiles of programs for members and staff. For each COPES subscale, standard score equivalents have been given for residents' mean subscale scores and for staff mean subscale scores calculated on the basis of residents' norms. Table 5 below gives these standard score equivalents based on residents' norms.

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Residents' Mean Subscale Score</th>
<th>Standard Score</th>
<th>Staff Mean Subscale Score</th>
<th>Standard Score (on resident norms)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involvement</td>
<td>4.20</td>
<td>33</td>
<td>5.67</td>
<td>45</td>
</tr>
<tr>
<td>Support</td>
<td>5.80</td>
<td>48</td>
<td>6.00</td>
<td>48</td>
</tr>
<tr>
<td>Spontaneity</td>
<td>5.30</td>
<td>45</td>
<td>4.67</td>
<td>37</td>
</tr>
<tr>
<td>Autonomy</td>
<td>3.00</td>
<td>26</td>
<td>4.17</td>
<td>33</td>
</tr>
<tr>
<td>Practical Orientation</td>
<td>5.80</td>
<td>48</td>
<td>7.00</td>
<td>56</td>
</tr>
<tr>
<td>Personal Problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orientation</td>
<td>5.40</td>
<td>45</td>
<td>6.33</td>
<td>52</td>
</tr>
<tr>
<td>Anger &amp; Aggression</td>
<td>8.30</td>
<td>67</td>
<td>7.50</td>
<td>60</td>
</tr>
<tr>
<td>Order &amp; Organization</td>
<td>4.10</td>
<td>33</td>
<td>5.00</td>
<td>41</td>
</tr>
<tr>
<td>Program Clarity</td>
<td>5.80</td>
<td>48</td>
<td>6.50</td>
<td>52</td>
</tr>
<tr>
<td>Staff Control</td>
<td>7.40</td>
<td>60</td>
<td>6.67</td>
<td>52</td>
</tr>
</tbody>
</table>
Figure 1 below shows the COPES Form R profiles for the residents and staff of the New Beginnings residential program. The standard score equivalents of mean subscale scores were used to define the points in the profile.

The residents and staff have different perceptions of the program in several areas in comparison to the normative sample. The following sections discuss some of these perceptions as measured by the COPES.

Relationship Dimensions

New Beginnings' residents and staff agree that there is very little emphasis on the Relationship dimensions of the program with respect to relationships between residents and staff. Neither residents nor staff saw very much emphasis on the level of activity of the residents in the day-to-day functioning of the program. The residents see very low emphasis on their involvement in the program, and the staff also perceive a below average emphasis. For example, a majority of the residents (80%) felt that the residents are not proud of the program, and most of them (90%) also felt that there is very little "group spirit" in the program (Involvement). Most of the staff (67%) felt that the residents do not put a lot of energy into what they do, and a similar proportion of them felt that few residents ever volunteer to do anything for the program. Both members and staff agreed that there was about average emphasis on Support at New Beginnings. Staff and residents agreed that the staff would compliment a member for doing something well, and that staff will go out of their way to help new members get acquainted. There was some disagreement between members and staff with
FIGURE 1. COPES PROGRAM PROFILE
respect to the level of Spontaneity in the program. For example, most residents (56%) felt that residents will spontaneously set up their own activities, while 83% of the staff felt that this was not true. The vast majority of the residents (90%) said that they would be careful about what they say when the staff is around (compared to only 67% of the staff), and more residents than staff (80% vs. 50%) said that they say anything they want to the staff.

Treatment Program Dimensions

There is some variation among the residents and staff on the Treatment Program dimensions, which include the Autonomy, Practical Orientation, Personal Problem Orientation, and Anger and Aggression subscales. Both residents and staff agreed that there is very little emphasis placed on Autonomy. All of the residents and all of the staff disagreed with the statements that residents are able to leave the house anytime without saying where they are going or that residents are able to leave the program whenever they want to. With regard to the extent to which the program prepares the residents for release from the program (Practical Orientation), there were differences observed between the staff and residents. Generally, the staff felt there was a slightly higher than average emphasis here, but the residents perceived only an average emphasis. For example, most of the staff (83%) do not agree that they care more about the residents' feelings than about their practical problems, while only half of the members (50%) agreed that they are taught specific new skills in the program. The perceptions of both residents and staff with respect to New Beginnings' orientation towards the
personal problems of the members were similar to their perceptions of
the orientation towards practical problems. Both groups agreed there was
only an average emphasis on personal problems in comparison to the
normative sample, with the staff perceiving a slightly above average
emphasis and the residents slightly below. Most of the residents (80%) and
all of the staff (100%) disagreed that the residents are rarely
asked personal questions by the staff. About equal proportions of the
residents and staff (70% and 67% respectively) felt that residents are
expected to share their personal problems with each other. Identical
proportions of residents and staff also disagreed with the statement
that residents talk relatively little about their past. The staff felt
that the residents tell each other about their personal problems to a
greater extent (67% vs. 50%) than did the residents. Also, while all of
the staff (100%) indicated that it was not true that residents are
rarely encouraged to discuss their personal problems, a proportion of
40% of the residents felt that they, in fact, are rarely encouraged to
do so. The Anger and Aggression subscale showed a high level of empha-
sis among both residents and staff—in fact, both groups agreed that
this area was the most highly emphasized of the entire program. The
residents felt this to be the case to a higher degree than did the
staff. For example, 90% of the residents felt that it was not hard to
get people to argue, while 83% of the staff felt the same way. Every
resident (100%) indicated that the residents often criticize or joke
about the staff, but a third of the staff (33%) felt this was not true.
There was some disagreement between groups on the question of whether
the staff sometimes openly argue with each other. Only one of the staff
(17%) felt this was true, while among the residents this was perceived
to be true by 60% of the group. Everyone in the program—100% of both
residents and staff—agreed that the residents sometimes play practical
jokes on each other. The residents believe that the staff encourage
them to express anger openly (70%), a belief that the staff do not share
(67% disagreement). On the other hand, there is perfect agreement
between groups on the statement, "The staff never start arguments"—
100% of both residents and staff said this was false. The staff were
evenly divided on the question of whether they think it is a healthy
thing to argue, and the residents also expressed some ambivalence here
(with 60% indicating that they did not think the staff felt arguing was
healthy). All of the staff (100%) felt it was not true that the members
"rarely become angry", while only 80% of the residents shared this
perception.

System Maintenance Dimensions

There is wide variation between the residents and staff on their
perceptions of the System Maintenance dimension of the New Beginnings
program. This dimension is related to the manner in which the program
functions in an orderly, clear, organized and coherent way. The System
Maintenance dimension is comprised of the Order and Organization,
Program Clarity, and Staff Control subscales. Both residents and staff
agreed that there is very little emphasis in the New Beginnings residen-
tial program on Order and Organization. The residents felt this to be
the case to a much greater extent than did the staff, although the staff
also perceived that this area receives very little emphasis. Although
both groups agreed that the staff strongly encourage the residents to be neat and orderly, 67% of the staff and 90% of the residents believe that the living room is often "untidy". All of the residents and staff--100% of both groups--indicated that it was true that "Some residents look messy". To the statement "It is a very well organized program", both groups were equally ambivalent--50% believe the statement is true and 50% believe it is false. There was rough agreement on the statement that the residents' activities are carefully planned, with 70% of the residents in agreement and 67% of the staff sharing this perception. The residents and staff both agree also with the statement that the program rules are clearly understood by the residents (Program Clarity); however, 90% of the residents indicated that there are often changes in the rules. The majority of the staff (83%) disagreed with this assessment. In addition, 78% of the residents and 67% of the staff indicated that the residents never know when the staff will ask to see them. There is some disagreement on the amount of control that is perceived to be exercised by the staff (Staff Control). The residents believe that the emphasis here is quite high, while the staff believe it is slightly higher than average compared to the normative sample. All of the residents (100%) felt that the staff make and enforce all the rules, but only 50% of the staff agreed with this statement. Eighty percent (80%) of the residents felt that if a resident fights with another resident, "he will get into real trouble with the staff", whereas only 50% of the staff agreed with this. All of the staff (100%) agreed that they "order the residents around", but only 80% of the residents thought this was true.
These results have some very direct implications for the New Beginnings program, particularly the results on the Relationship dimensions of the program. These implications will be dealt with in the discussion which follows in Chapter V.

Summary of COPES Findings

The COPES analysis of the residential program provides a relatively unique portrayal of New Beginnings' own particular treatment environment.

The New Beginnings residential program, as measured by the perceptions of its residents and staff, appears to place little emphasis on the Relationship dimensions concerning relationships among residents or between residents and staff. The residents themselves perceive very little emphasis on their own involvement in the program, and only average emphasis on the degree to which they receive support from the staff or are encouraged to be helpful and supportive to the other residents. Of the three Relationship dimensions, the staff felt that encouraging residents to act openly and express their feelings openly was the least emphasized.

The open expression of anger and the display of aggressive behaviour was the most highly emphasized of the four Treatment Program dimensions in the opinions of both residents and staff. The residents perceived an average emphasis on those aspects of the program that would prepare them for eventual release from the program, such as specific training for jobs or setting and working towards personal goals (Practical Orientation). On this dimension, the staff saw a higher than aver-
age emphasis. Both the residents and staff felt that there was about average emphasis within the program on encouraging the residents to be concerned with their personal problems and on developing some understanding of them (Personal Problem Orientation). On this dimension, the staff perceived a greater emphasis than did the residents.

With regard to the organization and coherence of the program, the residents felt that the highest emphasis among the System Maintenance dimensions was given to Staff Control. Both groups perceived that order and organization (in terms of the members' appearance, staff efforts to keep things organized, and the neatness of the house itself) was not very important to the New Beginnings program.

As mentioned earlier, discussion of the implications of these findings occurs below in Chapter V.

4.2 RESEARCH QUESTION III: GOALS AND OBJECTIVES

Agency Purpose, Goals, and Objectives

The following sections report the findings concerning New Beginnings' goals and objectives. The information was extracted from written material about the treatment program.

Subsequent analysis of consistency within stated goals and objectives, and between these statements and the actual treatment process, will shed light on Research Question III, "Are New Beginnings' stated goals and objectives consistent with the care that is actually offered to its residents?"
Agency Purpose

The following statement of purpose can be found in Part C of the September, 1982 revision of the New Beginnings policies and procedures manual:

New Beginnings is a home for young male offenders and young men in need of residence. It serves as a direct alternative to imprisonment and training school as well as a home for young men in need of treatment and residence.

A second statement exists which may also be construed as a statement of purpose. When the agency was incorporated in 1971, it was stated that New Beginnings was to come into existence "for the following objects, that is to say:

To follow Christian teaching by the assistance, education, and rehabilitation of juvenile and youthful-adult offenders and other needful youth and to promote their integration into an establishment in society; . . ."

As mentioned in Chapter II, Forrest, et al. (1982) have devised a checklist for the evaluation of an agency's statement of purpose (see Chapter II). The statement of purpose should identify the desired "end result" of the program, the target group(s), the problems to be addressed by the agency, and the general approach to be taken.

The first statement of purpose above satisfies the requirements of identifying the target group, "young male offenders and young men in need of residence". It should be recognized that including the phrase "young men in need of residence" has a potentially ambiguous interpretation. Is it meant to include those young men who are in need of "residential treatment", or is the statement to be taken literally? (In that case, there are undoubtedly many young men in need of a place to live who do not satisfy New Beginnings' admission criteria.) The statement
also gives a general idea of the problems to be addressed through the statement that New Beginnings "serves as a direct alternative to imprisonment and training school as well as a home for young men in need of treatment and residence". The statement of purpose does not, however, identify in any general way (as it should) what the desired end result of the program is, nor does it give any indication of the general approach to be taken in dealing with the problems of the young offenders or young men "in need of residence".

The second statement of purpose, on the other hand, does identify the general nature of the problems to be addressed and the approach to be taken: "To follow Christian teaching by the assistance, education, and rehabilitation of juvenile and youthful-adult offenders...". It also gives a general indication of the desired end result of the agency's program— that is, "integration into an establishment in society...". Like the first statement of purpose, it also identifies the target group. Again, there may be ambiguity in the inclusion of the phrase "and other needful youth", since there are needful youth in the community who will not be accepted into the New Beginnings program. (In fact, by way of illustration, elsewhere in the policies and procedures manual is a statement to the effect that youth who exhibit a need for intensive psychological treatment will be referred elsewhere.)

In a 1983 submission to the United Way of Windsor-Essex County, under "Community Problem or Need and Description of Target Group", New Beginnings made this statement:

New Beginnings provides structured residential care to young men between the ages of 14 and 19 who have come repeatedly into contact with the law. The agency is the only local programme of its kind meeting the needs of juveniles (under 16) with long patterns of delinquency; it is the sole local
residential resource for the 509 young men, 16 to 17 years old, who were charged with criminal offenses in 1982 by Windsor Courts. When bed space allows, residential care is offered to young men already under supervision of Probation or After-Care or from other referral sources in contact with young men exhibiting criminal behaviour.

In conjunction with St. Leonard's House the agency provides these same services to the 250 18 year olds who were charged with criminal offenses in the Windsor-Essex County Area in 1982.

The programme is a positive alternative to training school or incarceration.

This statement perhaps best exemplifies what should be said in a statement of purpose. In it, the target group, the problems to be addressed, and the general approach to be taken are identified.

The statement of purpose should be the foundation upon which a program rests, but it is not a description of the treatment program. Descriptive information can generally be found in the stated goals and objectives. Descriptive information about New Beginnings' goals and objectives follows, after which will be a discussion of the actual treatment methods used by New Beginnings to attain its treatment goals with its residents.

Treatment Goals

Under "Description of Programme" in the New Beginnings manual, the following six goal statements were presented:

a) To return clients to family settings or foster homes when possible.

b) To prepare clients for independent living in the community.

c) To provide a stable and warm group-living experience.
d) To prepare residents to assume a productive life-style in the community.

e) To foster maturation of clients from teenager to adulthood.

f) To effect penal and law reform.

Although New Beginnings has not specifically identified the above statements as "agency goals", they nevertheless are phrased in such a way that they can readily be interpreted as such. The statements are general enough to be construed neither as objectives nor as program activities, but rather as general, overall goals. Each of these statements satisfies the requirement to identify the human service area or problem it is intended to address, and the type of change the program is expected to produce.

Under "Standard New Beginnings Goals" in the manual are the following goals:

1. To cease any further contacts with the law and/or to assist in completing the court process that the resident is presently involved with.

2. Return to family setting / independent living.

3. To improve all life skills of the resident, i.e., cooking, personal hygiene, basic housekeeping, budgeting, etc.

4. Increase and improve education / Develop employment skills and employment search techniques.

5. To develop healthy and socially acceptable behaviours.

The process of setting behavioural goals for the residents is done on an individual basis for each resident. An assessment of the problems to be treated is done through a collaborative effort involving the resi-
dent himself, his family, school personnel, and any other community agency that has maintained involvement with the resident.

In addition to the general treatment goals specified above, New Beginnings states that it also works towards what it calls "philosophical goals" which are apparently related to certain ultimate ends that it would like its residents to meet:

1. improve self-image
2. recognition of problems
3. develop a secure feeling
4. reduce as many restrictive barriers as possible to allow a successful life

Treatment Objectives

In order to measure outcomes, final goals must be broken down into clearly stated program objectives. . . . An objective may be defined as a shorter-range, more specifically stated end by which a goal is attained. . . (Forrest, et al., 1982, p. 57)

In order to evaluate the quality of New Beginnings' objectives, the various statements of objectives have been extracted from both the policies and procedures manual and from the United Way budget submission. In Part C of the manual it has been stated (and discussed above) that the "primary goal of programming at New Beginnings is the self-development and acquisition of life skills by the adolescents in residence. . . ." According to the manual, this goal is accomplished

- through a warm and stable milieu which fosters positive group-living experiences and acceptance of personal responsibility;

- mature and caring staff;
- the utilization of a set of well-defined, consistent, and understandable rules;

- the provision of effective and appropriate educational and/or employment planning; and

- the establishment, review, and revision of individualized goals and objectives.

These statements are purported to be the means by which the "primary goal of programming at New Beginnings" is accomplished.

Elsewhere in the policies and procedures manual is the following section:

**Objectives**

a) To maintain a warm and stable community residence which is a resource in itself for identifying, coping with, and rectifying client problems.

b) To provide a mature, qualified, and caring staff.

c) To maintain positive relationships with the families of our clients.

d) To provide positive recreational and cultural experiences for our clients.

e) To maintain direct liaison with the courts and social agencies involved with our client population.

f) To procure adequate medical, psychological, and psychiatric assistance from community resources for our clients.

g) To effect penal and law reform by affiliation with St. Leonard's Society of Canada, The Community Corrections Council of Windsor, and the Ontario Association of Children's and Youth's Institutions.

Finally, from a United Way submission under the heading "Program Objectives Stated in Measureable Terms", there are the following statements:
1. To cease any further conflicts with the law and/or to assist in completing the Court process that the resident is presently involved with: recidivism rate, number of Legal Aid Certificates obtained, number of court appearances and reports made to court.

2. Return to Family Setting / Independent Living: number of successful placements.

3. To improve all life skills—i.e., cooking, personal hygiene, basic housekeeping, budgeting, etc.: measured by Behaviour Modification Weekly Reward System.

4. Increase and improve education/develop employment skills and employment search techniques: days worked, days school attended.

5. Develop healthy and socially acceptable behaviours: measured by Behaviour Modification Weekly Reward System.


7. Develop interpersonal relations: monitored at weekly case conferences.


10. Integration into foster family: number of placements per year.

11. Protect the child from self-harm: monitored at weekly case conferences.

12. Protect the child from others: use and number of incident reports.

In total, then, New Beginnings has stated a total of twenty-four (24) separate program "objectives". It must be emphasized that their validity as objectives depends entirely on their measureability and on their correspondence to treatment goals, the latter referring to the process
of refining broad agency purposes into program goals and, subsequently, into objectives.

Having stated the program objectives, attention will now be given to program activities.

**Program Activities Related to Attaining Goals and Objectives**

The final step in rationalizing the program—from the statement of purpose through to the actual delivery of the program to clients—is the step involving the detailed specification of program activities. By definition, program activities are the means by which program objectives are accomplished (Forrest, et al., 1982). In other words, program activities are what the program actually does, in concrete terms, with the goals and objectives it establishes for its clients.

Regardless of the goals, it is in the actual process of treatment and the ongoing work with the resident that the attainment of treatment goals is determined. New Beginnings uses the following processes to monitor the residents' progress towards attaining their goals:

1. weekly staff meeting
2. residents' meeting
3. individual and group counselling
4. written daily recordings
5. New Beginnings Behaviour System

The weekly staff meeting is attended by staff only. Its focus is on the discussion of problems of individual residents and of any current difficulties with house rules or procedures.
The residents' meeting is held twice weekly at the residence. These meetings are used to discuss individual difficulties in a group setting and to discuss recent occurrences at the house. In addition, such things as residents' needs for clothing repairs are discussed.

Individual counselling is provided for the residents "to help them eliminate some of their asocial behaviours and to help integrate socially acceptable behaviours." It is intended to be provided for each resident (at least once a week) by the primary worker, once a week by the Chief Resident Counsellor, and once a week "by all staff". New Beginnings also states that family counselling is done "when circumstances and resources permit". In general, the goals of individual and family counselling are "to help the resident overcome difficulties in personal adjustment, family and social relationships, and to give assistance in such areas as life skills, money management, work adjustment, etc."

Group counselling is aimed at the behaviour and relationships of the residents as a group, with emphasis placed on the acceptance of "social responsibility". The goal is "to provide group programmes under the direction of a BSW social worker, in which the major focus is on identifying and providing assistance with problems of social adjustment. . . ."

The New Beginnings behaviour modification system is a monetary incentive program in which the staff record their evaluations of residents' performance with regard to behaviour, chores, use of quiet hour, and school. The residents' performance on the system determines the level of spending money they will receive for the week.
Several treatment modalities are identified as being used as part of a resident's programme:

1. behaviour modification (monetary incentive system);
2. reality therapy;
3. life skills programming;
4. group counselling;
5. individual counselling with primary worker; and
6. a structured daily routine.

The treatment processes discussed heretofore take place within the context of the activities of daily living of the residents. New Beginnings' program activities consist of a variety of regular and special activities. In general, there is a routine schedule which is followed during the school year on weekdays, and a different schedule on weekends and during summer school holidays. On a normal school day, the residents arrive from school by 4:30 p.m. Dinner is served at 5:00 p.m. From 6:00 p.m. to 7:00 p.m. is "Quiet Hour", during which the residents are expected to engage in quiet activities, either alone or in small groups. Acceptable quiet activities include reading, doing school homework, or playing quiet games. At 7:00 p.m., the residents are given permission to leave the residence on their own, for activities with friends or other residents. They are expected to return on their own by their individual curfews, which are set according to age. All of the residents are expected to return from these individual outings by 11:00 p.m. on weekdays. At that time they are expected to do their assigned household chores which are assigned on a daily rotation among all of the residents.
New Beginnings provides some planned activities for the residents during the school year. For example, the local YMCA has been used as a resource for its gym and pool, and there has on occasion been a volunteer available to take the residents on these kinds of activities on a once-a-week basis. Other local resources have been made available to New Beginnings for floor hockey and similar activities. Occasionally, the residents are given an opportunity to attend movies at a local theatre which offers discount admissions once a week. In general, however, the residents are given the responsibility to plan their own activities on school nights during the school year. As long as there are no disciplinary measures in effect which restrict the freedom of the resident to leave the residence, he is allowed to visit friends or go out on activities on his own in the community.

In summer, New Beginnings has relied on summer student employment programs to develop and carry out a program of summer activities for the residents on a daily basis. The residents are expected to take part in these planned activities, unless there is a legitimate excuse such as having to go to work. There are also a number of extended camping trips that are planned each summer.

4.3 RESEARCH QUESTIONS IV AND V: ROLES OF MANAGEMENT AND BOARD

The following was based for the most part on material supplied to this researcher by the New Beginnings Board in response to a detailed request for information. Where relevant, the material from that source has been supplemented by information obtained at different times from New Beginnings over the period of the evaluation study.
A list of questions was submitted to New Beginnings in April, 1983. It was comprised of 40 questions grouped under several categories: (1) board composition, recruitment, and attendance, (2) committees, (3) planning, (4) personnel, and (5) finance. The questions in the form in which they were presented to New Beginnings has been included as Appendix B. A written response to the list of questions was obtained in June, 1983. Various members of the organization, including the Executive Director, his secretary, and several Board members on various committees, were involved in compiling the information that was requested.

The data collected on these matters was scrutinized for its value in illuminating the question of the effect of Board and management activities on the operation of the residential program.

Following is some descriptive information about the organization and management of New Beginnings. This material will be subjected to analysis in a subsequent chapter with respect to the effects of relevant management behaviour on the treatment environment of New Beginnings.

**Board Composition, Recruitment, and Attendance**

New Beginnings reported that, as of June 1, 1983, there were eleven (11) members of the Board of Directors, with another to be added formally on June 28, 1983. Board members are generally recruited for their expertise in some area. Usually, the initial contact with a prospective Board member is made by the President of the Board. The Executive Director, after meeting with the prospective Board member, gives his opinion of the potential contribution of the individual. The prospective member is also given a tour of the Church St. residence.
The Board met on twelve occasions in the 1982-83 fiscal year. During 1982-83, attendance ranged from six members for two meetings held in the summer of 1982 to between nine and 11 members for the majority of the remainder of the meetings. It was reported that, although the issue of attendance at Board meetings has been discussed formally by the Board, there has been no definite policy on attendance at meetings.

**Board Committees**

This series of questions (see Appendix B) was given in order to obtain further information about the operation of the New Beginnings Board.

According to the written response of the agency, Board members are assigned to committees at the first Board meeting following the Annual Meeting. The assignment is done by motion of the Board, based on the suggestions of the chairperson of the Nominating Committee. Individuals are selected to chair committees based on qualifications, need, and experience in the relevant area. The chairpersons of the Board committees are then empowered to add Board members to committees as required at certain times for specific purposes. For example, in June, 1983, there were three engineers and a lawyer on the Board in order to provide expertise in planning for and acquiring a new residential facility. It was stated that, given a different set of needs, the Board could again re-structure itself to meet new problems.

Another question sought information about the process by which Board members gain an understanding of their roles within their committees. Committees, for the most part, are dependent on the full Board
for giving them direction and focus on specific issues. Finally, it was stated that involvement with the licensing process relevant to children's residential standards (supervised by the Children's Services Division of the Ministry of Community and Social Services) was and has been a "learning experience" for the Board as a whole. Further discussion with members of the Executive Committee of the Board revealed the opinion that, since New Beginnings is a small agency, committees generally encounter no difficulty in understanding what their "terms of reference" are—that is, it is usually clear to the Board which committee should follow up on a certain issue or problem. Thus, New Beginnings has not found it necessary (and has placed no emphasis on) formalizing the structure and relationships of the organization with regard to the roles to be taken by the various Board committees.

Planning

This section of the questionnaire submitted to New Beginnings asked about long-range planning, including forecasting of needs, program planning, and relationships to other community services for juvenile offenders. These questions are relevant to research questions IV and V, concerning the effect of management activities on the development of program goals and on the treatment process.

On the question of how the Board decides the overall direction of the agency, it was stated that this direction has come about "over the past eighteen months through the vehicle of the Children's Services Division's licensing process." It was stated further that in the immediate past, "planning has essentially evolved from the House and Prop-
erty Committee due to the obvious need for a new property." The written response then indicated that "this function" (presumably, the planning function) has been "more formally assumed by the Executive Committee", comprised of the Board committee chairpersons and the Executive Director (as a nonvoting member). Long-range planning at New Beginnings is the general responsibility of the Board and Executive Director, with the Board holding the responsibility for approving long-range plans. Further discussion of planning issues with members of the Executive Committee revealed that a Planning Committee is being formed which will eventually take the major responsibility on behalf of the Board for the long-range planning function.

In the two years preceding this evaluation study, most of the Board's involvement with the New Beginnings program has not focused on long-range plans but "has centred around immediate projects and problems." With respect to forecasting anticipated needs, the response was that a process of five year forecasting has been discussed by the Executive Committee, "but to date no solid conclusions have been reached." The Board has, in the meantime, initiated a process of developing 1-year and 5-year "business plans". These plans are intended to achieve an overall view of the agency's objectives, and to establish priorities and directions in a general sense.

It was stated that the agency has not "broadened its scope" with respect to which community needs it wishes to address, on the basis that the need that was originally identified in 1971---the need for residential services for youthful adults in conflict with the law---has still not been "adequately met within the community." New Beginnings has, in
addition, anticipated that there may be a significant number of 16 and 17 year olds who will come into conflict with the law, and who will soon be considered juveniles under the new Young Offenders Act. This piece of legislation will replace the current Juvenile Delinquents Act, in which the maximum age that a young man could be considered a "juvenile" was defined as 16 years of age.

The agency, in April, 1983, applied for a grant for the purpose of identifying the specific needs of this group. The plan is to hire staff under the grant to perform this study of needs. As of late June, 1983, this grant had not yet been approved. New Beginnings has made certain aspects of this planning area contingent upon the receipt of the grant.

One area in which some planning has been undertaken has been with respect to the problem of the acquisition of a new residential facility. It was stated that this planning area has been approached through the vehicle of "critical path analysis". In November, 1982, application was made to the Canada Mortgage and Housing Corporation (CMHC) for funds with which to establish an alternative to the present residence. In response to the application, CMHC requested information from New Beginnings about its current and future needs. New Beginnings has supplied some of this information. In order to supply CMHC with all of the requested data, New Beginnings has decided to await the outcome of the needs survey grant request and, if the grant is approved, to await the results of the survey itself.

A significant aspect of planning for a small community based agency is in regard to program planning. New Beginnings states that "the actual programme of the residence is dictated in part by the Children's
Services Division of the Ministry." This refers to the children's residential standards of the Division, which apply to all children's residential facilities in the Province of Ontario. These standards relate to basic care programming as well as to a variety of other operational and administrative aspects of children's residences. Within this context, New Beginnings states that program planning is a joint effort of "front line staff", supervisory staff, and the Programme Committee of the Board.

**Personnel**

This section of the questionnaire asked for information about the personnel function within New Beginnings— who is accountable to whom, how are personnel policies made, and other relevant concerns (see Appendix B).

Personnel policies are one way that management of an agency can have an effect on the treatment process. This comes about due to the fact that it is the personnel who work in the residence that comprise the most significant part of the treatment environment. In this context, personnel policies are indirectly related to the treatment process.

The general responsibility for the personnel function at New Beginnings belongs to the Executive Director, in the sense that all employees are hired by him and are accountable to him. The Executive Director, in turn, is engaged by the Board in consultation with the Personnel Committee of the Board. Responsibility and authority are communicated to the Executive Director through a By-Law which gives the Executive Director
the responsibility for "the general management and supervision of the affairs and operations of the corporation, subject to the direction of the Board." The Executive Director's role is also defined in a written job description, as are the requirements of the residence counsellor positions. The Executive Director is accountable to the Board in the sense that the Board votes on issues of policy and procedure, and directs the Executive Director accordingly. Personnel policies are derived jointly by the Personnel Committee and the Executive Director. As it has been mentioned, the current personnel policies are contained in written form in the policies and procedures manual.

The staff of New Beginnings are not involved formally in the formulation of personnel policies. However, it was stated that many ideas for changes in residence policy, rules, and procedures derive originally from staff input at the regular weekly staff meetings. In the realm of personnel policy, though, the staff do not have input. For example, salaries and benefits are reviewed annually by the Board when it sets the budget for the upcoming year. Salaries are reviewed by the Personnel Committee and recommendations made to the full Board. Increases in employee salaries and benefits have been limited by provincial and federal government restraint programs to 9% and 5% in the past two years. These restrictions, and the lack of sufficient funds, have combined to produce a situation in which New Beginnings employees are underpaid. According to New Beginnings, this is true of the salaries of all residential staff. The Board states that employee salaries and benefits have been compared to those of other members of the Ontario Association of Children's and Youth's Institutions (the umbrella organi-
zation to which many of the province's agencies similar to New Beginnings belong). This organization performed a survey of its members with respect to salaries during 1981-1982, and found that the salaries for a "CCW I" (basic care worker) ranged from $9,900 to $17,600 per annum, with the average in the $12,000 to $14,000 range. The St. Leonard's Society also performed a survey of its local (Windsor) residential programs in 1982, showing salaries for "counsellors/supervisors" ranging from $8,200 to $18,000 per annum with an average of $14,400. In comparison to employee salaries in these other (comparable) programs in the province, New Beginnings believes its wages are "sub-par". Also, in the immediate community, "salary and benefits usually exceed those of New Beginnings for similar work."

Information from the agency's records on staff education and experience, hours of work, overtime, and sick days is explored in the following sections.

Staff Education and Experience

Table 6 below shows the education and relevant experience of the New Beginnings residential staff as of July, 1983.

From data supplied by the agency, the mean age of the six residential counsellors (which includes the Chief Resident Counsellor) was 32.8 years. Four of the six counsellors had graduated from a university or college program: two with degrees in social work (one with a B.A. in addition), one with a B.A., and one with a college social science research diploma. One counsellor had some university experience in psychology, and another had a high school education. It is apparent
### TABLE 6

Staff Education and Experience

<table>
<thead>
<tr>
<th>New Beginnings Seniority Date (as of June 1983)</th>
<th>Formal Education</th>
<th>Work Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 mo.</td>
<td>B.A. (Psych/Soc)</td>
<td>6 yrs. in corrections field</td>
</tr>
<tr>
<td></td>
<td>B.S.W.</td>
<td></td>
</tr>
<tr>
<td>26 mo.</td>
<td>B.A. (Psych/Soc)</td>
<td>14 yrs. in social work field</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60 mo.</td>
<td>2 yrs. university (Psych.)</td>
<td>9 yrs. child care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 mo.</td>
<td>high school</td>
<td>6 yrs. community corrections</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 mo.</td>
<td>College (Soc. Sci. Research)</td>
<td>5 yrs. residential counsellor</td>
</tr>
<tr>
<td></td>
<td>2 yrs. Univ.</td>
<td></td>
</tr>
<tr>
<td>26 mo.</td>
<td>B.S.W.</td>
<td>2 yrs. residential counsellor</td>
</tr>
</tbody>
</table>

From an inspection of Table 6 that New Beginnings relies on people with a significant amount of work experience: taken as a whole, the New Beginnings residential staff had an average of approximately 7 years of related work experience, with a range going from two years to 14 years. Mean work experience at New Beginnings is 22.7 months, with the range going from six months to five years.
Overtime

Time records used by New Beginnings for payroll purposes were analysed for the period between June, 1982, and June, 1983. Excluding the Chief Resident Counsellor, whose position was not filled until September, 1982, the usual number of full-time residence counsellors over the year has been four (4). Since the hiring of the Chief Resident Counsellor, there have been five (5) full-time residential counsellors. An exception to this level of staffing was the period from roughly January, 1983, to May, 1983, during which time there were only four residence counsellors (including the Chief Residence Counsellor). One of the full-time staff did not work between January and May, 1983, and (for purposes of calculating averages) was considered as having worked two separate periods of employment. The full-time staff complement has been supplemented by one part-time person since January, 1983. This individual had been working on a full-time basis prior to taking the part-time position. To further supplement the full-time staff, New Beginnings makes use of summer students to run recreation programs during the summer months.

The number of hours of work per full week were taken for each of the full-time staff, and divided by the number of full weeks for which time records were available for that person. Thus, vacation weeks were not counted, nor partial weeks, including occasional vacation or sick days. That is, only those weeks where the person was to be available for a full week of work were taken into consideration. The mean numbers of hours worked per full week for each of the full-time staff were 53.5, 43.6, 49.0, 37.7, 39.1, 45.1, and 39.1. The overall mean number of hours worked per full week per full-time staff person was 43.9.
For the one-year period outlined above, the total number of days taken off work due to illness by the four full-time staff was thirty-three (33).

Performance Evaluation

New evaluation procedures have been developed recently for the assessment of the performance of the staff and of the Executive Director. The evaluation of the Executive Director is comprised of input from the staff as well as from a detailed evaluation by the Personnel Committee. The staff input is in the form of a 20-item questionnaire completed by each staff member. This instrument has come into use very recently—the Personnel Committee chairperson has the results of the first use of this instrument, but has not as yet analysed them. It has recently been decided that the results of the evaluations of the Executive Director by the staff and by the Personnel Committee will be reported to the full Board. Until now, the results of the evaluation of the Executive Director have remained with the Personnel Committee.

The evaluation of staff is done with the Executive Director using a 56-item rating scale which assesses a variety of job-related performance areas.

Staff Training and Development

New Beginnings states that, at present and in the recent past, there has been very little money in the budget for staff training and development. According to the financial statements of the agency, New Beginnings spent $304 for staff training and development in the year
ending March 31, 1982. This represents 0.2% of the total subsidized expenses for the year. It was stated that New Beginnings staff have taken part in United Way meetings and seminars at little expense to the agency (other than staff time). The biggest deterrent to engaging in more staff development, it was claimed, was that there are difficulties in staffing the house on Church St. If the staff were required to be at a meeting elsewhere. It was also stated that the allocation by the province for this item has been reduced by the local office of the Children's Services Division of the Ministry of Community and Social Services. For the immediate future, it was stated that a certain amount of staff training and development is being undertaken with the St. Leonard's Society locally.

Finance

A certain level of funding must be acquired by New Beginnings in order to support the hiring of enough qualified staff and to purchase the goods and services required to support a residential care program.

The annual budget of New Beginnings is developed by the Treasurer and the Executive Director. These two individuals also have the responsibility of monitoring the budget and income and expenses on an ongoing basis. At each monthly Board meeting, the Treasurer makes a report to the full Board. In addition, the full Board is involved in approval of the annual budget and audit, and of the budget submissions to the United Way and the Children's Services Division. It was stated in response to a questionnaire item that the Treasurer spends "about 80%" of his time on financial matters, and "the Board in general about 25%." In explana-
tation of these figures, it was stated that because the United Way conducted two separate Program and Budget Reviews within the past year, "there was an imbalance of time spent on financial matters which should not reoccur."

With respect to funding of the agency, it was asked whether there is a current policy of seeking funds from diverse sources. The response was that the agency has always sought funding from diverse sources, "subject to the particular provisions of the agency affiliation with United Way." The Board's experience with seeking funds includes the application for and receipt of grants from the City of Windsor, the County of Essex, service clubs, individuals, foundations, federal grants (e.g., "Summer Canada"), and provincial grants (e.g., "Experience '83"). The Board has also received grants from local industry and from teachers federations.

According to the report of the auditor, Price Waterhouse, dated May 13, 1983, revenue for operating the program came primarily from provincial subsidies (75% of revenue). The United Way of Windsor-Essex County contributed the next highest amount (11%). The City of Windsor awarded a $5000 grant to New Beginnings in 1982, which was the extent of the City's contribution to the agency's operating funds. Twelve percent (12%) came from other sources, including a grant to the operating fund from the agency's capital fund. Donations, together with room and board payments and family allowance contributions toward the care of children, accounted for approximately 1% of operating fund revenue.
Chapter V

EVALUATION AND DISCUSSION

The term "formative research", as used by Scriven (1972) and Rutman (1976), refers to the purpose and role of evaluation research in the life of a social program, not the methodology of the research. A formative research study of a small agency such as New Beginnings involves the collection of data pertaining to the operation of the program—i.e., a documentation of what actually happens in the program—with a view to contributing to positive change and revision of program characteristics. This focus serves to differentiate a formative evaluation study from an evaluation of effectiveness: that is, evaluation that seeks to test hypotheses pertaining to outcomes using rigorous experimental research designs. Rutman (1976) sees formative research as a contribution toward the planning of a "true" evaluation using these more rigorous designs. This "true" evaluation has been referred to as "summative evaluation" by Scriven (1972). An important difference between these two research purposes is that summative evaluations can provide information that is generalizable, whereas formative evaluations cannot (due to design limitations), and do not (because that is not the purpose of a formative study).

It is in the context just outlined that the data concerning the New Beginnings program will be discussed and evaluated. This will be done for each of the three main subject areas addressed by the research ques-
tions outlined in Chapter III: (1) program process, (2) program goals, and (3) board and administrative relationships to the program.

5.1 RESEARCH QUESTIONS I AND II: PROGRAM PROCESS

The research questions for this component of the study were as follow:

1. What are the treatment processes being used by New Beginnings with its residents?

2. What perceptions of the treatment environment of the residential program are held by the staff and residents of the program?

Treatment Processes

The following discussion pertains to the first research question above with respect to the treatment processes being used by New Beginnings. The discussion concerns significant processes, and will be accompanied by recommendations and suggestions for research into certain questions.

The data reported in Chapter IV showed that in 1982 New Beginnings provided residential care for 36 young offenders, most of whom (61%) were referred there by agencies and individuals operating within the juvenile justice system. Most of the clients (78%) who were accepted to reside at New Beginnings were from the City of Windsor. The modal age of the residents was 16 years, and the mean length of their stay for non-emergency care was approximately 16.5 weeks (roughly four months).
Treatment Methods

Each resident is assigned a "primary worker" upon admission, and it is that person who writes the initial assessment and is generally responsible for case management. The entire residential staff shares the daily responsibility for the treatment of the resident. Progress of the resident through the program is recorded and monitored using written notes and logs, and also through case discussion during staff meetings.

Treatment processes were investigated by extracting recorded information concerning one of the residents in order to describe what actually happens in the program. In the case reported in Chapter IV, individualized goals were established for the resident in accordance with the "Standard New Beginnings Goals". These treatment goals consisted of development of "cooperative behaviour" and a "positive attitude", and working on employment planning. Then, to conform to Ministry standards, additional individualized goals were set as part of the Plan of Care: "counselling", "psychological assessment", and "education". As the data pertaining to this case showed, the actual treatment that was given to the resident seemed to place the most emphasis on employment-related counselling and assessment. This was done through referral to a Canada Manpower special needs counsellor who performed aptitude, vocational, and psychological tests. With regard to the goal of education, no effort seems to have been directed towards it.

This raises some initial questions about the treatment goal-setting process at New Beginnings, particularly concerning the choice between employment and education. How is it decided in a given case whether, for example, completion of a high school education will be pursued or
whether, instead, the resident will be directed towards finding a job? In the case example cited, the resident had been out of school and looking for work when he arrived at New Beginnings. How did his situation at the time of admission influence his treatment goals in this area? If a resident has had little or no success in school prior to admission, is this fact accepted as his "fate", with no effort to be spent thereafter on educational goals? How much emphasis is put on consultation and negotiation between the incoming client and New Beginnings concerning this treatment goal area? Further research into this question might involve testing the relationship between a resident's level of educational attainment at admission and again at discharge in those cases where education is set as a treatment goal (as it was in the case cited). One would expect in the case cited that no real change would have occurred in the resident's level of educational attainment. In effect, "education" had been deleted as a treatment goal for this young man (although this was not made explicit).

In another aspect of the cited case, the resident's "manipulative" behaviour led to the setting of an initial treatment goal concerning "cooperative behaviour". This goal was addressed in treatment on several occasions, notably when the resident's behaviour impinged on the other residents in a negative way (i.e., when he became "physically over-dominant", or when he began to "blow" with little provocation). The designated method of dealing with this behaviour was that the staff were instructed to "monitor" the behaviour and "make attempts to control it". In addition, the message was given to the resident that he could be returned to jail if such behaviour continued. Techniques for
controlling the behaviour included behavioural methods such as "grounding" and giving him less allowance (under the weekly behaviour modification system). These methods seem to be largely reactive in nature, requiring that the resident engage in unacceptable behaviour before having a restriction or limit placed on him as a consequence.

A less reactive method of dealing with behaviour problems may have been to use social work counselling methods. Individual and group counselling have been identified as "treatment modalities" (see Chapter IV on program activities) but New Beginnings admitted that there have been insufficient resources with which to carry on a counselling program on any regular, planned basis. By "insufficient resources" is meant both the shortage of time to do the counselling, and also that staff may be lacking in specific training and experience in counselling. Thus, individual and group counselling exist virtually in name only within the New Beginnings residential program, and will continue to do so until the necessary resources are committed to the treatment program. It was the stated intention of the Chief Residence Counsellor to take the responsibility for meeting this need, but the requirements of staffing the shifts adequately have prevented this initiative from being implemented.

It is recommended that New Beginnings commit itself to providing the residents with individual and group counselling, methods which have been already identified as treatment modalities. Alternatively, if the resources to provide professional counselling continue to be unavailable due to staff shortage, then the program should not claim to offer such services and should consider removing reference to them as elements of the treatment process at New Beginnings. In the event that a decision
is made to provide social work counselling for the residents by New Beginnings staff, management should ensure that these services are delivered by qualified professionals with counselling experience.

Recreational Activities

The case data indicated that in those cases where a resident has a job or is looking for work, he is usually exempted from taking part in planned recreational activities. As reported in Chapter IV, residents are normally expected to take part in these activities unless there is a legitimate excuse. It was also stated that, when no activities are planned, residents are free to plan their own evening activities after Quiet Hour. They are free to leave the residence for the evening, subject to their curfew, as long as they discuss their plans with the staff. Several actual and potential problems exist in a situation like this. As noted in the case data a resident may, on occasion, lie about going to work in order to escape a planned activity that he may not like. It is probably not known how often this type of deception takes place, unless (as in the case cited) there is some reason to suspect the resident's veracity. Assuming that such deceptions occur from time to time, the result is that a resident's whereabouts are sometimes (perhaps often) unknown to the staff. This has serious implications for the program, considering that the program bears the legal responsibility for the resident. Even when no deception on the part of the resident is involved, a similar situation exists virtually every night of the week when residents are permitted to leave the residence unsupervised. How is New Beginnings to know where the residents are going, except by
trusting their word? It is the author's suggestion that the residents do not necessarily have to be engaging in further criminal activity in the community in order for this situation to have important implications. One result of giving the residents large amounts of unsupervised time might be that whatever gains are accomplished in treatment may be "undone" when he is allowed to associate regularly and often with peers in the community. (These peers may have had a significant role to play in the resident's initial involvement in criminal activity.) New Beginnings is aware in some cases of certain individuals in the community with whom they would prefer their residents not to associate. It is reasonable to speculate, then, that there may be many more cases in which New Beginnings has no real knowledge of who their residents are seeing and what they are actually doing in the community. This aspect of the resident's life is entirely outside of their control. Other than following the resident when he leaves the house, there is no method of obtaining reliable information as to the resident's free time activities.

While not denying the importance of peers in the life of a resident, all of the residents are, after all, required to live at New Beginnings so that they can deal with socially unacceptable behaviour (i.e., criminal behaviour) in the community. One solution might be to have more planned activities in which the residents are required to participate as an integral part of their treatment at New Beginnings. Such activities might include evening group counselling sessions, sports, games, discussion groups, and other group activities designed to help residents reach general and individual treatment goals. Most such
activities require no more staff than are already available within the program. Allowing the residents large blocks of unstructured, unsupervised time away from the program may have the potential to defeat or work against treatment goals. On the other hand, providing more structure (and more supervision) through treatment-oriented activities has the potential to directly support and enhance the social functioning of the resident in treatment.

Quiet Hour

Quiet Hour exemplifies a structured and planned activity (as suggested above) which is already being used by New Beginnings every weekday during the school year (6 p.m. to 7 p.m., Sunday to Thursday). Its purpose is to give those residents who attend school sufficient time to attend to homework, and to provide a time for reading and quiet games for those who do not have homework. It is intended also to "teach patience" to the residents. It is expected that every resident will take part in Quiet Hour every day. The case data showed that if a resident does not conform to this expectation then privileges may be removed.

Aside from questions as to whether Quiet Hour is worthwhile or "good treatment", one might ask what actually happens. Do the residents see it as a worthwhile activity? Do they get any benefit from it? Or, do they see it as a form of restrictive control? What proportion of the residents are able to use the time constructively, to do schoolwork, to enjoy quiet recreation with a friend, or to reflect on their problems and their goals? If New Beginnings is committed to using a Quiet Hour
as part of the daily routine, perhaps the program should be sure that it is something from which the residents can derive benefits which are somehow related to their goals. For example, it appears to be an ideal time of day for providing residents with one-to-one attention from staff, notwithstanding the limitations imposed by the unavailability of sufficient staff. These questions are worth pursuing, and their answers may tell New Beginnings how to make the activity better and more relevant to their residents' needs.

Perceptions of the Treatment Environment

With regard to Research Question II, on perceptions of the treatment environment, the primary source of information was the response given by each resident and staff person to the Community Oriented Programs Environment Scale (COPES). The COPES Form R profile shown in Figure 1 in Chapter IV indicated the amount of emphasis given to ten distinct aspects of the New Beginnings program, as perceived by staff and residents and as compared to the normative sample.

Relationship

The results indicated that very little emphasis is placed by New Beginnings on several aspects of the relationships between residents and staff. The residents felt that their own involvement in the day-to-day functioning of the program was quite low, specifically with regard to any "group spirit" or pride in the program. The staff also thought that the residents typically do not put much energy into the program (for example, by volunteering to do things for the program). On the other
hand, residents and staff agreed that the residents are supported by staff when they come into the program or when they do something well. In general, however, the Relationship dimensions of the program were perceived to have been given very little emphasis.

How, then, do these findings relate to stated treatment objectives which refer to the provision of a "warm" milieu and a "caring" staff? If the relationships between residents and staff are given as little emphasis as the participants perceive, then this becomes an issue with which the program must deal. To elaborate, the development of a helping, therapeutic relationship between helper and client is central to the success of social work intervention. New Beginnings states that it provides a warm and caring environment, however, the program participants themselves perceive little emphasis on this aspect of the social climate. Thus, there arises a need for New Beginnings to attend to the issue of providing a warm and caring environment (or, more precisely, to see that it is given greater emphasis).

Treatment Program

The Treatment Program dimensions of the New Beginnings program were assessed by four out of the ten COPES subscales. Of the four areas—Autonomy, Practical Orientation, Personal Problem Orientation, and Anger and Aggression—the one aspect of treatment that was perceived by all participants, staff as well as residents, to have the greatest emphasis was the aspect of Anger and Aggression. This subscale measures the extent to which a resident is allowed and encouraged to argue with the staff and with other residents, to become openly angry, and to display
other aggressive behaviour (such as criticizing and joking about the staff in an aggressive way). Certain aspects of this finding may be cause for concern. It was perceived by all residents and all staff, for example, that the statement, "The staff never start arguments" is false. While it is perhaps understandable that the residents might perceive any staff intervention into their behaviour as an "argument", it is less understandable that all of the staff would see it the same way. (Does the staff see their intervention into inappropriate behaviour as "argument"?) On this same subscale it was also observed that six out of ten residents (60%) perceived that the staff "sometimes openly argue with each other". Only one of the six staff agreed with the perception of the residents on this item. Furthermore, half of the staff reported that they felt it was a healthy thing to argue, but half felt it was not. An implication that can be drawn here is that there may be potential conflict within the program. Some of the staff may find themselves arguing with the residents, but feel this is not a healthy thing for them to be doing. On the other hand, it may be that some of the staff see other staff persons starting arguments, but feel that it is not a healthy thing for their co-worker to be doing. In either case, there is the potential for some of the staff to feel that an "unhealthy" approach is being taken with the residents, either by themselves or by other staff.

A high level of expression of anger should perhaps be questioned, and this aspect of the treatment program should be explored and dealt with by the program. Some ideas on dealing with anger were suggested above--i.e., through structured activities and counselling with indi-
viduals and groups. One reason for concern is that the expression of anger has been perceived as having a greater emphasis at New Beginnings than the emphasis on either the personal problems or practical problems of the residents. These latter two areas were perceived to have about average emphasis according to the residents, and slightly higher than average emphasis according to the staff. These are the aspects of the program which are concerned with the residents' personal problems and feelings, and with how well the program prepares the residents (in practical terms) for their eventual termination and discharge. Most of the staff felt that they care at least as much about the residents' practical problems as they do about their "feelings". Only half of the residents, however, felt that they are taught specific new skills at New Beginnings. This perception could be related to the length of time the resident has been in the program— that is, whether a program of "life skills" training or job search techniques has been completed— although this data was not collected. Further research into this question would indicate whether or not this conjecture has any reasonable basis.

This finding raises questions similar to the ones raised earlier with regard to the Relationship dimensions of the program. New Beginnings states, as one of its treatment objectives, "To maintain a warm and stable community residence which is a resource in itself for identifying, coping with, and rectifying client problems." However, it appears from the perceptions of program participants that dealing with practical problems somehow takes less precedence than the expression of anger and aggression. It would be in the best interest of the program if this were looked into, to see whether in fact the residents' problems are being adequately dealt with.
Another aspect of treatment assessed by the COPES was measured with the Autonomy subscale. Both residents and staff perceived very little emphasis within the program on allowing residents to go where they wish or to leave the program whenever they want to. This result can reasonably be expected in a correctional program for young offenders, and explains the low point at this subscale on the profile (Figure 1, Chapter IV). This expectation derives from the fact that a significant number of the residents are placed under restrictions by the juvenile justice system prior to their arrival at New Beginnings. In fact, a number of the residents are ordered into New Beginnings' care by the juvenile justice system. It is not expected that they will enjoy the freedoms enjoyed by other juveniles who have avoided conflict with the law.

System Maintenance

The final three COPES subscales assessed the System Maintenance dimensions of the program, or how well the program functions in an orderly, coherent, and organized manner. Of the three aspects assessed, the residents felt that the least emphasis was placed on order and organization, and the most emphasis on staff control. The staff were less varied in their perceptions as a group, but nevertheless agreed with the residents that order and organization were not emphasized very strongly. This aspect of the program should be given some attention. That is, there is the question of whether a more orderly and organized program is or is not desirable to New Beginnings, and if it is, what the ways of achieving such a state might be. Generally speaking, one would
expect that a well-ordered and well-organized program would contribute to a resident's feelings of security. By knowing what is expected of him (and knowing what to expect from others), a resident might reasonably achieve treatment goals with a minimum of confusion or uncertainty.

This aspect of the program is directly related to the extent to which the agency has decided to formalize its goals and objectives. This very pertinent issue is discussed below in the sections on goals and objectives.

With regard to staff control over the residents, the perceived emphasis may be as high as it is because of indications in the data that staffing may be insufficient in terms of the number of staff available to work. For example, the fact that there has been a consistent pattern of overtime worked by most of the staff might indicate that there have been fewer staff than might be desirable. The pattern of staffing has been to have a single staff person on any given day and evening shift, with the Chief Residence Counsellor filling in where needed. In such a situation, control of the behaviour of the residents could very easily become the primary task of the person working on the shift. New Beginnings management is quite aware of the fact that there are not as many staff as would be desirable, but there nevertheless may be some serious implications for the program if this continues to be the norm. For example, residents may be regularly deprived of opportunities for individual attention from the staff when they would like to discuss a problem. Again, this points to a potential inability of the program to meet its stated objectives (one of which is to provide individual counselling). It is recommended that New Beginnings reevaluate its staffing
pattern, with a view to having more than one person on shift at critical periods during the day and evening, if not for entire shifts. This approach would necessarily rely on having a sufficient budget for the extra staff, but the effort might relieve some of the perceived over-emphasis on staff control. Perhaps the creative use of part-time staff for purposes of arranging better "coverage" of shifts would help to alleviate this need. It would be useful to pursue this question further with the staff. That is, do they believe that a disproportionate amount of their time is being devoted to "keeping the lid on" during their shifts?

An alternative explanation for the residents' perception of over-emphasis on staff control may be derived from the view that they themselves are merely asserting their own needs for independence. If this is the case, as it is normally for adolescents, there is reason to suspect that any limitations whatsoever that are placed on them by adults may be met with resistance. Thus, relations with staff are perceived as power struggles, and any intervention is perceived as controlling. This line of reasoning does not, however, negate the need for the New Beginnings program to engage in some introspection regarding the possibility that staff control may have become over-emphasized as a method of system maintenance.

Taken together, the results of the COPES present a picture of a program where the level of expression of anger is high, accompanied by a high level of staff control over the residents' behaviour, in an envi-
ronment in which the residents are not free to decide whether or not they wish to continue their participation. Further, the System Maintenance dimensions of order and organization are perceived to have been given little emphasis. These findings interact in such a way as to make it difficult for New Beginnings to meet the objectives, as stated, that it has set for itself--that is, until those aspects of the program are given some attention. The literature (e.g., Hylton, 1982; Patton, 1978) cautions that group home programs for youthful offenders have the potential to become reproductions, on a smaller scale, of institutional conditions in the community. This was explained as a response stimulated by public concern with the idea of reintegrating offenders into the community. In order to protect and reassure "the public", youthful offenders are placed in homes that provide strict supervision and subject them to conditions that resemble more traditional correctional environments. In practical terms, however, it is suggested that New Beginnings has developed its particular treatment environment due to factors such as that discussed above with respect to staffing. The small staff at New Beginnings (which seems to be a bare minimum for the coverage of shifts) works a large number of hours a week and is underpaid according to the data reported in Chapter IV. In addition, no additional premium is paid to full-time staff for overtime worked (since residential care workers are not covered under that provision of Ontario's Employment Standards Act).

The conclusions about the program which have been speculated upon to this point have been derived from the COPES results. It is recommended that New Beginnings use the results of this COPES analysis (and
future COPES analyses it may wish to conduct itself) to continue to engage in speculation on the meaning of certain program process-related patterns concerning the quality of staff-resident relationships, the nature of the treatment program, and the methods used by the program for maintaining the system. It would be particularly useful to the program to involve the entire staff in this process of discussing the COPES findings during their regular staff meetings. The staff undoubtedly have extremely useful insights, and their contribution to the process of growth in the program could be enhanced with this kind of direct involvement. It is further recommended that the COPES scale be administered at intervals with the residence for the purpose of ongoing self-evaluation. Using this method of self-evaluation would be one way for New Beginnings to measure positive (or, for that matter, negative) changes in the program over time, and to take whatever corrective action is seen to be needed. It is recalled from Chapter IV that Bromet and Bliss (1976) observed that changes in alcoholism treatment programs resulted in corresponding changes in the relevant dimensions of treatment milieus as measured by the COPES. Similarly, in the present context, the COPES could be used to monitor the effect of changes in New Beginnings' treatment environment.

The second major group of research questions is discussed in the following section.
5.2 **RESEARCH QUESTION III: GOALS AND OBJECTIVES**

In order to conduct evaluation research, Rutman (1976) stated that a number of preconditions have to be met (see Chapter II). Briefly, there are three main preconditions: (1) a clearly articulated program, (2) clearly specified goals, and (3) a linking rationale for connecting intervention methods and intended outcomes. The importance and relevance of these preconditions within the process of formative research was addressed in Chapter II. Mainly due to the way New Beginnings has articulated its program in writing (including the specification of goals), it is the author's belief that these preconditions have not been met.

The question arises as to whether Rutman's preconditions are, in fact, necessary preconditions for conducting a useful formative evaluation. That is, is a clear articulation of program goals a necessary step in this evaluation process? It is the author's belief that the answer to this question lies in the evaluator's theoretical orientation to evaluation. In the earlier discussion of preconditions for evaluation (see Chapter II) it was noted that there is some controversy in the field of evaluation with respect to the need for evaluation to focus on clear, specific, and measurable goals. Rutman (1976), for example, felt that one of an evaluator's responsibilities is to work with a program on clarifying its goals so that, among other things, a program can be held accountable and so that it could be determined which of a program's goals are given priority. On the other hand, Patton (1978) felt that goal clarification is only one option for an evaluator: the most crucial issue in evaluation is, instead, determining what information about the
program is needed by decision-makers. The former approach (the "goal-model" approach) has been taken in the present study. It was taken because it was felt that, for purposes of a formative study, analysis of written program materials can serve to point out potentially useful avenues of investigation and further study. Without passing judgement on whether written materials actually correspond to the treatment that is offered, such a method of inquiry can nevertheless satisfy the basic purpose of formative research: generating questions and suggesting the parameters for a future comprehensive evaluation of effects.

As reported in Chapter IV, New Beginnings has a rather large and complex set of statements concerning its residential program. Most of these statements were found in the policies and procedures manual, and some were developed in response to requests for information from the Ministry of Community and Social Services or the United Way. In order to analyze this body of information, statements were extracted from various sources and placed in four categories according to whether they appeared to be statements of purpose, goals, objectives, or activities. This approach was taken in an attempt to "rationalize" the program, and also to investigate whether New Beginnings had sufficiently organized its written program material. For this latter purpose, the scheme of Forrest et al. (1982) was taken as a typical model of organizational goal analysis. This scheme is available to New Beginnings through the United Way of Windsor-Essex County, which was the sponsor of the research that produced the evaluation guide in 1982.
Agency Purpose

"Through the COPES analysis, it was discovered that the residents and staff perceived order and organization to be the least emphasized of the System Maintenance dimensions of the program's social climate. This finding is a reflection of New Beginnings' practices with respect to the formal organization of its program, part of which involves the setting of goals and objectives.

The statement of purpose can be considered to be the foundation upon which the entire program rests. As reported in Chapter IV, New Beginnings has produced three separate statements which may be construed as statements of the purpose of New Beginnings. Each of these statements conformed in some respects but not in others to what would ideally be included in a statement of purpose. (See Chapter II for a checklist of questions an agency should ask itself concerning its statement of purpose.)

In order for New Beginnings to have the most complete statement of purpose, it is recommended that the three statements that currently exist be written into one single comprehensive statement.

Goals

As stated by Forrest, et al. (1982), agency goals should be "consistent with the purpose of the agency, and provide a framework for setting program objectives... Unlike program objectives, goals... may never be fully attained. A goal simply sets sights for the future..." (p. 43). The New Beginnings policies and procedures manual contains a number of lists of agency goals under a variety of headings. There is,
for example, the statement that the "primary goal of programming at New Beginnings is the self-development and acquisition of life skills by the adolescents in residence". This statement satisfies the requirements of identifying the problem area, the population of concern, and the type of change which the program is expected to produce. Forrest, et al. (1982) stated that while a goal statement should be general in form compared to program objectives, those three pieces of information should nevertheless be given. The difference is that a goal does not have to indicate time limits for accomplishment of the goal, but rather should "set sights for the future" (p. 43). The most crucial questions to answer concerning an agency's goals are whether goals are stated in terms of results or ends, and whether each goal provides challenges beyond what is already being accomplished by the program. That is to say, an agency's goals should be forward-looking, and should express what Etzioni (1964), among others, has called the "desired state of affairs". In this way, agency goals are differentiated from treatment goals that are set for the individual clients of the agency.

As reported in Chapter IV, New Beginnings has addressed the specification of program goals under several headings totaling twelve separate goal statements. Several of these statements may be over-specific, considering that goals should reflect only a general orientation towards some change that the program hopes to produce. For example, one goal statement makes reference to assisting youths in the completion of a court process with which the resident may be involved. Rather than express a long-term goal, the latter part of the statement refers to a program activity. Also, the first phrase of one of the goal statements
is ambiguous with respect to the use of the words "to cease". That is, the current phrasing suggests that it is a goal of the agency to cease its own involvement in conflict with the law. This goal could be put more clearly, and more appropriately, with reference to the clients. For example:

1. To teach residents how to cease further involvement in conflict with the law...

The remaining "Standard New Beginnings Goals" (see Chapter IV) are in the same format as the first, and should be modified correspondingly so that they indicate what it is the program intends to offer. Otherwise, it is the author's belief that there needs to be no further modification of stated program goals.

Objectives

Flowing from each goal statement should be one or more objectives which, when attained, should indicate that the goal has been met. This applies to individual treatment goals and objectives as well as to those that are set for the agency as a whole. Forrest et al. (1982) give a definition of an objective as "a shorter-range, more specifically stated end by which a goal is attained" (p. 57). As discovered in Chapter IV, New Beginnings has a total of 24 separate statements of program objectives, only some of which are identified as "belonging" to certain goals. It is recognized that New Beginnings has not considered the specification of goals and objectives in the same manner as the author has, wherein the validity and worth of an objective is determined primarily by its measureability and its correspondence to a superceding goal.
However, it is the author’s belief that such a view should be adopted by New Beginnings in order for a certain amount of forward planning to be injected into the program. An additional benefit is that such a process yields easily to evaluation in the future.

(Actually, New Beginnings has done a certain amount of this sort of objective-setting already. It is stated that the "primary goal of programming" is to give residents life skills training. Having said that, the manual goes on to state that this goal is accomplished through the provision of a certain type of milieu, warm and caring staff, use of rules, provision of educational and employment planning, and the use of individualized goals and objectives for each resident. Whether these methods are actually used is in some doubt (viz., the COPES analysis); however, by simply stating how the primary goal of programming is accomplished, New Beginnings is setting objectives to be met in working towards the goal. Some of the "objectives" are irrelevant to the acquisition of life skills (at least, in a direct sense), but the point is that this is roughly the suggested approach that should be taken with all of the agency’s goals and objectives. In this example, New Beginnings could begin by setting the acquisition of life skills by a resident as the goal to be reached. Next should come the question, "What smaller objectives does a resident need to achieve in order to improve his life skills?" These would include things like learning to cook, improving hygiene, and so on).
**Program Activities**

New Beginnings has traditionally not viewed program activities as being linked to treatment goals and objectives, in the sense expressed in the framework outlined here. To continue with the life skills example, a number of program activities could be linked to an objective (and, thus, to the overall goal) by specifying for each resident the program to be followed for each aspect of life skills. For example, a program activity directed towards improving personal hygiene might be for the staff to see that a particular resident takes a shower. The important point is that this process needs to be programmed and documented on an ongoing basis for each resident, so that progress can be measured. At present, New Beginnings' program activities are directed towards either recreation or education/employment issues. There is also a certain amount of life skills training made available to residents, although this is usually on an ad hoc basis.

The process of developing program activities in this way is also applicable to group goals for the residents and to agency goals. Program activities are thus not random or spontaneous time-filling activities, but are designed to help the individual, group, or agency attain some objective.

In summary, the New Beginnings program as presently constituted requires some modification before it meets the necessary preconditions for a comprehensive evaluation. By engaging in a "top to bottom" review of individual, group, and agency goals, New Beginnings will be in a
position where evaluation of successes and failures in every aspect of the entire program will be available to them for purposes of self-evaluation and goal-setting in the future. Each of the "Standard New Beginnings Goals" should be re-evaluated in this way, specifying the goal in terms of a desired state and then thinking through all of the subsidiary steps that need to be achieved first. This process is a group effort, and should involve staff at all levels. It is recommended that New Beginnings undertake this process as an integral part of its own ongoing self-evaluation. It should be done with all of the goals and objectives that are set up for the residents, and also for the goals and objectives that pertain to the agency as a whole (e.g., "to effect penal and law reform"). For this purpose, it is suggested that New Beginnings use the United Way-sponsored evaluation format of Forrest et al. (1982).

First, however, New Beginnings needs to examine the process within which it sets its goals and objectives. How objectives are established, and who will be responsible for establishing them, are significant questions. The Board of New Beginnings should, for this purpose, examine the qualifications and training of its staff for undertaking a task such as this.

5.3 RESEARCH QUESTIONS IV AND V: ROLES OF MANAGEMENT AND BOARD

The third and final group of research questions sought information about the New Beginnings Board of Directors and about administrative relationships within the program:
1. What management activities are related to the program, and what effects do the Board and administration have on the treatment process?

2. What staff, management, and board efforts are involved in the development of program goals and in developing the resources needed to achieve program results?

With regard to these questions, information was collected concerning the use of Board committees by New Beginnings, and about the relationship of the Executive Director to those committees. This information was reported in detail in Chapter IV. Generally, it was found that Board committees are told in an informal way about their roles and about the tasks they are to perform. This information is transmitted to Board committee members by the full Board. Direction is usually given in response to some specific problem being experienced by the agency. It was felt that, being a small agency, there is no need for New Beginnings to place any emphasis on formalizing the structure and relationships of Board Committees. Hall (1977) states that this lack of formalization of structure can be extreme, and can be as harmful as having too formal a structure: an agency runs the risk of having employees rebel against too much structure, while at the other extreme it runs the risk of not giving employees sufficient direction for the performance of their duties. At New Beginnings, neither of these extremes seems to exist. As Hall (1977) stated, it is the people in decision-making positions that are responsible for deciding whether the organization should "tighten up" its procedures, and that those people develop images about the people in the organization as being capable or incapable of self-
direction. It is apparent that New Beginnings has decided that the present mode of operation is satisfactory, and that no "tightening up" is necessary. Although, according to Ehlers et al. (1976), board committees' purposes and functions should be well defined, clearly and in writing, it is ultimately a decision for senior management to make.

Committees of the Board at New Beginnings are related in different ways to the residential program itself. The committees that relate most directly are the Personnel and Programme Committees, and those that are less directly related include the House and Property Committee, the Finance Committee, and the recently developed Planning Committee. The Personnel and Programme Committees interact with the residential program largely through the Executive Director, who holds general responsibility for managing the affairs of the agency "subject to the direction of the Board."

With regard to planning and developing long-term goals, it was learned that most of the Board's involvement with the program in the past two years "has centred around immediate projects and problems". This focus has had a direct bearing on the amount of time and effort that New Beginnings could devote to planning for the future. For example, it was stated that, recently, most planning has been centred on the House and Property Committee's efforts in trying to meet the need for a new property from which to operate the residential program. Another example is in the planning of the overall direction of the agency, which is claimed to have come about "through the vehicle of the Children's Services Division's licensing process." Both of these examples refer to current events and immediate needs of the program. Both have also
required significant amounts of the Board's time, and have thereby used time that could have been devoted to looking into issues such as making improvements to the residential program or planning for the future. Instead, the Board has found itself reacting to immediate problems.

The responsibility for long-range planning is shared by the Board and the Executive Director. A new development is the creation of a Planning Committee for developing short- and long-term plans. It is anticipated that the Planning Committee will be involved in taking an overall view and establishing priorities and directions in a general sense. There is another role for which this committee would be ideally suited. That is in regard to the project, for which New Beginnings is awaiting funds, that will be looking into the needs of 16 and 17 year olds in the Windsor area. New Beginnings is planning to hire staff to perform this study. It is recommended that the newly-created Planning Committee be given full responsibility for overseeing this needs assessment project, and that those who perform the study report directly to that committee. For this purpose, the Planning Committee should be a high-level committee including the chairpersons of the House and Property, Programme, and Personnel Committees, with the Executive Director as a resource person. The Planning Committee should be prepared to take a very active leadership role in the decision-making processes concerning the future of New Beginnings, particularly with respect to the development of program goals and development of resources to meet future needs.

Since planning in an overall sense had, in the Board's own admission, been given relatively little attention in recent years, a committ-
ment to planning should be made now. This initiative could serve as an opportunity for New Beginnings to change and grow in a well-planned and orderly manner through the coming months and years. Ongoing monitoring of the agency's progress toward its own identified goals should be seen primarily as an executive responsibility of the Board. Once the process is begun through the vehicle of the Planning Committee, continued involvement by an active Board will be important.

The Board of New Beginnings also plays a significant role in personnel issues. Recently, positive steps have been taken with regard to the development of performance evaluations of the staff and Executive Director. This step was probably long overdue, and it should henceforth be viewed as a method for the Board to keep itself informed about its staff. This evaluation process should eventually be able to help the Board and the Executive Director identify staff development needs, the latter being an area in need of some improvement. In the past two years, there has been almost no funding for New Beginnings to spend on staff development. This has been attributed to a cutback by the Children's Services Division on this particular budget item. However, the importance of this element of personnel policy cannot be denied. The majority of the residence counsellors do not have formal training in the disciplines of child care work or social work with individuals and groups. Their expertise derives instead from extensive work experience in the field. However, if New Beginnings wants to offer its clients individual and group counselling, it is responsible for ensuring that the relevant staff have the appropriate credentials for providing such services. This situation should therefore be supplemented by a
concerted effort to upgrade and expand the skills of the staff through workshops, seminars, and training sessions sponsored by professional groups. A crucial factor, one that should be given priority, is the need to improve the level of funding for staff development. Often, staff development is viewed as an "extra", a luxury that can be done without. This is an unfortunate perception, since it can be easily demonstrated that a variety of other human service professions virtually demand that one participate in continuing education in one's field in order to maintain minimum standards of good practice.

Until New Beginnings can make a commitment to staff development, there is a supplementary staff development technique that costs very little in comparison to the use of external resources, and that is the use of regular formal supervision of the staff.

Clarke, Shaw, and Weinstein (1977) have developed a model of supervision for the children's mental health field, called "Impact Supervision". In it, they state:

"...constructive and supportive supervision is neither an option nor a luxury, it is an essential ingredient in the ultimate delivery of effective service to clients. (p. 3)"

It was reported that New Beginnings does not use formal methods of supervision, and that the preference was instead to use a general approach to supervision of the staff. Formal supervision involves a commitment by a staff member and the supervisor to meet for a certain amount of time on a regular basis (usually one or two hours, weekly or biweekly). The purpose of the meeting is, in general terms, to foster the growth of the worker as a professional and to monitor the worker's progress towards individual goals. Clarke, et al. (1977) claim that
the goals of an organization and a person's professional and personal job oriented goals can be compatible. It is further claimed that good supervision can provide a process whereby the person's and the organization's goals enhance each other. It [supervision] is also the primary human relationship which governs individual functioning and satisfaction, not only between the two members of the supervisory transaction, but also between those members and their colleagues in the organization. It enables both the individual and the organization to achieve their goals. (p. 10)

A benefit of this supervisory approach, in addition to its low cost, is that the process of periodic staff evaluation can be made directly relevant to the worker's ongoing performance on the job. If New Beginnings is interested in committing itself to building up the expertise of its residential staff, it is recommended that regular supervision of the residence counsellors be instituted.

A significant point needs to be made here. There are differences between general, administration-oriented supervision of the staff—i.e., whether they are conforming to agency policy, etc.—and service-or practice-oriented supervision in which the focus of the supervisory interaction is on the worker's professional skills. In order for this recommendation to be effectively carried out, it will be necessary for the Board to assess the qualifications of its senior staff to conduct practice-oriented supervision as outlined above. Additional training should be provided through the medium of professional workshops and training sessions where such qualifications are found to be in need of strengthening.

Another personnel issue is in need of attention, and that is the salary issue. Compensation for all staff at New Beginnings has been admittedly below average, both locally and in comparison to other similar programs elsewhere. The suggestion may reasonably be made that
perhaps the residence counsellors have shown a willingness to work as much overtime as they do simply to increase their weekly earnings. There is, however, the potential danger that staff will lose effectiveness through the phenomenon known colloquially as "burnout". Notwithstanding the realities of seeking additional funds, it is recommended that New Beginnings consider this issue as a priority for their future dealings with the Ministry. It is perhaps unnecessary to state that New Beginnings should attach some importance to improving the situation of an underpaid and overworked staff.

The following chapter will summarize the recommendations made in this chapter, and will outline some suggestions for future research.
Chapter VI
SUMMARY AND CONCLUSIONS

The present study subjected New Beginnings (Essex County) to a program evaluation, specifically a formative evaluation for monitoring program implementation. The purpose of formative evaluation is to, first, describe a program to show what takes place and, second, to feed this information back into the program in an organized way for the purpose of stimulating improvement. In this context, the present study was able to identify several program process-related issues. It is hoped that those issues will be taken into consideration by those who, at the Board and staff levels, are responsible for operating the residential program for male juvenile offenders.

Certain techniques and procedures were used which can be adapted for use by the program's decision-makers in an ongoing process of self-evaluation. Chief among these procedures was the analysis of the Community Oriented Programs Environment Scale, an analysis which showed a profile unique to New Beginnings and its treatment environment. A secondary procedure was an attempt to rationalize the program in terms of an analysis of goals and objectives. This process will take a large amount of staff time if the program chooses to enter into it.

The study was limited by two main factors. First, the researcher had no clear idea upon initiating this study of what it was that New Beginnings wanted to know about itself. A result was that a large
amount of information was made available and collected without the researcher knowing what evaluation information was most desirable to the decision-makers. A mandate was given to perform an evaluation and provide a model for self-evaluation. It was not until the researcher had progressed substantially into the work that it was realized that it may have been more productive to have had a more restricted mandate--a focus--at the outset. Second, formative evaluation should ideally involve repeated "on-site" observation over a long period of time. Although much observation and data collection was done for the present study, the researcher feels that intensive ongoing involvement with a program is required, particularly in the area of analysis of goals and objectives. These two limitations combined to produce a situation in which certain elements of the program may have been incompletely understood by the researcher, and so the results and their interpretation should be considered in this context.

6.1 SUGGESTIONS FOR FURTHER RESEARCH AND EVALUATION

Once New Beginnings has given some further thought to its treatment goal-setting process, and made some decisions about it, then there are several avenues of investigation that would be worthwhile to pursue. Of course, one major avenue is that of conducting evaluations of program effectiveness. For example, as suggested earlier, the goals that are set for a resident with respect to education could be evaluated at termination and compared with other programs in order to evaluate the effectiveness of the New Beginnings program in increasing the resident's academic achievement. Other avenues of effectiveness evaluation,
including program effects on a wide range of behavioural and social variables, could be pursued.

Effectiveness evaluation, however, is something that can only be attempted after New Beginnings has rationalized its goal-setting process. There are other initiatives that can be taken now which do not require the restrictive methodological controls inherent in an effectiveness evaluation. Several suggestions were made in the previous chapter concerning some of these initiatives.

First, it was suggested that counselling of the residents, individually and in groups, might act to reduce the level of expression of anger within the program. This treatment method should be introduced on a regular, planned basis and be conducted by personnel with appropriate credentials. It is suggested that, at some point in the future, a good counselling program will reduce some of the problems in the program and that this would be detectable in a future COPES analysis.

Second, differential use of Quiet Hour for providing one-to-one attention for residents was suggested. Whether this will have any noticeable effect on the progress of the resident is an interesting problem for research within the New Beginnings program. How quickly the resident is able to meet treatment goals, and how long he needs to stay in the program may be directly related to the kind of counselling experiences he receives while in residence.

Third, a suggestion was made to modify the staffing pattern because it was felt that insufficient staffing might be leading to serious problems like over-reliance on control (as opposed to an emphasis on client problems). Again, the COPES scale could be given a periodic administra-
tion to detect perceived changes in emphasis among the various dimensions of the program.

In general, future research in the area of program evaluation of community group homes for young offenders could provide some answers to problems similar to those identified above. For example, what is the effect of the number of staff and the pattern of staffing on such things as staff control over residents and orientation towards helping residents with personal problems? Intuitively, one would suspect that the greater the number of staff, the less reliance is placed on control. How is this related to the type of setting? Is there more, or less, staff control in a community-based home than in, say, a secure detention facility? What is the effect of the amount of structured, treatment-oriented activities (as opposed to free time) on the perceptions of the social climate of a residential program, and on outcome? There should be more research into these questions, using comparative studies to look into differences between program models on a more global basis than has heretofore been done. Most of the social climate work seems to have been done on a relatively small scale, comparing one or two programs only, or else comparing to a homogenized normative sample. Research of this nature could help to delineate some parameters that could be of immediate practical use to program planners attempting to design a program to meet particular needs.
6.2 SUMMARY OF RECOMMENDATIONS

Several recommendations for change were presented in the preceding discussion, along with the reasons for making them. These recommendations are reiterated below in summary form.

1. It is recommended that the newly-created Planning Committee be given full responsibility for overseeing the needs assessment project, and that those who perform the study report directly to that committee. The Planning Committee should be a high-level committee, including the chairpersons of the House and Property, Programme, and Personnel Committees, with the Executive Director as a resource person. The Committee should take a very active leadership role in the decision-making processes concerning the future of New Beginnings, particularly with respect to program goals and developing resources to meet future needs.

2. It is recommended that New Beginnings commit itself to engaging in a "top to bottom" review of individual, group, and agency goals. This process is a group effort, and should involve staff at all levels under the direction of the Executive Director. It is recommended that New Beginnings undertake this process as an integral part of its own ongoing self-evaluation. For this purpose, it is suggested that New Beginnings use the United Way-sponsored evaluation format of Forrest et al. (1982). This reworking of goals and objectives should produce change in a positive direction among the residents and staff with respect to the perception of order and organization within the program.
3. It is recommended that New Beginnings use the results of the COPES analysis to continue to look into the meaning and implications of the residents' and staff's perceptions. It would be particularly beneficial to involve the whole staff and, ideally, the residents in this process. The staff and residents have valuable perceptions which should be heard, and their contribution to the process of growth in the program could be encouraged with this kind of direct involvement. The Executive Director could assume the key coordinating role in this effort.

4. The open expression of anger and aggression within the treatment program should be explored and dealt with as a matter of priority. A excessive level of expression of anger should not be accepted, and should be dealt with by the New Beginnings program as a whole. The primary concern is that the expression of anger has been perceived as having a greater emphasis at New Beginnings than that on dealing with either the personal problems or practical problems of the residents.

5. It is recommended that greater use of planned, treatment-oriented program activities (including individual and group counselling) be regarded as a method of dealing with the high level of anger within the residence. More frequent use of planned activity would also help to solve some of the potential problems inherent in allowing the residents large amounts of unstructured, unsupervised free time.

6. It is further recommended that the COPES method of assessing the treatment environment be used at regular intervals as part of the
program's ongoing self-evaluation. Using this method of self-evaluation is one way for New Beginnings to measure positive (or, for that matter, negative) changes in the program over time, and to take the appropriate corrective action. Management could then monitor the progress made by the residential program in a number of areas that require attention— for example, in placing more emphasis on the establishment of positive relationships between the staff and residents.

7. It is recommended that regular, formal supervision by the Executive Director with the residence counsellors be instituted.

8. It is recommended that the need for staff development be addressed in the immediate future. Since the majority of residence counsellors have little formal training in child care work or social work with individuals and groups, their training should be supplemented with workshops, seminars, and training sessions sponsored by professional groups.

9. It is recommended that New Beginnings evaluate its staffing pattern, with a view to having more than one person on shift at critical periods during the day and evening, if not for the entire shifts. This recommendation is made out of concern over the perception of a reliance on "staff control" for maintaining stability at the residence. When control over residents' behaviour becomes a primary task, the planning of treatment-related activities may be given secondary status.

10. Insufficient staffing also makes it very difficult for the staff to give residents any individual attention during the shift. It
is recommended that the residents be given one hour per week of individual time with a staff person, whether it is their primary worker, another staff person, the Chief Residence Counsellor, or the Executive Director. This individual time should be used to monitor the resident’s progress towards treatment goals.

11. It is recommended that New Beginnings consider the staff salary issue to be a priority in future funding negotiations, in order to reduce the need for staff to work excessive amounts of overtime.

12. The Executive Director’s participation is central to many of the program adjustments that are being recommended. While it is recognized that a certain amount of privacy is needed in order to manage the administrative responsibilities associated with the position, the residential program would benefit from a closer relationship between it and the Executive Director. Certain of the issues identified in the present study point to the need for more of a program “manager” as opposed to an “administrator”—that is, someone who is in very close, daily proximity to the residents and staff. For these reasons it is recommended that, in the planning for a new home for the program, the Executive Director’s office be located within the residential facility itself.
Appendix A

COMMUNITY ORIENTED PROGRAMS ENVIRONMENT SCALE

1. ____ Residents put a lot of energy into what they do around here.
2. ____ Residents help take care of other residents who are having problems.
3. ____ Residents tend to hide their feelings from one another.
4. ____ The residents do not have their own organized group for making some of their own decisions around here.
5. ____ This program emphasizes teaching the residents new ways of handling problem situations.
6. ____ Residents hardly ever discuss their private lives.
7. ____ It's hard to get people to argue around here.
8. ____ Residents' activities are carefully planned.
9. ____ If a resident breaks a rule, he knows what the consequences will be.
10. ____ Once a schedule is arranged for a resident, the resident must follow it.
11. ____ This is a lively place.
12. ____ Staff have relatively little time to encourage residents.
13. ____ Residents say anything they want to the staff.
14. ____ Residents can leave here anytime without saying where they are going.

- 136 -
15. ___ There is relatively little emphasis on teaching residents solutions to practical problems.

16. ___ Personal problems are openly talked about.

17. ___ Residents often criticize or joke about the staff.

18. ___ This is a very well organized program.

19. ___ If a resident's program is changed, staff always tell him why.

20. ___ The staff very rarely punish residents by taking away their privileges.

21. ___ The residents are proud of this program.

22. ___ Residents seldom help each other.

23. ___ It is hard to tell how residents are feeling around here.

24. ___ Residents are expected to take leadership here.

25. ___ Residents are expected to make detailed specific plans for the future.

26. ___ Residents are rarely asked personal questions by the staff.

27. ___ Residents here rarely argue.

28. ___ This place is always kept neat.

29. ___ Staff rarely give residents a detailed explanation of what the program is about.

30. ___ Residents who break the rules are punished for it.

31. ___ There is very little group spirit in this program.

32. ___ Staff are very interested in following up residents once they leave the program.

33. ___ Residents are careful about what they say when staff are around.

34. ___ The staff tend to discourage criticism from residents.

35. ___ There is relatively little discussion about exactly what
Residents will be doing after they leave the program.

36. ___ Residents are expected to share their personal problems with each other.

37. ___ Staff sometimes argue openly with each other.

38. ___ This place usually looks a little messy.

39. ___ The program rules are clearly understood by the residents.

40. ___ If a resident fights with another resident, he will get into real trouble with the staff.

41. ___ Very few residents ever volunteer around here.

42. ___ Staff always compliment a resident who does something well.

43. ___ Residents are strongly encouraged to express themselves freely here.

44. ___ Residents can leave the program whenever they want to.

45. ___ There is relatively little emphasis on making specific plans for leaving this program.

46. ___ Residents talk relatively little about their past.

47. ___ Residents sometimes play practical jokes on each other.

48. ___ Residents here follow a regular schedule every day.

49. ___ Residents never know when staff will ask to see them.

50. ___ Staff don’t order the residents around.

51. ___ A lot of residents just seem to be passing time here.

52. ___ The staff know what the residents want.

53. ___ Residents spontaneously set up their own activities here.

54. ___ Residents can wear whatever they want.

55. ___ Most residents are more concerned with the past than with the future.

56. ___ Residents tell each other about their personal problems.
57. Staff encourage residents to express their anger openly here.
58. Some residents look messy.
59. The residents always know when the staff will be around.
60. It is important to carefully follow the program rules here.
61. This program has very few social activities.
62. Staff sometimes don't show up for their appointments with residents.
63. When residents disagree with each other, they keep it to themselves.
64. The staff almost always act on residents' suggestions.
65. Residents here are expected to show continued progress towards their goals.
66. Staff are mainly interested in learning about residents' feelings.
67. Staff here never start arguments.
68. Things are sometimes very disorganized around here.
69. Everyone knows who's in charge here.
70. Residents can call staff by their first names.
71. Residents are pretty busy all of the time.
72. There is relatively little sharing among the residents.
73. Residents can generally do whatever they feel like here.
74. Very few residents have any responsibility for the program here.
75. Residents are taught specific new skills in this program.
76. The residents rarely talk with each other about their personal problems.
77. Residents often gripe.
78. ____ The living room is often untidy.
79. ____ People are always changing their minds here.
80. ____ Residents may interrupt staff when they are talking.
81. ____ Discussions are very interesting here.
82. ____ Residents are given a great deal of individual attention here.
83. ____ Residents usually hide their feelings from the staff.
84. ____ Residents here are very strongly encouraged to be independent.
85. ____ Staff care more about how residents feel than about their practical problems.
86. ____ Residents are rarely encouraged to discuss their personal problems here.
87. ____ Staff here think it is a healthy thing to argue.
88. ____ Residents are rarely kept waiting when they have appointments with staff.
89. ____ Residents never quite know when they will be considered ready to leave the program.
90. ____ Residents will be transferred or discharged from this program if they don't obey the rules.
91. ____ Residents often do things together outside of the program.
92. ____ The staff go out of their way to help new residents get acquainted here.
93. ____ Residents are strongly encouraged to express their feelings.
94. ____ Staff rarely give in to pressure from residents.
95. ____ Residents must make detailed plans before leaving the program.
96. ____ Staff encourage residents to talk about their past experiences.
97. ____ Residents here rarely become angry.
98. The staff strongly encourage residents to be neat and orderly here.

99. There are often changes in the rules here.

100. The staff make and enforce all the rules here.
Appendix B

QUESTIONNAIRE: NEW BEGINNINGS BOARD OF DIRECTORS

Board Composition, Recruitment, and Attendance

1. How many Board members are there?

2. What are the qualifications for Board membership?

3. How are Board members recruited?

4. What is the range of years of service of current Board members? (longest? shortest? average?)

5. How are Board membership expectations presented to prospective members?

6. How often does the Board meet? (Please give dates of all 1982 Board meetings.)

7. What is the average attendance at Board meetings? (Please give attendance at all 1982 Board meetings.)

8. What is the policy established by the Board regarding attendance at Board meetings?

Committees

9. How are Board members assigned to Committees?

10. How are a Committee's responsibilities stated to Committee members?

11. How is authority given to Committees?

12. Through what process do Committee members gain an understanding of their roles and responsibilities on a given Committee?
13. Does the formal organizational structure of the New Beginnings Board allow for individual members' capabilities and strengths? If so, in what specific ways is this done?

Planning

14. Describe how the Board decides the overall direction New Beginnings will take.

15. Who is responsible for long-range planning?

16. Who is responsible for approving long-range plans?

17. How are needs identified, and how is it decided which community needs should be met by New Beginnings?

18. Describe the Board's involvement in forecasting future needs—i.e., how does the Board deal with anticipated needs?

19. Describe the process of program planning for New Beginnings.

20. How does the New Beginnings program relate to other services and programs in the community? (Please describe the day-to-day working relationships as well as any other "higher-level" relationships.)

Personnel

21. Describe how staff are held accountable for, and evaluated on, job performance.

22. Describe the usual working relationship between the Board and the Executive Director.

23. How are responsibilities and authorities communicated to the Executive Director by the Board? (How is authority delegated from top to bottom?)
24. Is responsibility for the personnel function generally recognized as belonging to the Executive Director or to the Board?

25. How is this responsibility defined and allocated?

26. How are personnel policies made? How often are they reviewed? Who reviews them?

27. Are employees involved in making personnel policies? If so, how?

28. Are there procedures for employees to channel concerns, criticisms, or problems to the Board? Please describe any such procedures.

29. Describe how salary and benefits policies are made. What is the policy on salary increases?

30. How do salary and benefits compare to those of other, similar group homes in the community?

31. What is the current staff complement? Also, please list the number of full-time and part-time staff employed at all times over the past five years, with each person's length of service.

32. What level of staffing is budgeted? What levels have been budgeted over the past five years?

33. What is the rate of absenteeism?

34. What are New Beginnings' policies and procedures relating to staff training and development? How is this different for senior staff, if at all?

35. How does the Board ensure that employees comply with the Province of Ontario's standards and guidelines for children's residences?
Finance

36. Who develops the annual budget?

37. Who has responsibility for monitoring the budget and income/expenses on an ongoing basis?

38. To what extent does the Board involve itself in concerns related to funding? What proportion of the Board's time is devoted to dealing with funding issues? Is this viewed as too much, or too little time?

39. Is there a current policy of seeking funds from diverse sources?

40. Describe the Board's experience with seeking funds from non-traditional sources (i.e., other than from the current funding sources).
Appendix C

QUESTIONS: CASE MANAGEMENT

1. How is the case management function carried out in the agency? Does one person retain the responsibility for a case, or is it a shared responsibility? If shared, how is it coordinated?

2. What are the policies and procedures for case management?

3. What is the resident's participation in the management of his case, regarding involvement in decision-making, presentation of perceptions, etc.?

4. How is assessment linked with the development of a service plan for the resident?
   a) Is an individual service plan created for each child?
   b) How is this documented?
   c) Are there written guidelines?
   d) What is the process of determining the individual service plan?

5. What provisions have been made for the monitoring or review of children in the residence in terms of:
   a) the extent to which the service plan is being followed?
   b) reviewing and updating the service plan?
   c) monitoring the quality of service?
   d) involvement of the resident, parents, and significant others?
   e) frequency of family visits?
f) planning for termination?

g) provision of support services and follow-up services?

6. Upon what basis are criteria for termination formed?

7. Describe the policies and procedures for recording in regard to residents (type and format).

   a) How are staff familiarized with recording?

   b) For what purposes are records and files kept?
REFERENCES


Bromet, E., Moos, R., and Bliss, F. The social climate of alcoholism treatment programs. Archives of general psychiatry, 1976, 33, 910-916.


Duncan, B. and Brill, R. Staff team climates and treatment unit environments. Montreal: Boys' Farm Research Project, University of Montreal, May 1977.


Scull, Andrew T. Decarceration: Community treatment and the deviant. 1977.


Walter, J. and Harris, R. Environmental assessment of a social model detoxification unit. Santa Ana, Cal.: Orange County Department of Mental Health and Alcoholism Services, 1977.


VITA ADCTORIS.

Gavin Kenneth Shaw was born in Windsor, Ontario, on September 8, 1952. He attended local public schools prior to enrolling at Riverside Secondary School. In 1971, Mr. Shaw began his university career at the University of Windsor, completing an Honours Bachelor of Arts in Psychology in 1975. He subsequently completed the requirements, except thesis, towards the Master of Arts degree in Developmental Psychology. In 1976, Mr. Shaw began employment with the Roman Catholic Children’s Aid Society for the County of Essex as a child care worker, at which agency he remained until returning to school in 1981. He was admitted to the Special IV program in the University of Windsor School of Social Work, graduating with an Honours Bachelor of Social Work degree in 1982. Mr. Shaw was accepted into the graduate program of the School of Social Work for 1982-83, and expects to graduate with a Master of Social Work degree in Spring, 1984. He is currently employed as a social worker with the Children’s Aid Society of the Region of Peel in Mississauga, Ontario.