



ARCHIVED - Archiving Content

Archived Content

Information identified as archived is provided for reference, research or recordkeeping purposes. It is not subject to the Government of Canada Web Standards and has not been altered or updated since it was archived. Please contact us to request a format other than those available.

ARCHIVÉE - Contenu archivé

Contenu archivé

L'information dont il est indiqué qu'elle est archivée est fournie à des fins de référence, de recherche ou de tenue de documents. Elle n'est pas assujettie aux normes Web du gouvernement du Canada et elle n'a pas été modifiée ou mise à jour depuis son archivage. Pour obtenir cette information dans un autre format, veuillez communiquer avec nous.

This document is archival in nature and is intended for those who wish to consult archival documents made available from the collection of Public Safety Canada.

Some of these documents are available in only one official language. Translation, to be provided by Public Safety Canada, is available upon request.

Le présent document a une valeur archivistique et fait partie des documents d'archives rendus disponibles par Sécurité publique Canada à ceux qui souhaitent consulter ces documents issus de sa collection.

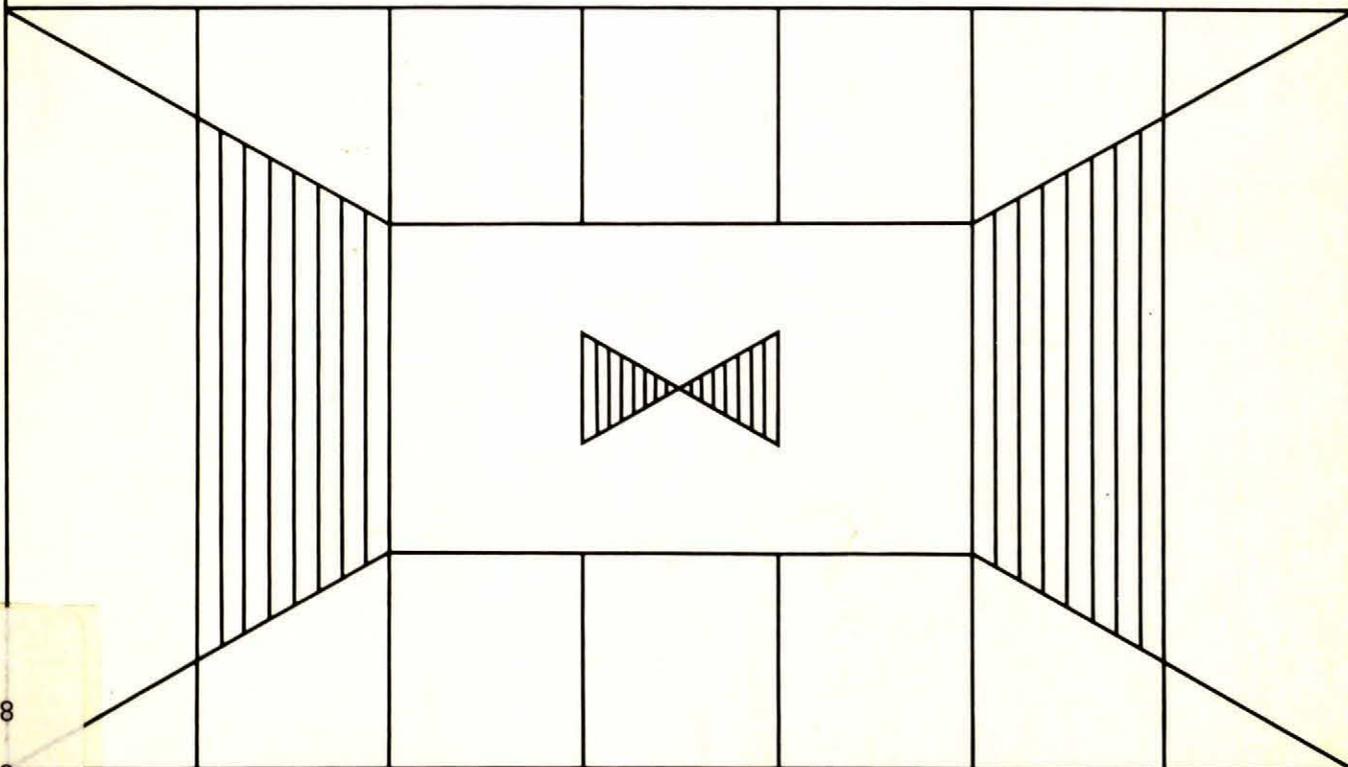
Certains de ces documents ne sont disponibles que dans une langue officielle. Sécurité publique Canada fournira une traduction sur demande.



Self-Evaluation in Community-Based Residential Centres

Volume I: Guide

by Sharon Moyer



HV
9308
M67
1978
v. 1
c. 2

IN THE SAME SERIES

- HANN, Robert G. Deterrence & the Death Penalty, A Critical Review of the Econometric Literature. 64 pages, 1977. On sale at Supply and Services Canada, Ottawa K1A 0S9. \$2.50.
- RIZKALLA, Samir Bibliographical Guide: The Economics of Crime and Planning of Resources in the Criminal Justice System. Prepared under the direction of S. Rizkalla, by Robert Bernier and Rosette Gagnon, of the International Centre for Comparative Criminology in Montreal. 488 pages, 1978. Available from the Communication Division, Ministry of the Solicitor General, Ottawa K1A 0P8.
- ROSENBERG, Gertrude Canadian Criminology: Annotated Bibliography. Prepared under the direction of Gertrude Rosenberg, by Katia Luce Mayer, assisted by Lise Brunet-Aubry, of the International Centre for Comparative Criminology in Montreal. 726 pages, 1977. Available from the Communication Division, Ministry of the Solicitor General, Ottawa K1A 0P8.
- STANLEY, Paul Crime Prevention through Environmental Design: A Review. 57 pages, 1977. Available from the Communication Division, Ministry of the Solicitor General, Ottawa K1A 0P8.
- WASSON, David K. Community-based Preventive Policing: A Review. 198 pages, 1977. Available from the Communication Division, Ministry of the Solicitor General, Ottawa K1A 0P8.
- ZAHARCHUK, Ted, &
LYNCH, Jennifer Operation Identification -- A Police Prescriptive Package. By Dr. Ted Zaharchuk (Decision Dynamics Corporation) and Jennifer Lynch. 74 pages, 1978. Available from the Communication Division, Ministry of the Solicitor General, Ottawa K1A 0P8.

HV
9308
M67
1978
v.1
c.2

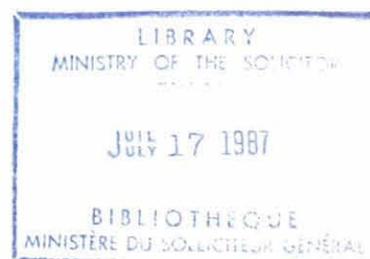
SELF-EVALUATION IN COMMUNITY-
BASED RESIDENTIAL CENTRES ,
VOLUME I: GUIDE

by

Sharon Moyer,
Decision Dynamics Corporation

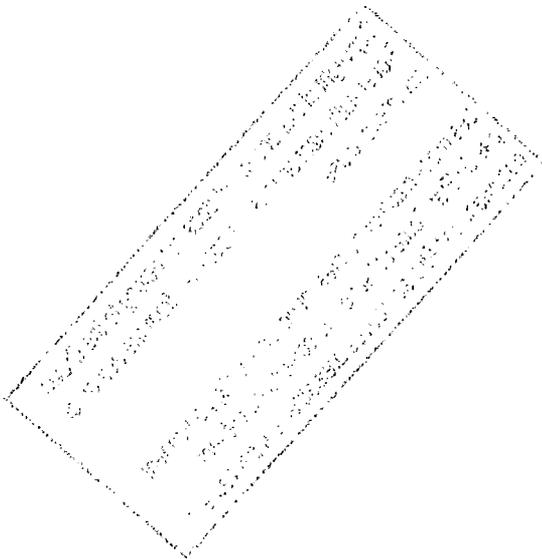
with

S.B. Harris,
Systems Dimensions Limited



A research report prepared under contract with the Solicitor General of Canada and published under the authority of the Hon. Jean-Jacques Blais, Solicitor General of Canada.

The views expressed in this report are those of the author and do not necessarily reflect the views of the Solicitor General of Canada.



© Minister of Supply and Services Canada 1978

Cat. No.: JS 42-5/1978-1

ISBN— 0-662-01714-5

Available from the Communication Division, Ministry of the Solicitor General of Canada, Ottawa, Ontario K1A 0P8.

ACKNOWLEDGEMENTS

The authors would like to thank their co-workers at Systems Dimensions Limited and at Decision Dynamics for their encouragement and guidance during this project: Terry Burrell, Bob Hann, Jamal Hassan, Sally Leppard, Gladys Mclellan, Simmie Magid, and Jane Palmer.

SUMMARY

The Guide to Self-Evaluation is the final version of a presentation which was given to more than two dozen Community-based Residential Centres (CRC) participating in the project on self-evaluation. The Guide includes a conceptual presentation of the steps involved in self-evaluation and concrete examples of monitoring instruments that were developed and pre-tested with the assistance of the twenty-six CRCs whose directors and staff gave their time to the project. Their participation was voluntary, and for their assistance the authors would like to thank them. The Guide, which has been developed as a result of these visits, is oriented towards the needs of the small residential centre with little experience in evaluation and self-evaluation. It is intended as an introduction to the concepts and procedures that are necessary if an agency is to assess its activities in a continuing and systematic fashion.

TABLE OF CONTENTS

	<u>Page</u>
A. <u>INTRODUCTION TO SELF-EVALUATION</u>	1
<u>How To Use This Guide</u>	2
<u>What Can Self-Evaluation Do for CRCs?</u>	3
1. Self-evaluation helps the house to keep track of its activities	3
2. Self-evaluation helps CRCs to plan and make improvements	4
3. Self-evaluation helps the CRC define its "success"	6
4. Self-evaluation helps CRCs in their relations with outside agencies	6
<u>Three Questions to be Considered by the House Interested in Self-Evaluation</u>	7
<u>How is Self-Evaluation Different from Evaluation?</u>	9
B. <u>THE SETTING OF GOALS AND OBJECTIVES: STEP ONE IN SELF-EVALUATION</u>	11
<u>What Are Goals and Objectives and Why Are They Important for A CRC?</u>	11
<u>What are the Most Common Problems in Clarifying House Objectives?</u>	17
1. Unrealistic objectives	17
2. Inconsistent objectives	18
3. Individual resident objectives versus organizational objectives	19
4. The measurement of objectives	20
5. Stated versus operating objectives	22
<u>Summary</u>	25
<u>Who Should be Involved in Clarifying Objectives?</u>	25
<u>Some Questions To Ask during the Process of Clarifying Objectives</u>	26

	<u>Page</u>
C. <u>DEVELOPING INDICATORS OF SUCCESS: STEP TWO IN SELF-EVALUATION</u>	28
<u>Resident Performance and Staff Effort</u>	28
<u>Aids for Developing Indicators of Success</u>	30
D. <u>PROGRAM MONITORING: STEP THREE IN SELF- EVALUATION</u>	33
<u>The Reasons for Program Monitoring</u>	33
<u>Objections to Monitoring</u>	37
<u>The Ways in which Resident Information is Currently Collected and Utilized</u>	39
<u>Three Problems in Current Resident Information</u>	40
1. Non-standardized information	40
2. Incomplete information	41
3. Inaccessible information	42
<u>How To Use the Three Major Monitoring Instruments</u>	43
<u>Routinizing Monitoring: How to Make the Time</u>	47
1. The Initial Assessment Form	47
2. Weekly Progress Reports	49
3. Resident Summary Form	50
<u>Other Monitoring Instruments</u>	51
1. The Logs	52
2. The Resident Employment History	54
3. The Follow-Up Form	55
4. The Admission Form	55
<u>Adapting the Monitoring Forms to Special Needs</u>	56
Additional information needs	56
The need areas	57
Additional program components	57
"Special occasion" objectives	58
Small community-based residential facilities	58
<u>Summarizing Information from Monitoring Instruments</u>	59

	<u>Page</u>
E. <u>THE SELF-EVALUATION MONITORING INSTRUMENTS</u>	62
<u>Initial Assessment of the Resident</u>	63
<u>Weekly Progress Report</u>	68
<u>Resident Summary Form</u>	70
<u>Daily Log A</u>	75
<u>Daily Log B</u>	76
<u>Resident Employment History</u>	77
<u>Follow-Up Information on Resident</u>	78
<u>Admission Form</u>	79
F. <u>CONCLUSION</u>	84

A. INTRODUCTION TO SELF-EVALUATION

The Guide to Self-Evaluation was created for Community-based Residential Centres (CRC) in Canada. The Guide was developed during a twelve month project in which two members of the project team visited twenty-six CRCs across the country. In most of these visits, the authors led a discussion with CRC staff on the meaning of self-evaluation and its relevance to the halfway house.

For most residential centres, self-evaluation is a relatively new concept. Perhaps in the future self-evaluation will assume more importance for CRCs that are trying out new methods and programs, and are concerned about the direction being taken by community correctional facilities. The Guide is intended for these organizations.

How To Use This Guide

The Guide to Self-Evaluation is divided into five sections. The purpose of Section A is to answer basic questions about self-evaluation such as: Why should a CRC consider implementing self-evaluation? How does self-evaluation differ from evaluation? The second section

deals with the first step in implementing the self-evaluation process, the setting of house objectives. Section C describes how a CRC can keep track of what it is doing and, perhaps, measure its "success". The fourth section outlines, step by step, the procedures which a CRC can follow to implement one form of self-evaluation. A set of forms that could be used to collect the information necessary for self-evaluation are contained in Section E. These forms were tried by a number of houses during the project.

The Guide to Self-Evaluation may be used in whole or in part. A CRC which is interested in implementing the entire process of self-evaluation will be interested in all of the Guide. Other houses may be interested in certain sections.

Some CRCs may decide that it would be valuable to set down the objectives of the house. Staff can read the section which defines "objectives", outlines the reasons for setting objectives, and suggests ways of establishing them.

Another CRC may have already identified specific objectives for the house, but may want to keep track of the progress of their residents.

Staff may look at the section on monitoring and at the monitoring forms in Section E.

As many ideas as possible have been included in the Guide, so that houses can pick and choose those aspects that can be integrated into their own operation.

The Guide can also be altered to suit the needs of the house. It is by no means a final statement on self-evaluation. What the Guide does offer is a systematic way of implementing self-evaluation in small residential centres, particularly CRCs which are attempting to assist residents by offering personalized services aimed at meeting the needs of each individual resident.

What Can Self-Evaluation Do for CRCs?

1. Self-evaluation helps the house keep track of its activities.

The first purpose of self-evaluation, and perhaps the most practical and functional one for many CRCs, is the efficient daily running of the house. In order to operate a house well, it is necessary to keep track of what is going on, both in terms of the residents and their activities, and in terms of the staff's decisions. Staff must make many decisions daily, for example: what kind of

advice or counselling to give on a certain problem; what services are most appropriate for a new resident; or, what resident needs require attention immediately and what needs can wait.

Self-evaluation provides the means by which house staff can keep track of the needs of the individual and the staff's decisions about these needs.

This "monitoring" feature of self-evaluation is a simple way of following through on decisions by letting other staff know about them, by checking to see how they affect the resident, and by assessing if they were the "right" or most appropriate decisions.

2. Self-evaluation helps CRCs to plan and to make improvements.

The second function of self-evaluation is related to program planning. All those who have made program decisions in a CRC -- or in any agency -- are aware that some decisions made have proved, over time, to be better than others. When the techniques provided in the Guide are tried, it may be possible to plan new activities so that feedback on their "correctness" or value is easier and faster to obtain.

For example, if a house wants to implement a new program feature related to the leisure-time activities of the residents, the staff could go through each step outlined in the Guide, including monitoring, to examine whether the new program element had the impact desired. Self-evaluation could provide the following type of information: how much use was made of the leisure-time alternatives that were provided? what were the attitudes of the residents? did the new program feature change the leisure-time behaviour of some of the residents, and if so, how many? With this information, the house decision-makers can determine the value of the new program feature.

Self-evaluation can provide feedback to all those who make program decisions. Instead of saying "that sounds like a good idea, let's try it", the self-evaluating house staff will say "that sounds like a good idea, we will try it but we'll also get some information to see how well it works". Most agency workers want to know if they are making decisions that are paying off in terms of improved services to their clientele. Many CRC workers now rely on judgment and experience to estimate the "correctness" of

program decisions; in the self-evaluating house, judgment and experience are strengthened by accurate information on success.

3. Self-evaluation helps the CRC to define its "success".

The third reason for CRCs to be interested in the process of self-evaluation is related to the organization as a whole. Many CRC directors and staff members have avoided the thorny question of "success", how to define it, and how to determine just where the house is placed on the scale between "complete failure" and "complete success". Self-evaluation is an essential first step before any over-all estimate of success or effectiveness is possible. Self-evaluation offers CRCs a way of obtaining information on success that previously may have been unavailable or only partially available. However, goal achievement can be measured only if self-evaluation is implemented in a continuing fashion.

4. Self-evaluation helps CRCs in their relations with outside agencies.

Most CRCs are in constant interaction with outside organizations: parole and probation services, other

community agencies, and financing bodies. If CRCs have a clear idea of what they are trying to do and what is currently being done for their residents, they may be able to argue more credibly for their own way of running their houses. A self-evaluating organization is better equipped to deal with outside agencies if it has this clarity. It can better defend its approach because it has evidence to support claims of success. Consequently, it becomes more difficult for an outside body to impose an alien idea of success on the CRC.

Through self-evaluation it becomes possible to describe to community groups, prospective residents and financing agencies the exact nature of the services the house is providing. Self-evaluation should make it easier to explain the activities of the house and the benefits of these activities both to the community and to the individual resident.

Three Questions to be Considered by the House Interested in Self-Evaluation

Readers of the Guide who are interested in self-evaluation should consider the following questions before they begin the process of implementation.

1. Are you, as a house staff member, interested in making changes in your house with a view to improvement?

2. Do you accept the value of looking at the past in a methodical and systematic way, with a view to applying that experience to making improvements in the future?

3. Are you willing to put some effort into self-evaluation?

Self-evaluation will be neither appropriate nor possible for CRCs that believe that they are functioning as effectively as they might; for houses that do not accept that the past can be helpful in the present and for the future; or for houses that believe that staff efforts cannot be "wasted" on self-evaluation.

Therefore, self-evaluation assumes that houses are interested in:

- experimenting and learning from their experiments;
- gaining knowledge from their experiences; and,
- directing some staff energies towards the process.

How is Self-Evaluation Different from Evaluation?

Self-evaluation is a process by which an individual CRC (that is, the director and the staff) look at the residents, the elements of the program and the organization as a whole more systematically than they may have done before. The staff members themselves define their objectives and, as a group, keep track of their program in order to collect evidence on how well the agency is performing. Self-evaluation is designed to assist the staff in decision-making, as opposed to making a blanket judgment on success or failure.

On the other hand, many evaluations in the correctional field only look at whether a program is "good" or "bad", a "success" or a "failure". Many evaluations are one-shot efforts in which there is little feedback to program people on both the good and the bad points of the program. If feedback comes at all, it may come too late for changes to be made.

One of the major purposes of self-evaluation is to provide program staff members with more information about their efforts so that they can make immediate changes in

weak areas. Self-evaluation is a continuous process: objectives are defined, progress is measured, and information is collected and fed back to the staff. Therefore, unlike evaluation, self-evaluation is implemented on a continuous basis and can be used for continuing staff examination of the activities and strategies of the house.

The next section of the Guide will describe the first step in self-evaluation -- the setting of house objectives -- and will then suggest ways in which the CRC can start to define its objectives.

B. THE SETTING OF GOALS AND OBJECTIVES: STEP ONE IN SELF-EVALUATION

What Are Goals and Objectives and Why Are They Important for a CRC?

Goals and objectives are statements which define the purpose for which the house was created. They are statements of "what should be". In this Guide, goals and objectives are terms that are used in different ways.

Goals are defined as a general statement of purpose for the organization. Goals describe the house's over-all philosophy, its target group, and the assistance to be provided clientele.

One example of a goal: to provide individualized residential services for the ex-offender and others in conflict with the law so that these persons may be reintegrated into the community.

Objectives state more precisely what the organization wants to accomplish. Obviously, general statements like the above example are not sufficient to guide all the activities of a CRC; it is necessary to develop the idea

of "what should be" more exactly.

An example of an objective: to provide counselling and other assistance in the area of employment, so that all residents who are capable of doing so become satisfactorily employed during their stay in the CRC.

Most organizations find it relatively simple to state an over-all goal. After all, most CRCs have a fairly good idea of what they are trying to accomplish. Organizations usually have more difficulty specifying objectives. It is often hard to put down on paper exactly what the agency is trying to do. If a goal is "reintegration", then staff members may ask themselves "what specific changes in what areas of the resident's life is the house trying to bring about by the assistance it offers?"

For example, does the CRC want to: bring about changes in the area of employment or vocational skills? introduce alternative ways of using leisure time? or reduce the resident's use of alcohol?

Objectives help to focus the activities of the agency; they help guide activities and prevent the CRC from going off course. Objectives should guide activities -- not vice versa. In order to guide activities and programs, objectives must be simply stated, ordered by importance, and measurable.

Objectives should be simply stated because the more simple and clear an objective is, the more likely it is going to be used as a guide to action.

Objectives should be ranked in order of importance because often CRCs have a number of objectives. Having a hierarchy of objectives eliminates confusion as to what tasks should have priority. Figure 1 identifies three types of objectives:

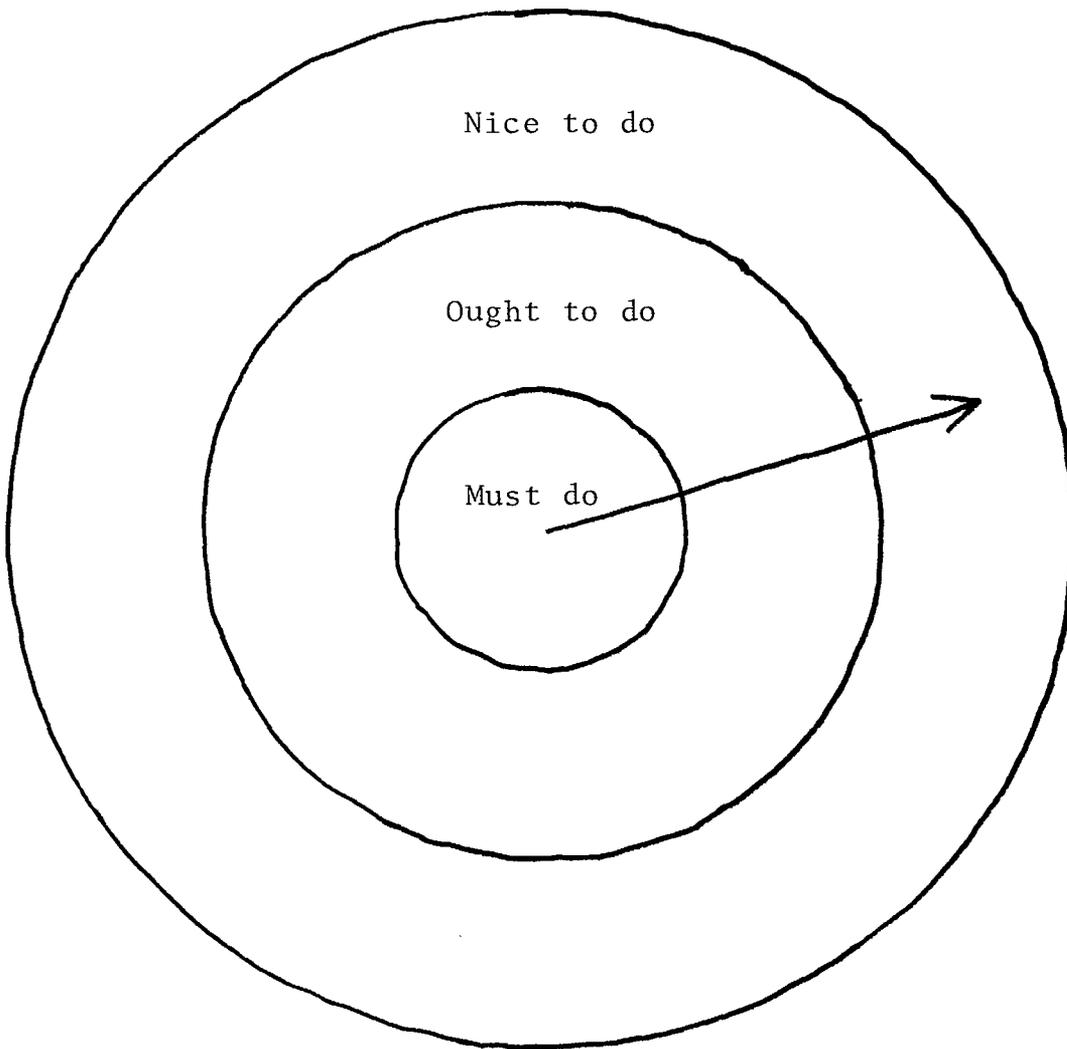
1. A "MUST-DO" category of objectives

In this type are included those objectives which, if not achieved, would mean the end of the organization. For the CRC, "must-do" objectives would probably include obtaining a minimum number of residents, and offering them basic services such as room and board and counselling.

2. An "OUGHT-TO-DO" category of objectives
This group involves those areas that should be included if the performance of the house is to be improved. While the agency can exist without them, it cannot progress. "Ought-to-do" objectives would vary from CRC to CRC, but could include areas such as the provision of intensive counselling and other job-related services for unemployed residents.

3. A NICE-TO-DO" category of objectives
These objectives are desirable for improved performance of the house, but could be postponed or eliminated if necessary. "Nice-to-do" objectives provide the opportunity for trying out new ideas. Again, these would vary considerably by house but might include the following: develop a liaison service with employers for dealing with specially handicapped residents; to plan and implement an enriched recreational program by assigning a staff member to act as recreation coordinator; to plan and implement a life skills program in a local community college by setting up a committee of interested community agencies;

FIGURE I: THE THREE CATEGORIES OF OBJECTIVES



Source: Management by objectives: A corrections perspective.
By Mark McConkie. LEAA, July 1975. P. 7.

to develop an in-house craft program to be used by both the community and the residents.*

By placing objectives in these three groupings, priorities are created. With an understanding of their priorities, the CRCs can be sure that the more important objectives are not being neglected in the pursuit of less important ones.

The third feature of objectives -- that they must be stated in measurable terms -- is also crucial to a successful self-evaluation. If objectives are stated in vague or ambiguous terms, staff members will have no means of gauging how close they are to achieving them. If an objective has been stated in a measurable way, then the staff members have a yardstick by which they can assess the performance of the CRC.

In summary, house staff should develop objectives that are stated as simply as possible, give the end result to be attained, are ordered by their importance, and are measurable.

*Most of these examples are actual objectives of CRCs visited during the development of this Guide.

What Are the Most Common Problems in Clarifying House Objectives?

This section describes five common problems encountered by CRCs when staff members have tried to clarify house objectives, and offers some ways in which these problems may be resolved.

1. Unrealistic objectives

Many organizations set their objectives too high. Objectives must be realistic and attainable. While going through the process of objective-setting, house staff members should consider the type of people they have as residents, the house resources (staff, financing, and time), and the degree of possible change in residents that can be expected during their stay in the residence. Many residents remain in CRCs for less than three months; it would be difficult to achieve outstanding changes in behaviour or attitudes during this relatively short period of time.

By defining objectives with this in mind, staff members may discover that their expectations are too high. If objectives are impossible to reach, there could be

negative consequences in terms of staff morale: everyone needs to know they are getting somewhere in their work.

2. Inconsistent objectives

Another problem that may arise during the setting of objectives is related to consistency. Objectives should be consistent with each other and with the basic philosophy of the organization -- that is, the over-all goal.

An example of inconsistency: a house may have defined its over-all goal as "to provide concrete opportunities for reintegration into society for the ex-offender". However, its most important specific objective, which is actually guiding the operation of the house, is "to provide intensive, in-depth psychological counselling". As a result, areas such as employment and education -- examples of "concrete opportunities" -- were being ignored by staff. This is an example of inconsistency between a specific objective and an over-all goal.

3. Individual resident objectives versus organizational objectives

Sometimes objective-setting becomes a problem because of confusion between those objectives which are set for the individual resident and the objectives set for the organization. The misunderstanding has arisen because many houses strongly believe that objectives should be developed individually for each resident, whose progress should be measured in terms of objectives which are unique to him or her.

During the process of clarifying objectives, it is not necessary to assume that all residents have the same needs or objectives, or that all residents are to be treated alike. Of course, there can be objectives established for the individual resident. However, it is also necessary to state the over-all house objectives; they establish what types of changes are expected to occur in the resident population as well as what range of services are going to be provided to bring about these changes. There should be no conflict between specifying objectives for the individual resident and for the house as a whole. Objectives are motivators and should be guides to action. Both the organization and the individuals being served by it need guidance if they are to achieve "what should be".

4. The measurement of objectives

Many CRCs have difficulty making their objectives measurable. Objectives are often stated in vague terms (for example, "to instill a sense of self-worth in the individual resident"), rather than as precise guides to action. This is a difficult -- perhaps the most difficult -- obstacle to overcome when trying to establish organizational objectives. All agencies concerned with providing services to people have this problem -- it is by no means unique to the Community Residential Centre!

One method of getting around this problem is to consider these imprecise statements as a "higher level" objective. That is, they represent an abstract statement of the fundamental assumption which is underlying the operation of the house. The problem then becomes how to define more clearly the components of this kind of objective. For example, just what do staff members mean when they say they are trying "to assist residents become productive members of society"?

Let us examine that objective by trying to identify the possible components of "a productive member of society". The components may differ from house to house, because different CRCs have differing underlying philosophies. However, each centre should

be able to define areas which have importance for their own operation. Some areas might be: finding a job or developing vocational skills, establishing more stable family relationships, or learning how to handle money. The house staff could then formulate specific objectives in each of these areas. For example:

- to provide information on job opportunities;
- to provide counselling services focussed on finding jobs (how to write applications, how to behave during interviews);
- to provide liaison services with life skills, vocational and upgrading courses at local schools and colleges;
- to offer counselling in the area of money management.

All of these objectives may be considered to be components of the higher level objective, assisting the resident become a productive member of society.

It should be possible to move from vague statements of expectations ("what should be") to more exact definitions of the kind of changes desired and the activities designed to produce those changes in the clientele.

5. Stated versus operating objectives

In agencies that have been in existence for some time, staff members may find that they have "operating" objectives that are different from their stated or "public" objectives. Agencies may change their orientation over time, perhaps not realizing that the public objectives have been replaced by others which are really guiding staff activities and programs. Although changes may be justified, the stated objectives may no longer have any relevance to the actual operations of the CRC.

Residential centres should be using objectives to guide the actions of the staff and to keep the organization on the right track, not just for public relations and financing purposes. There is always the danger that the outsider will assume that the publicly-stated objectives are the operating objectives, and try to assess the performance of the house in the wrong areas.

Furthermore, the existence of unstated goals and objectives may be confusing to staff and residents because of the difference between what they see is going on and the stated objectives.

Consider what might happen if residents come to a CRC expecting that the centre will provide them with the means of getting on their feet again -- a place to sleep, good meals and help in finding a suitable job. Instead, they are met with an organization that wants to give them intensive psychological counselling. Under these circumstances, it would appear unlikely that the house would be effective in reaching either of its objectives, public or operating.

FIGURE 2

THE HOW AND WHY OF OBJECTIVE-SETTING FOR THE CRC:

A SUMMARY

OBJECTIVES SHOULD BE:

STATED IN TERMS OF THE END RESULTS TO BE OBTAINED
SIMPLY, PRECISELY, AND MEASURABLY STATED
ORDERED IN IMPORTANCE FROM MUST-DO TO NICE-TO-DO
REALISTIC AND ATTAINABLE
INTERNALLY CONSISTENT
MOTIVATORS FOR ACTION

IN ORDER THAT THEY CAN

GUIDE THE ACTIVITIES AND STRATEGIES OF THE HOUSE, BOTH FOR
DAILY OPERATIONS AND FOR LONG TERM PLANNING
PROVIDE THE HOUSE WITH WAYS TO MEASURE HOUSE PERFORMANCE
INFORM OUTSIDE AGENCIES OF WHAT THE HOUSE IS TRYING TO DO

Summary

Figure 2 presents the main points on the setting and clarifying of objectives in residential organizations. It should be remembered that goals to some extent, and objectives to a large extent, offer guidance, motivation, and assistance in keeping the CRC on the right track. Without objectives, organizations have no way of measuring their success. This is the internal house reason for setting objectives as clearly and as accurately as possible.

Another reason for setting objectives involves external relationships. If outside agencies are unaware of what the house is trying to achieve, the CRC may be judged by standards that are inappropriate and have little relation to what the facility is actually attempting to do. Conflicts with outside agencies may be reduced if the CRC knows what it wants to achieve and can explain its objectives clearly.

Who Should Be Involved in Clarifying Objectives?

Ideally, all levels of staff and the board of directors should be involved in the development of the

house goals and objectives. The board may not participate in all discussions but directors should be asked to review the decisions made by staff. Also, the directors' opinions and comments should be sought so that they might bring additions and amendments to the objectives.

It is essential for all staff to join in the process of setting goals and objectives, so that agreement on their content and relative priorities may be obtained. Only by sitting down as a group to thrash out the CRCs' expectations of "what should be" can a director be assured that all levels of staff are going to have a consistent approach to what they do. Furthermore, there is a greater likelihood that staff members will feel a commitment to objectives they have helped formulate.

Some Questions To Ask during the Process of Clarifying Objectives

CRCs developing objectives may find the following summary check-list of questions helpful in their discussions:

What is our over-all goal? What group of people are we aiming at and what do we want to accomplish with them?

What are our specific objectives?

What services or activities do we want to provide in this CRC?

What changes do we expect in our residents as a result of these services?

How are the objectives related to each other and to the over-all goal?

Are they logically and consistently related?

Are our objectives realistic considering the resources available and the type of clientele that we are dealing with?

Does the house have any objectives that have not yet been made explicit?

Are the publicly-stated objectives the same as those that are motivating the house staff?

What are the current priorities of these objectives?

What must we do to keep the organization going?

What ought we do to make progress?

What would be nice to do?

C. DEVELOPING INDICATORS OF SUCCESS: STEP TWO IN SELF-EVALUATION

Once objectives are placed in measurable form, it becomes easy to define "success". For each objective house staff members can develop indicators to estimate how successful the house has been in reaching the specific objective.

Resident Performance and Staff Effort

In developing indicators of success, directors and staff of residential centres must consider two important areas:

- resident performance;
- staff effort.

For each objective, staff members can ask themselves:

What are the clearest indicators in the performance of the resident that tell the staff this objective has been reached?

What are the clearest indicators that tell the staff members that they have put forward effort to help achieve this objective?

For example, if the house has the objective, "to assist the resident in obtaining and keeping employment", the resident success indicators could include:

- the number of job interviews obtained by the resident;
- the number of jobs obtained;
- the number of days worked at each job; and
- the total number of days worked while in the house.

For the same objective, the indicators of staff effort might include:

- the number of job interviews arranged by the house;
- the number of employers contacted on behalf of the resident; and
- the time spent in employment counselling.

Each CRC may develop different indicators, because CRCs often differ in the strategies they use to reach their objectives. Staff must develop indicators appropriate to the organization's strategies, in order to obtain the best estimate of their achievement.

Aids for Developing Indicators of Success

1. Each objective may have several indicators of success. The house may discover that one aspect of their effort is "more successful" than another aspect directed towards achieving the same objective. This information is useful in deciding which program elements to emphasize, which to reduce, and which to stop altogether.

2. Houses should devise indicators to show whether the house is moving towards success. Rather than defining success as an "either-or" state -- either you are a complete success or a complete failure -- residential centres can look at their operations in terms of movement.

A CRC with the objective of "assisting the resident in obtaining and keeping employment" may use the number and proportion of residents finding jobs as a resident performance indicator. In a six-month period, the house may find that 40% of the new residents are keeping jobs. In the next six months, 50% of the incoming residents obtain employment. Perhaps in the next six months an even higher proportion of residents were employed. If the house also looks at the staff's efforts for

the same period, it may find that the activities of the staff (for example, the number of job interviews arranged or the number of employer contacts) had also increased. The CRC could then establish that it had been moving towards its objectives.

3. The staff must try to be as objective as possible in developing criteria of success. If they want to make their success apparent to outsiders, houses must have "hard" evidence. While staff members may see improvements that do not fit into neat categories, it is also important that the onlooker also sees that the house is accomplishing something.

Another reason for not relying on the staff's personal or subjective measurement of success is that often personnel tend to focus on dramatic or unusual instances. These instances may not be representative of normal operations. As a result, a conclusion that gives an inaccurate picture of the house may be drawn.

It is sometimes necessary to stand back from a program to be able to see clearly what is going on. In the CRC, it may be harder than in other organizations, because the houses

are usually small and the contact between staff and residents frequent and intense. House staff may be in danger of becoming too wrapped up in their own way of looking at the operations of the house and may not test their judgments against factual evidence.

The next step in self-evaluation is monitoring or helping the CRC staff keep track of what they do and the resident's performance. Some houses may find that, by monitoring, their objectivity is increased.

D. PROGRAM MONITORING: STEP THREE IN SELF-EVALUATION

The Reasons for Program Monitoring

Program monitoring can be defined as keeping track of key aspects of what goes on in the organization. The monitoring instruments are described in this section (and presented in Section E), and offer suggestions to CRCs of ways of collecting information on house operations, ways which may not have previously occurred to directors and staff. The monitoring forms that are described here may be used for a number of different purposes:

1. First, the forms can help the staff follow the individual resident's progress from his entry to the house to his departure.

2. Because all staff contribute information to the forms, communication and understanding among staff members should be improved. As a consequence, decision-making related to the residents may also be improved.

3. The forms can also promote communication by helping staff members keep track of their strategies.

Strategies are the means of the program, or the activities

which assist the residents. By monitoring activities, the house may obtain factual descriptions of "what is". It may be difficult for a program director or a CRC operator to describe his strategy accurately, because he is so close to the program. By using forms like those included in this Guide, the CRC director may examine the appropriateness and consistency of the house strategy.

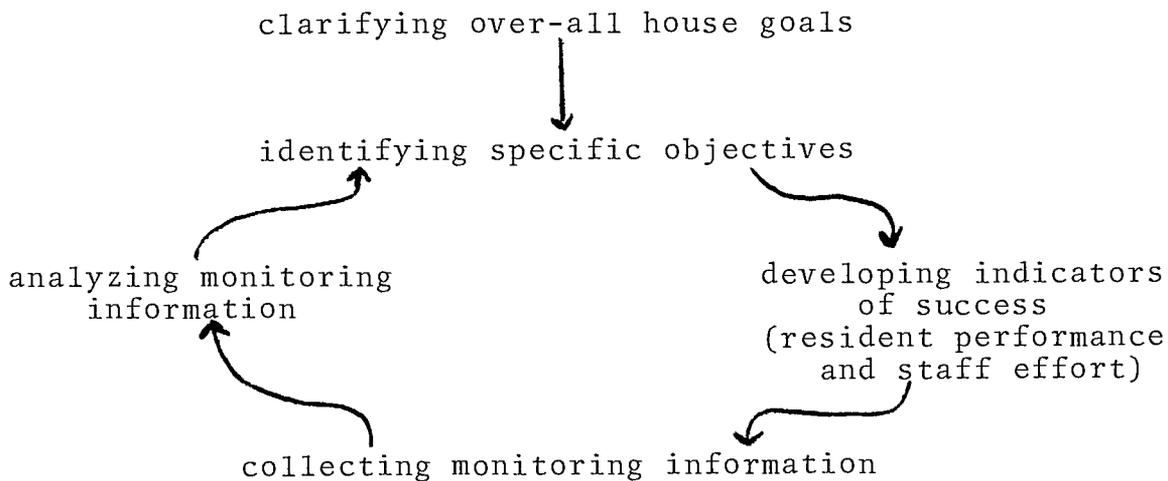
4. Monitoring also assists operators in deciding which components of their program "work" and which do not. By using the information collected, it may become possible for staff to discover if some aspects of their efforts give better results than others. If residents who are exposed to a certain type of service or assistance do "better" than those who are not, the director may gain knowledge about the relative effectiveness of different strategies. When it is known which aspects of the program are associated with more or less "success", the house has a basis for changes in specific strategies.

5. Finally, the forms can be helpful in estimating success for each of the specific objectives of the house. In its most complete form, self-evaluation provides information to the director and the staff members on the degree to

which they have moved towards the house objectives. Planning should be improved at the policy level, because houses obtain continuous feedback on the effectiveness of the program. Objectives may be revised as a result of this information, either because they have been met or because they have been found to be unrealistic or inappropriate to the house's strategies. This cycle represents the core of the self-evaluation process. (See Figure 3 below)

FIGURE 3

THE SELF-EVALUATION CYCLE



In summary, monitoring serves a four-fold purpose. Houses may choose to emphasize some of these functions of monitoring more than others, particularly if they are just starting to establish self-evaluation.

1. Some houses may want to use the instruments discussed on the following pages to keep track of what the residents are doing in the house on a daily, weekly or monthly basis.

2. Some CRCs may want to keep track of what the staff members themselves are doing.

3. Next, the staff members may wish to check whether certain aspects of their programs are working better than others. Short-run improvements in programs may be made at this level of the implementation of monitoring.

4. Particularly after having kept track for a time, some CRCs may be interested in seeing what the total picture is, perhaps over a six- or twelve-month period. They can then analyze the information collected during this time and examine the data in terms of the specific objectives of the residence. Staff members must examine the information in relation to the written objectives and draw conclusions about the over-all performance of the house in terms of resident performance and staff effort. At this stage, some centres might decide that the assistance of a neutral outsider would be of assistance in the analysis.

The remainder of this section will describe frequently-encountered criticisms of monitoring and give a response to these reactions. We will also outline the ways in which resident information is currently collected and used in many Canadian Community Residential Centres and conclude with a detailed description of the monitoring forms that were developed during the Self-Evaluation Project.

Objections to Monitoring

There are two major arguments against monitoring put forward by CRC personnel:

1. Some personnel believe that monitoring would "make them just like the large correctional institution". Such staff say that keeping track would damage the informal and open atmosphere of the house and make the resident feel uncomfortable. This argument is strongly felt by some directors and staff.

One way to avoid resident resentment of monitoring is to explain why it is being done (to help improve the assistance being provided, and to improve the over-all program), and to show them the forms. In fact, some houses that have tried out the forms developed during the Self-Evaluation Project found them to be useful in providing a

starting point in counselling sessions.

2. The other major criticism of monitoring is that completing written forms take too much staff time. It is believed that the first priority of the staff should be interaction with the residents, and that "paper work" should have low priority. Self-evaluation presumes that the centre is willing to make the trade-off between the benefits of self-evaluation and the extra work involved. (This may not be true in some houses where staff members already have a good deal of paper work.)

Staff members who resist monitoring on the grounds of increased work loads should be asked the following questions:

How can they remember events and individuals clearly if nothing is written down?

How can they be sure they are adequately following through on referrals, resident problems and decisions if nothing is recorded?

How is staff communication handled if there are shift workers?

How can they be sure that they have well defined the needs of the residents?

How can they determine whether the assistance provided to the resident is appropriate to his or her needs?

The director and staff must gauge whether the advantages of monitoring -- for example, increased communication, more systematic assessment of the needs of individual residents, more knowledge of the assistance being provided, written reminders to aid memory -- outweigh the disadvantages.

The Ways in which Resident Information Is Currently Collected and Utilized

Resident information is already being collected by many community-based residential facilities. The amount of detail obtained ranges from minimal data (name, legal status, number of days residence) to a thorough record of background characteristics, as well as progress reports completed during the resident's stay. Most houses have files containing application forms, letters, and other information relevant to the resident's stay in the centre. A common way of collecting information is a daily log, which consists of a booklet with reports made by each shift. Some houses have logs with separate sections for comments about each resident, in addition to a general section for house management information and staff messages. The logs are used by incoming shift workers who read them for descriptions of events that occur while they have been off duty. Current logs are kept in officer areas, and are

readily available for use by counsellors. Out-of-date logs are usually filed away, and rarely referred to by staff.

Three Problems in Current Resident Information

1. Non-standardized information

In many residential centres, the information collected is not being recorded in a consistent or standardized way. This is apparent in both progress reports and in daily logs.

In many progress reports, there are only broad headings which each counsellor may interpret in his or her own way. There may be no shared understanding of what pieces of information should be recorded for each resident each week. Regular progress reports should be introduced to most houses which do not already have them. Houses using unstructured reports should consider establishing more standardized procedures. It is desirable to use a standard format because only in that way can the staff be sure that they have not forgotten key areas of concern. When a CRC is dealing with ten or more residents at once, it is possible to forget problems which require attention and follow-up.

Similarly, logs are usually "open-ended" -- that is, it is up to the individual counsellor to decide what to record. Some staff members may make only brief notations, while others describe at length the events of a shift. If staff members decide to keep an open-ended format, then there should be frequent discussion of the type of material to be recorded. There should be clear expectations, shared by all staff members, on the items to be entered in the logs.

For example, if the staff decides that it is important to keep track of agency referrals, then it should be made clear to all staff that all referrals should be recorded in the log. With this information, the worker on a later shift will know that a referral has been made and he or she will thus be able to follow it up with the resident or agency.

2. Incomplete information

Residential centres often find that the information they do collect is incomplete. Staff motivation to complete the logs and reports may be low. Since many houses do not set aside a specific time for monitoring, house personnel put

this task to one side until they have "some free time". One reason for this problem may be that there is usually little reinforcement for filling out the forms completely and accurately, and no feedback to the staff members on their efforts.

The staff should be fully aware of the functions of the monitoring instruments and why they are useful to the agency. If forms and monitoring are imposed on staff without a thorough explanation of their value, then it should not be surprising that the staff members are unconcerned about the way they complete them.

3. Inaccessible information

The third major problem in the way information is currently collected is related to the ease of access. Many houses collect a good deal of information on their residents, but bury it in long narrative reports and logs.

For example, a director might want to know how long a certain behaviour has been exhibited by a resident -- perhaps drinking to excess or staying out late. At present, in order to obtain this information, staff members may have to search

lengthy entries in the logs and reports.

Therefore, information should be collected in such a way that it is available in short or summary form. If information is to be used for better decision-making, formats must be designed that make data easily accessible.

How To Use the Three Major Monitoring Instruments

There are three basic forms that have been developed to assist residential centres in keeping track of resident progress and the nature of house assistance:

- the Initial Assessment Form, to be completed within one to two weeks after the resident has arrived in the CRC;
- The Weekly Progress Report, to be filled in weekly thereafter; and
- The Resident Summary Form, to be completed when the resident leaves the CRC.

The first form, the Initial Assessment, contains a list of "need" or "problem" areas which have been found to be topics of concern for many halfway-house residents. Staff members are asked to rate the degree of assistance (that is, the degree of "need") they believe the incoming

resident requires in each of the areas. The need areas range from "employment" to "low self-esteem", and they represent, in a shorthand way, house objectives. The Initial Assessment contains the "baseline" information for the later evaluations of resident improvement.

The Progress Reports were designed so that, after the initial assessment, the house staff may record on a weekly basis the progress made in each defined problem area, and the assistance that has been provided.

In the Summary, staff members are asked to assess how much over-all improvement there has been for each category that was rated as a problem at the beginning of the resident's stay.

These three instruments were developed because many centres have expressed their objectives in terms of meeting the needs of each individual resident. This focus was incorporated into each form. It is hoped that by obtaining data on the exact nature of the resident's needs when he arrives, and then following through systematically on the same areas during his stay, staff members may be able:

- to improve the quality of their services to the individual by providing a systematic method of keeping track of specific problems and the response of the house to those problems;
- to pin-point gaps in the program within the house, or in the resources of the community;
- to provide a method of increasing consistency among staff members and improving inter-staff communication; and
- to provide the opportunity for future assessment of the over-all effectiveness of the house in meeting the needs of the population it serves.

Because some of the areas on the list of "need" categories are open to a variety of interpretations by staff (low self-esteem, for example), it is essential for staff members to discuss as a group what they mean by those needs. There must be a common framework of interpretation when using the forms. By discussing the categories at a staff meeting and trying to reach a consensus on their meaning, staff should be able to make their judgments more uniform.

Many Community-based Residential Centres are already doing something similar to what is suggested in this Guide; what most have not been doing is writing down their judgments in order to follow through on them in a systematic way.

Completing these three forms does not take much time. Staff members who do not want to write descriptions are not obliged to, as long as they check off the appropriate answer to each question. Staff members who would like to supplement the checked-off information with more descriptive material may do so, either in the space provided on each form or on the back of the forms.

The other criticisms of monitoring may also have been dealt with by the content of these forms; it would seem unlikely that completing them would give a centre a more "bureaucratic" or structured atmosphere. The forms are clearly not directed towards "depersonalization" of the residents. If anything, they assist staff in "personalizing" assistance because of their focus on the needs of the individual.

There is, however, one major problem yet to be resolved. Many houses do not have routines or procedures

for completing monitoring forms. Houses visited have said they believe the forms to be worthwhile, but have noted that it is difficult to structure the staff's time so that the forms can be automatically and regularly completed. Some suggestions on integrating monitoring into established routines will be given in the next section.

Routinizing Monitoring: How To Make the Time

During the testing of the forms presented in Section E, it was observed that some facilities may be more successful than others in building the forms into house routines. The CRCs having the fewest problems in routinizing monitoring were houses which had regular interviews with new residents, and weekly staff meetings where all staff members discussed resident progress.

1. The Initial Assessment Form

After the first interview with the resident, the interviewer can complete the Initial Assessment. Frequently, the director may have had previous contact with the resident, or had access to files; thus, interview data can be supplemented with other information. One problem with this

method of completing the Initial Assessment is that the other staff members do not have the opportunity to provide input. One way around this might be to discuss initial impressions of the resident at a staff meeting, and add other comments to the form at that time.

If there is no regularly-scheduled interview with new residents, then an alternative procedure might be to have the counsellor assigned to that resident complete the assessment, and then have the remaining staff add comments at the staff meeting. Yet another procedure might be to assign the day counsellor the responsibility of completing initial assessments, as part of the daily routine. Since the incoming resident will likely be in the house much of the day, the day counsellor is an appropriate person to assess problems; presumably, there would be an opportunity for conversation before the resident starts working. Again, discussion at the staff meeting would give the rest of the staff a chance to round out the picture.

The Initial Assessment should be placed in the resident's file along with his application form and other information. This file should be kept with other current files in an office area where it is accessible to all staff members. To be readily available, the Assessment might be clipped to the inside front cover of the file.

2. Weekly Progress Reports

The progress report should be completed weekly, although in some houses with a long average stay (over six months) perhaps every two weeks is sufficient. In centres with weekly staff meetings, there are two ways in which the progress reports can be built into house routine. First, in houses which assign one counsellor to work with a group of residents, the counsellor may complete the report before the staff meeting, and then lead the discussion using the contents of the form to guide the conversation. Additions can be made by other staff members at this time. The advantage of this procedure is that it provides reinforcement for the counsellor to give well rounded assessments of his caseload, because other staff members will be providing feedback on the report's contents.

The second method calls for the progress reports to be completed during the staff meeting. One person would be given the responsibility to complete the form, but would write down the views of all staff members. One advantage to this method is that it provides more opportunity for discussion and consensus on progress.

Most CRCs that have three or more staff members do have regular staff meetings. Most also discuss individual resident progress at these meetings. The introduction of a standardized form, upon which the discussion can be based, might not prove too disruptive to the already existing routine.

While CRCs which do not have regular staff meetings may have more difficulty in implementing a weekly form, some suggestions may be made. Responsibility could be assumed by the director or his assistant. However, other staff members may not have the opportunity to add their comments and there would not be any opportunity to increase consistency among staff members through discussion of the resident.

The Weekly Progress Report should also be placed in the resident's file, clearly dated and chronologically. Reference to the Initial Assessment should be made as often as required in order to recall the "need" areas and any specific objectives that may have been set for the resident.

3. Resident Summary Form

The Resident Summary is probably the most difficult form to integrate into the operation of a house; after the

resident leaves the house, the attention of the staff generally turns to the newcomer. If there is time available in the staff meetings, the Summary should be completed there. If not, it may be possible to make completion of the Summary the responsibility of one staff person. The Summary Form is one of the most important features of the monitoring component in this Guide. Houses should be made aware of the over-all picture for each resident, and should make time to record the assessment of the house. Furthermore, houses should also record the immediate outcome (that is, where the resident is going to), so that staff members do not have to rely on memory, risking the loss of important information.

The Summary should be completed after study of the other information collected on the resident. Staff should not rely on memory to complete the form; it is important that the earlier reports be used. When completed, the Resident Summary should be filed with the Initial and Weekly forms and placed with other files of former residents in alphabetical order, by last name.

Other Monitoring Instruments

In addition to the three core instruments, there are other forms included in Section E:

- a Log (two versions);

- the Resident Employment History;
- the Follow-up Form;
- the Admission Form.

This section will describe ways in which houses might introduce one or more of these instruments into their operation.

1. The Logs

Houses which do not at present keep a daily log might find it useful to consider one or other of the two versions included in Section E. Log A is designed for houses which would like to look at the resident's activities on a daily basis. With one sheet for one day, the staff can see at a glance who is resident and what the activities have been. Among the column headings on Log A are work or school attendance, participation in house activities, and the time the resident came in. Daily Log A should be useful for CRCs which want to have the total house picture readily available on a day-to-day basis.

Log B is structured in such a way that one sheet shows the weekly activities and events for each resident. There

are three sections per day so that each shift worker can record brief comments pertaining to his shift. From Log B, the house staff may see what has occurred over a one week period to each individual resident. Each weekly sheet for each resident may be clipped together so that staff members have an overview of the resident's stay. Log B was developed for the CRC which prefers to look at the behaviour of one resident over time, rather than at the operation of the house on a daily basis.

Both logs were designed so that only brief comments are required for each resident. Clearly, completing such forms would take a minimal amount of time. Houses wanting to keep other information on a daily basis could, of course, add another column heading to either version of the daily log.

A brief comment should be made on the inclusion of the item "participation in house activities" in both Log A and B. Particularly in larger CRCs, this data is important because it may be difficult to know precisely the degree to which residents participate in the programs being offered by the house. Information placed in this column could include: whether the resident initiated a counselling

session; whether he joined in any in-house activities such as pool or cards; whether he came home for dinner; whether he attended the house meeting.

2. The Resident Employment History

Houses which have residents who take a number of jobs during their stay may find the Employment History of use. One page is designed for one resident. The form is designed to keep track of the names of the companies where the resident has worked, the way in which the resident obtained the job, the number of days worked, and the reasons for leaving. From this data, the staff can follow the employment pattern of each resident -- for example, if there is progress being shown in the number of days worked, or a movement in the direction of "better" or more satisfying employment.

Like the other monitoring forms, the counsellor need not spend a great deal of time in completing the Employment History. It is necessary that staff be consistent in their recording practices; every time the resident obtains a new position the data must be added to the form. The Employment History should be placed in the resident's file, with the other information that is being kept about him.

3. The Follow-Up Form

Follow-up information on former residents may be placed on the Follow-up form, which can be kept in the file of each ex-resident. Many residential centres keep in touch with former residents. Often staff members get information from members of the parole service, through visits to institutions or the "grapevine". While some houses do record this information, many do not record it. For houses which want to include such data in annual reports or requests for financing, or are considering doing a larger scale follow-up of residents some time in the future, this information is valuable.

4. The Admission Form

A Resident Admission Form was developed for residential centres which deal with a younger clientele (between 14 and 21 years of age). This form contains considerable detail on background characteristics (family and medical history, for example) that would be of little interest to centres for the older ex-offender. Admission forms are useful for houses which take residents from a variety of referral sources and which do not have the opportunity to obtain background data from those sources.

The Admission form should be completed by a staff member who asks the resident for the information. In some cases, the house may be able to use additional sources, such as probation officers or the parents of the residents. An Admission form should be completed during the initial interview with the resident. Some directors have noted that a standard list of questions facilitates discussion with a new resident.

Adapting the Monitoring Forms to Special Needs

Additional information needs

While the monitoring forms presented in Section E have been designed to be as meaningful as possible to as wide a variety of Community-based Residential Centres as possible, some houses may find it necessary to modify the forms to make them more relevant to their operations. For example, work or educational history might be included in the Initial Assessment. Other houses might want to enlarge the section on community referrals in the Weekly Progress Report, or collect more data on the behaviour of the resident. In this way, the forms can be adapted to the needs of individual Community Residential Centres.

The need areas

The content of the need areas may also be changed to meet the requirements of the CRC. Additions or exclusions may be made if the staff members find the list of "need" categories unrelated to the problems being faced by their residents.

However, it should be emphasized that if the house does not have any objective similar to "meeting the needs of the individual", then the core instruments (the Initial Assessment, Weekly Progress Reports, and the Resident Summary Form) will be irrelevant to the operation. The assumption behind the development of the monitoring forms has been that most houses are interested in meeting the individual resident's needs.

Additional program components

Some CRCs may have special programs that are not mentioned in the forms. Houses with such components may find it necessary to expand the forms. Probably the most useful items to be added would be: information on the activities of the program component, the extent to which it is used by the residents, and the attitudes of the residents towards the program.

"Special occasion" objectives

These objectives are short-term rather than continuing. Examples of "special occasion" objectives would be to expand the number of beds in the house, or to purchase another residence. Once the objective has been specified, the CRC should begin to collect all relevant information on the area involved. In the example of the house which wants to expand, staff should gather data on the need for the house's services, perhaps using referral statistics and occupancy rates (the number of suitable referrals rejected because of lack of beds; and the number and proportion of beds occupied in recent years). If the director is to argue convincingly for additional funds to expand, he must be able to strengthen his arguments for these services with factual evidence.

If the staff members are aware of the fundamentals of self-evaluation, they may find it easier to focus their energies towards meeting the "special occasion" objective.

Small community-based residential facilities

Small CRCs may have information needs that are different from the larger houses. Because of the smaller number of

staff (often only two or three people), there should be fewer concerns about consistency and communication. The number of residents is usually also small, and the atmosphere informal. However, it is still important for the smaller house to focus attention on self-evaluation and monitoring. Objective-setting is equally applicable to the small and to the large house; organizations of all sizes should have guides to action.

While monitoring may not be as necessary for purposes of staff consistency in the smaller CRC, the staff members (often house parents) may find monitoring helpful in increasing their objectivity. It is particularly difficult in small agencies to observe behavioural patterns when staff and residents live closely together. Monitoring helps staff members make connections between what may appear to be single, unconnected events.

Summarizing Information from Monitoring Instruments

CRCs which decide that they want an overview of the staff's efforts and the residents' performance over a period of time can summarize data obtained from the monitoring instruments. Monthly summaries of resident information may be useful.

For example, the house may want to take the total resident population over the month and note: the average number of days resident over that time, the needs ascertained, their employment status, the number of days worked, the number of curfew violations, and incidents of drug or alcohol abuse.

The categories of information to be summarized would depend on the function of the summary. For the house concerned about a program component -- individual counselling sessions, group meetings, or the use of volunteers -- summary data is the way in which the component can be assessed or evaluated.

For example, for each resident one could count the number of "unsatisfactory" weeks in each of his need areas. The type of in-house assistance and the number of community referrals could also be summarized. In this way, it would be possible to have on one page the total picture of all residents for a month-long period.

If data is summarized in this way, the director and staff members have some evidence of what aspects of the house activities need strengthening, either by additional staff effort or by putting extra resources to work in the area of weakness.

Another function of summary reports is to provide information on goal achievement. This data can be used for revision of goals and objectives, annual reports and requests for financing. A series of monthly summary reports might provide this evidence; totals might be aggregated for yearly periods to ascertain the extent to which there have been changes over time.

Summary reports can be made the responsibility of the house secretary after there have been detailed discussions on the type of information which would be most useful in summary form. The person responsible may simply count the checked off responses from the monitoring forms and note the total figures on the summary report. The summary should then be discussed at a staff meeting; staff members can identify the implications of the summary data and decide on what changes should be made in house operations as a consequence of this overview.

E. THE SELF-EVALUATION MONITORING INSTRUMENTS

This section contains examples of the following forms:

1. Initial Assessment Form
2. Weekly Progress Report
3. Resident Summary Form
- 4A. Log A
- 4B. Log B
5. Resident Employment History
6. Follow-Up Form
7. Admission Form

All forms were designed after a number of visits to CRCs. The discussion with house staff during those visits significantly affected the final design of each form.

SELF-EVALUATION FORM 1

To be completed by staff after the resident has been in the house for one to two weeks

INITIAL ASSESSMENT OF THE RESIDENT

Resident's Name: _____ Date of Entry: _____ Today's Date: _____

Legal Status: _____ Age: _____ Staff Member(s): _____

1. How much assistance do you believe that this resident needs in each of the following areas? PLACE A CHECK MARK IN THE APPROPRIATE SPACE FOR EACH AREA.

Area	Amount of Assistance Needed			
	None	A Little	Average	A Lot
A. Employment				
B. Educational or vocational training				
C. Alcohol use				
D. Drug abuse				
E. Money management				
F. Family problems				
G. Difficulty in getting along with people				
H. Low self-esteem				
I. Friends without a criminal orientation				
J. Inability to realize problems				
K. Difficulty in relationships with opposite sex				
L. Unrealistic expectations of life on the street				
M. Personal appearance and hygiene				
N. Physical health				
O. Use of leisure time				
P. Other (explain)				
Q. Other (explain)				

2. For each area checked "average" or "a lot" in Question 1, BRIEFLY EXPLAIN THE PROBLEM. Background information on the resident may be given here. USE THE OTHER SIDE IF NECESSARY.

Area	Explanation
_____	_____
_____	_____
_____	_____
_____	_____

5. In which of the following areas do you believe that the house and the community can provide the assistance that this resident needs? PLACE ONE CHECK MARK IN THE APPROPRIATE COLUMN FOR EACH AREA.

Area	Not a Need Area	House <u>can</u> meet this need	House <u>cannot</u> meet this need
A. Employment			
B. Educational or vocational training			
C. Alcohol use			
D. Drug abuse			
E. Money management			
F. Family problems			
G. Difficulty in getting along with people			
H. Low self-esteem			
I. Friends without a criminal orientation			
J. Inability to realize problems			
K. Difficulty in relationships with opposite sex			
L. Unrealistic expectations of life on the street			
M. Personal appearance and hygiene			
N. Physical health			
O. Use of leisure time			
P. Other (explain)			
Q. Other (explain)			

6. Related to Question 5, what other types of assistance or treatment could help this resident but which are not available in the house or community? For example, special counselling or psychiatric services, certain types of vocational or upgrading courses, leisure time activities, etc. DESCRIBE BRIEFLY.

7. If there have been specific objectives set for this resident during his stay in the house, PLEASE DESCRIBE WHAT IS TO BE ACHIEVED AND WHEN THE OBJECTIVE IS TO BE REACHED.

<u>Specific Objective</u>	<u>Date objective is to be achieved</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. Type of job sought by the resident: _____

9. Expected salary: \$_____/hour/week.

10. Describe the drinking habits of this resident. PLEASE CIRCLE THE APPROPRIATE NUMBER.

- 1. Resident does not drink;
- 2. Social drinker;
- 3. Former regular excessive use of alcohol;
- 4. Current regular excessive use of alcohol;
- 5. Drinking habits not known by staff;
- 6. Other drinking habits. EXPLAIN:

11. What drugs does this resident use? Check the appropriate box.

	No Use	Occasional Use	Former Regular Use, No Current Use	Former Regular Use, Current Use Unknown	Current Regular Use	Not Known
Marijuana, Hashish						
Amphetamines, speed						
Hallucinogens						
Heroin, opiates						
Tranquillizers						
Barbiturates						
Other _____						

12. Additional Comments:

WEEKLY PROGRESS REPORT

Resident's Name: _____ Week of: _____ Staff Member(s): _____
 From To

1. Each of the letter questions below should be answered in terms of the behaviour of the resident during the past week: that is, his progress or degree of improvement in each of the "need areas" checked off in the Initial Assessment form.

FOR EACH ITEM, CIRCLE THE APPROPRIATE NUMBER(S) OR FILL IN THE BLANK.

<p>A. <u>Employment or School Progress:</u> & B. 1. Employed. No. of days at work in the past week: _____ days 2. Student. No. of days at school in the past week: _____ days 3. Unemployed: disabled or unable to work 4. Unemployed: looking for work a. Satisfactory progress in this area or b. Unsatisfactory progress in this area</p>	<p>I. <u>The type of friends of the resident:</u> 1. No friends 2. Acceptable friends 3. Unacceptable friends</p>
<p>C. No. of times <u>alcohol has been used excessively</u> in the past week: _____ times</p>	<p>J. The resident's <u>ability to realize his problems:</u> 1. No problems 2. Adequate realization 3. Inadequate realization of problems</p>
<p>D. No. of times <u>drugs have been abused:</u> _____ times Name of drug(s): _____</p>	<p>K. The resident's <u>relationship(s) with the opposite sex:</u> 1. No relations with women 2. No problems 3. Problems have arisen</p>
<p>E. Did the resident <u>handle his money well</u> in the past week? 1. Yes 2. No</p>	<p>L. The resident's <u>expectations of life on the street:</u> 1. Realistic expectations 2. Unrealistic expectations</p>
<p>F. Did the resident have <u>any family related problems</u> in the past week? 1. Yes 2. No</p>	<p>M. <u>Personal appearance and hygiene</u> during the past week: 1. Satisfactory hygiene 2. Unsatisfactory hygiene</p>
<p>G. Has the resident had <u>any difficulty in getting along with other people?</u> 1. Yes 2. No</p>	<p>N. <u>Physical health:</u> 1. No problems 2. Health has been a problem</p>
<p>H. The resident's <u>attitude toward himself</u> in the past week: 1. Low self-esteem 2. Adequate self-esteem 3. Overly self-confident</p>	<p>O. Resident's <u>use of leisure time:</u> 1. Satisfactory use of leisure time 2. Unsatisfactory use</p> <p>P. Other "need areas" of the resident: & Q. _____ _____</p>

2. Describe the progress of the resident using the need areas identified in Question 1.

3. Describe THE ASSISTANCE PROVIDED TO THE RESIDENT IN THE PAST WEEK by:
(A) the house staff and, (B) other agencies in the community.

1. No assistance has been provided by the house staff in the past week.

A. 2. Yes, assistance has been provided in the following areas. (For example, if counselling has occurred, STATE THE NATURE OF THE PROBLEM OR SITUATION, WHAT STAFF MEMBERS WERE INVOLVED, AND THE LENGTH OF THE COUNSELLING SESSION.)

1. No community agencies or services have been used in the past week by this resident.

B. 2. Yes, some agencies have been used. (LIST THE AGENCIES TO WHICH THE RESIDENT HAS BEEN REFERRED, THE REASONS, AND THE RESULTS.)

4. Did the resident attend a house meeting in the past week?

- 1. Yes
- 2. No
- 3. No house meeting in past week

5. Did the resident participate in any house activities (e.g., sports) in the past week?

- 1. Yes
- 2. No
- 3. No house activities in past week

6. IF APPLICABLE: Number of times the resident broke curfew in past week: ____ times

7. Number of times the resident broke other house rules in past week: ____ times

8. If specific objectives have been set with this resident, DESCRIBE THE PROGRESS THAT HAS BEEN MADE TOWARDS ACHIEVING THEM IN THE PAST WEEK.

(Recall that in Question 7 of the Initial Assessment, staff were asked to describe specific objectives and when they were to be reached.)

- 1. No specific objectives have been set with this resident.
- 2. Yes, specific objectives were set. The progress has been:

RESIDENT SUMMARY FORM

Resident's Name: _____ No. of Days in House: _____ Staff Member(s): _____

1. (a) In the first column, place a check mark beside the areas WHERE THE RESIDENT HAS SHOWN SOME IMPROVEMENT
- (b) In the second column, rank from 1 to 3 the three main areas WHERE THE RESIDENT HAS SHOWN THE GREATEST IMPROVEMENT during his stay in the house.
- (c) In the third column, place a check mark beside each area WHERE THE RESIDENT HAS SHOWN NO IMPROVEMENT.

<u>Area</u>	(a) Areas of <u>some</u> improvement	(b) Three areas of <u>most</u> improvement	(c) All areas of <u>least</u> improvement
A. Employment			
B. Educational or vocational training			
C. Alcohol use			
D. Drug abuse			
E. Money management			
F. Family problems			
G. Difficulty in getting along with people			
H. Low self-esteem			
I. Friends without a criminal orientation			
J. Inability to realize problems			
K. Difficulty in relationships with opposite sex			
L. Unrealistic expectations of life on the street			
M. Personal appearance and hygiene			
N. Physical health			
O. Use of leisure time			
P. Other (explain)			
Q. Other (explain)			

2. Number of times house rules have been clearly broken by the resident, OR the number of times the house has been severely disrupted by the behaviour of the resident: _____

Please describe the disruptive incidents: _____

- 3. Number of known instances of drug abuse while a resident: _____
- 4. Number of known instances of excessive alcohol use: _____
- 5. What has been this resident's attitudes towards activities or projects which he begins? Circle appropriate number and explain briefly if desired.

- 1 = Always or almost always completes tasks _____
- 2 = Usually completes them _____
- 3 = Usually does not complete them _____
- 4 = Almost never completes them _____

- 6. During this resident's stay in the house, his personal and social adjustment has:

- 1 = Improved a great deal _____
- 2 = Improved somewhat _____
- 3 = Remained unchanged _____
- 4 = Became somewhat worse _____
- 5 = Became much worse _____

- 7. On the whole, the resident's attitude towards the house has been:

- 1 = Extremely co-operative
- 2 = Somewhat co-operative
- 3 = Indifferent
- 4 = Somewhat unco-operative
- 5 = Extremely unco-operative

- 8. Number of jobs obtained by the resident during his stay: _____

- 9. Number of days/weeks of longest held job while a resident: _____ days _____ weeks

- 10. Number of days/weeks of all jobs held while a resident: _____ days _____ weeks

- 11. Please describe the progress (or lack of progress) made by the resident in the area of employment:

- 12. Please describe any educational achievement or vocational upgrading of the resident during his stay:

13. Please indicate this resident's degree of participation or involvement in the following activities or services that are offered by the house. If the activity was not offered by the house during his stay, indicate in "Other". For each activity, please check the appropriate box.

Activity or Assistance	None	Minimal (just amt. required)	Moderate (about average)	Above average	Other (explain)
Social Activities					
Organized recreational activity (crafts, ball games, etc.)					
Informal recreation (e.g. pool playing)					
Informal counselling					
Group meetings					
Volunteers from the community					
House repairs, maintenance, cleaning					
Mixing with other residents					
Alcohol control (A.A.)					
Drug control					
Other (1) _____					
(2) _____					
(3) _____					

14. In the space below, please write out all the referrals to community resources for this resident, including the name of the agency, the reason for the referral and the outcome of the referral.
 INCLUDE REFERRALS TO MANPOWER, OTHER EMPLOYMENT AGENCIES, WELFARE OR SOCIAL ASSISTANCE, OTHER SOCIAL SERVICES SUCH AS HOSPITALS, PSYCHIATRISTS, AND RECREATIONAL OR SOCIAL FACILITIES.

Resident Outcome

For each question, circle appropriate number and explain if necessary.

15. Reason(s) why the resident left the house:

- 1 = Revoked or forfeited parole
- 2 = Left voluntarily with approval of house
- 3 = Asked to leave
- 4 = Left without approval, or absconded
- 5 = Day parole completed
- 6 = Probation completed
- 7 = Other (specify) _____

16. Describe the circumstances around the resident leaving the house:

17. New address or city: _____ Phone No: _____

18. New living arrangements:

- 1 = Alone
- 2 = Living with family (spouse, parents)
- 3 = Living with common-law partner
- 4 = Living with friends (explain) _____
- 5 = Living in boarding house, hostel, etc.
- 6 = Other (explain) _____
- 7 = Not known to house staff

19. Terms of occupancy of new living situation:

- 1 = Own or buying
- 2 = Rent by month
- 3 = Rent by week
- 4 = Rent by day
- 5 = No rent paid (explain) _____
- 6 = Not known to house staff

20. Number of persons dependent on resident for financial support: _____

21. Number of persons actually supported by the resident: _____

Employment status at time of departure from house:

1 = Unemployed, looking for work

2 = Unemployed, not looking for work

3 = Unemployable due to handicaps. Explain _____

4 = Full-time job

Name of Company: _____ Kind of Job: _____

5 = Part-time job

Name of Company: _____ Kind of Job: _____

6 = Student

Type of School: _____ Course taken: _____

7 = Not known to house staff

Primary income source at time of departure:

1 = None (explain) _____

2 = Own employment

3 = Spouse or common-law partner's employment

4 = Family

5 = Welfare benefits

6 = Unemployment insurance

7 = Canada Pension, other retirement pension

8 = Disability pension (explain) _____

9 = Other (explain) _____

10 = Not known to house staff

Staff assessment of future adjustment and conflict with the law:

1 = No arrests and will function well in society

2 = May have minor arrest, but will function well in society

3 = Will probably have continuous record of arrests and poor functioning in society, but will not be reincarcerated in an institution

4 = Will be reincarcerated

5 = Other _____

SELF-EVALUATION FORM 7

To be completed when the resident enters the house

ADMISSION FORM

Name of Resident: _____
Last Name First Middle

Name of Next of Kin: _____ Relationship to Resident: _____

Address of Next of Kin: _____

Resident's S.I.N.: _____ O.H.I.P. Number: _____

Date of Birth: _____ Age: _____ years Place of Birth: _____

Place where resident grew up: _____

Referred by: _____

Reason for Referral:

Legal Status:

- 1. Ward of _____
- 2. Juvenile probation
- 3. Adult probation
- 4. Other (explain) _____

Name of probation officer/social worker: _____ Phone: _____

Family History

	Name and Address	Phone	Occupation	Place of Work	Age
Father	_____	_____	_____	_____	_____

Mother: _____

Step-parents: _____

Foster-parents: _____

Amount of current contact: _____

Admission Form

Brothers and Sisters:

Names: _____

Amount of current contact: _____

Any plans with regard to family: _____

Medical

Any current health problems?

- 1. No
- 2. Yes (explain) _____

Name, address and phone number of Doctor(s): _____

Name, address and phone number of Dentist: _____

Name of Drug, dental plan (if any): _____

Hospitalizations:

- 1. None
- 2. Yes (explain) _____

Any special diet necessary? _____

Treatment for drug or alcohol problem? Note where and when.

Admission Form

Educational Background

Last grade completed: _____ Name of last school attended: _____

Certificates or diplomas: _____

Description of school record; include grades failed, special courses taken:

Present school plans:

- 1. None
- 2. Upgrading, life skills (explain) _____
- 3. Attend academic high school
- 4. Attend vocational high school
- 5. Other (explain) _____

Any problems around school? _____

Employment Record

Has this resident ever worked?

- 1. No
- 2. YES _____

Currently employed at _____ as a _____

Usual occupation: _____

Best job ever held: _____

Length of time on longest held job: _____ weeks _____ months

Present job plans:

Any problems around work? e.g. handicaps, lack of skills, attitude:

Admission Form

Legal History

IF THIS RESIDENT HAS BEEN IN CONFLICT WITH THE LAW, PLEASE FILL IN THIS SECTION.

Age at first arrest: _____ years Number of times arrested: ____ Found guilty ____

Nature of charges at arrest (include both juvenile and adult record):

Has this resident ever served time in training school, jail, provincial or federal institutions?

1. No

2. Yes ↓

Institution	Offence	Date Sentenced	Time Served
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total number of months incarcerated: _____ months

Number of probation terms: _____ Offence(s): _____

IF RESIDENT IS CURRENTLY ON PROBATION:

Are there any special conditions? _____

Date of Sentence: _____ Offence: _____ Length: _____

Additional comments on legal history:

Admission Form

Previous Group Home Experience

1. No

2. Yes



Name of Home	Dates when resident	Reason for residence
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any other information of importance?

F. CONCLUSION

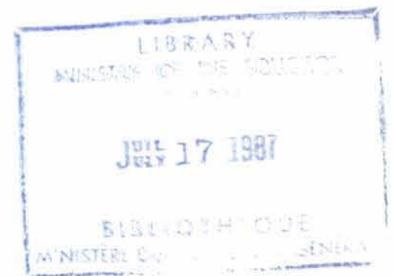
This Guide has described the series of steps that would allow a Community-based Residential Centre to implement a system of self-evaluation in the house. The stages in the process of self-evaluation that have been described are:

1. Defining the over-all goal and the specific, measurable objectives of the house.
2. Identifying and developing indicators of success (in terms of both the resident's performance and the house efforts) for each of the specific objectives defined in Step One.
3. Monitoring the program in order to keep track of what is going on in the house and to estimate the degree of success of the house in meeting its objectives.

By following those steps that are appropriate to its own needs, a CRC could achieve one or more of the following:

- improve understanding of the progress made by the resident and increase communication among the staff;

- evaluate the success of particular aspects of the house's program; and
- evaluate the over-all success of the house.



SOL.GEN CANADA LIB/BIBLIO



000017028

92 909	DATE DUE		
JUL 8 1983			

HV Moyer, Sharon.
 9308 Self-evaluation in
 M67 community-based residen-
 1978 tial centres.
 v.1
 c.2

