UNIVERSITY OF STIRLING

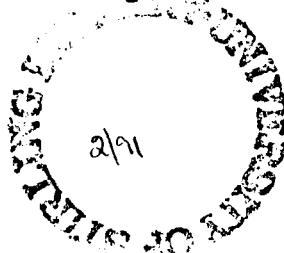## GALE E. BURFORD

ABSTRACT OF THESIS ENTITLED

ASSESSING TEAMWORK: A COMPARATIVE STUDY OF GROUP HOME TEAMS
IN NEWFOUNDLAND AND LABRADOR

Thesis Submitted for the Degree of

Doctor of Philosophy

1 July 1990

ABSTRACT

ASSESSING TEAMWORK:
A COMPARATIVE STUDY OF GROUP HOME TEAMS
IN NEWFOUNDLAND AND LABRADOR

A combined, multiple-methods action research strategy is constructed and used to assess teams of personnel working in and around group homes for mentally retarded adults and young offenders in the Canadian Province of Newfoundland and Labrador between August, 1983 and January, 1987.

Grounded in the practise experiences and previous research of the author, the question "what works?" is developed both as a contextual framework for the examination of teamwork as a component of professional practise and as a contextual feature of group care. The question is used to guide categorization and organization of differences amongst 51 sample teams in order to isolate valid and reliable measures of team work functioning. Drawing from four distinct theoretical traditions comprising core knowledge of human behaviour in the social environment, multiple methodologies for differentiating within and amongst teams are combined to triangulate data around the central research question.

A methodology for the collection and analysis of data which are thought to represent the "lived experiences" of sample subjects is developed and used to illuminate the phenomenological alignments of team members. Qualitative themes in the reports of on- and off-the-job satisfactions and frustrations for sample subjects are examined for teams and for occupational groupings. Separate measures of Level of Organizational Change and Prevalence of Stressful Working Conditions are developed and used to examine the interplay

between these variables and other preselected variables. The assessment procedures and the typology of team functioning developed by Fulcher (1983) are replicated. Specific flaws and limitations in Fulcher's methodology and design are overcome through the use of a different theoretical orientation, extensions and refinements of the methodology, changes in instrumentation and by replicating his findings with a more homogeneous sample. Four of the team styles of adaptation are empirically validated and their descriptions refined. Both linear and non-linear statistical analytic methods are used to test for correlation and association between and among preselected variables. The Heimler/Fulcher Work Orientation Schedule, which serves as the basis for Fulcher's interpretative categorization of teams, is subjected to tests of reliability and validity and found to meet predetermined expectations. Through the use of an international, comparative data base, norms for team satisfaction and ratio of frustration to satisfaction for this instrument are empirically validated. Further research using Fulcher's typology along with the Work Orientation Schedule is indicated.

Field observation recordings, sample subjects' personal narratives, the social policy and corporate contexts in which the study takes place, and a mythical, yet ultimately necessary, experiment which takes place in the future are all used to illuminate and ground the findings in the action research process.

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In Memory of

Alonzo Corcorcan
1967-1984

and

Noel Jenkins
1958-1977

both of whom died

while in the care

of the Helping Hand of the Welfare State.

Their names serve

as a constant reminder

of why group homes were set up

in Newfoundland and Labrador

in the first place.

"Let not young souls be smothered out before
They do quaint deeds and fully flaunt their pride.
It is the world's one crime its babes grow dull,
Its poor are ox-like, limp and leaden-eyed.
Not that they starve, but starve so dreamlessly;
Not that they sow, but that they seldom reap;
Not that they serve, but have no gods to serve;
Not that they die, but that they die like sheep."
                                    Vachel Lindsay

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ACKNOWLEDGEMENTS

This thesis spans three directors of the School of Social Work at Memorial University of Newfoundland, five versions of Word Perfect (4.0, 4.1, 4.2, 5.0 and 5.1), the entry of my two children into university, my wife's graduation from university, and the birth of a grandchild. It has figured centrally in the life cycle of my family for seven years. To my wife Kathleen, son Mark and daughter Jaime, I owe the greatest debt. You encouraged me with your expectations of finishing this thesis and gave me the space and support I needed and more to boot. With the writing of this acknowledgement, the dining room table, the south corner of the kitchen counter and the floor of the study will no longer be repositories for my papers.

The list of other people who assisted me along the way is quite long. I apologise in advance to anyone who assisted me whom I have not mentioned or otherwise thanked.

Professors Leon Fulcher and Chris Turner both served as supervisors for the work - a further testimony to the length of time and the number of changes which have occurred since its beginning. I am grateful to both of them. The Fulcher Family (Leon, Jane, Mark and Katie) made me feel welcome during my lengthy stays each year in Scotland and more recently in New Zealand. The zest for life in their family is infectious. Additionally, Jane assisted my work through editorial assistance while Mark and Katie kept me alert to the world outside the thesis. Chris and Eileen Turner also

welcomed me into their home, usually late at night after train rides from Newcastle-upon-Tyne. I am enriched by the supervision and the contact with Professors Fulcher and Turner and their families.

Other families, in the North of England, helped to midwife this thesis to its conclusion. They include: Steve, Carolina, Jessica and Emily Casson and Nigel, Maureen, Elizabeth and Emily Talbot. All these friends and their children "scooted over" each time I arrived and gave me space but at the same time welcomed me to be included in their activities. During my lengthy stays with them, I was frequently reminded that play is more important than a "boring old thesis" anyway. I do hope that I played some small part in helping Jessica and Emily convince their parents that they should get two horses. Carolina, yours is a five-star place to feel welcome. Thank you. Steve helped out directly with the project as a facilitator in the action planning sessions. He also helped with the thesis in dozens of practical ways including lugging a computer around for me over half of Northumberland. The Talbots provided friendship and left their house to me on several occasions where I was free to litter their dining room with my thesis chapters. Additionally, Allen, Patricia and Jamie Bryant offered the other families a break from me by providing respite for the occasional weekend. My music collection and my taste for Indian food are enriched because of these visits. I thank all these families for their hospitality and friendship.

All the staff and residents of "Ravensbourne" adapted to

proud to have been associated with you. Never before, or since, have I been associated with a collection of people struggling under such odds as those of you who work for the Department of Social Services. I sincerely hope that you emerge from the "bedlam" with greater support from Government for the quality of your working lives. I am wholly unsympathetic to the conditions under which all of you must work.

Finally, thanks to Richard Buehler of the English Department, Memorial University. He was called "The Florence Nightingale of the Red Pen" by the person who suggested him to me as proofreader. This is a title he deserves. Thank you Richard.

CHAPTER ONE
INTRODUCTION

"The best we can hope to say is 'It depends.'"
Marguerite Q. Warren

This dissertation is predicated on the notion that there are differences among clients, personnel, methodologies, and conditions of practise which influence service outcomes with clients. There are few - if any - universal solutions to the problems of clients who, for one reason or another, come into contact with human service personnel. Obvious though this may seem, practise responses are rarely informed by this fact. The notions "Same is better" and "One size fits all" are much more common in practise. I make no apology for this con- clusion, nor do I deny that the residents, staff, managers and certain longer-term associates living in and around Ravensbourne" (a home for the elderly in Northern England), represent an exception to this observation. I know this having lived in that residential centre as their guest during the summers of 1988 and 1989.

It is with this latter experience that I have chosen to introduce my thesis because the methodology involved in this research required that I first accept that <u>my experiences</u> constitute a valid part of my research. By offering this beginning, in keeping with Grounded Theory, I am obligating myself to record certain aspects of my own experiences, hence, the "Ravensbourne" introduction. My stay at "Ravensbourne" came about as a result of several years of part-time doctoral study at the University of Stirling and even more years of offering staff training to residential workers in Northern England. Having been invited to provide training to staff in

homes for the elderly, I agreed to do so in exchange for a room in one of the homes where I could work on this thesis. Such an arrangement allowed me to maintain reasonable accessability with Stirling and survive on a sabbatical salary from Memorial University of Newfoundland.

Until 1985, the training I provided in the North of England was for staff and managers in homes for children and young people. In 1985, the training changed to include personnel and managers from homes for the elderly. The notion of teamwork figured centrally in all the training. Although the training mixed members from various homes in the same sessions, the character and ongoing business of the participants' own workplaces was frequently the subject of analysis. In fact, one of the purposes of the training was to promote practical methods for the elimination or reduction of negative effects of certain residents' behaviours and attitudes. Definitions of what constituted "counter-productive behaviour" were left to the final determination of individual workers. This is not to say that I, as the visiting "expert," did not have the upper hand or, at least, an influence in shaping these definitions. That would be indisputable. How influence is exercised, however, is intricately linked to whether participants profit from the experience in a manner that is consistent with the activities they and their managers seek to encourage. It is also related to whether or not I would return the following year. While not wanting to underestimate the importance of this pattern of training, I acknowledge that

other forces influence the behaviours of social service personnel in more enduring ways than off-site training or team-building.

Having had the opportunity to meet many of the same social service staff from year to year, I have had opportunity to observe which workgroups make changes, and to learn more about the conditions under which changes are maintained over time. This latter formulation is fundamental to the research which I have undertaken and report in this thesis.

From 1981 onwards, I taught social work from September to April each year in Canada, gratefully taking my summer non-teaching semester in the United Kingdom. In 1982 I accepted an offer from the University of Stirling to become a Visiting Fellow. I was offered an office, assistance from staff, and basic materials. Housing and moral support were graciously supplemented by friends and colleagues. It was during the summer of 1982 that I wrote two chapters for Fulcher and Ainsworth's (1985) book: Group Care Practice With Children (Tavistock). I mention these only because it was in the writing of these chapters that I began to develop the argument that differences between people, programmes, clients and conditions do make a difference in group care practise. One of the chapters aimed to advance the case for using valid and reliable assessments of differences between types of young offenders for the purposes of delivering certain social services. The other chapter examined the interplay between characteristics of resident groups and patterns of functioning

amongst work teams engaged with them in group care centres. Both chapters grew out of my involvement over ten years as a practitioner, supervisor and manager of services for young offenders, emotionally disturbed adolescents and their families. This involvement was guided by a treatment philosophy which embraces the use of a personality classification system with young people in the custody of the agency. Such a philosophy continues to figure centrally in my thinking about social work and the provision of services, especially in residential group care centres.

I also confess to a sustained interest in and respect for the "shop-floor" workers in residential work. This interest and respect originates in my experience as a foster group home parent and as a care attendant and orderly providing bedside care, first in a medium-size urban hospital and then in a nursing home for the elderly. My socialization into group care has its roots in a small town in the Pacific Northwest of the United States. My family home served as an informal shelter for battered women and children seeking refuge for as far back as I can remember. Too, the involvement of my mother and grandmother in "babysitting" was so extensive that they are still referred to as "Auntie Bill" and "Grandma" by several generations of now "grown" children. To these experiences I attribute some "natural" inclination to imbue what some persons no doubt think of as "ordinary" events in the lives of young people with greater meaning.

Similarly, experiences as a student, social worker, supervi-

sor, manager and educator associated with a variety of
services -psychiatric hospital, group homes, reception
centres, secure units, shelters for homeless and/or battered
women, day services and community outreach services for young
offenders - have consolidated my interest in what happens on
the "shop floor" of group care. My appreciation for the
importance of group dynamics and the emotional involvements
engendered when several people live under the same roof is
tempered by an abiding interest in, and some nineteen years
practise experience with group and family therapy methods of
intervention.

When I accepted a post as an Assistant Professor of Social
Work at Memorial University of Newfoundland in 1981, I did so
with the understanding that my professional interests - which
had been cultivated for more than a decade through involvement
in Differential Assessment - were probably outside the
mainstream of social work education in North America. Such
interests were then demonstrated to be somewhat peripheral to
the majority of personnel involved in residential work and
particularly those who shape policy. The slogan "Same is
Better" seems to prevail. What perhaps should be, but is not
at all obvious, is that teamwork is central to the question of
"What Works?" in group care. A continuous assessment of
teamwork has proved to be too consuming of time, energy and
money to hold in focus through changes in governments,
variations in emphasis over time in the same programmes,
turnover in personnel, and changes in the conditions under

which personnel carry out their work. Only the needs of the clients themselves remain remarkably constant. Both policy makers and researchers present as being intransigent in their search for the one solution which will work for all members of a client or consumer group, in all the conditions under which services are provided.

In summary, I began this inquiry with the desire to teach and do research in the field of group care practise. I carried with me the abiding conviction that teamwork is a key ingredient in the success of group care services, and that all practise and research ought to focus on what works for the recipients of a service in terms of successful outcomes.

In what follows, I first establish the research question which informed my research, showing how this question links to the long-standing problem of measuring the effects of multiple-person interaction on service outcomes in residential group care. **A grounded-theory hypothesis is advanced that the quality of relationships between and amongst staff is tied in some way to outcomes for the recipients of group care services.**

Chapter Three sets out a framework for examining knowledge about research into team work from theoretical and applied perspectives. The research question is used to guide this review of the literature and to identify research issues and findings which are then carried into the chapter on methodology.

Chapter Four turns to a combined methods approach for

teamwork assessment. A grounded theory approach is advanced to support the use of Action Research as a means of linking the practise and research methodologies. Combined qualitative and quantitative methods are used to capture aspects of each of the four focal points postulated to comprise team functioning in the previous chapter. Four perspectives on problem formulation, theory, and method are developed for use in the combined methods approach to teamwork assessment.

Chapter Five examines the emergence of group homes as a particular form of group care provision. The analysis is applied to policy and practises in the Province of Newfoundland and Labrador. The emergence of group homes is located in the historical context of the stated intention of government to decrease their reliance on institutionally-based services. The legal and ideological shifts associated with the notion of Normalization and the emergence of community-based services for mentally handicapped individuals, young offenders and children in need of care and protection are examined.

Chapter Six turns to the sample population of teams included in this study. The perspective developed in Chapter Four is used to frame a qualitative-descriptive analysis of the changes impacting on the work of teams, the enduring conditions under which their work was carried out, and traces certain qualitative themes in the work groups which were derived from group and individual survey data.

Chapter Seven focuses attention on the recipients of the services. The characteristics of the clients are examined and

used to form a context for the work of sample teams. Group survey data or "pen pictures" are used to illuminate aspects of the services offered to clients in the homes.

Chapter Eight returns to the reformulated research question to present the qualitative and quantitative data in a combined methods analysis approach to the assessment of teams.

Chapter Nine presents the conclusions of the thesis.

CHAPTER TWO
THE RESEARCH PROBLEM

"You can't depend on your eyes when your imagination is out of focus."
                    Mark Twain (1835-1910)

THE RESEARCH PROBLEM: A Scene from the Year 2010
        (with apologies to the residents of Two-Dot)

The Department of Social Services, in conjunction with the Division of Research, in Two-Dot, Montana, will embark on a grand undertaking. A new residential group care centre will be opened in the west end of the community. Twelve staff members will be selected randomly from the ranks of the unemployed in Two-Dot and one of these will be randomly identified as the Director. Employees will be told individually that their job is to "look after" the residents. Each individual will be given a work schedule and a letter which outlines salary and other work-related benefits.

These employees will become the unwitting subjects of an experiment which seeks to answer a number of questions. Will these employees place the needs and wants of their charges at the forefront of their efforts? If so, how will they decide which needs and wants take priority? Will these employees initiate activities with, or on behalf of, the residents? Will such activities ultimately foster a sense of well-being or promote growth and development among the residents? Will any changes in the residents have enduring effects in their lives after they leave the centre? Will the staff conclude, on their own, that they can work cooperatively with one another? formulate plans in common? solve problems and resolve

common tensions together? communicate regularly with one another, thereby "looking after" their residents better? Even if they do come to such conclusions, will these employees initiate behaviours to bring their ideas into action? If so, what behaviours will they initiate and how will they overcome any obstacles to their combined actions? Will leaders emerge in this process? Will status hierarchies also emerge? Will social inequality manifest itself in their work? Will conflicts emerge? Will the results of their combined efforts actually serve the residents in a positive way or will other requirements and contingencies become paramount? What will be done, if anything, to ensure that their combined efforts continue to serve the residents in a positive way over time? Will they care? Will some employees leave? If so, will the "old" team members induct new workers in some systematic way? Will the employees be happy with their jobs? What will their frustrations be? Will they work to preserve the status quo or will some employees seek to expand and develop the service while others push against change? Will the Director spend time at the centre or will that person find that activities outside the centre are more absorbing?

In order to address these questions in the true spirit of research integrity, a control group will be established on the other side of town in Two-Dot. Staff will be hired on the basis of particular qualifications and evidence of successful experience in group care work. All staff will be provided with a written description of what the service intends to do. They will be formally oriented and invited to participate in

the design of the programme of service. They will be led by a person who has educational qualifications and many years experience as a leader. They will undergo regular in-service training, receive supervision and be encouraged to develop a teamwork approach. They will have consultants available to their centre and the physical plant itself will have been selected with account being taken of all that is known about the particular residents' needs, physical location, design, access and community integration. The workers will be encouraged to build links with the local community and with other centres of excellence in practise, education and research. All employees will know they are being evaluated and will take an active role in developing a quality service over time. The residents and their families will be encouraged to be involved. Managers and social workers will be available and involved. Will the staff be satisfied? What will their frustrations be? Will they be agents of change or seek to preserve the status quo? Will hierarchies emerge, etc.?

The reader is challenged to predict what the expected outcomes for the residents of the two homes might be. There are only two rules. First, it is not acceptable for one to say that he/she cannot or does not make predictions. Thus far, the reader has made predictions that somehow the next word in the sentence will be connected to the ones that preceded it. In this way it can be said that we all organize our experience around predictions of one kind or another. The second rule is simply that the reader must be willing to say

how he/she came to assume or predict an outcome. However, the reader does not have to elaborate on any prediction derived from experiences that are too personal to disclose to a stranger, so long as this is acknowledged.

Many will argue that such an experiment is quite unnecessary. Some will argue that the experimental centre is bound to make predictable mistakes which could have been avoided if certain knowledge of group care work were taken into consideration. Others will hypothesize that very few differences will emerge between the two groups because the assumptions upon which the second programme is built are unfounded and the range of relevant variables is impossible to manage anyway. Still others will argue that the very ideology upon which teamwork is based masks the extent to which teamwork merely perpetuates the status quo by normalising bureaucratic processes which further diminish the autonomy of already oppressed groups.

WHAT IS THIS STUDY ABOUT?

The questions posed in this experimental scenario are those of a practitioner, educator and researcher. They are ones which have grown out of my own involvements in the provision of group care services, some by design, and some through accidents or other twists of fate. The study reported here was conceived as part of a series of consultations and development sessions undertaken through the Department of Social Services in the Province of Newfoundland and Labrador. The Provincial Government contracted with me in August of 1983

to act as a facilitator for sessions with the teams of personnel who worked in each of the group homes administered by the Divisions of Child Welfare, Mental Retardation Services and Youth Corrections. The Department of Social Services was committed to reducing the number of people living in institutions in the province. To do this they were providing funding, and later a semblance of licensing, to privately sponsored boards of directors to establish and operate a network of community-based group homes. By the beginning of 1983, the Department sought consultation to aid in the identification of in-service training needs amongst group home personnel. There were certain problems evolving in the homes which they believed could be remedied through training, but uncertainty remained as to what training people wanted, what was required or how it could best be used. It was generally considered that great diversity existed between and amongst the group homes spread across the Province, especially as these were operated by a diverse range of religious groups and semi-private organizations.

I proposed a pilot project which would be carried out in four homes. This proposal was accepted, the pilot project carried out and, on the basis of the final report (Burford and Fulcher, 1983), extended to all the group homes in the Province, including several new ones which were opening as the project developed. The design of the pilot project and the subsequent study included holding planning sessions with the staff, board members and representatives of the Department of Social Services associated with each group home in the

Province. Social Services representatives agreed that the participants at each session could be invited to voluntarily take part in a study which I sought to carry out at the same time, the results of which are reported here. I proposed to offer each group home a modification of the team development model which was employed by Fulcher (1983) in his study of staff team functioning in group care centres and described by Casson (1985) as a method for promoting the use of a shared language for practise in group care teams. I was no stranger to this model myself. Fulcher's sample was drawn, in part, from an agency in which I had been a senior manager and his structural model for the comparative study of group care centres was itself a modification and extension of the programme description format brought to that agency by the late David Bailliee. Additionally, I had employed much of the methodology in my own training and consultation work with residential and community-based programmes in many parts of the U.S., Canada and the United Kingdom since the mid-1970's.

An advantage which I saw in this particular project was that the group homes in Newfoundland and Labrador appeared to offer a more homogeneous sample population than Fulcher had used to develop his typology of team functioning. The homes were all in one Canadian province, they were of comparable size in terms of staffing, and number of residents, and even their physical characteristics were similar to each other. Fulcher's international sample included teams which were quite different from one another on these same dimensions. The Newfoundland and Labrador group homes were committed, at least

on paper, to using a common philosophy, despite the fact that some were mandated to house mentally retarded persons while others were meant for juvenile delinquents and dependent/neglected wards of the Director of Child Welfare.

LINKS BETWEEN GROUP CARE AND SUBSTANTIVE THEORY

My proposed replication was based on two general concerns about Fulcher's study. The first related to the conceptual framework of the study itself which sought to establish Group Care as a field of study. In attempting to describe common elements of group care practise across the major service networks (Health, Education, Social Welfare and Justice), across client characteristics (age, stage and handicap), and across setting boundaries (size and location of centres, for example), Ainsworth and Fulcher (1981) may ultimately run into the same problems which advocates of Generic Social Work have encountered. Developed to a large extent by educators in the U.S. and exported to Britain (Compton and Galaway, 1984; Pincus and Minahan, 1973; Johnson, 1983; Goldstein, 1973), Generic Social Work was considered by many to superficially prepare social workers for the rigors of specialized practise. While it is commonly acknowledged that the "systems" and "problem-solving" perspectives used to promote this framework have appreciably widened the focus of social workers' attention beyond the individualized involvements associated with earlier periods in the development of the profession, practise dictates have been slower to change (Challis and Ferlie, 1988). Without reference to more substantive theories of

human behaviour in social environments, the systemic perspective remains a convenient organizational schemata but lacks the depth from which to derive a body of knowledge and practise skills that are relevant to the tasks required from social workers in day to day practise. Neither does the so-called "generic perspective" invite the generation of theories from practise. This perspective does, however, support the comparative analysis of phenomena regardless of theoretical orientation, emphasizing potential advantages in helping to discover a particular kind of new knowledge. How to use such knowledge is not adequately covered by the systemic perspective.

The second concern flows from and is really a part of the first. Fulcher's international sample included a wide range of types and sizes of homes in diverse social policy settings. The comparison of teamwork in a detention centre which is part of a larger institution where the staff have substantial contact with outside professionals and a high turnover of residents does not lend itself to easy comparison with a family style group home in a rural setting which employs two sets of married couples and provides long-term support for a handful of mentally handicapped residents. The replication of Fulcher's team assessment procedures in a more homogeneous range of settings should go some way towards answering questions raised about his sample. If similar differences exist amongst teams in homogeneous settings, support could be found for the validity of his typology across the group care spectrum. Furthermore, by extending his methodology to

facilitate the application of substantive theory in team assessment, new knowledge can be obtained about teams, team functioning, and group homes.

TEAMWORK AS AN ASPECT OF PROFESSIONAL PRACTISE

This research is about the practise of teamwork. I assume that responsible practise requires that practitioners have a satisfactory base of knowledge to instruct their interventions, a sound ethical framework upon which to base their decision-making, and the competence to carry out the tasks required of them. I have no desire to elevate teamwork to the status of a "method" as some authors have done with Group Work, Casework and Community Organization. Indeed, I would include teamwork, team assessment, and teambuilding, along with the skills required of any educator, consultant or trainer. I do argue, however, that teamwork in a group care centre is different in important ways from the use of team work in other settings, given the distinctive organizational characteristics which frame group care practise (Ainsworth and Fulcher, 1981).

This research seeks, ultimately, to control for the variable impact of team functioning with different consumer groups, with the organizations which identify teamwork as an important part of their service delivery and with the personnel themselves. The study is based on the assumption that the collective impact of the staff group is an important variable affecting outcome in residential group care.

Elsewhere (Burford, 1985; Burford and Fulcher, 1985;

Burford and Casson, 1989), I have outlined characteristics of residential group care centres which render them unique and worthwhile focal points for the study of human behaviour and intervention. This follows on the work of Fulcher (1983), Moos (1975), and Palmer (1978). Since the publication of Polsky's Cottage Six (1963), few researchers have doubted that groups can and do form in residential centres which are capable of exerting considerable influence over the behaviour of persons who come into contact with them. In the presence of the more highly organized, specialized and anti-social resident groups, the staff group in Cottage Six was hard pressed to exert pro-social norms of behaviour. Polsky concluded that the staff group acquiesced to anti-social behaviour in the cottage in order to cope with their jobs.

There is good reason to believe that the staff group can play a central role in mediating the values of the wider "culture" of a centre, including the social policies which frame that culture, with the behaviour of residents (Fulcher and Ainsworth, 1985). That it does not always do so implies that staff group behaviour is susceptible to a wide range of influences other than the stated or implied mandate of the centre.

Bronfenbrenner (1979), Maier (1981), and Moos (1974) have each argued that the quality of the relationships among the caregivers should affect the behaviour and the health of residents in a group care centre. Indeed, many claim that the quality of "interconnectedness" between people in the same setting, and between settings, is a manifestation of the ways

in which the caretakers themselves experienced being cared for in the past or are currently cared for (Fulcher, 1983; Heimler, 1975; Maier, 1977). Additionally, it is understood that work group behaviour is variable over time and interacts with a number of motivators and reciprocal influences (Burford and Fulcher, 1985; Fulcher, 1983; Smircich, 1983; Wilkins and Ouchi, 1983).

This points to two general issues which underlie the importance of studying teams in the field of group care. Firstly, residents in group care centres come into contact with a variety of persons who evidence great diversity in the quality and quantity of their interactions with one another and with the residents (Fulcher, 1979; Maier, 1981; Mattingly, 1977; Ross, 1983; Whittaker, 1979). The presumed impact of multiple-person interaction, so central to the very character of group care, has eluded careful consideration in research and evaluation studies. Without a reliable and valid measure of the 'team' it is impossible to know the force which this variable may exert on outcomes. One is unable to investigate what differential impact, if any, the organization of rela-tionships in the staff group has on outcome measures with residents. It can be argued that a reliance on single-subject design in the group interactive context has stalled efforts to understand this aspect of the character of group care. This does not mitigate the importance of the characteristics of the "primary worker" on outcome which so many other studies have found to be important (Barkwell, 1976; Brill, 1978; Hunt, 1971; Hunt and Hardt, 1965; Jesness, 1971; McLachlan, 1972,

1974; Palmer, 1972; Tomlinson and Hunt, 1971). Indeed, one can assume that the culture of the work group, like the character of the primary worker, has neither a universal nor a uniform impact on outcome.

Secondly, in order to examine the outputs of any organization, it becomes necessary to identify factors which mediate those outcomes as well as ones which may affect them in a direct way. This is based on the understanding that research in the social sciences rarely finds direct relationships between cause and effect. A host of interacting variables generally contributes to outcome (Bronfenbrenner, 1979; Jones, 1977; Moos, 1975). In a practical way, this means that any examination of organizational behaviour should take into account all members of a relevant environment or behavioral configuration who may be able to directly effect decision--making, including policy formulation (Tosi and Hammer, 1974). Such assumptions have come to be categorized under the heading of teamwork, although it is necessary to examine the origins of this notion in both theoretical and ideological terms.

WHAT DO WE MEAN BY "TEAM"?

At least in the North American context, the introduction of the word "team" into the parlance of the modern post-industrial corporate executive has a decidedly different flavour than it did in the early 1960's when J.F.K's use of the athletic metaphor conjured up an affiliation of like-minded persons committed to a similar welfare ideology. A lingering image in Britain calls attention to teams of social workers

committed to Fabianism, social-systemic models of analysis and the problem-solving perspective. The idea that staff members in residential group services should operate as a team is popular both in North America and Great Britain (Child Welfare League of America, 1982; Elliot, 1980; Fulcher, 1981; Garner, 1982; Gregory, 1980; Payne, 1982; Tossell and Webb, 1986).

Moos traces the modern-day assumption that particular ". . .environments have a critical impact on patients and staff who live in them" (1974: 3) to the work of Dr. Phillippe Pinel in the late 1700's. The evolution of the team concept is linked to the assumption that groups are a potent force in the social environment and has been expanded by the emergence of the ecological concept of environmental press. Teams have been conceptualized as ranging from organizationally "flat", evolving, democratic or participatory decision-making forums to sharply hierarchical, goal-directed, time-limited bodies which can quickly magnify muscle or mind power. The assumptions behind the various conceptualisations of teamwork and team functioning can be traced to quite different views about the nature of human beings and why they behave as they do.

To assume that what one might call "teamwork" in any given instance will be even remotely similar to what is called "teamwork" in another instance is to ignore the history of masking effects when programmes of various quality are grouped together for evaluation purposes (Burford, 1985; Burford and Flynn, 1984; Gendreau and Ross, 1979; Palmer, 1978; Quay, 1977). Practise experience suggests that the notion of "teamwork" can be used variously to "present a unified front"

with the residents, to foster the submergence of conflict or self-interest, as a control mechanism, as in "He's not a team player", to suggest affiliation with someone else or rationalize a decision as in, "We're on the same team", or even to legitimize funding for in-service training. In other instances, "teamwork" might be used to symbolize a strongly felt state of belonging with others in one's workgroup and simply represent a socially-acceptable euphemism for caring strongly about one another.

WHAT DO WE KNOW ABOUT TEAMS AND TEAMBUILDING?

The practise literature associated with the human services seems to suggest that the human element is one of the most important variables affecting service outcomes. In group care services the element of staff cooperation is thought to be of utmost importance (Child Welfare League of America, 1982; Department of Health and Social Security, Group Homes for Mentally Handicapped People, 1983; Elliot, 1980; Maier, 1981; Shostack, 1987). In fact, the assumption that employees in residential group care centres need to employ a teamwork approach is so commonplace as to be accepted at the level of general knowledge. Yet the literature is largely anecdotal or descriptive with empirical knowledge to support this idea lagging far behind.

The notion of teamwork is deeply embedded in the social philosophy and political organization of the human services. So deeply ingrained in the structure and assumptions of administration and practise in the human services is this

notion that one would expect much to have been done by way of
critical analysis and research to substantiate its signifi-
cance. With certain exceptions from studies mainly in the
corporate-industrial field, this is simply not the case. One
is left with doubt based upon the lingering suspicion that
residential services are quite different from their market or
material product oriented counterparts. This is not to say
that one must insist on every proposition or theory being
tested on both sides of the welfare/corporate fence. One can
argue, however, that any study of motivators of human behav-
iour must take into account such differences.

The most frequently cited theoretical foundations for the
notion of teamwork are found in the literature on small group
theory and studies of organizational behaviour. The influence
of Lewin (1952), Bales (1950), Homans (1950) and others is
unmistakable when analyzing the daily assumptions made about
small groups in the work setting. Concepts like norms, roles,
cohesion, interaction, group systems or subsystems and group
activities are all part of the language taken for granted when
discussing the collective of individuals we call a team. But
what are the real benefits of teamwork? What are the outcomes
for clients and their families, the organizations and the
personnel who make up the teams? What is the social desir-
ability of promoting teamwork? Neugeboren (1985) has
argued that the increasingly popular use of teamwork in the
human services may be based on incorrect assumptions. He
cautions administrators to "be clear that [teamwork] is
appropriate for the task and that an individual decision--

making model is not in fact preferable" (1985: 264). Citing Blau and Scott (1962), Neugeboren notes that status hierarchies naturally occur in all group situations, especially in human services where professional qualifications introduce status differences. He argues that the popularity of teamwork may simply reflect an untested belief in participatory management and attempts by staff to provide social supports for one another by way of avoiding "burnout". Hence, there is a danger that teamwork may serve staff needs more than client needs. He calls for teamwork advocates to justify this "expensive technology" (1985: 265).

Neugeboren asserts that "the assumptions behind the team concept are that each team member has unique expertise and that there is equality among members leading to open communication and effective problem-solving. . .The effectiveness of teamwork, insofar as it relies on democracy and open communication, might be diminished" when status differences exist (1985: 264). Group structure may be more important in finding new or innovative solutions as opposed to finding the one correct solution where free and open communication is more appropriate.

In their systematic critique of participative management, Locke, Schweiger and Latham (1986) assault the underlying assumptions, including the knowledge and ethical base of this model of teamwork, and conclude that the participative style is worthwhile at only one stage of an employee's development. Insofar as one accepts Neugeboren's assumption that teamwork relies on, or has been confused with, democracy, there would

be good reason to question its use in certain situations. On the other hand, there are models of teamwork which are based on quite different assumptions. For example, the U.S. Marines training manual (1966) makes reference to teamwork in hand-to--hand combat and uses teamwork to elaborate planned interventions based on a straightforward accounting of human resources. The manual describes bayonet fighting situations involving "two-against-one" and poses a strategic configuration which changes in a situation of "threeagainst-three" where a different stance is taken. This is a conception of teamwork which could hardly be derived from participative or democratic theories or ideologies of management. Nor could the expert-led investigative or research team be easily compared with the team of personnel in a nursing home for the elderly.

WHY FOCUS ON "WHAT WORKS?

The question "What Works?" has both practise and research relevance. This question was brought to public attention in North America as a slogan for the debates surrounding the efficacy of correctional intervention in the mid-1970's by Robert Martinson (1974) and coined, along with Martinson's reply that "Nothing Works", by researchers, scholars, politicians and members of the lay public eager to denounce efforts aimed at rehabilitation of adult and juvenile offenders.

In the Foreword to Palmer's <u>Correctional Intervention and Research</u>, Marguerite Warren notes that:

> Some of us were surprised when the word emerged that 'nothing works' in correctional treatment. This was especially true of those of us who, like the author of this book, had spent many years conducting research in correctional intervention, research which clearly showed that for some types of offenders under some conditions, treatment worked very well indeed. Even more astonishing than the news that treatment doesn't work was the eagerness with which some correctional administrators and social scientists received the message (Palmer, 1978: xi).

Of the valuable lessons learned, or relearned, during the post-liberal era in North America, especially in the field of correctional intervention and research, two have since been generalized to virtually all other areas of human service endeavour.

The first lesson is that not all social programs operate at sufficient "programmatic strength" as to achieve their mandated ends. Further, there are no guarantees that programs which do achieve the necessary potency will maintain this level of potency over time. The assumption that programmatic strength itself exists, means that what people set out to do must be applied with sufficient rigour as to test for its effect on outcome. The interest in testing the extent to which a programme did what it set out to do has become central for a growing number of researchers (Quay, 1977; Scheirer and Rezmovic, 1983). Additionally, most programmes tend not to operate at the same level of strength over time. They tend to "drift" from stated aims and practises through changes in staff, policy, clients and season (Johnson, 1981).

A second important lesson is that programmatic outcome in the human services is mediated by a complex host of variables including, at the very least: (1) the characteristics of the

persons being served; (2) the characteristics of the persons providing the service; (3) the particular service provided; and, (4) the conditions under which the service is provided. Few human services can be expected to render the same, or even similar results with all members of a particular class of clientele under all the varying conditions which exist.

These assertions have been advanced by a wide range of researchers, scholars and social philosophers on both sides of the Atlantic, representing services for clientele as varied as juvenile and adult offenders; the elderly; the mentally retarded; children and young people in need of protection; the mentally ill; alcoholics; and ordinary students in classrooms (Adams, 1977; Andre and Mahan, 1972; Barkwell, 1976; Brill, 1978; Burford, 1985; Burford and Flynn, 1984; Davies and Knapp, 1981; Dockar-Drysdale, 1975; Gendreau and Ross, 1979; Grant, Grant and Sullivan, 1957; Harris, 1978; Hunt, 1971; Hunt and Hardt, 1965; Jesness, 1971; Johnson, 1981; Kohlberg, 1964; Landesman and Butterfield, 1987; Lukin, 1981; Maier, 1981; Megargee, 1977; Moos, 1975; Palmer, 1978; Quay, 1977; Warren, 1983; Whittaker, 1979; Wilson, 1980).

In retrospect, it is not surprising that the "Nothing Works" argument settled initially upon work with offenders and upon the system of corrections. In a general way, this can best be understood by examining certain trends in the provision of human services and social care, bearing in mind that offenders have been viewed traditionally as being "less deserving" than other groups. Indeed, legislative moves toward the so-called "justice model" and the subsequent

development of laws to treat young offenders in similar ways to adult offenders, has resulted in the enlargement of this "undeserving" group in both Canada and the United States.

Furthermore, the rapid expansion of "community-based" services during the 1960's has provided a wider base for comparison of intervention and a dramatic increase in the financial inputs made in behalf of these groups. Lerman (1982) has called attention to the development of what he calls the "youth in trouble network" during the period of deinstitutionalization in the U.S. A wide variety of residential services which were opened under new names and under the "community-based" banner absorbed more mentally handicapped, mentally ill and other young people into residential beds than have been in care over the last fifty years when taken together with persons who still occupy traditional "institutional" beds.

The rapid development of community-based programs for virtually all categories of clientele now stands as one of the most interesting shifts in social policy in North American history. Lerman notes that in the United States alone:

> The emergence and expansion of the welfare state permitted an anti-institutional ideology to receive the material support of a funding source not committed to the traditional state-sponsored system. . .new economic incentives provided support for an ideological position that had emerged at an earlier date (1982: 13).

While corrections and correctional programs became the focal point of concern during the initial political and social swing away from the more libertarian period of the 1960's, other programs based on similar precepts have since become the

object of concern for the very same reasons. That is, "Do they work?" meaning, do these ideologies and programmes serve the current requirements? The study of how and why we find linear, oversimplified, generalised and ultimately self-defeating solutions so attractive in their promise to "solve" complex social problems would constitute a major investigation in its own right. This is not the purpose here.

This research aims to develop knowledge for teamwork practise and search for a way to ultimately control for the effect of the work group on outcomes with clients. The longer-range question is: What kind of teamwork can be expected to yield which kinds of results, under what conditions, and with whom? This question cannot be addressed directly until further understanding of teams at work in residential settings has been developed.

WHAT WORKS? THE PRACTISE RESEARCH QUESTION

At the level of practise, the question has come to have a quite different meaning for me.

Drawing on the work of Bradburn and Caplovitz (1965) and Heimler (1975) in particular, but also the theoretical constructs of symbolic interaction, the importance of the individual's subjective interpretation of events on subsequent behaviour is noted. The concept of the so-called "balance sheet", which is thought to exist in each of our minds, and is represented in our individual perceptions, offers us, at any given time, a subjective indicator of our well-being. This includes, but is in no way limited to, knowing whether the

satisfactions we have are "worth" the frustrations we encounter in their pursuit.

In my own practise, at those moments when I can see positive changes occurring or as having occurred, or when I "feel" that I have done something well, I am loathe to admit to the possibility that longer-range evaluation of my actions may disclose that my actions have had a negative effect on the outcome. Yet we know this is often the case. By way of example, Lukin (1981) demonstrates how some delinquent youth do better after discharge if, during their period of residential care, they became more pliable, friendly and cooperative, while others appear to do better if they stop overcontrolling their anger, and use the centre to "act out" their feelings instead of continuing to implode into themselves. Yet one can safely assume that different staff read the behaviour of these subjects whilst they are in residence as indicators of quite different things. Further, one can safely assume that many staff evaluate the success or failure of their own actions on the basis of just such encounters with young people as those implied by Lukin.

I subscribe to the notion that workers must be imbued with a certain belief that what they are doing will have a beneficial outcome (Burford and Casson, 1989). To constantly believe otherwise is demoralizing and can be assumed to undermine both individual and collective action. Yet we know that these beliefs can cloud the development of sound practise theory. From the researcher's point of view, the very act of asking workers to examine what they are doing sometimes

provokes defensiveness as if we were saying to them, "You're not doing it right." This is especially true when social policy, resource allocation, ideology and activities are mutually reinforcing, and posing questions like: "Which of the things that you do are thought to promote teamwork and which are not?" are viewed as academic interference. This is not to say that the practitioners' answer to "What Works?" is not of vital importance in the development of knowledge for practise. How we gather, scrutinize and categorize this type of knowledge is an important question. The practise research question then is aimed at discovering what subjective criteria group home staff use to determine "what works?" for themselves, especially those which might harbour expectations about teamwork.

SUMMARY

The central question which I wish to answer is "How can teamwork be measured?" The importance of this undertaking is as follows:

1) Teamwork is generally assumed to be an important variable which mediates outcomes for the residents in group care settings;

2) There is no way at the present time to reliably and validly control for this variable in outcome studies;

3) Much in the way of time, energy and money are spent in the service of teambuilding by group care managers with a paucity of evidence in the research literature to justify this expense.

I begin the study with the following assumptions:

1) Teamwork cannot be expected to have universal outcomes, with all client groups under all the varying conditions of practise;

2) Some kinds of teamwork efforts can be expected to have a positive effect on some outcomes, with some clients, under some conditions of practise;

3) There is, at the present time, too little known about teamwork practise in group care settings to construct a variable, or variables, which can be controlled for in empirical outcome studies, but that should be the goal;

4) The collective and individual expectations held by personnel with respect to teamwork can be used to predict their behaviour.

Having made the previous statements, perhaps the research question should be changed to, "What can be expected to work?" After all, some level of cooperation is necessary to avoid outcomes which have immediately negative consequences. Persons who come into group care settings should not get worse as a result of their being in care. This would be an acceptable rephrasing of the research question so long as it was understood that this only applied to the immediate situation. What constitutes "worse" in the longer range picture is poorly understood, as is classically illustrated by Lukin's (1981) previously mentioned example. There is much to say in favour of ensuring safety and security of residents in the immediate situation but this example serves as an excellent reminder of how few assumptions can really be made about longer range outcomes.

One qualifier is necessary. In the absence of any valid and reliable way to control for teamwork in outcome studies, we are left with the question: "What needs to be done in order to develop the capacity for estimating the effect of teamwork?" My answer to that question forms the basis for

this study.   It seeks to: 1) Elevate practise assumptions about teamwork in group care settings to the level of testable propositions; and, 2) Draw links between core theories of human behaviour in the social environment and the domain of practise we call group care.   This, then, is the focus for my investigations.

CHAPTER THREE
KNOWLEDGE FOR TEAMWORK PRACTISE AND RESEARCH

"It's not what we don't know that hurts, it's what we know that ain't so."
                              Will Rogers (1879-1935)

INTRODUCTION

In Chapter Two a rationale was developed for considering the teamwork experience as an important dimension of group care work. The research question "What Works?" was introduced as the focal point for long-range consideration and the shortcomings associated with achieving outcome focused research involving teamwork were identified. This chapter turns to an examination of what is known and assumed about teams and team functioning. A framework for considering various forms of knowledge is employed to classify what is known and assumed about teamwork and this is located within a wider context which views teamwork as a broad-based, multi-faceted phenomenon. A conceptual framework for the study of teamwork is developed at the conclusion of this review and is then presented to establish a rationale for the methodology used in this study.

KNOWLEDGE FOR TEAMWORK

Palmer (1978) notes that to be productive, science must respond differently to different circumstances. He points out that any broad-based, multi-faceted approach to the study of a given phenomenon should begin with the question, **"What do we know at the present time?"** and should then proceed, regardless of the theoretical orientation, to employ a framework which

lends itself to interrelated analysis of findings on an across-studies basis. A suitable time to adopt such an approach is when attempting to understand a phenomenon for research which requires illumination either directly or indirectly.

In order to establish a systematic baseline for studies of this kind, one must begin with the question, **"What do we know about how to undertake research into the phenomenon of teamwork?"** In short, **"What works in the area of research into teams?"** Albers and McConnell's attempt to establish a comparative framework for the classification of knowledge is employed. They write:

> In a general way knowledge might be defined as the structuring, organizing and making sense out of human experience. Core knowledge of which there are many forms in the social sciences, is the reasoned articulation of this experience through theoretical expression aimed at explaining and understanding the fundamental bases of human behaviour (1984: 24).

From this, it follows that one cannot begin to examine the notion of teamwork without some prior understanding of human behaviour in groups and in formal organizations.

In their re-examination of the Working Definition of Social Work Practice, Albers and McConnell distinguished between four types of knowledge.

First, they distinguish **core knowledge** as knowledge

> . . .that is directed primarily to understanding human behaviour and not to changing it. . . [as] disciplinary in origin;. . .never fully or evenly developed;. . . [it] shows up in the form of competing and sometimes radically different theories of the human condition;. . . .[and]. . .is always borrowed knowledge. . .in the form of particular theories which constitute the practice theories of social work (1984: 25).

A second type of knowledge described by Albers and McConnell

(1984) is termed **applied-derived knowledge**. While they note that some applied-derived knowledge may also be borrowed knowledge (because some core theories do explicitly reference their application, for example, psychoanalytic theory), they distinguish applied-derived from core knowledge in three ways. Firstly, applied-derived knowledge. . .

> . . .is made up of specific concepts which are derived from core theories, e.g. anxiety, role loss, and reinforcement. These concepts are fused together, often from competing or dichotomous theories, into practice-models, e.g. problem-solving or crisis intervention (1984: 26).

The second distinguishing feature of applied-derived knowledge "is that it grows out of . . .practice. . .because core theories cannot answer all of the troublesome questions" (1984: 26) which confront practitioners. A third distinguishing characteristic of applied-derived knowledge "is that it is normative in character in that it is more inclined toward doing to, with or for people, and less inclined toward pure understanding" (1984: 26).

A third type of knowledge, **unique knowledge**, "is largely technical. . .[and has]. . .to do with knowledge of special services, programs and troubled persons who require the assistance of the modern Welfare State" (1984: 27). This type of knowledge is not the special domain of any particular category of human service worker and is typically specific to a given locale – where to find a particular resource, how to slice through the red tape in a particular office of government, etc.

Professional knowledge for practise then, is made up of **core, applied-derived** and **unique knowledge**. The fundamental

reason for differentiating between these types and sources of knowledge is ultimately to enable a profession to increase its understanding and functions with respect to the application and development of each type of knowledge.

Having distinguished between the forms of knowledge, attention can be turned to sorting out what is known about each of the two main types of knowledge, core and applied-derived, as relates to the study of 'What Works in Team Functioning?' Attention is first turned to core knowledge. It is not my intention to carry out an exhaustive review of the literature on each core theory. This would be both unmanageable and unnecessary. Instead, I draw on a schemata developed by Lally (1981) as a teaching device to orient students to the major epistemological perspectives. Lally's framework is chosen with the clear understanding that other devices could have been selected, for example, Burrell and Morgan (1979). Lally has been chosen, however, in order to link the works of substantive theorists with the work of Albers and Hurley (1985), who have devised an Epistemic Inventory which can be used for the comparative analysis of core theories.

A modified version of The Epistemic Inventory developed by Albers and Hurley is used to determine what core theories and assumptions have been invoked to explain teamwork and team functioning. Through such comparisons, a conceptual framework is constructed which isolates four distinct units of analysis within the teamwork experience. Attention then turns to an examination of applied-derived models of teamwork which have

been developed for use in practise and an examination is made of relevant research findings.

CORE KNOWLEDGE

To begin, attention is focused on an examination of core knowledge used to explain the phenomenon called teamwork. The aim is to cross-reference this work to substantive theories of human behaviour in the social environment. The Epistemic Inventory is employed to help classify core sociological and psychological theories based on pertinent theoretical justifications used to explain and endorse teamwork. In developing their Epistemic Inventory, Albers and Hurley extended Lally's axial model for the identification and comparison of major epistemological communities that comprise core knowledge. Their work sought elaboration of a meta-theory of social work practise but it is used here to examine the contribution which epistemological communities make to our knowledge of teams and team functioning.

Lally's axial model orients the major epistemological communities along two bisecting axes. The horizontal (metaphysical) "axis distinguishes between man as the subject or centre of the world and man as the object shaped by his environment" (1981: 25). The second axis (epistemological) "distinguishes between the world as it is [reality exists 'out there'] and the world as it ought to be [reality exists at a covert level]" (1981: 25). The intersection of these axes differentiates four distinct epistemological communities, identified by Lally as Interactionism, Positivism, Structural

Determinism, and Emancipationism. Within each quadrant, different theories are located which share certain assumptions with one another along the subject/object - is/ought referent axes.

The Epistemic Inventory poses twelve comparative questions to each of the quadrants in Lally's Axial Model. For the purposes of this study, the Inventory is modified to include only five of the original questions and three new ones. They are as follows:

1) What is the underlying premise about reality? Where is reality found?

2) What is the orienting feature of reality? What do we look at to understand man?

3) What is the fundamental view of man? What is most important about man?

4) What is the process of socialization? How does man get the way he is?

5) Why do groups form? What is the glue that holds them together?

6) How might teams and teamwork be defined and conceptualized?

7) What constructs, propositions or assumptions are cited in the group care and teamwork literature?

8) What research paradigms might best be used to test these theories in practise settings?

The descriptions of the core theoretical communities draws substantially from the work of Albers and Hurley (1985) and Albers and McConnell (1984).

Logical Positivism.

Positivism assumes that an objective reality exists in the observable world. Positivists look to measurable data to

explain relationships between and among observable phenomena in the world. Man is a tabula rasa (Nurture only) and can be controlled through the careful manipulation of the environment. By seeking better understanding of the environment and its effects, man can achieve more control. Problems are defined by observable deviations from norms and help is initiated to apply normative solutions.

The basis upon which people come together is to work collectively toward specified and measurable utilitarian outcomes, taking into account the resources available to meet those ends. Collective action ceases when the goal is achieved to the satisfaction of the collective or when the resources are no longer available.

For the Positivists, organizations are complex systems characterized by the exchange of inputs and outputs with the larger environments. Outputs of one system become inputs in other systems, which facilitates hierarchical adaptation in the wider systemic structure. People come together in the utilization process, which is the acquisition, transformation and distribution of scarce and non-divisible resources involving both tangible (space, time, money, for example) and non-tangible resources (deference, respect, for example). Bowditch and Buono classify the resources in this way: (1) The administrative or structural configuration; (2) The set of tasks to be performed with a related technology or set of tools to accomplish the tasks; (3) The human or social component that emerges from organizational activities, and; (4) An informational or decision-making subsystem (1982: 4).

Within the group context norms, statuses, competition, cooperation and power become important resources. The fit between component parts in the system becomes the subject of organizational diagnosis based on the assumption that "goodness of fit" facilitates increased effectiveness in meeting organizational goals.

In the residential centre, we find that the work typically requires persons inside the centre teaming with persons outside the centre or with persons from other departments within the same organization. One notes the inherent complexity involved in coordinating and collaborating the work of persons whose behaviour, beliefs and attitudes are strongly influenced by their membership in a particular profession, their affiliation with a formal organization or department within an organization, or their membership in a particular group.

At this level of analysis, one is concerned with the manipulation of parts toward a common end. The influence of scientific models upon teamwork, and especially the so-called 'medical model' of treatment, which involves this type of multi-discipline or multi-setting coordination is also noted.

The medical team perhaps reaches the pinnacle of its Positivist tradition in the imagery of a surgical ward. A group of highly skilled players come together in a purpose-built structure to perform a set of interrelated manoeuvres aimed at a specific outcome. Of course, the surgeon is ultimately accountable for the outcome mediated by certain others who hold highly specialized qualifications (for

example, the anaesthetist). The other team members play roles which are subordinate to the direction of the chief surgeon and represent professional subspecialties. Ideally, all the known contingencies are controlled, including life-support systems, and contingency plans are set in place beforehand.

While one may observe wide variations in the actual production of this type of "teamwork", as well as variations in the playing of roles by individuals, a strong image of the well-functioning team is held by the members. Accidents and mistakes do occur but this is the result of "bad science" or human error. The model is unquestioning of itself and the principles upon which it is based are assumed to be sound.

In group care work, we note that this analysis is most suitable for understanding the nature of the teamwork experience which involves direct care workers collaborating with indirect service providers and others whose work involves them predominantly outside the living unit. This form of teamwork is required to balance resource allocation within the organization on an inter-departmental basis and to achieve mutually agreed or professionally specified ends on behalf of the residents. This type of teamwork is most frequently referred to as Interdisciplinary Teamwork and the persons brought together in this planning enterprise are called the **Interdisciplinary Team.**

Interactionism.

For the Interactionists, reality continually emerges and is produced through ongoing interactions between and among people

and their environment. The orienting feature of reality here is the meaning derived by individuals through their shared experiences with one another. Man is Homo Communitas and seeks self-actualization, mutual growth and synergy through partnership. Through the emergent process of becoming, the needs of the self (the individual) are assumed to be complementary with the needs of society. Man becomes who he is - expresses his true nature -through self-actualization.

Concerted action, for the Interactionists, is the result of shared purpose, but more importantly, the product of shared meanings. Persons in contact with one another are thought to achieve a certain similarity in the way they process and evaluate information (Sims and Gioia, 1986). In situations where there is also emotional involvement, interactional patterns tend to become stable and predictable in routine encounters (Janzen and Harris, 1980).

Reality in this sense is constantly being defined. Organizations "are theatres where everyone plays out a role" (Gioia, 1986: 53). The key figures make sense of the ongoing production through "subjectively constructed and intersubjectively agreed upon symbols that promote understanding" (1986: 53). This means that people in an organization are not merely actors - they think and take action as a result of their thinking. Building on Weick's (1979) notion of "shared meanings", Sims and Gioia employ the term "cognitive consensuality" to describe how group members or individuals within the same organization come to hold some cognitive processes in common with one another. Likening this

to the concept of "organizational culture", they note that consensuality is not the same as perfect agreement and they reject the idea that "shared meanings" are necessarily reached through formal means of reaching consensus. Nor do all members of a group necessarily share the same meanings as noted in the work of March and Simon (1958) and Thompson (1967) on the development and maintenance of "coalitions" in groups and organizations.

This is supported by the work of Reicherz, Kislowicz and Stalinski in a study of nine Canadian institutions, which included group homes, from which they concluded that:

> The power of the institutional process of socialization was evidenced by the fact that the attitudes of staff members had a remarkable tendency to converge. If the attitudes of an employee did not coincide with the attitudes of his peers, the employee tended to modify his attitudes or to leave his job. . .The power of this process is in itself neither positive nor negative. . .The need to become like one's colleagues, but also to avoid excessive dissonance with ideas central to one's integrity is essential (1978: 316).

The consensus in the way in which group members process and evaluate information may both facilitate and retard action in the sense that goal-directed change requires some flexibility in thinking and rigid consensuality may retard this change, yet consensuality in thinking is the process through which concerted action is also accomplished over time through agreement on "the way things are done around here."

Goffman's (1959) work on the management of impressions illustrates this concept further. Teamwork is defined as essentially a dramaturgical presentation wherein a particular definition of a situation is projected by a team member and constitutes an integral part of a projection that is fostered

and sustained through the intimate cooperation of more than one participant. This requires emotional involvement on the part of the team member. A team, according to Goffman, would include any set of individuals who cooperate in staging a single routine.

Earlier work by McDougall (1920) on the formation of a 'group mind' would seem to be addressing similar notions, but one could question the need for these concepts once the interactional view is embraced, since social roles presumably transcend the involvement of any single actor and lend themselves to easier study.

Other core theorists whose works appear to lend substantive influence to this perspective include Bales (1950), Cooley (1918), Lewin (1952), Mead (1934) and other symbolic interactionists. In the residential centre, this analysis best describes the nature of the teamwork experience of the direct-care staff whose primary place of work is within a particular living unit. This is called the **Direct Care Team** which is distinguishable from the Interdisciplinary Team delineated earlier.

Structural Determinism.

For the Structural Determinists, reality exists in the underlying social structure. Only by developing clear and complete insight into the covert structural reality can man hope to achieve a near balance between the press of the environment and man's nature, which is Homo Duplex (Freud) or Homo Damnatus (Marx). Conflict between the environment and

man's nature is inevitable and only a near balance of these opposing forces can be hoped for at any given time. Help for the Structural Determinists is initiated when the helper (the person who has insight into the covert reality) confirms that a surface level "problem" is indicative of an imbalance within the underlying structure and terminates when the helper recognizes that an approximation of a balance has been achieved.

Insight into the covert reality is expected to produce a change in the underlying structure through raising the level of consciousness or awareness of the effected person(s).

Groups come together, in this view, when latent interests are articulated into manifest interests and the group becomes the recruiting field for organizing around the interest. According to Rex (1961), the activities of the group take on a sociological meaning which must be explained by reference to the group's interests in a particular conflict situation. The relations between group members may become defined solely or primarily in terms of the conflict situation.

In this context we find a host of decision makers, who themselves are subject to political influences which are indirectly linked to the work of a group care centre. They come together both around potential conflict situations and the need to define wider social policies in the operational context of a particular agency or organization. Many of the participants who have a vested interest in the effects of this kind of conflict, while they may have high impact on the service delivery system itself, are less involved with the

struggles associated with consumer contact. They are also less involved in the interactions of the direct-service team and with the professional or interdepartmental business relations associated with interdisciplinary teamwork.

It may be a mistake to posit a definition of teamwork which includes these latter administrators and indirect service personnel. Perhaps one moves beyond the scope of teamwork to acknowledge the influences of social policy and political or even cultural processes. It may be that knowledge associated with the workings of aggregates is more applicable in this sphere. Yet the moment one removes a name, a face, a job title or job description from the decision - making process, one tends to succumb to deeper forces of powerlessness and alienation. The job of managers is often defined as mediating the external realities which influence the behaviour of personnel within a service organization.

Any definition of "team" in this sphere must include persons who are involved in decisions which influence the social policy mandate of a residential centre. This would include any administrator, board member or voluntary worker outside the centre who has a legitimate claim to be involved in decisions which effect the outcome of the services for any resident.

The necessity for teamwork involving this disparate host of care staff, interdisciplinary personnel, administrators, consultants, planners, and other functionaries typically evolves because of some collision or need to reconcile the actual practice realities in a unit with the ideal, mandated

function of that unit and the allocation of resources to achieve that function.

Howe (1987) employs a structuralist perspective in his discussion of teamwork by calling attention to the power base of the team. He notes that a team can be used to reflect the needs of the clients on a collective basis, thereby elevating individual or personal troubles to the level of public issues. This implies a willingness and ability of workers to identify common threads between individual clients and the expectations of the wider community. Thus, included in this conceptualization of team are the clients and their families. At this level of analysis one might refer to the "Community of Interest Team" or simply the Community Team.

In this conception of teamwork, the "team" is brought together to plan or evaluate a service or when a surface level problem has manifested itself with sufficient strength to warrant a deeper analysis of its underlying causes. Direct-team members frequently play roles as advocates on behalf of clients in such forums, if and when they are included in decision making at this level. Frequently, they remain committed to such advocacy until some relative balance is achieved between client need and the mandated service. The failure of service system managers to apply the concept of teamwork to this kind of decision making typically results in the alienation of certain groups and/or the formation of lobby groups, including bargaining units, to offset any imbalance in the structure.

One would be remiss not to mention the contributions of

particular writers to this type of thinking. The works of Barton (1959), Goffman (1961), Foucault (1975), Rothman (1971), and Szasz (1961) figure centrally in showing how institutions have been used as extensions of the state's power to shape the behaviour of certain groups through ideological means. Thus, from a structural determinist perspective, one must include representatives of all groups in the "team", including consumers whose power to effect the production of services is in any way implicated by the decision making process which is undertaken. If the distribution of power is not subject to negotiation when critical planning or problem solving is carried out, then the predictable result is the formation of anti-task alliances (Scull, 1977).

In residential group care, this type of analysis is of most obvious benefit when highly complex and disparate groups are represented in the dialogue about the management of services. While certain of these issues could and should be addressed by the Management Team, it is when they are ignored or mishandled that we would expect to see community of interest teams form. In summary, we would include in this analysis both the community of interest team and what I prefer to call the **Corporate Team**, which includes all of these interests in its membership.

Emancipationism.

For the Emancipationists, the underlying premise about reality is that it exists only in the subjective experience of the individual. Only by commitment to struggle and vigilance

can the individual expect to overcome external forces which depress man's consciousness and suppress his nature, which is to be fully conscious and exist independent of mere physical presence. Man is 'Homo Laburans' (Nature only) and can hope only to recapture that nature through discourse involving commitment to authenticity and acceptance of one's own sense of alienation. Help for the emancipationists is initiated when one person reaches out to another and is consummated with the recognition that one may be alone in one's struggle. In paraphrasing R.D. Laing, Friedenberg writes: "true reciprocity, in which each accepts and contributes to the growth and the ends of the other,. . .[can]. . .never be experienced as a possibility" (1973: 72). Yet one can, through free will (unlike Rousseau's social contract), autonomously pledge (Laing) commitment to affiliation fraternity involving respect for rights and obligations.

This constitutes the basis for group formation in the emancipationist's quadrant. It provides the basis for an active character of human involvement: caring, responsibility, respect and knowledge - in short, authenticity. In this model, teamwork could be defined as the mutual expression of vigilance against mystification and the combined determination to struggle indefinitely with the obstacles to the expression of one's nature.

The analysis posited by the emancipationists is useful in the exploration of fundamental relationships nested at the core of the teamwork experience. The commitment which rests at the heart of the experience of the team is voluntarily

entered. The authenticity - involving autonomy, consent, and the expression of caring - represents the most basic precondition for any teamwork experience.

Included in this analytic framework for teamwork is the work of the Phenomenologists and the Ethnomethodologists. Teamwork in this context includes any activity which aligns two or more persons in the defined interactional configuration in such a way that one person is required to relate to the other's internal frame of reference when viewing the activity (Culbert and McDonough, 1985). As such, trust, respect for and understanding of another's frame of reference are viewed as necessary, but by themselves insufficient conditions for the development of positive alignments between and among people. Alignments provide the individual with a frame of reference "for instantly recognizing the opportunities and threats in each situation and the importance or dismissability of various interpersonal relationships" (Culbert and McDonough, 1985: 128).

It is in this context of alignments that the notion of "we-ness" serves to illuminate how the individual is empowered to act within the security of the organizational authority. "We-ness" includes both what Spiegelberg (1975) refers to as the "we" of co-presence when a person is legitimately empowered to speak for others with whom he/she is in immediate contact, and the "absentee-we," which is used in the absence of those for whom one claims to speak. Explicit or implicit "we-talk" can be defined as the transactional manifestation of alignments and serves to further shape the context which empowers

individuals to act out of trust, respect and understanding for any other's frame of reference. As Culbert and McDonough point out:

> People trust those who have the ability to view them in the proper 'context' and who have the ability to use and respect that context at moments when self-interests and job orientations place them in competition (1985: 23).

Team-building, then, would include any exchange between two or more persons in the interactional field "in which information is exchanged which enhances an individual's understanding of the internal framework behind the other person's behaviour" (Culbert and McDonough, 1985: 162).

While this notion of team could be extended beyond the immediate situation, we posit that this analysis best illuminates the situation of the "on-duty" experience for workers, hence, we could call this referential context **The On-Duty** or **Shift Team**.

SUMMARY

If one employs the analogy of photography, each theoretical community referred to above can be likened to a different lens. That is not to say that one lens is better or that one cannot, for example, take a picture of a small object with a wide angle lens. Rather, it is to say that in capturing a given aspect of a phenomenon, one gets a different picture depending on the theory which one uses to illuminate that phenomenon. It is clear from this analysis that few theoretically derived questions have been used to guide research in group care settings and on the subject of teamwork in particular. The perspective of the Positivists lends

itself to the use of normative or objective measurement devices to consider tangible inputs and outputs of teamwork. This is experimental design. The Interactionist perspective lends itself to observational or participant observational methods which seek to understand stable and emergent interactional patterns through which teams are produced. The Structural Determinist perspective lends itself to systematic analysis of contextual influences and for gaining insight into the ideological determinants of behaviour, including teamwork and sources of alienation. The Emancipationist perspective lends itself to understanding the phenomenology of teamwork by seeking to understand the internal frame of reference of those who practice teamwork. Each of these theoretical communities can be used to illuminate, or take a picture of, the general phenomenon we call teamwork.

One way in which the various theoretical perspectives can be organized is illustrated in the following diagram:

3

DIAGRAM I

DIMENSIONS OF TEAM FUNCTIONING
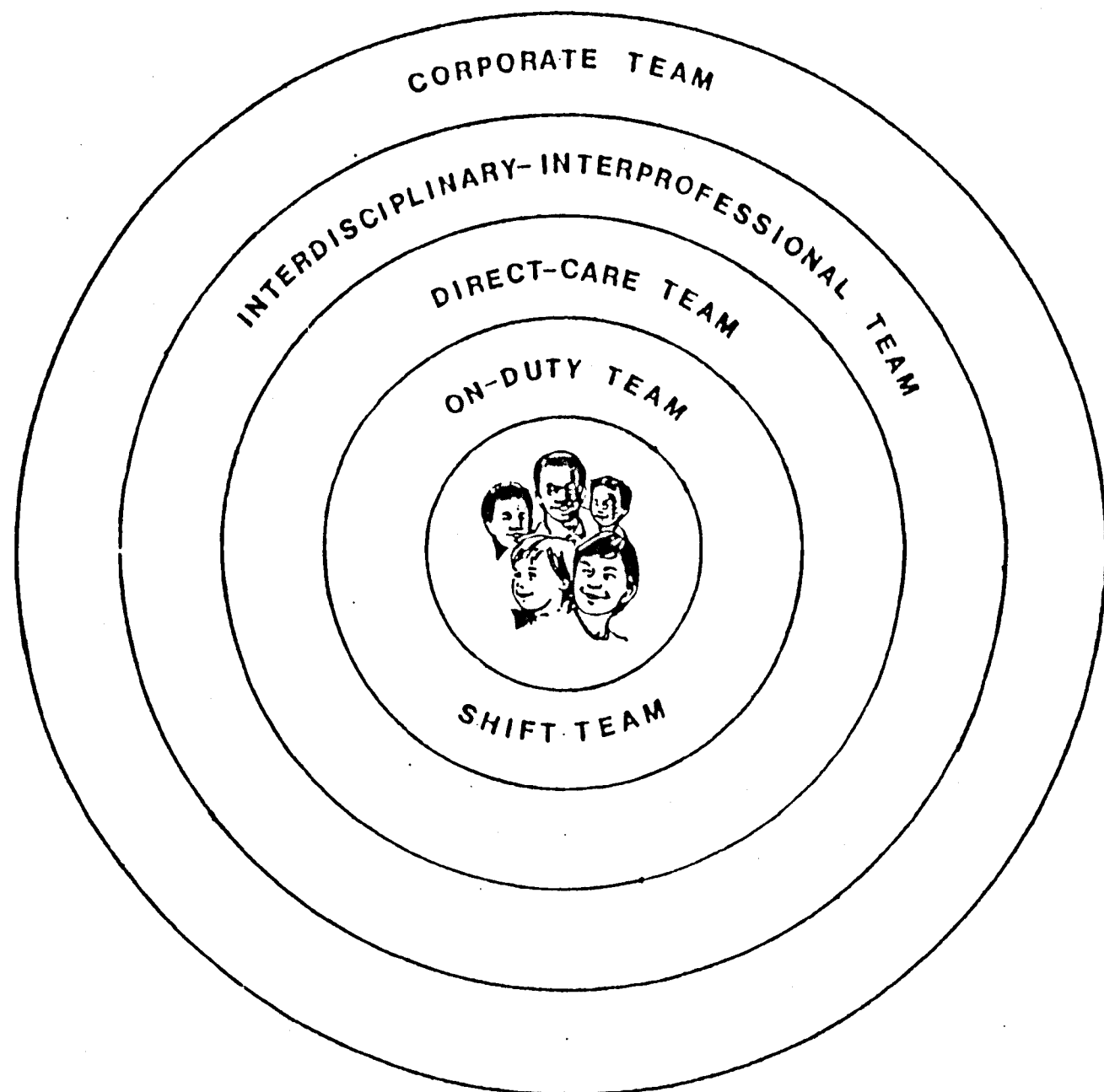
Given an examination of core knowledge as it relates to
teamwork, it is possible to highlight questions which are
central to the focus of this study:

Emancipationist   1)   What is the phenomenology of teamwork?
What can we learn about teamwork from
the "lived experiences" of
practitioners? How might we catalogue
these experiences and thereby generate
knowledge from which to better
understand these experiences?

Interactionist   2)   What are the group processes which
support and defeat teamwork? How might
these processes be guided and developed
within the work setting?

Positivist   3)   What should be accepted as valid and
reliable evidence that teamwork or the
lack of teamwork contributed to a
positive or negative outcome for the
recipients of a service?

Structural   4)   What is the prevailing ideology of
Determinist   teamwork and under what conditions
would teamwork or teaming behaviour be
indicated or even desirable?

Having explored core knowledge as it relates to teamwork,
attention turns to an examination of applied-derived models
which have been developed for use in practise and to evaluate
research. The Team Performance Model (Nieva, Fleishman and
Rieck, 1978); The Task Group Effectiveness Model (Gladstein,
1984); The Sociotechnical Model (Trist and Bamforth, 1951);
The Normative Model (Hackman, 1983); The Generic Team Approach
(Krueger et al., 1987); and Total Team Model (Garner, 1982)
are all reviewed. Finally, selected research focusing on
particular outcome variables having direct or indirect
relevance to teamwork are considered, including contextual
variables, employee satisfaction, participative management,
job characteristics, Quality of Working Life, and Life Events

Research.

PRACTISE MODELS BASED ON APPLIED-DERIVED KNOWLEDGE

<u>(A.)   The Team Performance Model</u>. The basic thesis of the Team Performance Model as explicated by Nieva, Fleishman and Rieck (1978) rests on the assumption that team performance is a function of four variables: external conditions, member resources, team characteristics, and task characteristics and demands.

Performance itself is differentiated into two types of task-related behaviours. Task behaviours of individuals are those job behaviours performed by an individual (for example, driving a young person to an appointment with a dentist, or getting a resident out of bed in the morning). Task-related behaviours at the team level require interaction and coordination among members to accomplish (for example, planning the activities which the resident group will engage in over the Christmas holidays).

External conditions are those conditions imposed on the work of a team by the larger social system (for example, the number and type of clientele or the general social goals of the service). Member resources refer to the ability, motivations, and personality characteristics of each individual staff member. Team characteristics are the structural aspects of the group: the size of the staff group, the administrative authority structure, the social climate and communication patterns. Task characteristics and demands set the parameters for the kind of activities which members engage in, including

individual task behaviours and team task behaviours.

(B.) The Task Group Effectiveness Model. The example of this model presented here is a version developed by Gladstein (1984) which is itself a revision of the model posited by McGrath (1984). This model emphasizes inter-relationships between certain Inputs, Group Process and Output Variables. Group and organizational variables mediate both the group process and the group effectiveness or output variables. Input variables include group composition which takes account of organizational and job tenure; and group structure variables which include the various roles played by members, the size of the group and certain leadership characteristics and so on.

Group tasks including the complexity of the expected work, environmental uncertainty and interdependence moderate the relationship between the group process (for example, levels of support and conflict, and boundary maintenance) and group effectiveness outputs including performance and satisfaction dimensions.

(C.) The Sociotechnical Model. Based on the work of Trist and Bamforth (1951), this model seeks to articulate the importance of designing groups to achieve optimum fit between technology and social characteristics to support the evolution of autonomous work groups or self-designing teams.

In this model, group performance is determined by the relationships between technical skills, leadership and group

interaction. The basic elements are organizational arrangements, which include the number of shifts, the work schedule, the size of the group, patterns of shift rotation and so on; task conditions which refer to the physical environment of the work (for example, residential group activities are affected by the fact that the work is carried on within the living space of the residents) and group characteristics, which include the demographic and cultural background of group members.

These variables, in turn, effect the pattern and work activity among members (group interaction), the technical skills of the staff, and the formal and informal influence of functions of supervisors and leaders.

This model is said to be particularly useful in explaining variation in work group performance over time.

(D.) The Normative Model. As explicated by Hackman (1983), the Normative Model defines effectiveness with respect to organizational standards and whether the group output meets or exceeds these standards. Also included in effectiveness measures are the relative degrees of satisfaction and frustration of members' needs throughout the group experience and the propensity of the members to work overtime.

The level of member output, the amount of knowledge and skill applied to the task and the appropriateness of the performance strategies used by the group all depend, in part, on the nature of the material resource requirements implied by the technology applied. In some technologies, only effort is

required, while others may require particular knowledge and/or particular strategies.

(E.) The Generic Team Approach. Developed by Krueger and Associates (1987), this model is an extension of both the Teamwork Primacy Model of Vorrath and Brendtro (1974) and the Total Team Approach of Garner (1982).

Krueger, et al. (1987) attempt to eliminate role differences and work to have all team members involved in as many phases of the work as possible. While a team member may be responsible for a particular aspect (school or the living unit), all members are expected to become involved in some way in each of the other phases of the programme. While there appears to be some confusion in the model between phases and the various activities available as part of the programme, it is clear that this approach strives to maintain a "holistic approach," enabling each member of the team to have an opportunity to become involved in the wide range of interactions which a youth encounters. This is thought to maximize direct service involvement and to spread indirect functions (eg. report writing) evenly throughout the team.

This approach seeks to eliminate role and status inequalities by paying everyone on the same salary structure and hiring each team member within the same job title irrespective of their professional or experiential background. Social workers, teachers and child care workers are all paid from the same salary structure, hired as Youth Development Generalists, and expected to spend similar amounts of time in

direct service with clients.

In a field trial with the model, the author acknowledges some resistance on the part of staff to the relinquishing of territory. Further, the work itself was made "too physically, emotionally and intellectually demanding. . .[during the attempt to get]. . .workers to spend near equal amounts of time in education, child care and family work" (Krueger, 1987: 137).

(F.) The Total Team Model. Garner advances a model based on four basic principles or guidelines:

1)   organize teams around discreet groups of children and youth. Include in each team all staff who provide direct services to that particular group of clients on a regular basis;

2)   minimize the total number of adults who serve each group of clients. No adult should serve on more than two teams, if possible;

3)   establish the teams as the organizational units with the responsibility and authority to plan and implement the program;

4)   establish the teams as the basic administrative units for the purposes of budget planning and personnel management (1982: v.).

Garner's model appears to be based mainly on the following propositions:

Interdisciplinary teamwork in most programs today is a goal instead of a reality. . .increased knowledge and specialized training have unfortunately not resulted in adult professionals working together effectively for the benefit of the children and youth. Tension, power struggles, territoriality, and pettiness too often characterize [their] interactions. . .This model offers us the opportunity to apply to our own organizations, work, and interactions the knowledge that we have regarding human behaviour (1982: v.).

While Garner advances the model not as constituting "a collection of 'ought-to's' but as providing the structure in which individual and collective excellence can occur" (1982: v.), the four principles and guidelines are more clearly instructive than they are helpful in fleshing out the principles or underlying assumptions.

Guideline one, for example, appears to be predicated on the assumption that satisfactory teamwork does not result when the agency employs the "departmental model" described as the Hierarchical Department Model. Garner argues the inevitability of this model resulting in the promotion of loyalty and identity with one's own profession, with residents being caught up in the middle of interdisciplinary power struggles. In this, he apparently shares with Krueger (1987) and Vorrath and Brendtro (1974) the assumption that if only we could eliminate status and/or professional difference and promote allegiance to smaller, goal-directed work units, then the correct knowledge [which we are presumed to possess] could be applied.

RESEARCH FINDINGS BASED ON APPLIED - DERIVED KNOWLEDGE

Faucheux, Amado and Laurent make a convincing argument for the consideration of contextual variables in any study of organizational change and development (1982: 366). They note that traditional conceptions of Organizational Development:

> . . .are the conception of a split universe: split between the technical and the human, split between scientific management and human relations, split between atomistic parts whose organic ties are not seen, split between managers and the managed, split between the organizations and their environment (1982: 365).

By employing a contextual analysis, they argue that "whenever a piece of reality is singled out, the context from which it is carved is never lost from view" (1982: 365).

Also on the subject of outcome measurement in organizations, Kanter and Brinkerhoff note that recent models "have moved away from rationalistic and voluntaristic assumptions about goal consensus, unity of purpose, and the possibility of discovering universal performance standards" (1981: 344). They argue for an admission that effectiveness in organizations is much more influenced by political considerations than scientific ones. This view rests on the claim that no organization can hope to control all the variables which define and determine effectiveness. "Multiple constituencies and multiple environments require multiple measures" (1981: 344). They argue for the study of "how particular measurement systems arise. . .whose interests they serve. . .and. . .how (or whether) they function to guide or shape an organization's activities" (1981: 344).

Staw suggests that research employing traditional outcome variables such as job satisfaction, absenteeism, turnover, motivation and performance has become stagnant and rests at an impasse (1984: 657). He concludes that research on organizations should follow theoretically derived questions, suggesting that traditional outcome variables be reframed to include the study of employee. . .

affective mood disposition and the functions of dissatisfaction,. . . physical presence in organizations,. . .examination of the consequences of turnover and organizational demography, . . [and specification of] the type of behaviour needed in organizations as well as nonhedonistic predictors of

performance (1984: 657).

In his review of research findings on technology, alienation and job satisfaction, Shepard (1977) concluded that the nature of work is heavily influenced by the technological considerations constituting a primary - but not the only - determinant of the division of labour in any organization. Most findings on the impact of technology on alienation and job satisfaction, according to Shepard, are so conflicted as to be equivocal. He argues that an important area of research is to explore the "generalization theme", or the notion that work-related alienation spills over into areas of one's life outside the workplace. He recommends that one way to approach this research is to recognize the difference between situationally specific and global social referents which may impact on feelings of alienation. He suggests that there may be differential impact of these sources of alienation which explains variation in "spill-over."

Shepard also notes that when considering the impact of technology on employee satisfaction and alienation, the particular technology must be disaggregated into separate variables to avoid masking important findings. He notes, for example, that "required physical exertion, pacing, a [particular] mode of supervision, a [particular] level of specialization may all weigh differentially on outcome" (1977: 16).

Job Satisfaction. There is little evidence in the literature upon which to base assumptions of a linear relationship

between individual job satisfaction and level of productiveness or effectiveness (Iaffaldano and Muchinsky, 1985; Vroom, 1964; Brayfield and Crockett, 1955, 1970). This is not surprising when one considers that there may be correlates between satisfaction and productiveness or effectiveness but that these are masked among the many subtle and enduring differences between people. It is not hard to imagine a productive and effective worker who is dissatisfied with his/her work and wants to move on; nor is it difficult to imagine an unproductive and perhaps ineffectual employee who loves his/her work. The myriad conditions and differences among people, their motivations, their perceptions of what satisfies and what frustrates them would dictate that any variable which would interact with job satisfaction in a linear way in all circumstances, would be quite global and obvious, as in never being able to predict when, or if, one would be paid for one's work.

In one meta-analytic review of studies in this area, Petty, McGee and Cavender (1984) reported higher and more consistent correlations between job satisfaction and performance than other researchers have done. They noted that their review included a high proportion of studies of professional-supervisory-managerial employees. They concluded that the relationship between overall job satisfaction and individual job performance may be moderated by job level and speculated that this is probably due to the availability of stronger extrinsic rewards and greater opportunities for intrinsic satisfaction for these employees. Also using the methodology

of meta-analysis, Loher, Noe, Moeller and Fitzgerald (1985) found that job satisfaction could be increased through job enrichment but that this holds true predominantly for employees who also profess a high need for work related growth and development and who perform more complex tasks. Other work on personnel complement and deployment patterns illustrates this point further.

Personnel Complement and Deployment. Fulcher (1983) reported three findings with respect to personnel complement and deployment in teams which seem to have particular importance to the present work. Firstly, he found that teams with a wider age range between the youngest and oldest members were also those which he had independently classified as having more adaptive patterns of functioning. He suggested that such teams were capable of providing a wider range of role models for children and young people, thereby permitting a wider range of responses. Secondly, teams with a higher proportion of young, single and more highly educated workers were associated with higher reporting of frustration. Fulcher associated these patterns of frustration with team intrigues and suggested that such teams were the ones most likely to experience higher rates of turnover amongst staff. Thirdly, in terms of the ratio of males to females within teams, Fulcher found that when the ratio tips in favour of males the pattern of team functioning is more likely to become maladaptive. Fourthly, high patterns of strain were associated with teams with staff who live within the centre;

and, fifthly, a higher incidence of union membership amongst the direct care staff was associated with apparently maladaptive patterns of team functioning.

A review of the literature supports some of these findings for individuals and raises questions about others. In their study of work environment variables related to job satisfaction for group home workers, Connis et al. (1979) offer a number of interesting findings. As suspected, they found high rates of employee turnover. Only a few employees in their study tended to remain in the group homes for more than one year. Varying levels of job satisfaction were associated with different occupational groupings. They noted that employee groups who spent less time in face-to-face contact with residents reported higher levels of satisfaction. Houseparents had considerably more direct contact than other groups. For all employee groups, satisfaction was positively associated with access to private living space.

Citing the works of Grossbard (1960), Reed (1977), and Mattingly (1981), Clemens argues that live-in workers are subject to more limited opportunities for withdrawal, psychological repair and personal recovery" (1986: 35). On the basis of this observation, one would assume that the provision of such opportunities and the space in which to accomplish them would go a long way towards resolving certain problems.

Connis et al. (1979) compared satisfaction rates for two categories of live-in workers - teaching parents and houseparents. Despite the fact that both groups live-in,

teaching houseparents reported much higher work related satisfactions than their houseparent counterparts. Teaching houseparents were twice as likely to have an advanced degree, were ten times as likely to have received additional formal training, and despite the fact that teaching houseparents worked slightly more hours during the week than houseparents, considerably fewer of these hours were spent in direct face-to-face contact with the residents. Perhaps even more important, teaching houseparents were ten times as likely to report that they make exclusive treatment relevant decisions and were considerably less likely to be required to consult superiors and outside professionals or to participate in committees in making their decisions than were their houseparent counterparts. It would appear that the opportunity to withdraw, repair and recover may be closely related to status differences involving independence/dependence, along with complexity and intensity of involvement in both resident and staff relationships. Again we note that the ability to regulate the amount of direct contact time, and perhaps the number of relationships with others, weighs heavily on perceived satisfaction with the job. The demand for face-to-face teamwork increases the complexity and limits independence for some workers.

One disturbing possibility which this raises is that the move away from the live-in model of work in group homes as noted by Clemens (1986), France (1972), Rowan and Kehoe (1985), and Shostack (1987). A more likely explanation for this move, however, is found in the parallels between efforts

to deinstitutionalize persons to so-called "community-based" residences and the diminished use of live-in staff. As more troubled and troublesome residents are moved into the home, efforts to professionalize the staff appear to accompany the replacement of live-in personnel with staff who work in shift rotas.

In general, the research findings on the impact of various forms of shift work are complex and difficult to interpret. Certain types of shiftwork can be associated with negative health and social well-being indicators but this does not occur uniformly (Landry, 1981; Roberts; 1984; Zalusky, 1979). The most negative permutations appear to be when the rotation includes weekends and/or when the rotational pattern lacks predictability or is subject to frequent changes. Negative effects include disruption of family and social life, disruption of sleeping and eating patterns, plus gastro-intestinal disorders. In one study, men reported nearly one-third as often that they experienced negative impact related to type of shift pattern, although women especially resented it when they could not have consecutive days off (Fehr, 1985).

Staines and Pleck reported that

> . . .non-standard work days are associated with less time in family roles, higher levels of specific types of work/family conflict. . .and. . .the number of hours worked each week is negatively related to time spent on housework and positively related to total family/work interference (1983: 121).

Some themes are clear in these studies. On the one hand, the impact of a particular shift pattern is not uniform. A host of variables may come into play at any given time which mediate the impact of shift work (for example, age, sex,

etc.), but the impact of these variables is not consistent nor is it uniform. The extent of like or dislike for a particular pattern may range greatly among the same group of employees. Researchers do seem to agree, overall, that increased control over one's work schedule can be used by the worker to buffer the negative effects of irregular or excessive work hours or intensity.

Furthermore, studies in the field of residential group care would seem to suggest that heightened control by the worker in terms of face-to-face contact can be used to buffer the negative effects of sustained presence with other staff and residents. The fact that this kind of autonomy appears to be a privilege which comes with education and professional status can be expected to impact most heavily on live-in staff and would appear to be concentrated amongst women in group homes who make up the bulk of paid houseparents. While younger workers tend to report their dissatisfactions with greater frequency, one wonders whether older female employees have not simply accepted the inequality or if they have other resources (for example, more stable satisfactions from non-work related sources) with which to buffer the frustrations.

Vroom posited a model for predicting the affective consequences of work schedules based on the assumption "that the valence of a given work schedule for a person will be an inverse function of the extent to which that work schedule restricts his ability to perform satisfying leisure activities" (1964: 56). Two concepts are central to Vroom's proposition. One is that the importance the leisure activity

has for an individual combined with the nature of the activity weighs heavily on the individual's demand for satisfaction. Some activities can be engaged in at any time while others are connected to a particular time or location. Secondly, the amount of overlap between the two schedules (the work schedule and the schedule implied by the nature and importance of the leisure activity) produces a level of discordance or congruence which either restrains or facilitates the performance of the activity.

The value of this model is that it accounts for differences and preferences between and among individuals. Vroom's suggestion that differences in the valence of activities or in the time patterns for activities on the part of workers in different [centres] or communities can lead to substantial differences in reactions to the same work schedule is highlighted in the following example. In one metropolitan area, the introduction of a rotational overnight shift pattern became the subject of heated debate with the result that some of the biggest names in rock and roll performing in the city became a central issue of teamwork. The majority of staff in this unit were single and in their twenties. By contrast, staff working in a residential programme which was situated in a locale distinguished by opportunities for cross-country skiing, ice-fishing, outdoor skating, boating and wilderness hiking rated the introduction of the same pattern of work as the most significant improvement in their working conditions in years. This staff group were characterized as being mainly in their thirties and forties with families.

Experience suggests that the work schedule in group care centres may become a central feature of negotiation amongst team members where negotiating power may be quite different for individual members depending on the status hierarchies within the staff team and who manages the work schedule. It has been observed with some frequency that the person or persons on a team who set out the work schedules are given this task owing to their propensity for detail and their ability to absorb frustration, not to mention the fact that many people want nothing to do with it until the implications of a particular schedule are made known to them. Staff whose primary place of residence is within the centre are frequently at the mercy of persons who may or may not be available to relieve them at the moment when they most need a break from face-to-face contact with the residents.

Berk (1985) found that more highly educated workers evidenced greater career commitment, child-oriented attitudes, job satisfaction and use of stimulating and non-directive behaviours toward children than workers with no advanced formal or informal training or education. This held true whether or not the advanced training was child-related. Less educated workers (mainly high school graduates in this study) tended to emphasize direct forms of guidance and restrictive practices in their work. Other studies suggest that there may be some upper limits to the notion that 'more is better' with respect to education and that dissatisfaction may be induced when people feel overqualified for the job they perform (Adams, 1983).

Research by Lin et al. (1979) and Pearlin (1981) suggests that individual level of education is not a discriminating variable with respect to reported levels of stress, although older persons tend to report less than younger ones and, on the whole, women tend to report more than males. One might conclude from this that education contributes to job satisfaction, not necessarily in a direct way, but relative to the increased autonomy and status which typically comes along with higher education. Lower education appears not to be associated with higher reporting of stress, except perhaps indirectly, in that the most stressful combination of characteristics, overall, would appear to be young, female, low education, low autonomy and dependent upon committees, superiors and professionally educated persons in order to get on with one's job.

As a result of their study into the effects of unions on job satisfaction, Berger, Olson and Boudreau (1983) found that unions effect satisfactions indirectly but that the expected results are as follows:

1) Unions have a positive effect on pay satisfaction by increasing values toward pay outcomes, as well as by increasing hourly wages and the probability of receiving fringe benefits;

2) Unions have negative effect on satisfaction with both supervision and co-workers by altering perceived supervisory behaviour;

3) Unions decrease satisfaction with work itself, through decreased task scope perceptions;

4) Unions decrease promotion satisfaction through negative effects on promotion values.

These conclusions would seem to support Fulcher's findings

with respect to the expected impact of a union.

Siting and Physical Design Characteristics.

This variable is one around which the most speculation - perhaps the strongest beliefs and the least research - has occurred with respect to group care centres, especially group homes. In terms of location and physical design of group homes, and its bearing on team functioning or job performance, the most important characteristics which may impact - but do not always necessarily do so - are:

1) public vs. private visibility;

2) the travel distance to and from work required of staff, particularly of supervisors;

3) the relative isolation of the physical structure from access to community and agency supplies and resources, especially when coupled with the temporal isolation experienced by staff during the evenings and weekends when the parent agency may be shut down;

4) the relative ease or frustration which the physical structure or lay-out presents in terms of maintaining awareness of the whereabouts and activities of residents and other staff both within the structure and across any potential entry or exit boundary of the residence;

5) the relative ease or frustration which the structure provides in the process of space allocation in terms of shared vs. private space in the process of allocation;

6) the relative access to facilities in the community which link productively with the requirements of the resident's needs;

7) the existence of outdoor space in which small groups can gather out of the view of the public;

8) space for appropriate activities given the developmental requirements of the residents

and staff;

9) the relative congruence between internal and external views of the appropriateness of the location and design with respect to the status-conferring functions of that particular location and design; and,

10) the dining and sleeping arrangements which are available to staff and residents.

In their own poignant use of Turner's (1969) rich and textured description of the spatial lay-out of a group home for female adolescents, Moos and Sommers (1976) sought to elaborate the connection between architectural design of buildings and the behaviour of persons who frequent them as part of their lives. The authors admitted that the question is complex and most behaviour is difficult to ascribe to a particular environmental variable. They acknowledged that age, culture and personality may explain much of the observed variation of behaviour in the same physical setting and that little is known about the limitations which may operate on the assumption that architecture determines behaviour. Environments, they note, are not viewed "as determining behaviour in themselves but as setting broad limits on the phenomena that can occur in a given setting" (Moos and Sommers, 1976: 111).

Fulcher speculated that staff employed in group homes were particularly prone to the use of "restricted and inhibited approaches" in their work as evidenced in their patterns of team functioning (1983: 572). He associated this with their geographic isolation away from central decision-makers when compared to other categories of group care centres which were either housed nearby or within the same facility as middle and

senior management personnel, presumably giving the staff closer access to their consultation and direction. Fulcher concluded that the patterns of team functioning of group homes staff in his sample evidenced a lack of "sensitive involvement of a trusted outsider, who has links with decision-makers" (1983: 572).

Fulcher also noted that "teams working in rural settings where accessibility is limited to private transport, are particularly vulnerable to isolation and therefore, potential neglect" (1983: 572). Hence, a group home which also happened to be located in a rural setting would evidence more restriction and inhibition in its pattern of team functioning and would also experience greater isolation and neglect at the same time. By comparison, however, Fulcher noted that "teams working in urban settings are clearly less predictable than teams in rural and suburban settings" (1983: 572) in their patterns of team functioning. The relative strength and meaning of these associations deserves further investigation.

Neff cites evidence that the problems of urban sprawl have added approximately two hours in travel time to the length of the working day for persons who work and/or live in major metropolitan areas of North America. He compares this to particular types of work on human behaviour and attitudes towards work. Neff (1977) noted that the degree to which the workplace is public vs. private may impact significantly on performance expectations, particularly for those workers who carry out more subordinate roles. Alexander, et al. (1977) argued that all departments and public services can lessen the

negative effects of bureaucratization and "red tape" if, among other things, they house each aspect of the service in an easily identifiable location and give each one access to a public thoroughfare. He goes on to say that small, self-governing workplaces which operate on the basis of autonomy with respect to organization, style, hiring and firing, or work schedule should be organized in such a way as to support small team work within the cooperative workgroup. This would include group "office space. . .with flexible room to expand and contract,. . .[which] provide[s] a common area . . .[at the heart of the centre]. . .with front access directly to the street" (1977: 704). The meeting room in a centre should "have light on two sides. . .roughly round or square (not too long) and facilitate team members sitting in a circle. . . [and]. . .have light over the table" (1977: 716). Offices, he notes, should be partly open to the space immediately beyond them and should also have light on two sides with workspaces overlooking the outdoors (1977: 718). In these ways, the building space can retain a character of small, informal contact with enough privacy and light to facilitate important formalized work for individuals and groups. At the same time the space promotes the central dynamic of human contact in the workplace without adding to the kinds of frustrations typically alluded to in accounts of the workings of public services, including frustrations with rigidity, isolation, density, or depersonalization.

In a comprehensive review of research on the subject of personal space, Hayduk (1983) argues the need to advance

beyond traditional definitions to an interactionist perspective. He argues that sex is not a consistently discriminating variable to utilize in any way in planning or allocating space. This is a contentious issue in many group homes where rooms for residents are selected on the basis of sexual considerations, with size, access to private toileting and bathing facilities, visibility and separation from other residents being central to individual and staff team preference. Given the research, these choices may reflect staff's own biases, fears or preferences for location more than anything else. Yet these variables remain central to team discussion and a major source of frustration in the selection of homes and in the process of allocating space within a home. Hayduk concludes that the study of the personal space dimension has suffered from the use of linear methodology and recommends interactive research which accounts for the mediating effects of several important variables, among them cultural variations.

In a study employing participant observation methodology, Harris and Lipman (1984) adopted the perspective of exchange theory - or the resource determinacy perspective - and defined space as a. . .

> scarce resource. . .allocated and used in accordance with normative expectations; expectations held by those who exercise social power. That is to say, space is manipulated and patterns of space usage are stipulated by those whose wills prevail over others" (1984: 50).

They hypothesized that "rather than being mere adaptations to physical environments, variations in space usage are manifestations of the interactions between differing

definitions of social reality" (1984: 51). They found that post-pubescent sexuality - or the concern staff had for separating boys and girls - constituted "a core issue around which socialization and space usage turn" (1984: 60). . .and that for pre-pubescent children, the issues appeared to turn on "other aspects of daily life - playing, eating and going to bed" (1984: 61) as opposed to the mandated foci of family life and responsibility, respectively. They noted the use of spatial and temporal privileges as sanctions in the homes involving both internal and external boundaries, for example, sitting in a particular room for punishment or banishment from another room, or even staying within the home for a period of time. They conclude that the social processes within a home and between the home and the "outside" were inseparable from the issue of space usage in the home and further, that these social processes "are grounded in the age-related expectations with which staff confront those in their charge" (1984: 64). These writers reject the assumptions of "built environmentalists" and the notions posed by orthodox "man/environment" theorists as contradictory to "lived experience."

Rohe's (1982) study of responses to density in residential settings both confirms and challenges certain commonly held assumptions about group care work, in part related to staff members strongly held beliefs about pairing certain residents in the same room. Rohe found that "expressed similarity of life style and occupant interest, although important in its own right, did not appear to be particularly important in

mediating the influence of density" (1982: 301). Greater numbers of compatible persons living in the same room want to spend more time away from the home. The possibilities for negative sub-group development among residents in homes for offenders is a problem well-known to staff teams who find themselves unable to find out what is going on with certain residents. This can, in fact, be a major source of conflict among staff.

Additionally, Rohe found that previous history of living in dense households did not foster adjustment to living in residential settings where density prevailed. On the contrary, a greater number of arguments and a predisposition to stay at home rather than seek release of tensions by going out of the home, were observed in persons having lived in high density households in the past. This contradict's Helson's (1964) Adaptation-Level Theory which assumes that previous experience will foster a positive adjustment. Rohe noted that competition for household resources (eg. the bathroom) and/or lack of control over interpersonal interaction are symptomatic of negative adaptation to household density which is itself a measure of numbers of persons, amount and type of space allocation.

It is generally agreed that staff who live-in should have access to their own private sleeping, bathing and toileting facilities when they are on the job and access to their own private cooking and living space when they are off duty (Fulcher, 1983; Shostack, 1987). Preferably staff should maintain their own residence away from the home to ensure that

they do not become involved during their off-duty time. When live-in staff go away for off-duty time their sleeping space in the home should be protected from intrusion by relief staff and/or residents.

The effects of dining arrangements have been investigated in particular with respect to their impact on the behaviour of severely mentally retarded persons. Hendrikson et al. (1985) found that adaptive dining behaviours increased and maladaptive dining behaviours decreased dramatically in institutions when small group (family style) arrangements were introduced, in comparison to congregate meals. They found that the context within which dining arrangements occur is important. However, they concluded that dining arrangements in groups of four residents with a ratio of 1-2 staff available (Mean=1:3.7) and with space of approximately 1.85 square meters available per resident could be expected to result in fewer staff prompts being required during mealtimes; increased adaptive behaviours on the part of residents, including cooperation among them; and, decreased noise levels and maladaptive behaviours.

Where to locate a group home has been the subject of ongoing debate since group homes first appeared on the scene. Again, it is generally agreed that the location has status-conferring implications which predispose the home to either acceptance in a given locale or rejection by neighbours and/or politicians. In one instance, in a large metropolitan Canadian city, a home for teenagers which had been purchased was never opened, due to neighbourhood backlash organized by a psychologist whose

career was devoted to work with adolescents and who also lived next door to the home. The psychologist's most damning and influential testimony presented at a meeting of neighbourhood residents consisted of the statement: "Once a weak ego, always a weak ego."

In terms of staff and job functioning, the matter of where the home is located appears to be related to quite personal/individual variables. A central feature appears to be the extent to which a staff member is "a fish in the bowl" within his/her own respective community. Persons who live and work in the same community often report that they must be accountable to family and friends for their work, especially if a "public event" has occurred. In this way we might speculate that the more "press" a home received, particularly "bad press", the more we might expect this dimension to weigh on team functioning. In fact, this is one of the consistent arguments which appears in most manuals and accounts of successful home operations: that a home should attempt to blend into its surroundings and keep a somewhat low profile (Whittaker, 1979; Shostack, 1987).

Social Policy Brief for Services.

The Social Policy Brief determines, to a large extent, the characteristics, or type, of population to be found in an individual centre or cluster of centres. The social policy brief is embedded in a particular legislative framework which ultimately sanctions or sponsors a centre to provide a broad category of service or services through a legally transferred

authority. In this way, the social policy brief is a central frame of reference for any enquiry into the direct functions or related workings of a group care centre. Fulcher notes that the social policy brief "involves a charge or command from superior officials to inferiors [sic], ordering them how to act" (1981: 45).

Experience would suggest that the written formulations derived from legislation contain statements of broad intent or goals which have implied meaning and are derived from a particular ideology. Far from ordering how to act, these statements empower certain persons or groups to act. How these missions or goals are to be implemented is rarely specified in such a way as to be applied uniformly. Statements such as "provide care", "accept for treatment", "ensure that an appropriate educational program is provided" or even "to provide developmental, scientifically-based, adequate social and health services" (Quebec's Bill 65, 1972: ch. 48) are subject to wide interpretation. What remains is for the appropriate leaders, managers or other responsible persons to interpret the social policy brief - a process itself subject to a variety of political, financial, theoretical and even social contingencies.

At best, the social policy brief implies how to act through the use of symbols and codes upon which all forms of communication are dependent and to which they are subjected. Even the directive: "to deinstitutionalize. . . ", initially thought to be perfectly clear, at least in North America, has undergone an evolutionary and diverse set of mixed and

contradictory interpretations. There are profound consequences for the functioning of teams in the way that a social policy brief is interpreted for them and by them.

Firstly, one could presume that if legislation was clearly established and had been in existence for some time, then the persons charged with carrying out that service might be faced with different symbols and codes to work with than if the service was more recently established by legislation. So too, if the legislation or mandated focus had undergone significant or recent changes one might expect the impact to be felt at the level of team practise.

Secondly, the relative climate of acceptance or non-acceptance of the mandate by particular groups could be expected to influence whether or not a policy or law was even carried out, let alone the relative strength or emphasis it might receive in practice.

A third variable which has long been thought to influence direct-practise in human service work groups is the question of whether or not the service is elective or involuntary from the point of view of the consumer. Although it has never been clear what difference this was expected to make with respect to levels of cooperation, cohesion or flexibility within work teams, practise wisdom suggests that certain staff are far more comfortable, perhaps even strongly identify with, carrying out the roles of disciplinarian or enforcer when compared with other staff members. This is a frequent source of conflict in residential teams and sometimes can be traced to fundamental differences in the way that the mandate is

understood by different persons. Even in services where admission is voluntary, the distinction between activities which are meant to be elective and those which are imposed to preserve social control is not always clear. Social control can be understood as a latent part of the mandate in virtually all residential centres. Even in shelters for battered women, where, ideologically, staff might oppose the use of social control measures with the victim, staff report that much of their time is given to the establishment and maintenance of behavioral expectations which, at times, have seemingly little to do with why the woman entered the shelter in the first place.

A fourth dimension which has long been thought to affect behaviour in work groups, again, at least in the human services, is whether the service is sponsored or operated in the public/private domain. Perhaps a myth, but nonetheless real, is the view that differences exist between these types of services in terms of their fairness or equity to consumers vs. exclusionary practices; flexibility vs. bureaucratized or institutionalized practices; self-interest vs. altruistic motivation for employees; quality vs. quantity; and even professional vs. personal interests in some instances.

A fifth set of variables which can be expected to affect a team's functioning is the particular characteristics of the clientele served. Burford and Fulcher (1985) found that even within single categories of clientele (juvenile offenders in this case) personality differences among the residents accounted for significant variations in the functioning of

different teams. For example, staff who worked with neurotic youngsters were much more affected during their off-duty time than were other groups of employees who worked with greater numbers of non-neurotic young people. Whether personality differences are the only discriminant variables or whether broad categories of clientele in terms of age, stage, or handicap - typically specified in the social policy brief - clearly impact on the functioning of work groups remains inconclusive. However, such findings as are available point towards a clear relationship.

A sixth variable frequently specified in the social policy brief is the implied or intended outcome or combination of outcomes for the service. For example, staff who work in a service which supervises adult felons while they complete a sentence imposed by a court must attempt to translate this mandate through individual and group processes into some predictable outcome. Such outcomes will be quite different from those pursued by team members who work in a centre where the mandate calls for staff to help mentally retarded adults learn skills required to live on their own at some time in the future. This effect must be considered separately from the characteristics of the population served, as well as apart from the characteristics of the setting or conditions under which the service is provided.

Common sense would dictate, although managers in quite diverse multi-national operations might disagree, that specification of output is more of a problem in the human services than in industry. For example, predicting how care,

custody, education or treatment translate into a finished product is quite a different problem from the one posed by the statement "we make cars." In the latter instance, one could legitimately expect that fully operational cars would emerge from the production process at some specific time. A "cared-for" elderly person, a treated emotionally-disturbed youngster, an educated mentally-retarded person and even a delinquent who has been kept in custody for a specified period of time will all require more qualified statements concerning desired outcome which will need to be agreed prior to any comparison of initial hopes with the final results. Ainsworth and Fulcher (1981) argue that care should be considered the central concern of all enterprise in the human services, especially in group care, and while this is perhaps a worthwhile consideration, legislative sanctions and social policy briefs do specify other kinds of activities which are quite different from one another.

The author once consulted with a group care team which were divided down the middle on an argument represented in the following way. One group accused the other of being just like the residents - never taking off their shoes, tracking in the snow, never picking up after themselves and failing to provide adequate levels of "structure" and discipline. "What kind of role models are you setting for the kids, anyway? You're a bunch of pushovers who let the kids walk all over you," they said. The opposing group noted, with calm outward dispatch, that they were paid to counsel the kids and help them with their problems. They were not "chars" or cops, adding, unlike

"you people, who only seem interested in keeping a lid on things, maintaining control, making things look 'rosy' on the surface and never getting to the 'real' issues. You don't really understand the kids." The unit mandate called for this team to rehabilitate the offenders (ergo: do something to them now which will enable them to make prosocial decisions in the future, once they have no more contact with you) through programs of socialization, re-education, behaviour therapy training, individual and group counselling, and therapeutic recreation, while providing safe, secure custody in the most normalized and humane ways possible.

The possibilities for conflict and/or uncertainty in achieving cognitive consensus in the translation of these statements into action are too numerous to categorize. Evidence would suggest that some traditional, custodially-oriented centres for young people fail to provide even adequate health care services, which are largely taken for granted, given the presence of health care professionals in most centres. In the case of Danny O. vs. Bowman, State of Idaho - 1985 (Costello and Jameson, 1987: 197), and others cited by the authors, the consensually validated practises derived from having operated as a custodially-oriented vehicle of justice and punishment precluded even minimal standards of health care and service from being observed. In another article called "Let's Deinstitutionalize Group Homes", Rowan and Kehoe (1985) suggest that something has gone awry between the formulation of the social policy brief, wherein group homes were viewed as "deinstitutionalized", or alternatives to

institutionalized settings, and the eventual outcome, wherein group homes become "mini-institutions" with, in some cases, less orientation toward the community than many of their campus-based counterparts.

A seventh area of potential consequence for teams, which may emanate directly from the social policy brief or legislative mandate, is whether or not the service is required to provide a "normalized" environment. This notion found its way into legislative sanction, in part, during the liberal Zeitgeist of the 1960's in North America, which was at the forefront of the deinstitutionalization era, with increased concern for individual freedoms and liberties. While certain groups undoubtedly benefit from practises which are deliberately aimed at avoiding the unnecessary use of social control or reducing particular risks associated with labelling, alienating or stigmatizing practises, one wonders what benefits will be derived in the long run from the inclusion of such statements in the social policy framework for certain groups of the population.

The Technology of Care.

The notion of care has played such an important part in the development of residential services in the health, education, welfare and justice sectors that some authors have argued for its location at the centre of any consideration in the human services (Fulcher and Ainsworth, 1985; Maier, 1977). If one assumes this to be so, then the technology of group care work and its influence on the use of time and activity in job

performance and teamwork warrants closer examination. This is especially so in the context of caring as a team activity, where caring is shared by a number of persons, over time, through changing conditions and shift turnover.

The very nature of the tasks involved and the ideologies employed in the production of care may influence the assumptions made about work motivation, satisfactions, frustrations and teamwork. At a minimum, the nature of satisfactions derived from care may rule out direct comparison with non-human services. For example, Glisson (1978) has noted that administrative styles are likely to be more diverse within human service agencies than within other types of workplaces. Explanations offered for such differences cite the heterogeneous nature of the "raw materials" (clients) and the lack of agreed upon interventive strategies related to variability of outcomes in the social sciences.

Helen Harris Perlman (1985) seems to accept the fundamental importance of caring when she argues that caring, by itself, is not enough. The art of caring must be developed and include persons with, and who are willing to develop:

> the special gift of a sensitive capacity for empathy;. .
> . interest in [the] special nature of. . .careful
> attention to the potentials. . .and limitations. . .and
> curiosity about [human beings] . . .and a rigorously
> governed discipline to seek mastery in enhancing the
> lives of others (1985: 7-9).

Page claims that caring is often mistaken for controlling in the residential context and that caring must be developed as a "highly skilled multi-disciplinary, therapeutic professional provision" (1978: 20). Arguments for the professional development of the careworker role have been

advanced by numerous scholars and practitioners during the past fifteen years including Ainsworth (1981); Mattingly (1982); Braukmann et al. (1983); and VanderVen (1981). Yet the field has been slow to develop and houseparents in particular have typically been excluded from these training efforts (Pecora and Gingerich, 1981).

In a review of research on the importance of empathy, warmth, and genuineness in psychotherapy, Patterson (1984) concluded that these characteristics in the helping relationship have been undervalued in favour of methodologies and techniques. If one applies this logic to an analysis of roles played by group home personnel, particularly houseparents, the conclusion might be drawn that there are other ways to empower and legitimize the role than through attempting to duplicate "scientifically-based" patterns of training provided to other occupational groups.

In an analysis of the quality of care in the health professions, Levine argued that "cognitive factors in educating health professionals may be less important than the personal qualities of the professionals and the appropriateness of their practice experience to present needs" (1985: 429).

Pecora and Gingerich studied worker tasks and knowledge utilization of workers in six child care agencies. With respect to tasks they found:

> Child care workers engage primarily in the behavioral management of children, often implementing fairly specific intervention programs. In contrast, houseparents engage in a broader range of tasks from preparing meals and helping the children get washed and dressed, to supervising group games, providing

transportation, and repairing the house (1981: 229).

On the basis of this, one wonders if the shift from using live-in houseparents to care workers does not represent an increased emphasis on control through the use of "constructed activities" and management techniques along with a reduction in emphasis on work in the life-space of the "home."

By extending this analysis to examine the dramatic increase in popularity of life skills approaches (Small and Fulcher, 1985; Whittaker, 1979), one wonders if this is not a further intrusion into the "home" and the domain of caring by methodology which is itself motivated by science and oriented toward change in the client.

Gleeson attacks this problem squarely in his examination of "the kind of 'official' thinking which lies behind life skills training, and the skills which are thought necessary to enhance the 'personal effectiveness' of young people" (1986: 381). He points to what is perceived as a mismatch between government training policy and the realities experienced by young people in the labour market. By teaching young people how to behave in society rather than teaching them about society, training policy arguably serves the requirements of the social order as opposed to producing a higher quality work force to meet future exigencies. Life skills training, in effect, may be a class-based training for unemployment rather than preparation for a job.

In the North American context, one wonders if the life-skills technology and its ideological anti-treatment surge to popularity will become yet another symptom of the gradual

shift towards devaluing caring, which small, community based group homes were intended to foster. Perhaps more important than any particular technology is the quality of caring experienced by the resident in a group home. Other research raises this same question. In one study of young people's perception of what had made the difference for them in residential care and treatment, the authors were prompted, on the basis of their findings, to title the work: "Staff Cared: The Status and Opinions of Former Students" (Barr et al., 1987).

This is not intended to dispute the potential value of technologies such as life-skills training. It serves merely to point out the dangers of the imposition of technology to the detriment of the caring role. The two elements may become discreet elements of a caring service if workers are allowed to back away from contact which residents experience as important.

Brendtro appears to offer a compromise position when he expresses the concern that "many traditional educational and treatment programs have neglected troubled youth to the narrow role of the recipient of care" (1985: 4). He argued that young people can develop self-esteem and social responsibility only if they themselves become involved in helping and caring for others. He seems to accept the notion that the roles of "recipient of care" and "caregiver" are linked in such a way that the process of self-actualization could be fostered by developing roles for troubled youths in the network of caregivers. That these roles are linked in some intrinsic way

is supported by Sabini and Silver, who advance the notion that "our conception of what it is to experience pain and emotion and what it is to value something all involve caring about something" (1985: 35). These authors further define caring as something which is "beyond the will, beyond rational calculation of interest" (1985: 35). They argue that a necessary precondition for caring about someone else's pain is the moral judgement that the pain is beyond that person's will. One is reminded of the work of the Emancipationists, mentioned earlier, to support the idea that an important principle, underlying the work of the caring team, is the conscious and voluntary pledge to not knowingly diminish one's own, or another person's, autonomy. This is concidered to be an "active" expression of caring.

Participative Management. The belief that participative management equals teamwork is so pervasive in manuals, unscholarly texts and in-service training documents as to deserve special attention in this review.

Neugeboren asserts that

. . .the assumptions behind the team concept are that each team member has unique expertise and that there is equality among members leading to open communication and effective problem-solving. . .the effectiveness of teamwork, insofar as it relies on democracy and open communication, might be diminished (1985: 264).

The popularity of teamwork may, however, simply reflect an untested belief in participatory management.

While not achieving the status of a theory in its own right, most researchers and scholars who promote participative management do agree that this model is predicated on what

Davis describes as "building a feeling of mutual contribution among participants in the organization. . .[and]. . .managers are seen as joint contributors rather than bosses" (1976: 10).

Davis elaborated on this in the following way:

> The managerial orientation is toward teamwork which will provide an integration of all contributions. Management is more of an integrating power than a commanding power. The employee response to this situation is responsibility. He produces quality work not primarily because management tells him to do so or because the inspector will catch him if he does not, but because he feels inside himself the desire to do so for many reasons. The employee psychological result, therefore, is self-discipline. Feeling responsible, the employee disciplines himself for team performance in the same way that a football team member disciplines himself in training and in game performance (1976: 10-11).

Dyer (1977) has constructed a rating instrument which purports to assess employee readiness for team building. The assumptions behind Dyer's teambuilding model are evident in the assessment. Sample items include:

> 1) You are comfortable in sharing organizational leadership and decision making with subordinates and prefer to work in a participative atmosphere.
>
> 4) You feel you need the input of your staff to plan major changes or develop new operating policies and procedures (1977: 4).

In a chapter entitled "Teamwork: Pros, Cons and Prospects for the Future", Rosow reinforces this same theme. He notes that. . .

> many unions and companies today have joined in seeking improvements in productivity and product quality primarily through quality of working life and employee involvement and decision making (1986: 3).

He notes that among the barriers to teamwork presented by management and/or unions are. . .

> resistance to change; resistance to institutionalization;

resistance to decentralization and sharing of decision making; supervisors' fears of loss of job, power and status; tight control of decision making; distrust of management; union politics; lack of experience in joint decision making; the organizational style and the structure of the jobs and work itself; and, continuity of leadership (1986: 5-6).

In this context, the meaning of teamwork is specific to increased cooperation between unions and management.

The link between participative management and teamwork is evident in the work of Patten (1981) who notes that the conceptual foundations of teamwork originate in participatory management.

Powell and Schlacter note that the appeal of participatory management lies in the fact that "it complements the political and social philosophies of democracy and individual self-actualization. . .[and is based on the belief that] a democratic environment may be more conducive to productive effort under certain conditions" (1976: 175-176).

They also note that most studies which show a positive connection between production and participation have been conducted within corporate environments where economic reward usually accompanies improved performance. Thus, they argue, "it is quite impossible to divorce the effects of participation from the explicit or implicit economic incentive, which accompanies it" (1976: 176).

In their own research within governmental organizations, Powell and Schlacter concluded that the morale of employees could be increased predictably through increased involvement of employees in decision making. However, these same workers did not reliably increase their rates of production. Indeed,

some groups worsened in this regard! One result of participatory management therefore may be to erode formal directive leadership patterns as group members' interrelationships increase and as their influence with one another strengthens (1976: 181). Powell and Schlacter do not suggest that organizations abandon attempts to test participatory management. Instead, they argue that complexities related to motivation and productivity are inadequately understood to justify embracing these models without question (1976: 181-182).

In another detailed critique of participative management, Locke, Schweiger, and Latham concluded that:

> there is no clear tendency for participation to result in higher productivity than authoritative decision making. Participation may improve productivity, but does not consistently have this effect and, in some cases, is actually less effective than nonparticipation (1986: 68).

These authors note that motivation to achieve goals can be stimulated just as well by assigning goals in a participative manner so long as the goals are perceived by the employee as reasonable and if sufficient supports, including resources, are provided to achieve these goals.

These scholars present research findings which describe the negative effects of involving subordinates in decisions for which they have little knowledge. These include the rendering of low quality decisions (Vroom, 1964), and negative motivational impact on personnel (Kanter and Brinkerhoff, 1981; Grove and Kerr, 1951). In each of the decision making models which they cite, participative decision making is effective at only one stage in the employee's development:

after they have achieved some experience and on-the-job competencies, but prior to the point where decisions could be delegated solely to them. In summary, they claim that:

> While participation may lead to greater involvement and better decisions, it does not necessarily do so. . . participation is useful only under some circumstances. . . a key requirement is that the subordinate has expertise to bring to the decision making process. . . there is no direct connection between job satisfaction and subsequent productivity. This is not to say that job dissatisfaction has no consequences, but that they vary for different employees and are mediated by many contextual factors (Locke, Schweiger, Latham, 1986: 69-71).

These same authors go on to argue that job satisfaction is the result of attaining one's job values. This requires consideration of the nature of the work itself, the pay, promotional opportunities, the working conditions, relationships with co-workers, supervision, and the impact of the organization including the management philosophy. In tackling the question of whether participation should be an ethical imperative, Locke, Latham and Schweiger point out that the priorities of employer and employee are not identical despite the fact that no conflict of interest necessarily exists. An organization could not function without some degree of employee satisfaction but employee morale cannot become the employer's primary goal.

In the face of all the evidence, why, then, are models which work so directly toward participative ends so pervasive? Is the human service sector simply behind the corporate sector in achieving this realisation? Are outcomes in the human services so spurious or difficult to estimate that "people management" becomes an end in itself? Surely researchers do

not expect the use of participative management structures in residential group care to offset all, or even most, of the problems associated with the notoriously low pay, absence of promotional schemes, and the qualitative differences which exist amongst personnel who find jobs in group care centres.

One answer lies in a consideration of the ways in which popularity of participative management emerged in residential centres as part of the reaction to authoritative, top-heavy management structures associated with the `classical management' school. Descriptions emerged during the late 1950's and 1960's of residential workers feeling powerless and left out and as having valuable perceptions and experiences with residents which are ignored by other members of the professional team. The notion of "residential worker as baby-sitter," whose autonomy and competence were diminished in the professional status hierarchy, have dominated the literature in the field since that time.

Like many developments in the human services, teamwork's popularity is virtually inseparable from its medical scientific roots. The medical team came into popularity during the 1950's explosion of technology and emerging competition of professional groups to establish territoriality. The notion of a medical team, led by a physician, ultimately came to include nurses, psychologists, social workers, occupational and physiotherapists and a host of others, depending upon the setting. It was almost as if the "whole" patient could only be treated if every functional aspect was considered by someone who had a specialization in

a particular area. Perhaps this was a recognition of the explosion of technology, but it is also likely that a division of labour emerged as a result of the growth and increased power of professional groups.

It is strange, on the surface, that this model would be so attractive to practitioners in the social services, where variables which may effect outcome are thought to be far less precise. A deeper look at the structure of the professions, however, reveals that the power of science - specifically through the practise of medicine - has been a very powerful forum for the allocation of resources, including territory. Had other professions not competed along similar lines, perhaps they may not have grown and developed (Esland and Salaman, 1980; Benveniste, 1987).

As one observes the growth of professions and the subsequent division of labour one notes that the idea of teamwork became popular in what can only be described as an attempt to integrate all the subspecialties within a given profession or even one particular branch of that profession. Attempts to use teamwork to overcome the problems of interdisciplinary coordination are apparent in the works of Brill (1976), Payne (1982), Parsloe (1981), Stevenson (1978, 1981), Holder and Wardle (1981), Kane (1980, 1975), Dingwall (1980) and Briggs (1980).

One also notes that residential group care has neither developed the kind nor the variety of subspecialties which would require teams to incorporate these different subspecialties. Similarly, group care professionals have

never established the kind of foothold in the human service
field which would give them the amount of bargaining power
which other professions have garnered about themselves. Much
of the literature alludes to the fact that residential workers
see themselves, and are seen by others, as "low persons on the
totem pole" or "babysitters." It would seem that caring has
not developed a sufficiently legitimate function within the
human services to be in and of itself a status-conferring
work.

An analysis of the very nature of caring work supports this
view. Waerness (1984) proposes a rationality for caring which
she differentiates from scientific rationality, with its
inherent emphasis on environmental control. She argues that
scientific rationales for caring have devalued the components
of care and closeness, which have typically been labelled as
"feminine". She points out that the bulk of care in Western
societies is provided by women as an extension of positions in
their own families and represents an expressive quality of
care. This type of care is threatened by an overemphasis on
instrumental forms of care which grow out of scientific
methodology and undergird much of the emphasis on
professionalism, particularly in the bureaucratic context.
Waerness makes the case for giving "more decision-making power
to women on the basis of their personal experiences from
practical caregiving work in the private sphere and from
working class jobs in the public caregiving services" (1984:
205). Krueger's experiment illustrates this point in a most
painful way. When attempts were made to eliminate status

hierarchies, team members experienced the kind of "overwork" which is frequently associated with residential group care work at the "shop-floor." Apparently, one status conferring function of professions is to enable members to regulate the amount of face-to-face contact they have with clients. This is supported by the work of Esland (1980).

Hence, one might posit a definition of team which takes into account the process of resource utilization: the acquisition, transformation, and distribution of scarce and non-divisible resources. Resource Dependency Theory assumes that if, for example, each person has his/her own waterhole, then the collective of persons has no reason to cohere around the need for water. If, however, there is only one well, then they have a basis for group cohesion, and potentially, at least, a legitimate claim to be included in the process of utilization of this resource.

If, as certain authors claim, residential workers are left out of the work in the interdisciplinary (Positivist) model of teamwork then one must question what is the basis for their claim to be involved in the process in the first place. Why has it been the case that such cohesion has never been felt strongly by residential workers? Another way of asking this is: What are the scarce and non-divisible resources around which residential workers expect to be included in the allocation process?

If this analysis is correct, "caring" is apparently a divisible and plentiful resource, or perhaps caring does not have central value by itself. The most painful implication of

this analysis would be that the actual tasks performed by the workers in their caring functions have no value in the overall process of resource utilization. The conclusion one is left with is that the actual space within the centre (a bed) is the central resource in question. Evidence suggests that "bedspace" is the central feature of negotiation between managers of residential centres and outsiders, including other members of the so-called interdisciplinary team. Once a bed space is allocated, in this model, it is conceivable that the only people who "care" what happens are the staff (presumably), the residents and their families owing to the fact that what "matters" to the wider professional group is that the client has been "placed" and is therefore "cared for." In this model, residential staff would be, perhaps, wiser to conceptualize their immediate team as composed of themselves, their residents and the resident's significant others outside the centre. The emergence of legislation to include families in the work of group care centres in the U.S., U.K., Canada, and New Zealand may present new opportunities for the empowerment of direct care teams.

Despite any consistent link being found between worker satisfaction and productivity, the notions of job satisfaction, job enrichment and job enlargement have continued to figure prominently in the literature and in practise. Why this should be so bears closer examination.

Quality of Working Life Considerations.

Chichester-Clark pinpoints two factors which underlie the

value of a focus on satisfaction. She locates these in the wider study of Quality of Working Life. These are:

1)   the right of individual workers to be treated as human beings with feelings and personalities rather than as inanimate units of production; and,

2)   the manifest pressures in advanced industrial societies which arise from basic incompatibilities between social and technological changes (1975: 28).

During the past few years, the term Quality of Working Life has increasingly been associated with, as Walton notes: "Efforts to describe certain environmental and humanistic values neglected by industrialized societies in favour of technological advancement, industrial productivity, and economic growth" (1975: 17). Walton pointed to eight conceptual categories believed to provide a framework for the analysis of working life:

1)   Adequate and fair compensation;
2)   Safe and healthy working conditions;
3)   Immediate opportunity to use and develop human capacities;
4)   Future opportunity for continued growth and security;
5)   Social integration in the work organization;
6)   Constitutionalism in the work organization;
7)   Work and the total life space;
8)   The social relevance of work (1975: 18-24).

Bollmeir and Suojanen (1975) caution that workers require both a human work environment and a meaningful job structure so as to avoid a "country club" environment which they believe would result in low productivity.

From the beginning it seems that efforts aimed at improving quality of working life was a long term undertaking. Davis and Cherns wrote:

> The present cultural, social, and technological period -
> the industrial era, which began about 1800 - is slowly
> waning, impelled by changes in social values and
> developments in technology. The relationship between
> work in its conventional form and economic production is
> growing tenuous and, as a result, the meaning both of
> work and of man's relationship to society is called into
> question. . .Society's response to these large-scale
> changes displays considerable confusion, as may be
> expected, given both their pervasiveness and newness"
> (1975: 4).

Predictably, many organizations attempted to embrace new technology without committing to underlying change. Bollmeier and Suojanen (1975) point to well-known failures in the literature and explain this by noting that may organizations continued to operate on traditional assumptions and authoritarian organizational models, whilst at the same time promoting programmes which called for more flexible organizational designs and assumptions.

The fact that research has failed to demonstrate consistent links between quality of working life and various outcome measures, like increased productivity, reduced absenteeism and turnover, should have come as no surprise. Noting flaws with much research on the subject, Scarpello and Campbell found that defining overall job satisfaction as the "sum of the evaluations of the discrete elements of which the job is composed, may lend to neglect of major determinants of job satisfaction. The 'whole' appears to be more complex than the sum of the presently measured parts" (1983: 577). They suggest that individual differences in levels of aspiration and differences among employees of their own career paths are more useful in explaining job satisfaction than are the match of worker needs with rewards. Our conclusion is that what

works in this regard is a complex configuration of person,
circumstance and methodology applied to enrichment,
satisfaction and/or enlargement.

FULCHER'S WORK ON TEAM FUNCTIONING

In his work on team functioning assessment, Fulcher employed
a Quality of Working Life (QWL) framework constructed on the
notion that:

> The occupational focus of group care builds from an
> analysis of the internal organization in a service-
> oriented environment.   A process of enactment is
> represented in the interpersonal relations of workers and
> children, while the structural design of an environment
> supplies the context against which the meaning of the
> event is interpreted (1983: 58).

Building on the work of Goffman (1961), Polsky (1963), Moos
(1974, 1975), Tobin and Lieberman (1976) and Davies and Knapp
(1981), Fulcher described Quality of Working Life as an
occupational concept - itself the product of "the quality of
the interactions which are present between employees and their
work situation, interactions in which the very nature of the
work plays a central role" (1983: 91). He rested his analysis
on the notion that "job satisfaction was shown to be a
positive function of workers attaining their priority work
needs. . .[and] workers' expectations of their priority work
needs were found to be a function of their orientation to
work" (1983: 94).

Fulcher employed the work of Russell (1975) and Seashore
(1975), who rejected linear causal relationships between job
satisfaction and productivity, but differentiated between
intrinsic and extrinsic rewards. He also extended the work of

Heimler (1975) - who postulated that the absence of satisfaction is not the same as dis-satisfaction - to include both on and off the job satisfactions, to postulate the following:

1)   A coalescence of themes can be identified in any work group concerning satisfactions and frustrations in working life. These themes will be influential at the level of individuals as well as at the organizational level and will be instrumental in shaping patterns of team functioning over time (1983: 97).

2)   Quality of life for the consumer of a group care service and quality of working life for service personnel employed in the production of welfare are complementary influences in any group care service (1983: 106).

On the basis of these postulates, Fulcher collected data using a modified version of the Work Orientation Schedule and the Holmes-Rahe Schedule of Recent and Anticipated Life Events (1967) on sixty-three (63) different teams working for thirteen (13) separate agencies in Scotland, England, Canada and the United States. By extending and modifying Bronfenbrenner's (1979) contextual analysis of the systems of influence on human development to delineate contextual spheres of influence on team functioning and to include an organizational dimension, Fulcher attempted to reference variations in team functioning with particular spheres of influence including:

1)   The immediate setting;
2)   Multiple contexts;
3)   The organizational context;
4)   The social policy environment - territorial and cultural sphere; and,
5)   The social policy environment - international and cross-cultural sphere.

Employing the work of Emery (1977) on social forecasting,

Fulcher developed a classification scheme which he used to typify each of the sixty-three teams in his international sample. Emery's pioneer work on social forecasting appears to underlie much of what is now called strategic planning. Strategic planning itself is predicated on the notion that contemporary organizations exist in environments characterized by turbulence. Competition for scarce resources and fluctuations in local, national and international patterns of resource utilization are just two of the contextual dimensions which shape behaviour within and between formal organizations (Steiner, 1979).

Proponents of strategic planning have sought to strike a balance between decision making within their own organization and perceived opportunities or threats inherent in changes in the wider social political environment. Toward this end they have sought to detect trends in the external environment. Two general strategies are important in this consideration. Firstly, one must undertake to assess the trends and make a forecast about the ways in which these trends might operate in the future; and secondly, one must isolate which of the predictions underlying this forecast are most relevant for future planning.

Strategic planners involve themselves, as it were, in planning to plan. This is based on the assumption that planning in organizations cannot be separated from the ongoing business of those organizations. If there is no plan for planning, then organizations are likely to fall into patterns in which planning, if it happens at all, is unlikely to be of

any value to those involved in the ongoing life of the organizations. There may be no need for such planning if an organization is led by a charismatic leader. This is particularly so if the charismatic leader's intuitive judgements are almost always on target; and if sufficient influence over the deployment of resources within the organization, including personnel, can be quickly mobilized to capitalize on particular strengths within the organization and to pursue opportunities in the larger environment. Under these conditions the organization's success in that environment would be virtually guaranteed, all other things being equal. This does not describe the situation in the majority of human service organizations.

Emery (1977) has offered a schemata for clarifying the organizational and social policy issues which are thought to be important in making forecasts. Integral to his framework are the following assumptions:

1) That planning must proceed from an objective assessment of present conditions both within the organization and in the relevant external environment;

2) That planners frequently tend to pursue only those goals which seem achievable, and hence, may be blind to possibilities which are emerging or have newly emerged and/or may fail to take advantage of opportunities in these trends when reactivity prevails. In this latter circumstance, developments may be viewed as obstacles rather than opportunities;

3) That a decision to pursue a goal and/or the means selected to pursue that goal invariably pose limits on decision making in the future. Current decision making must take into account selected milestones in the future at which time decisions - which could only be made then - are isolated, and further, to prioritize which of these strategic points around which

to organize current behaviour, including decision making and planning, so as to not limit those options in the future (1977: 211-216).

One assumption behind Emery's and, by extension, Fulcher's work is that the organization is a system which operates on the basis of a number of subsystems. From this assumption, both proceeded toward a model which was built on an assessment of inter and intra organizational dimensions as well as upon a forecast of environmental influences upon organizational behaviour.

Fulcher's adaptation of the model posited that work groups, or teams, within an organization would evidence characteristic patterns of themes in their work which were useful in assessing organizational functioning and, by extension, planning. That planning involves making a forecast about the environment in which the team is located is a given.

Fulcher argued that at the very core of the team experience it is important to note whether the predominant response is expressed actively or passively. The group's energies are either expressed or they are not. By extension, if a group's energies were expressed, this energy could be expressed as conflict or as synergy. Drawing on the work of Schiff et al. (1975), this assumption can be extended to define passive behaviours as including either incapacitation or overadaptation. Passivity may be expressed through complete immobilization, which includes random violence, or through passive overcompliance. Doing nothing at all is differentiated from doing nothing which is relevant to the problem. Doing nothing relevant to the problem includes

complying in such a way as to preclude learning through passive resistance.

Similarly, activity can be expressed as conflict or as synergy. Doing something relative to the problem does not imply coordination or linking of behaviours of the persons who have information which is relative to the problem or who have a responsibility to help solve a problem. It is taken as further evidence that coalitions have formed within the organization and/or the work group which oppose one another.

In Emery's formulation, active responses are thought to be the product of environments which are of greater complexity, while passive responses are associated with lower complexity environments. This assumption can be traced in the work of Emery and of Heimler to psychoanalytic roots. The models posited by ego psychologists are predicated on the notion that organisms grow and develop from lower to higher capacity to govern internal tensions and that successful behaviours, or ones that persist, are ones which increase the organism's capacity to develop patterns of behaviour, or strategies, to not only meet basic survival needs but also to grow and develop. Each step has its cost to the organism in pain, or in Heimler's conception, frustration. The developmental models which have grown from this analysis have lent themselves to clarifying milestones in the process of change, growth, development and, laterally, to the evolution of the concept of adaptation.

Emery's typology differentiates environments into those which are found in higher or lower climates of complexity.

Four categories of behaviour are spawned by these relative degrees of environmental complexity. Emery argues that in higher complexity environments we find greater organization in the collective behaviours of the individuals within a defined unit of analysis. Conversely, in lower complexity environments we would expect to find less organization in the collective behaviour of individuals. Using a systems analysis he posited that this held true for organizations when considering the parts (subsystems) as compared to the whole.

As a final caveat, Emery argued that these organizational responses could be classified as either being adaptive or maladaptive, or superficial or segmented, given the environment within which the response occurred.

Life Events and Organizational Behaviour.

Dohrenwend and Dohrenwend (1974) and Mason (1975) have traced the roots of life events research to W.B. Cannon (1929). On the basis of his study and research, Cannon suggested that traumatic events have the capacity to induce physiological reactions in humans and animals which could result in illness if these events were not reconciled or eliminated. Holmes and Rahe (1967) are credited with having extended this and other work to account for multiple events and their cumulative impact on the reporting of psychological disturbance and illness.

More recently, however, questions have been raised about the use of these approaches which suggest that many life events measures, especially those which employ statistical weights

for individual items, mask subjective interpretations of events by individuals, the complex interplay between events, sex differences, and a number of methodological problems (Kale and Stenmark, 1983; Lester, Leitner, and Posner, 1983; Monroe, 1982; Zimmerman, 1983).

Fulcher employed the Holmes-Rahe Scale in his study of teams and found weak (non significant) associations between the Scale and variations in team functioning. Subsequently, Burford and Fulcher (1985) found no associations when characteristics of clients were accounted for in the functioning of these same teams. Yet the use of these instruments persists and the belief that these problems can be overcome is high.

Bhagat (1985) recommends five themes which should be considered in examining the role of stressful life events in organizational and human behaviour. Firstly, research should focus on those dimensions of life events which have been found to be most predictive of psychological disturbance in earlier studies. Bhagat demonstrates that negative total life stress is more predictive of organizational outcomes and withdrawal behaviours compared to positive total life stress, and recommends approaches in organizations which focus on the cumulative effects of those undesirable events. Secondly, to ensure theoretical as well as practical advantage, research employing stressful life events measures needs to focus on the psychological properties themselves. He notes that when negative events are perceived as uncertainties, feelings of helplessness and hopelessness typically result. Thirdly, the

stressful effect of daily "hassles" should be incorporated into life events measures. "Hassles" he notes, are more commonplace occurrences than traumatic life events, although these may be either transient or chronic. Fourthly, research should focus on the interplay between stressful life events and stressful organizational events. He argues that the occurrence of a traumatic life event must be examined in the context of stresses which already exist or are an inherent part of the job. Finally, the moderating influence of individual coping skills, social support mechanisms and relevant organizational factors should be investigated. He notes current interest in the moderating and buffering effects of these dimensions in the wider study of stress. A d a m s (1980) goes some distance to resolving the earlier methodological problems and themes noted by Bhagat by controlling for episodic and chronic stressor events both on and off the job.

SUMMARY

The rationale for presenting this literature review around core and applied - derived knowledge was to gain a better understanding of the epistemological world of personnel who work in and around group care settings. It has also helped to establish a clearer understanding of the issues involved in research on teams and teamwork. It is now clear that little attention has been given to the design of work groups in group care settings. The very nature of care work appears to invite a devaluing of the experiences of "hands-on" workers. While

certain models, such as the Team Performance Model and the Sociotechnical Model, have attempted to balance certain variables within work groups with external realities, there is little evidence of these models having been employed in group care settings. Two models which have been developed in group care settings have attempted to eliminate status and role differences in teams. In fact, this preoccupation with the problems of interdisciplinary teamwork is evident throughout the group care literature and appears to result in the linear conclusion that the only way to get "shop floor" workers to feel part of the "team" is to eliminate the status differentials between themselves and other members of the team.

There is convincing evidence to support the use of contextual analysis in any study of organizational behaviour. This includes ideological, historical and social policy considerations as well as the ways in which the characteristics of the clientele impact on personnel. Research has singularly failed to rely on a contextual analysis, thereby highlighting specific processes or fragments of reality for examination. It is not surprising, therefore, to find an overemphasis on linear problem definitions, linear models, and linear solutions. Such orientations are simply not acceptable in complex organizations where a range of variables clearly mediate outcomes. The argument for multiple measures is thus well developed. The emphasis on single outcome variables such as job satisfaction, absenteeism, performance, etc., has reached a point where a new

theoretically derived paradigm is required. Technological considerations have been so general as to mask more important findings.

There are different definitions of teamwork and team functioning which are derived from differing views of human behaviour. These different conceptions of teams have important implications for considering spatial and temporal boundaries and quite different aspects of the larger phenomenon known as teamwork.

There is little evidence to support the assumptions of participative management and the teamwork principles derived from this model for generalization to all situations. Yet one of the two most pervasive models in use relies on the notion that "each team member has unique expertise and that there is equality among members. . ." (Neugeboren, 1985: 264).

There is little evidence to support the notion that the interdisciplinary or so-called "medical model" can be generalized to all aspects of teamwork. This model would appear to have much relevance in situations where there are clear tasks and time limits - eg. a research team, a surgery team, an athletic team, etc.

By contrast, the character of group care work, particularly for the direct care staff, has much in common with the character of models derived from the interactionist and phenomenological theoretical communities and also with the character of the research paradigms associated with these theoretical communities. There is good evidence to suggest that frustrations for personnel are a more immediate

determinant of work-related behaviour than are satisfactions and that the absence of a satisfaction cannot be equated, in most instances, with frustration.

There is good evidence for exploring the "generalization theme" in any research which includes a consideration of the satisfactions and frustrations of personnel. This includes consideration of the ways in which work-related satisfactions and frustrations "spill-over" into or are influenced by factors in the social and home lives of personnel. The Quality of Working Life perspective holds the potential to embrace both meaningful work/job structures within a human work environment but has been relatively untested in the human services particularly in group care settings. A number of themes emerge from this review. These themes evolve from the question, "what do we know about team functioning and what variables might we expect to influence team functioning?"

1) The organizational configuration and type of leadership. There are strong beliefs, supported by some research, that certain models of teamwork work best under particular organizational and administrative arrangements. Leadership style figures prominently in these various conceptualizations of team and work group behaviour.

2) The definition of team which is employed and the membership circumscribed by that definition. Teamwork has been employed to describe individual activities wherein the member invokes a frame of reference for those for whom he/she

claims to speak; partnerships, wherein members concentrate on the division of labour between or amongst themselves to accomplish a task which one person is either unable to do or prefers to do in partnership; as including the behaviour of every person in a conceptual configuration who has the capacity to influence a particular decision; as a dramaturgical process where a definition of a situation evolves or is maintained by the participants; as a group effort, wherein member behaviour is guided by carefully specified outcome criteria; and as a collective response to an external source of dissatisfaction.

3) Changes in the organization which are presumed to impact on patterns of work within the organization. While it is understood that the impact of change is neither uniform nor universal, there is strong evidence to support the assumption that a change, and/or cumulative changes, both positive and negative, do impact on the behaviour and attitude of personnel. Satisfactory measures for estimating the impact of these changes have not been developed.

4) The conditions under which the work is performed. There is strong evidence to support the assumption that enduring conditions of work are an important consideration, apart from changes, in the study of work and organizational behaviour.

5)   The characteristics of the employees and the employee groups.   There is evidence to support the assumption that employee age, education, experience, and certain personality characteristics do mediate work-related behaviour under certain conditions.   The relationships between these characteristics, conditions and outcomes are unclear.

6)   The characteristics of the residents and the resident groups.   There is evidence that the behaviours and attitudes of the individual clients and the client groups influence the work-related attitudes and behaviours of the personnel especially those personnel who have direct and sustained contact with the clients.

7)   The observable behaviours and expressed attitudes of the personnel, including their perceived satisfaction, frustration and uncertainty, both on and off the job.

The following list summarizes the dimensions of teamwork and team functioning derived from this review of the literature. These will be carried forward for consideration in the development of the methodology for this study:

    1) Contextual Variables:
- the social policy brief of the centre;
- the social policy climate of the centre, including historical, legal and ideological dimensions;

    2) Characteristics of personnel and teams:
- age, sex, marital status, education and work-related experience;
- patterns of work and living accommodation;

- job title and occupational
  grouping;
- work group structure and
  processes;
- organizational changes;
- enduring conditions of work;
- quality of relationships amongst
  personnel;

3) Characteristics of Work Place:
   - location, access;
   - physical dimensions of immediate
     work space;
   - allocation and use of space;
   - social climate of work place.

CHAPTER FOUR
TEAMWORK ASSESSMENT

"Thou Shalt Not Sit With Statisticians Nor Commit A Social Science."

W.H. Auden
Under the Lyre (1946)

In a previous chapter, the rationale was advanced for the development of better understanding of the epistemological world of the residential worker in the teamwork context. In this chapter, the central research question is reframed into terms which are more specifically directed to each of the teamwork subsystems identified in the previous chapter (Shift Team, Direct Care Team, Professional Team, Corporate Team). To make a bridge between these focal units of analysis and the data collection, attention is first turned to the development of a rationale for employing a combined methods approach and an attempt is made to reconcile the use of a combined methods approach with the different approaches to problem formulation indicated by each approach. Once this has been done and the research question has been extended, the methodologies employed in the collection and analysis of the data are described and drawn together into a model of teamwork assessment which grounds the research in the practises of group care teams. The chapter closes with a consideration of the protection of the human subjects in the research.

COMBINED METHODS APPROACHES

As Palmer has pointed out: "To be productive, science must respond differently to different circumstances" (1978: 3).

There is a place in human subject research for both qualitative and quantitative methods; i.e., both those which view man as the subject or centre of the world and those which view man as an object shaped by his environment. Mary Lee Smith cites six circumstances in which qualitative and quantitative approaches can appropriately and with good advantage be combined:

1) When the object of evaluation must be described.
2) When the results of a qualitative study can be extended.
3) When core studies can be targeted.
4) When triangulation will improve validity.
5) When the design of multiple studies can be mutually informative.
6) When attention is paid to information needs of different audiences (1986: 39-44).

H. W. Smith points out that research strategies or methods "are never atheoretical or neutral in representing the world 'out there'" (1975: 273) and argues that the use of multiple methods lends itself to higher degrees of confirmation of social research propositions. It is proposed that, through the use of a multi-methods approach to the study of teamwork, understanding of both the micro and macro elements of teamwork in the residential group care domain can be integrated to illuminate the entire epistemological terrain of practise in this context.

PROBLEM FORMULATION AND RESEARCH OUTCOMES

By extending the work of Lally (1981) and Albers and Hurley (1985), at least four different approaches or interconnections between method, problem and theory can be distinguished: the Emancipationist, the Interactive, the Positivistic, and the

Structural. This is supported by the work of Bulmer (1977). Specifically there appears to be little question that interconnections between method, problem and theory exist. Bulmer refers to these as the "sociological trinity."

The nature of these interconnections is less clear. One group would contend that methods in research are relatively neutral tools for matching particular theories with particular problems. Others would argue that it is the nature of the problem which determines the method to be employed in any research endeavour, while still others argue for the reverse. A fourth group would argue that it is the research method employed which determines theory. It is not the purpose of this work to reconcile these perspectives. That is a problem which will be left unresolved for some time to come, assuming, of course, that reconciliation is even desirable. Greer notes that:

> Science as intellectual innovation of a specific kind represents finding and solving problems. And the nature of the problem, the way it is posed, determines the kind of solution possible; problem-solving is a major part of social inquiry (1977: 55).

Yet Greer admits that problem formulation in the social sciences is subject to wide and varied influences including societal values, the integration of new phenomena in the scope of social philosophy, and the emergence of new or reformulated questions which grow out of accumulated, sometimes conflicting propositions (1977: 56-59).

This is reminiscent of Kaplan's (1964) use of the notions of 'reconstructed logic' and 'logic-in-use.' Logic-in-use, for Kaplan, refers to the implicit cognitive style of

scientists, which is more or less logical. This contrasts with reconstructed logic, which is an explicit and idealized formulation which serves to illuminate, but never truly captures, the researcher's logic-in-use. Reconstructed logic "idealizes the logic of science only in showing us what it would be if it were extracted and refined to utmost purity" (1964: 11). Parlett and Hamilton support this notion when describing the stages of what they call illuminative research as overlapping with one another with the result that "problem areas become progressively clarified and re-defined" (1972: 18).

Other forays into the literature and work in the area of program evaluation have reaffirmed for the author the legitimacy of employing methodologies which seek to bridge the gap between applied-derived knowledge development and core knowledge testing (Kimberley and Burford, 1986; Campbell and Fiske, 1959). To support the notion that problem definition could legitimately evolve throughout the study, the author sought the works of Bulmer, 1977; Glaser and Strauss, 1967; Denzin, 1970; and Fielding and Fielding, 1986.

By way of example, it was mid-way through the project that the question of 'what works?' began to direct attention to the actual feelings of direct care staff, as they reported on the extent to which they relied heavily on others who might not even be present to behave in a particular way or to back them up. The actual performance of their roles seemed to be based on the feeling, or lack of it, that someone else in the larger team would behave in a complementary way to their expectations

or vice-versa. While the author had always assumed this to be true, the "stories" underlying the reporting of satisfactions and frustrations had never appeared to be legitimate data until specific note was taken of material in the area of Phenomenological research (Barritt et al., 1983, 1983a). One research problem became how to discover a way to elicit their "lived" experiences for closer examination. What is revealed about "what works?" in the "lived experiences" of these personnel took on a new meaning for the researcher at this point in the study.

It is the use of qualitative methodology which requires the greatest justification, owing to the criticisms posed by the more well-established empiricists. Alternatives to scientific quantification or positivistic research have been advanced by Goffman (1961), Mead (1934), Cooley (1918), Husserl (1927) and more recently methodological positions have been taken by Parlett and Hamilton (1972) and Giorgi (1970).

Glaser and Strauss (1967) assert that the root source for all significant theory construction comes from the sensitive insights of the observer. They identify four methodological corollaries consistent with this claim:

1) The researcher may obtain and cultivate crucial insights, not only during the research or arising out of the research, but also from personal experiences prior to or outside the research.

2) Insights need not arise from one's own experiences but may be contributed by others.

3) Fruitful insights may be obtained through reference to existing theory.

4) Because new insights may emerge late in an enquiry, important insights should be

cultivated throughout, but done so within the framework of a developing theory (1967: 251).

In his critique of Grounded Theory, Layder cautions:

> Not only is it possible that qualitative methods, emergent or discovered theory and rationalistic forms of proof and theorizing may proceed hand in hand, but also, that one addition of the latter circumvents the inherent limitations of the explanatory power of grounded theory considered on its own (1982: 103).

The pivotal theoretical orientation which guided the manner in which the qualitative data (program descriptions and personal narratives or phenomenological vignettes) were gathered and the way in which the problems were formulated is what Bulmer and others have termed 'naturalistic' inquiry, in which:

> . . .man is subject and not object, except when he is likened to one by himself or by another subject. Naturalism must choose the subjective view, and consequently it must combine the scientific method with the distinctive tools of humanism - experience, intuition and empathy (Matza, 1969: 8).

An extension of the Albers and Hurley model (1985), made it possible for interpretative theories in the Interactionist and Emancipationist quadrants to become signposts for problem formulation, data collection and analysis for the qualitative assessment of teamwork.

Bogdan and Taylor suggest the following examples of questions in naturalistic pursuit guided by the Symbolic Interactionist perspective:

1) How do various subjects define their settings, the various aspects of these settings, and themselves?

2) What is the process by which definitions develop and change?

3) What is the relationship between the various

definitions held by different subjects? This question. . .allow[s] one to examine the basis of consensus or conflict in a setting (1975: 85).

The Ethnomethodologist, Bogdan and Taylor point out, is concerned with the way in which meanings are accomplished in specific situations, hence the following questions:

1) What are the abstract meanings of different actions? How do people think and speak about actions apart from the situations in which those actions occur?

2) What are the specific meanings of different actions in specific situations?

3) What are the commonsense assumptions held by the actors? What do they take for granted in their everyday lives?

4) How do actors account for, or explain, their actions? (1975: 87).

Taken in the context of 'discovery' (Glaser and Strauss, 1967) or illumination (Parlett and Hamilton, 1972), the research is exploratory in that concern rests with the identification of factors involved and their interrelationships. The empirical methods of quantitative research were rejected for this type of exploration because the epistemological terrain of the group care worker on the subject (left) side of the quadrants is relatively unstudied. There has been a tendency in all areas of research to equate 'rigour' with the science of the positivists or the ideological analysis of the structural determinists.

Qualitative analysis is well established in Sociology, with such classic works as Whyte's Street Corner Society, Elmstown Youth by Hollingshead, and Becker's Outsiders. Advocates of multiple-methods approaches to research have advanced the use

of triangulation to ensure validity in the research process. Essentially, triangulation, like the mariner's use of two known points to locate a third point, seeks to overcome the inherent weakness or bias of any one strategy by "fixing" on reality from as many perspectives as possible. Harking back to the Albers and Hurley model, reality is defined and located differently in each of the quadrants. Triangulation can be achieved, according to Denzin ". . .when researchers combine in one investigation multiple observers, theoretical perspectives, sources of data, and methodologies" (1970: 310). Denzin notes that, ideally, fully verified data should employ all four means of triangulation, but admits that resource considerations generally preclude employing all the devices which he describes.

THE RESEARCH QUESTION EXTENDED

Through the use of Lally's heuristic device and Albers and Hurley's Epistemic Inventory, as modified, attention was drawn in the literature review to four communities of theoretical perspective which were then directed to four conceptual subsystems of the larger phenomenon we call teamwork. Drawing on this perspective, four substantive areas for assessment/inquiry into the functioning of teams are now linked with questions and strategies which are consistent with the demands of the research and the requirements of members of each of the teams in an action research paradigm.

The Shift Team

Firstly, the "lived experiences" of the personnel are assumed to reveal important information about the character and nature of their work. A "fraternity" of persons who have "been there" is hypothesized, the structure of which is revealed in the commonplace assumptions they make and take for granted in their work. Further, it is argued that phenomenological expressions can be used to examine cognitive alignments between one person and the others in a group. These experiences have never been catalogued in any systematic way yet they are cited extensively in the practise of team development, especially team building, to elicit cooperation amongst the personnel who work in jobs where learning by example is a dominant mode of expression. The research questions, "What are the commonplace assumptions which are relevant to teamwork?" and, "How might these be apprised?" are posed as having relevance to both the practitioner and the researcher. The work of the Phenomenologists is employed to elicit the "lived experiences" of personnel in their work within teams.

The Direct Care Team

Secondly, the small group dynamics which are known to shape behaviour, including attitudinal expressions, are isolated as having special significance when examined in the domestic context of the residential group care centre. Subgroup and coalition formation within the boundaries of a particular living unit warrant isolation as a distinct phenomenon. It

was argued in the literature review that aggregate responses of members of a work group can be examined for themes or patterns in the satisfactions, frustrations, changes and stressors associated with the work but that refinements are required in the methodology through which these have been measured. The coalescence of these themes is assumed to be a reflection of the dynamics within the work group. Which patterns, changes or stressors support, sustain or aggravate teamwork are the concern of the researcher. How these patterns, changes or stressors can be guided or altered is of concern to the practitioner. In the literature review, it was argued that a consideration of contextual variables, must include on and off-the-job influences, changes and conditions of work, affective mood disposition, and the functions of dissatisfaction and satisfaction.

The work of the Interactionists is employed to guide an examination of themes concerning changes, working conditions and the satisfactions and frustrations of sample subjects overall, by job title, and for each team.

The Professional Team

Thirdly, owing to the fact that professional responsibility for the individual client is so frequently shared with other occupational groups, it is argued that the set of relationships which forms around planning and service provision to the individual client is a critical area of focus for consideration in outcome studies. Personnel changes, the complex configuration of roles and specialties represented,

differences in the spatial and temporal perceptions between shift workers and others, all contribute to complexity in the coordination of tasks, roles, responsibilities and exercise of authority. The perspective of the Positivists is employed to advance a formal hypothesis which is based on the assumption that role sustainment, as evidenced by patterns and themes in work related satisfactions and frustrations, is regulated, in part, by the amount of change and chronic stress to which members of a subgroup or coalition within the organizational setting are exposed. This is a refinement of Fulcher's team functioning hypothesis, itself an amended version of Bronfenbrenner's hypothesis #47. The hypothesis is extended and used as the basis from which to estimate the impact of both **level of organizational change** and the **prevalence of enduring stressful working conditions** on the teams of personnel. Fulcher's amended version of Bronfenbrenner's hypothesis is as follows: (Fulcher's amendments are underlined)

> Hypothesis #47: (Team Functioning) - The quality of working life potential of a group care environment is a function of the extent to which the roles, activities and relations occurring in that setting serve, over a period of time, to set in motion and sustain patterns of motivation and activity in the performance of a worker that then acquire a momentum of their own. As a result, when a worker enters a new setting, her pattern of functioning in a team is carried over and, in the absence of counterforces, becomes magnified in scope and intensity. Specific contexts that exhibit these properties and effects are referred to as primary settings, and persisting patterns of motivation and activity that they induce in the individual worker are called career trajectories (Bronfenbrenner, 1979:224).

This refined hypothesis is used to guide an examination of the interplay between level of organizational change and team

functioning and between prevalence (level) of enduring stressful working conditions and team functioning. The specific methodology for measuring change, level of stress and team functioning are described in the following section. It is assumed that neither level of organizational change nor level of enduring stressful working conditions will have strong linear associations with team functioning but that non-linear analysis will demonstrate that other pre-selected variables mediate the relationships between change and team functioning and between level of chronic stress and team functioning. In other words, it is expected that significant variation in the functioning of teams, relative to the levels of organizational change and stress experienced by the teams, will be found. In particular, high change teams are expected to manifest higher levels of interpersonal (role) conflict as evidenced by patterns of fragmentation in their work. This is expected to be especially true for teams which have higher proportions of members who are younger (under 28 years on average), unmarried, who have been in their jobs less time (under 14 months on average) and who live with their own parents. Teams working with young offenders are expected to evidence greater role conflict in relation to change. Teams which report higher levels of chronic stress are expected to also report greater levels of feelings of persecution from persons and circumstances outside their immediate subteam. Newer teams, and teams working with developmentally delayed clients are expected to report higher levels of enduring energy depletion relative to chronic stress levels. Young

Offender teams are expected to evidence greater variation in their functioning overall, especially in their reports of work-related affective moods.

The Corporate Team

Fourthly, examination of the literature revealed that all members of a relevant decision making environment warrant isolation in any study of organizational behaviour or strategic planning effort. This formulation goes beyond a consideration of small group dynamics and includes persons in addition to those considered part of the professional team. The examination of these sets of relationships lends itself to understanding the corporate contextual character of teamwork from the researcher's perspective and provides information which is useful to strategic planning at the same time. In particular, it was noted in the literature review that the occupational affiliation of personnel, the character of the client group served and the social policy context in which the team works each ought to be considered in any ongoing comparative analysis of the work of teams in the corporate context. Here the analysis is concerned with the evolution of the ideology and the desirability of teamwork.

The work of the Structural Determinists is employed to form the basis for an ongoing comparative analysis of the work of sample teams. The move away from the use of "family group homes" is examined as a shift in ideology which reflects a split between the nature of the care which is provided in "group homes" and the essentially corporate changes and

conditions which have evolved from deinstitutionalization. The findings from the study are viewed in the context that governments, in their failure to provide clear policies which include families, have, by extension, forced a definition of teamwork which erodes the care once provided in "family group homes." It is further anticipated that important differences will be found between the work of teams in association with homes for young offenders and the teams who work in association with the homes for mentally handicapped individuals. This is claimed, owing to differences in the prevailing ideologies which define the populations in question and the ways in which the personnel approach their work. These differences are thought to be the product of societal views of the young offenders as "less deserving" and the mentally retarded clientele as being "more deserving." It was hypothesized in the previous section that teams working with young offenders would evidence higher negative reactions to organizational change. These differences, if the predicted ones are found, will be taken as evidence of isolation, alienation, and uncertainty for the teams working with young offenders related to societal and professional ambivalence toward the offenders, and by extension, toward the personnel who work with them.

Having reframed the central research question into these formulations, attention is now turned to a description of the data collection and analysis methodologies.

DATA COLLECTION AND ANALYSIS

Three objective measurement devices, along with a demographic profile, were administered to each participant at the end of each planning session. They are: The Adams (1983) Organizational Changes Rating Scale (Appendix D), the Adams (1983a) Stressful Work Conditions Checklist (Appendix E), and the Heimler/Fulcher Work Orientation Schedule (1980) (Appendix F). A fourth instrument, The Community Oriented Program Evaluation Scale (COPES, Moos, 1974) (Appendix F) was added midway through the project and administered along with the other instruments at the end of each planning session. Demographic information was collected from each individual subject (Appendix H) and on each group home (Appendix C). Both these instruments were developed for use in this study. The data from these instruments was used to accomplish both the quantitative and certain of the qualitative analytic steps involved in the study. These are now described in greater detail. Additional qualitative measures which were developed during the study are subsequently described.

Before continuing with the specific description of the instruments used, the following point is necessary. The Holmes-Rahe Life Events Measure (1967) used by Fulcher was not employed in the present study. The failure of the Holmes-Rahe items to predict any variations in team functioning, is presumed to be related to the masking of subjective interpretations of these events by individuals and the fact that it neither offers an opportunity for individuals to specify whether or not the event occurred nor does it enable

an individual to estimate the relative impact of the event on their functioning. These methodological problems have been described in some detail by Kale and Stenmark (1983), Lester et al. (1983), Monroe (1982) and Zimmerman (1983).

Attention now turns to a more detailed description of the instruments used in the study.

i) Adams' Organizational Changes Rating Scale (Appendix D).

This thirty-item Scale asks subjects to identify events which they experienced during the twelve-month period just prior to the time of testing. The Scale purports to contain organizational events commonly found to stimulate stress reactions in individual workers. At the end of the Scale, subjects are asked to identify the three items which they personally felt to be most stressful, thereby taking into account two considerations: The fact of the event having occurred and the declaration of which events were perceived to be the most stressful to them personally. The Scale was modified for the purpose of this study by omitting the use of an estimated weighting score for each item, account being taken of the methodological problems with weighting described in the literature review and in previous work (Burford and Fulcher, 1985).

The data from this Scale is employed in two ways: Firstly, the items are rank-ordered by occurrence and then again by the fact of having been identified as high stress changes. The highest five in each category are then isolated for a qualitative-descriptive analysis by occupational grouping. Secondly, the number of items checked are tallied, rendering

an overall Change Score for each team. The Median was used to discriminate between high change and low change teams and tested as a dependent variable against specified independent variables.

ii) Adams' Stressful Work Conditions Checklist (Appendix E).

This twenty-five item Checklist asks subjects to rate, on a five-item Likkert-type Scale, the prevalence of a particular working condition in their own place of work. The Checklist is made up of working conditions which are thought to contribute to stress for individuals in organizations. At the end of the Checklist, subjects are asked to identify the three items which they perceive as most stressful to them personally, irrespective of the prevalence of those conditions in their place of work.

The data from this Checklist are used in two ways: Firstly, the items are rank-ordered by prevalence and then again by the fact of having been identified as high stress conditions. The ranking for prevalence was accomplished by multiplying the number of subjects who rated the items times the Scale value which they selected for those items (eg. Always=5). The impact items were ranked by simply noting the frequency with which an item was identified as a high stress condition for each individual. Both these rank orderings are then isolated for qualitative-descriptive analysis by occupational grouping. Secondly, a **"Prevalence (Level) of Stressful Working Conditions"** Score is rendered for a team by taking the product of the number of subjects who ranked an item times the actual

value which they rated for that item and tallying these products. The Median was used to discriminate between "high prevalence" and "low prevalence" teams and tested as a dependent variable against the specified independent variables. This is a modification and extension of Adams' (1983) use of the instrument based on previously described methodological problems in the use of such instruments (Burford and Fulcher, 1985).

iii) **The Heimler-Fulcher Work Orientation Schedule** (Appendix F).

This fifty-five item instrument purports to measure work-related satisfactions, frustrations and uncertainties, both on and off the job. Fifty of the items are answered 'yes', 'perhaps', or 'no', and five items are rated on a twenty point scale with a value of one representing 'no satisfaction' and a value of twenty representing 'complete satisfaction' for the subject.

The data from this Schedule are used in two ways: Firstly, by simply determining the frequency of responses on each of the first fifty items for teams, assumed Quality of Working Life Themes are extrapolated. The item(s) in the Satisfaction Index which has/have the most 'no' - or the fewest 'yes' - answers is/are isolated for each team as a Low Satisfaction Theme(s). More than one item could be identified as the "theme" if exactly the same number of subjects rated two items the same. The same procedures are used in the Frustration Index to yield the High Frustration Theme(s). These two themes are isolated for each team for qualitative-descriptive

analysis. As part of the methodology of the Action Research, and a technique aimed at team-building, the themes may be submitted to the team members themselves for comment and discussion. A discussion of what the themes mean for the team as a whole can take place without any member being required to identify how they answered a particular question. This technique was not employed systematically in this study.

Secondly, team scores are generated in the following way: A value of four is assigned to a 'yes' answer, a value of two is assigned to a 'perhaps' answer, and a value of naught (zero) is assigned to a 'no' answer. In this way, team scores are generated by aggregating the responses for all individuals on a team, hence, numerical scores are rendered which lend themselves to quantitative analysis. These scores are:

1) Total Satisfaction Score - the sum of all 'yes' answers in the Satisfaction Index;

2) Total Potential Satisfaction Score - the sum of all the 'yes' answers plus all the 'perhaps' answers in the Satisfaction Index;

3) Area Satisfaction Scores - the sum of all the 'yes' answers taken separately for each of the individual areas of the Satisfaction Index including: work, finance, social life, home life, and personal work contract;

4) Area Potential Satisfaction Scores - the sum of all the 'yes' answers plus all the 'perhaps' answers taken separately for each of the individual areas of the Satisfaction Index including: work, finance, social life, home life, and personal work contract;

5) Total Frustration Score - the sum of all the 'yes' answers in the Frustration Index;

6) Total Potential Frustration Score - the sum of all the 'yes' answers plus all the 'perhaps' answers in the Frustration Index;

7) Area Frustration Scores - the sum of all the 'yes' answers taken separately for each of the individual areas of the Frustration Index including: activity, health, personal influence, moods, and habits;

8) Area Potential Frustration Scores - the sum of all the 'yes' answers plus all the 'perhaps' answers taken separately for each of the individual areas of the Frustration Index including: activity, health, personal influence, moods, and habits;

9) Ratio of Frustration to Satisfaction At Best Score -the dividend of the Total Satisfaction Potential Score by the Total Frustration Score;

10) Ratio of Frustration to Satisfaction At Worst Score - the dividend of the Total Satisfaction Score by the Total Frustration Potential Score;

11) Outlook Scores - the sum of the scores for all members of a team taken separately for each of the individual items in the Outlook section of the Schedule including: hope for the future; life has meaning; opportunity for self-expression; and life worth the struggle;

12) Total Outlook Score - the grand sum of all five items for the entire team.

These scores are treated as dependent variables and tested against the selected independent variables.

Additionally, this instrument is used as the basis for an interpretive examination of the coalescence of themes in each team, using Fulcher's typology of team functioning as the basis for that examination. This warrants explanation.

In an attempt to capture the character of a team for use in empirical research, Fulcher's typology was replicated. Each of the sample team's aggregate responses on the Work Orientation Schedule were examined and a classification assigned using a two-judge system of rating. Classifications were compared and differences were reconciled through

discussion between the two raters. It is important to point out that both the principle researcher and the second-rater were trained in the early 1970's to interpret the Heimler Scale of Social Functioning (1967) from which the Work Orientation Schedule was developed. It is fully assumed that the validity, and the issues surrounding reliability in the use of the latter instrument represent quite separate issues. For one thing, some questions are changed. For example, the clinical question, "Do you ever wish you were dead?" reads, "Do you ever wish you could quit?" on the work scale. Others have been reworded to apply only in the work setting: "Do you ever feel insecure in your work?" Hence, the instrument is less intrusive than its clinical counterpart. Nonetheless, the patterns of interpretation are quite similar. Overall satisfactions, frustrations, and ratios of frustration to satisfaction are examined in similar ways. A complicating issue is the use of the instrument with groups. The individual responses are considered for certain purposes, as mentioned previously, but in arriving at the classification for a team the aggregated profile of the work group forms the basis of the interpretation. These qualifiers are necessary to point out that, in this instance, the use of the scale to classify teams is dependent upon understanding both the use of the scale and Fulcher's typology. This aspect of the research seeks to further identify the steps involved in delineating the classifications.

To derive the classifications for team style of adaptation, Fulcher made the following qualitative interpretive judgements

based on the aggregate (team) responses to the Work Orientation Schedule and the demographic profile presented by the team:

1) Passive vs. Active Pattern of Responses.

   Citing the work of Heimler (1975), Fulcher reasoned that this pattern of response would indicate either a passive or an active distribution of energies within the team. These themes of "Being" vs. "Doing" are thought to be evident throughout the Schedule but particularly in the Work Satisfaction and the Energy Frustration Areas of the Schedule.

2) Complexity of Responses.

   Citing the work of Hunt (1966), Fulcher reasoned that a level of complexity could be discerned in the aggregate (team) responses which was thought to be indicative of the team's response to environmental pressures. The responses would either indicate a dimension of depth or of superficiality. In particular, he looked to the extent to which the team made discriminating responses vs. the extent to which their responses indicated concrete perceptions. Fulcher examined the patterns within each area especially those in Work, Social Life, Personal Contract, Energy, Moods and Outlook for evidence of discriminating response patterns.

3) Parts-Whole Organization.

   Citing the work of McDougall (1920), Fulcher reasoned that the variance within a team would be indicative of the level of organization between individual members and the team as a whole. To estimate the variance within a team, he simply examined the spread of team member's responses on each question. Additionally, he examined the demographic characteristics (age range, educational qualifications, etc.) for further evidence of variance or similarity.

To integrate these three judgements into a characterization of the team's style of adaptation, Fulcher relied on the

theoretical model of team functioning which is described in his original work (1983: 143-196). He proposed eight team types based on this model. His more recent description of the eight team types follows (1988: 19-31). Note that team types four and five appear to be out of sequence. This is intentional and will be explained at the end of this section.

FULCHER'S TYPOLOGY
THE COALESCENCE OF WORK THEMES IN TEAMS

DISSOCIATION: THE RETREAT FROM ENVIRONMENTAL TURBULENCE. This pattern of team functioning is evidenced by a reduced and ultimately self-defeating energy potential within the team membership. Not to be confused with lethargy or lack of energy for the work, dissociation refers to weak levels of integration amongst team members (Fulcher, 1988). Two patterns of dissociation are hypothesized to manifest themselves in work groups:

<u>Type 1: Fragmentation</u>

- A team operating in this manner can be identified through the way that the leading 'players' in the team have little to do with one another.

- Teamwork relations seem to be characterized by <u>disintegration</u>.

- Personal agendas do not match up from one member to the next and the primary task is defined in different ways by different people.

- The longer a team operates in this manner, the more consolidated will become the personal agendas which determine its collective task.

Type 2:   Indifference

- A team functioning in this manner can be assessed by the way in which team members give the appearance of teamwork but higher priority is given to personal agendas which operate outside the work place.

- An emotional quality of disinclination can be identified in the way that teamwork relations are demonstrated.

- A history of interpersonal intrigue begins to be apparent, as when one team member has a history of uncontrolled shouting at other team members.

- A 'who cares' attitude is discernible in this type of maladaptive functioning.

- 'Do your own thing' or 'take the path of least resistance' become obvious characteristics of team practise (Fulcher, 1988: 25-26).

On the basis of his research, Emery (1977) suggests that dissociative processes in work groups are characterized by responses which are personal as opposed to ones which evidence collective alignment.

SUPERFICIALITY: ONE-DIMENSIONAL RESPONSES TO UNCERTAINTY. Superficiality is evident when team members are found to respond on the basis of work and task-related assumptions which are common to all members, or at least to a dominant coalition of members. While sharing some of these types of assumptions is a prerequisite to focused activity, the processes at work in the group are superficial to the extent that they are undifferentiated and uni-dimensional. Work groups integrated around superficial or uni-dimensional assumptions about their work are likely to evidence intolerance or "black-and-white" patterns of

functioning. This level of shared assumptions amongst team members is thought to result in a concrete task focus. Fulcher (1988) argues that this level of teamwork in the human services is likely to overemphasise instrumental forms of care and neglect emotional or interpersonal issues and concerns.

Two patterns of superficiality are thought to manifest themselves through integrated processes in work teams:

Type 3:   Inhibition

- In this type of team, the various members are still disconnected or disjointed in their approach to the primary task.

- The primary task assigned to the team is likely to be defined in superficial terms, regardless of whether the primary task is actually more complicated.

- A charismatic or authoritarian leader is frequently visible and relationships with team members are frequently characterized by dependency.

- Health and social service production for clients served by this type of team is likely to emphasize activity which maintains dependency.

- Teamwork is used to 'do things for' people instead of 'working with' them.

- Empowerment of clients is likely to be avoided.

Type 5:   Shallowness

- In this type of teamwork, the members of the team will seem more connected.

- The activities of the team member are likely to contribute more purposely [sic] to the activities of the others.

- There is now a level of consistency in the way teamwork activities are carried out, such that one member can be replaced by another and the primary task continues to

be supported.

- The primary task is likely to be defined in essentially instrumental terms, but defined nevertheless.

- In the health and social services, this type of team is likely to 'do' work with clients but to 'be' with those clients no longer than necessary.

- Personal involvement between workers and the consumers of their service is both limited and conditional.

- There is a prevailing attitude like [sic] 'if you do things our way, all will be well' (Fulcher, 1988: 28).

SEGMENTATION: MALADAPTIVE ALLIANCES AND INTRIGUE

Segmented patterns of teamwork are thought to be possible only when more basic patterns and routines have evolved within the team to the extent that attention can be directed towards possibilities for development. If levels of change and uncertainty within or around the centre are high, the focus of staff attention may segment around the formation of subgroups within the team itself.   These processes become ends unto themselves when this occurs, and the environment remains threatening rather than a source of opportunities for the team.   Two types of segmentation in work groups have been described by Fulcher (1988):

Type 4:   Coalitions

- There is still likely to be a sense of disjunction in the way that team members perform with one another.

- A feeling of <u>disconnectedness</u> is likely to be reflected in subgroups which define the primary task in different ways.

- Each alliance of workers is likely to define the primary task in more than

superficial terms, but one subgroup's
definition is likely to <u>impede</u> the efforts
of other subgroups.

- No clearly dominant subgroup or coalition
emerges.

<u>Type 6: Factionalism</u>

- When ends-means conflict emerges as a
prominent theme in the relationships
between team members, then Segmentation is
likely to take the form of <u>factionalism</u>.

- In this type of team it should be possible
to identify at least one faction which
seeks to forestall the efforts of another
faction.

- Various checks and restraints tend to be
used to block moves and gain advantage.

- Chess-like political strategy becomes
apparent.

- Intrigue and mistrust begin to
characterize the emotional climate which
frames teamwork activity.

- As members leave the team, attempts will
be made to bring in new recruits who align
with the dominant coalition or faction
(Fulcher, 1988: 30).

ACTIVE ADAPTATION

In this pattern of teamwork, processes within the team
itself reflect the political ideals of the wider social
policy climate in which the centre is situated. Building
on the internal capacities to accomplish routines and plan
ahead, the team actively seeks to reach out and engage it's
work in the centre with processes outside the centre.
Again, two types of active adaptation in work teams have
been described by Fulcher (1988):

Type 7:   Active Adaptation as Goal-Setting

- The first pattern of team organization emphazises replaceable parts.

- A team is likely to soldier on, believing that a particular way of doing things is the 'right' way of working.

- Such teams are prone to the belief that ample resources will bring successful resolution to the primary task.

- Hard work and commitment is [sic] believed to be associated with success.

- Success is expected to generate external recognition and reward.

- It is possible for team members to find enjoyment from working with this pattern of teamwork, but probably not in the longer term.

- Participation in this type of team is likely to require heavy personal commitments [sic] from each team member and it is not always easy to determine when 'good enough' performance has been achieved or is being maintained.

Type 8:   Active Adaptation as Complexity Reduction

- In the second pattern of active adaptation, diversity of knowledge and skills is more important in teamwork than the contribution made by individual team members.

- People are implicitly required to make choices amongst ideals.

- Team members may choose to seek after [sic] a sense of teamness in their work, as contrasted with the ideal of 'doing only what is expected of me'.

- Workers may seek mutual help and a sense of nurturance in their team work activities, rather than trying to impose their own will or interpretation of the primary task on to [sic] other members.

- Workers may choose to strive after the ideal of humaneness in their relations with one another and this helps them to be

more efficient and effective.

- Workers can actually find <u>enjoyment</u> in their working relations, even in the health and social services.

- Such enjoyment can become a force for creativity and purposeful action both at work and outside work (Fulcher, 1988: 34-35).

The following table (Table 4.0) associates the assessment criteria with the team number and theoretical team type:

Table 4.0

**TEAM IDENTIFYING NUMBER WITH ASSESSMENT CRITERIA
AND THEORETICAL TYPE
(FULCHER 1983)**

Team Number	Team Functioning Assessment Criteria	Theoretical Type
1	Passive Style of Adaptation Lower Complexity Response Lower Organization of Parts	Accommodative Maladaptation: Dissociation I
2	Passive Style of Adaptation Lower Complexity Response Higher Organization of Parts	Assimilative Maladaptation: Dissociation II
3	Active Style of Adaptation Lower Complexity Response Lower Organization of Parts	Accommodative Maladaptation: Superficiality I
4	Passive Style of Adaptation Higher Complexity Response Lower Organization of Parts	Assimilative Maladaptation: Segmentation I
5	Active Style of Adaptation Lower Complexity Response Higher Organization of Parts	Accommodative Adaptation: Superficiality II
6	Passive Style of Adaptation Higher Complexity Response Higher Organization of Parts	Assimilative Adaptation: Segmentation II
7	Active Style of Adaptation Higher Complexity Response Lower Organization of Parts	Active (Accommodative) Adaptation I
8	Active Style of Adaptation Higher Complexity Response Higher Organization of Parts	Active (Assimilative) Adaptation II

Four of these team types are characterized by Fulcher as Adaptive (types 5 through 8) and four are characterized as Maladaptive (types 1 through 4). Likewise, four of the patterns are characterized as Accommodative (types 1, 3, 5 and 7) and four are characterized as Assimilative (types 2, 4, 6, and 8). The Adaptive/Maladaptive distinction was derived from

Emery (1977). Fulcher contended that a particular pattern of
team functioning would increase the team's immediate and long
range chances for survival, growth and development within the
hierarchical system in which the team is nested or it would
not. Adaptive patterns are patterns which build on an
assessment of both internal (inside the organization or team)
and external realities, predictions and forecasts.
Maladaptive patterns are thought to reflect more immediate
concerns only, or worse, concerns which overemphasize past
realities. The Accommodative/Assimilative distinction was
derived from the work of Piaget as employed by Maier (1978).
Accommodation-Assimilation processes are thought to be
complementary features of all adaptation activity. Teams are
thought to manifest processes of subordination through
concession or compromise (accommodative processes) or to
manifest processes of absorption and incorporation
(assimilation) at any given time.

Attention is called to the inconsistency in the sequencing
of the team numbers. In his more recent work (1988), Fulcher
reversed the sequence of team types four and five from their
sequencing in his original work (1983). While the teams
retain their same identifying numbers and similar
descriptions, their order is reversed. This was done,
apparently, to facilitate the presentation of the conceptual
material. In the latter work (1988), team types four and six
are examined together under the heading Segmentation and team
types three and five are examined as two different expressions
of Superficiality. The problem in this presentation comes

when one aggregates the accommodative teams together for analysis (types one, three, five and seven) and when one aggregates the assimilative teams together for analysis (types two, four, six and eight). The numbers appear out of sequence. While the theoretical model is unharmed, and, in fact, receives much needed clarification in the 1988 work, the change in sequencing invites confusion and deserves explanation. It is not clear whether the Segmented/Superficial distinction is subordinate or superordinate to the Accommodative/Assimilative and the Maladaptive/Adaptive distinctions or the other way around. A possible solution to this problem is found in the fact that very few Dissociative teams and very few Actively Adapted teams were found in Fulcher's original sample. If this holds true for the present sample, the only comparisons which could validly be made are the Accommodative/Assimilative comparison and the Maladaptive/Adaptive comparison. While they can be either maladaptive or adaptive, Superficial teams are always accommodative and Segmented teams are always assimilative. On the other hand, Dissociative teams, according to the typology, are always maladaptive, while actively adapted teams are always adaptive. Possibly, the numbers in the present sample will preclude comparing the Segmented with the Superficial teams since only two types of teams are segmented and only two types are superficial.

iv)   The Community-Oriented Program Evaluation Scale (COPES,
        Moos, 1974) (Appendix G).

This one-hundred item true/false Scale was added midway
through the field work to further test the independence of the
Fulcher Team Functioning categories and to add an objective
measure of staff perception of the character of the program in
the home.   The nature of the items on the Work Orientation
Schedule as well as the technique of aggregating the responses
for a team may well overlap with the Social Climate variables
posited by Moos.   The use of both measures evolved as part of
the Action Research in working directly with teams.   The merit
of examining their possible interplay became increasingly
evident throughout the field work and the literature review.

The Work Orientation Schedule takes considerably less time
to administer, is of far more immediate interest and utility
to the subjects, and takes into consideration both on and off
the job issues.   The Moos Scale on the other hand relates
directly to work with the residents whereas the Work
Orientation Schedule relates only to the Quality of Worklife
for the employees.   Of particular interest to this researcher
are the Social Climate Subscales of **"Program Clarity"** and
"Order and Organization".   It is assumed that the clarity and
organization of the staff team is reflected in the clarity and
organization of the programme of activities for the residents.

The Social Climate Scale yields scores on ten subscales for
analysis (Note that Moos uses the term "members" for
residents):

COPES SUBSCALES AND DEFINITIONS

1. Involvement — measures how active members are in the day-to-day functioning of their programs, i.e., spending time constructively, being enthusiastic, doing things on their own initiative.

2. Support — measures the extent to which members are encouraged to be helpful and supportive towards other members, and how supportive the staff is towards 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 their own 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 towards 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 behaviour.

8. Order and Organization — measures how important order and organization are in the program, in terms of members (how they look), staff (what they do to encourage order) and the house itself (how well is it 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 how explicit the program rules and procedures are.

10. Staff Control — assesses the extent to which the staff use measures to keep members under necessary controls, i.e., in the formulation of rules, the scheduling of activities, and in the relationships between members and staff

(Moos, 1974: 3).

These data are treated as dependent variables against the Work Orientation Scale to examine the interplay between the two measures, and against the Team Functioning Classifications developed by Fulcher (1983) to examine the interplay between the coalescence of themes and the programme dimensions.

v) The Home Profile (Appendix C).

This instrument was developed for this study to categorize information about the homes as an aid to descriptive analysis. Each of the items was identified in the literature review as an important dimension which may impact on the behaviour of the personnel and residents who work or reside in residential group care centres. As such, they are treated as independent variables along with others identified in the literature review.

SUMMARY OF INDEPENDENT VARIABLES

    a)   Test Time (T1, T2, T3) (omitted)

    b)   Test Date

    c)   Resident Characteristics

        -mentally handicapped
        -young offenders
        -child welfare (aggregated with young offenders)
        -number of beds allocated to home (omitted)
        -age of residents (omitted)
        -sex of residents (omitted)
        -social problem categories (omitted)

    d)   Staff and Team Characteristics

        -age
        -sex

-length of time in post
-length of time in field
-job title
-education
-marital status
-membership in professional organizations
-membership in labour organization or union
-hours worked in last seven days
-average hours worked per week
-housing or living accommodations

e)   Home Profile

-length of time in operation
-total number of residents served (omitted)
-number of males and females served (omitted)
-average length of stay of residents (omitted)
-sponsorship of home (omitted)
-location of home
-character of neighbourhood
-distance from centre of local population cluster
-architecture of home
-age of home
-access to public transport
-design of home
-neighbourhood and outdoor resources
-sleeping arrangements of residents
-toileting and bathing arrangements for residents
-sleeping arrangements for staff
-toileting and bathing arrangements for staff
-space allocation for specific activity(ies)
-natural light dimensions in recreation and living
  space
-impediments to visibility for staff inside house
-personal vehicle use of staff
-socio-economic level of neighbourhood
-use of properties adjacent to home
-existence of private outdoor space attached to
                    home
-proximity to other residential facilities
-proximity to social service area office
-other unusual, atypical or special features

SUMMARY OF DEPENDENT VARIABLES

a)   Organizational Changes Rating Scale

b)   Stressful Work Conditions Checklist

c)   Work Orientation Scale Subscores

d)   Community-Oriented Program Environment Subscales

e)   Fulcher's Team Functioning Classification

QUANTITATIVE DATA ANALYSIS

A Pearson Product Moment analysis of correlation (Craft, 1985) is employed to examine the linear relationships between the selected independent variables and the dependent variables. Goodman and Kruskal's Gamma (Freeman, 1965) is employed to examine the non-linear association among pre-selected variables. It is expected that only weak linear relationships will be evident between the classifications and the demographic variables as evidenced through the use of a Pearson Product Moment Analysis of Correlation. Stronger relationships are anticipated in the non-linear associations between the team classifications and pre-selected sets of demographic variables.

Given the assumption of non-linearity which underlies the research question, a log-linear model of analysis is employed to illuminate statistical associations between and among the variables which are thought to be important in the assessment of team functioning. A Gamma Measure of Association (Johnson, 1988) was selected for use in the log-linear analysis. Since a Gamma statistic is a so-called symmetric statistic, there is no need to specify which variable is independent and which is dependent (Johnson, 1988: 153). It is useful because it allows for what is called a "proportional reduction in error of prediction" (Johnson, 1988: 142). In other words, the stronger the association, the less likely one's prediction, based on the direction of the association, is to be wrong. One finds little agreement amongst proponents of log-linear analysis when it comes to interpreting levels of significance

(Gilbert, 1981). If it were possible to rely on the levels of significance, which linear correlations yield, a Chi-square statistic, for example, would be considered to be more suitable and estimates of significance could be calculated. Since describing the associations is the preferred approach, however, the Gamma is thought to reduce the possibility of error. The example of log-linear analysis used in this study examines the relationship between two variables whilst controlling for a third variable (Knoke and Burke, 1980).

Two further tests of the Work Orientation Schedule for use in empirical research are employed. Firstly, a test of the internal reliability of the subscales on the Work Orientation Schedule is undertaken. Toward this end, a Coefficient of Reliability (Alpha) (SPSSx User's Guide, 1983) is performed for each subscale (area score) of the Work Orientation Schedule including: Work, Finance, Home Life, Social Life, Personal Contract; Energy, Health, Influence, Moods, Habits, and Outlook. The Alpha is computed for the subscale as a whole and then again as each question in the subscale is deleted in turn. This renders a reliability coefficient for the subscale with each question, in its turn, deleted. The result is that one gets a picture of what each question contributes to the subscale. If the Alpha for the subscale drops when a particular question is omitted, that item is contributing little to the subscale overall. If the Alpha remains the same, or increases, then one would conclude that the question is quite important to the reliability of that subscale and ultimately to the overall scores of the

instrument as a whole.

Secondly, the interplay between the Work Orientation Schedule and the Community Oriented Program Evaluation Scale (COPES), a more standardized measure of social climate, is undertaken through the use of a simple examination of correlation (Pearson Product Moment). Based on research by Brill (1979), it is expected that strong linear correlation will be found between the satisfactions and frustrations of staff and the COPES subscales of Program Clarity, Order and Organization and Staff Control (Moos, 1979). The establishment of this relationship between the Work Orientation Schedule and the more standardized measures of these programme dimensions, would confirm an important link between the Quality of Working Life for staff and the Quality of Life for residents in the sample homes.

ADDITIONAL QUALITATIVE DATA COLLECTION

Four additional methods of data collection were developed during the field work. Two are extensions of the practise methodology for developing a teamwork approach described by Fulcher (1983). One employed the use of a participant observer to record a description of an action planning session; and, another was developed for use in this study. All were employed as part of the action research design of the study.

i) The Wallpapering Exercise: Group Survey Reports of Satisfactions, Frustrations, and Uncertainties

During this exercise participants are divided into small groups (3 - 5) and asked to identify satisfactions and frustrations common to their work. Attempts are made to mix the groups, with some care workers, managers, board members and social workers in each group. They are asked to list their main satisfactions, frustrations and uncertainties with respect to their work as it pertains to this home. These are recorded on flip chart paper by each group and presented to the group as a whole. These statements are used as a focal point for problem-solving, based on the proposition that by solving work-related problems in common, the participants will cohere as a team.

ii) The Written Programme Descriptions.

The second method of qualitative data collection involves the participants in a review of their own programme, utilizing the comparative structural variables for group care services as an organizing schemata: Each of the topics in the Action Plan Outline (Appendix A) is considered sequentially over the course of two days. The gist of each discussion and any decisions made are recorded on flip-chart paper in front of the group and consensually validated as accurate transcriptions of the discussion, both during the session and again at a follow-up session after the transcriptions have been typed and handed to each participant. In an extension of the methodology, the author advances the argument that these programme descriptions constitute group survey data.

The rationale for this is drawn from the work of Maccoby and Maccoby (1954) and assumes the validity of the descriptions as they have each been consensually validated by all key actors involved in the operation of a particular home. Other researchers have employed similar data collection procedures, employing group interview survey methods and techniques. Paul (1953) acknowledges that conducting interviews with more than one person can be rewarding in certain circumstances as does Marshall (1956), who employed group interviews to reconstruct small scale military movements shortly after their occurrence.

Spiegelberg (1975) conducted cooperative group sessions or seminars on phenomenology in which he claimed to "do phenomenology." While he clearly cites the possible limitations of approaches which seek cooperative agreement in groups and acknowledges that their written products do not constitute a sufficient test of truth, Spiegelberg encourages further experimentation of this methodology. He cites several advantages of this process and notes in particular that:

> Co-operative phenomenology is not merely a matter of exchanging views, of 'swapping' reports, as it has been called, or even of registering and, as far as possible, understanding one another's different perspectives. . .mutual exploration may reveal that the instruments of description are out of tune, i.e. that the disagreements among the descriptions are merely verbal, and that a readjustment of the linguistic tools can clear up some discrepancies. But. . .[this] is also possible at a deeper level. . .It is possible to direct and redirect our viewing by 'drawing attention' to factors previously overlooked, by pointing out unconscious preconceptions and the like. . .One of the most meaningful and revealing occurrences may be when one of the partners suddenly exclaims 'aha' in a tone of voice indicating that he has not only just become aware of something new but also realizes that he has discovered what the other partner meant all along (1975: 33).

It is argued that the need for validity in the written

productions is a different issue for Spiegelberg than in this study. The purpose of the sessions in this work was to render a document which would be used to guide planning efforts. The important dimensions herein are whether or not sufficient consensual validation was achieved to render the group members mutually accountable. In other words, that members would have satisfactory understanding of the plan upon which to base their expectations of one another and to promote dialogue aimed at achieving shared understandings.

Spiegelberg writes:

> There is no question that the first prerequisite of any meaningful understanding is the attempt to talk to one another on equal terms. . .group phenomenology may be one of the means to achieve fuller and more sympathetic understanding of opposite viewpoints, together with a chance of modifying them by promoting the attempt to exchange one another's perspectives as a preparation for introducing new evidence which may lead to better attunement (1975: 128).

The written programme plans (Action Plans) are treated as group survey data from which aggregate themes of satisfaction, frustration and uncertainty are extrapolated and used, along with the other qualitative data, to describe group interactional patterns amongst teams. A narrative summary of one Action Planning Session which was prepared by a participant observer at one of the sessions and validated by the group facilitator, is used to illuminate the Quality of Working Life Themes and illustrate the process of data collection as an Action Research Methodology.

iii) The Phenomenological Vignettes.

The third qualitative methodological strategy was developed during this particular study and, as a consequence, was introduced only at follow-up sessions with participants.

Building on the work of William Labov and Joshua Waletzky (1967) and John Robinson (1981) on the use of oral narratives of personal experience, the technique was extended to elicit descriptive accounts of lived experiences which could be subjected to phenomenological analysis. Unlike Labov and Waletzky, Robinson argues that personal narrative does not need to limit itself to those experiences which are unusual, remarkable or even unexpected. Robinson cautions that, by focusing only on these types of narratives, one may miss or misrepresent the character of every-day experience. Too, the point of a narrative can be implied or even unknown. Labov and Waletzky, on the other hand, suggest that the evaluative component of a personal narrative must include reference to how the incident affected him or her as well as reference to the narrator's interpretation of the incident, his personal reactions and the consequences of the incident for each of the actors. Again, to insist on these referents is to miss Goffman's (1974) point that recounting (replaying) experience is an ongoing activity which serves to shape that event in meaningful terms. In organizations, recounting is one vehicle which facilitates the emergence of cognitive consensuality (Sims and Gioia, 1986). In fact, many experiences are probably recounted to others as a way of "puzzle-solving" events which have had an ambiguous, complex or even

contradictory impact on the actor(s). Telling the story, in this case, may represent an attempt to engage the listener in cooperative problem solving (Robinson, 1981). The point of the narrative may emerge through its telling or through comparison of a number of stories of experiences told by different persons. The experiences of group home workers would presumably lend themselves to this kind of comparison.

Robinson further argues that personal narratives are "situated communications" (1981: 85) in that they provide evidence of the versatility, perhaps adaptability, of this mode of expression as well as the centrality of narrative style communication in every-day life. Robinson extended Labov and Waletzky's work on narrative analysis to include routine or familiar activities such as housekeeping, making a meal, or watching television. In doing so he pointed out that by limiting their study of situated communications to stories that were unusual or unexpected, Labov and Waletzky had apparently assumed "that such incidents were the only ones people tell stories about." (1981: 60). Clinging to the notion that "a proper account of everyday storytelling must take into consideration what story is being told, to whom, when, and for what purposes." (1981: 58-59). Labov and Waletzky's work is consistent with the notions of critical incident analysis. Robinson's approach supports focusing on the everyday, routine or familiar activities, such as getting a group of teenagers up in the morning, moving through morning preparations to leave for day programmes with a group of profoundly mentally handicapped young adults, making the

transfer of authority during a shift change, dealing with harmful, self-stimulating behaviour in a mentally handicapped adult, reporting relevant behavioral expressions of residents to staff coming on shift, etc.

Like other situated communications in the conversational mode, the purpose of telling a story about routine, familiar or even mundane things may be multi-dimensional. Introduced mid-way through the data collection process, the vignettes were elicited by asking participants to: "Write a true account of your most enduring or significant memory or event having to do with your work as it pertains to this home since we last met. Include in your account what this memory or event meant to you at the time and how you felt." These vignettes are used to illuminate the qualitative and quantitative data from the grounded perspective of the shift teams throughout the text. As such, the vignettes create a subtext for the experiences of the personnel. The following vignette was not collected from one of the sample homes. It was collected during the study, however, and is included because it was with the collection of this vignette that the final version of the instructions was refined and brought back to the remainder of the data collection homes.

> It was my second shift. I was working in a home for battered women as a week-end worker and although I had had an afternoon orientation session with the director I was still basically unsure of all the procedures and policies at the house. It was a bit like diving in with your feet first and hoping that you came up okay. I was alone.
>
> During my shift it soon became apparent that the relations in the house were quite strained. One of the residents was not doing her chores and often left her two children to fend for themselves or be looked after by the other

residents.   As a result, the other residents, one in particular, felt obliged to carry some of those responsibilities.

Resentment was building up.   The regular staff were aware of this problem and had attempted to work with it but it was still a burning issue that Sunday night.   However, they did leave instructions with the complaining resident to take her concerns to the staff.   This is exactly what she did.

She reported that one of the youngsters had been left unattended in the bath and that the water was cold and the child was shivering.   On my way upstairs I asked the mother to get off the phone and see to her child.   She was agitated and defensive.   She immediately accused this person of being a 'rat.'   The verbal abuse that she hurled at this woman was not pretty and as a result the latter became extremely upset.   She ran out of the kitchen and headed up the stairs.   After spending a few minutes with the mother I headed upstairs to talk with her but she was nowhere to be found.   Most of the residents in the house joined in the search.

I quickly checked all the exits but the new fallen snow remained undisturbed so I felt certain she was in the house somewhere.   We found her within five minutes.   She had curled herself up into a ball and was inside a cupboard clutching a doll.   Her eyes were glazed, she was drooling and there was a lot of mucous discharge from her nose.   Her body was rigid.   For the next 30-40 minutes (approximate) myself and two of the residents tried to talk her out of it.   We mopped her face with a cold face cloth and tried to get her to breathe through her nose and out her mouth.   The latter was not successful because of the mucous build-up. On a couple of occasions she broke and allowed some sobs to come out but then would pull herself in and become rigid again.   We managed to manoeuvre her out of the cupboard and carried her to one of the beds.   Eventually she fell into a deep sleep.   Her body slowly uncurled and she stretched out into a more natural sleeping position.   Her breathing became regular.

She was still asleep when I was relieved at the end of my shift.   I had not met the worker who was relieving me. When I explained the night's events to her she felt that I should have contacted a doctor.   She told me that we were not equipped to handle that type of a situation.   As a result we phoned the emergency department at one of the hospitals, despite the fact that the emergency was over, and they suggested we bring her in.   We had to wake her up, I drove her down and they admitted her that night.   She was discharged to the house the next day.

iv)   The Action Plan Process Recording.

One two day session was selected during which one member of the consultation team observed the process and kept a process recording of the two days.   The exact narrative of this process recording is used to introduce Chapters Six (The Teams), Seven (The Clients) and Eight (The Quality of Working Life Assessment).   Such an approach helps to ground the data analysis in the action research experience, an approach supported by Hunt (1987) and Heyns and Zander (1953).   This process recording was <u>not</u> done for each team as part of the assessment.   It was done only once, to serve the needs of the research.   As mentioned, sections of the entire recording are used to introduce subsequent chapters.

THE ACTION RESEARCH TEAM ASSESSMENT MODEL

The following diagrammatic representation of the assessment evolved during the study and includes each of the components which were combined into the multiple-methods assessment (See Diagram II on the following page).   The diagramme includes each of the following:

    Social Policy Brief For Services
    Dominant Low Satisfaction Theme
    Dominant High Frustration Theme
    Dominant Change Themes
    Dominant Stressful Change Themes
    Dominant Enduring Work Condition Themes
    Dominant Stressful Enduring Work Condition Themes
    Level of Organizational Change
    Level (Prevalence) of Enduring Stressful Work Conditions
    Team Style of Adaptation
    Phenomenological Illustrations of Staff/Team Experiences
    Staff Team Inputs
        Sex, Age, Hours of Work, Marital Status, Job Title,
        Length of Time in Post, Spouse's Occupation, Union and
        Professional   Affiliation,   Personal   Housing
        Accommodation, Education

DIAGRAM II

MULTIPLE-METHODS TEAM ASSESSMENT MODEL

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┌─────────────────────────────────────────────┐
│        Social Policy Brief for Services       │
└─────────────────────────────────────────────┘
                        │
┌──────────────────────────┐   ┌──────────────────────────────┐
│ Dominant Low              │   │ Dominant High Frustration     │
│ Satisfaction Theme(s)     │   │ Theme(s)                      │
└──────────────────────────┘   └──────────────────────────────┘

┌──────────────────────────┐   ┌──────────────────────────────┐
│ Dominant Change           │   │ Dominant Stressful Change     │
│ Theme(s)                  │   │ Theme(s)                      │
└──────────────────────────┘   └──────────────────────────────┘

┌──────────────────────────┐   ┌──────────────────────────────┐
│ Dominant Enduring Work    │   │ Dominant Stressful Enduring   │
│ Condition Theme(s)        │   │ Work Condition Theme(s)       │
└──────────────────────────┘   └──────────────────────────────┘

┌──────────────────────────┐   ┌──────────────────────────────┐
│ Level of Organizational   │   │ Level of Enduring Stressful    │
│ Change                    │   │ Work Conditions               │
└──────────────────────────┘   └──────────────────────────────┘
                        │
┌─────────────────────────────────────────────┐
│        Phenomenological Vignettes             │
└─────────────────────────────────────────────┘
                        │
┌─────────────────────────────────────────────┐
│              Staff Team Inputs                │
└─────────────────────────────────────────────┘
                        │
┌─────────────────────────────────────────────┐
│           Team Style of Adaption              │
└─────────────────────────────────────────────┘
```

PROTECTION OF HUMAN SUBJECTS

A written consent form was employed to ensure protection for the human subjects (Appendix B). The research was explained to participants on the first morning of the two day sessions and each group was apprised of the issues of consent at that time. At the end of the second day, the questionnaires, with the consent form attached, were circulated and the consent form was reviewed in detail with the entire group. The consent form itself was examined by members of the human subjects research committee at Memorial University of Newfoundland and approved.

SUMMARY

In this chapter the central research question was reframed into terms which were specifically directed to each of the subsystems of the larger phenomenon of teamwork. The questions were linked to the use of an action research strategy which employs a multiple-methods approach to team assessment. A model for teamwork assessment was described which is grounded in the practice of group home personnel. Finally, consideration was given to the protection of the human subjects who volunteered to participate in this study. Attention now turns to an examination of the social policy context in which the assessment of group home teams took place.

CHAPTER FIVE
GROUP HOMES AND THEIR DEVELOPMENT
IN NEWFOUNDLAND AND LABRADOR

"Experience teaches you to recognize a mistake when you've made it again."
Unknown

INTRODUCTION

That the move to so-called community-based programmes for recipients of social services in North America has had certain unintended consequences for the administration of services, the personnel who work in these services and for the recipients of these services themselves is now accepted as fact. The exact nature and longer-range implications of these consequences are at the centre of much debate, but there is evidence that these shifts of resources and changes in ideology have generated much in the way of turbulence at central and local levels of social service administration and for the consumers who depend upon, or are required to be involved with, these services.

This is not to say that the state of affairs prior to this movement was ideal or even acceptable. There is general agreement that this was not the case. It is to say, however, that the provision of quality, or even "good enough", services remains a problem irrespective of the settings in which services are provided and the ideologies upon which they are predicated.

This chapter turns to an examination of the emergence of group homes as a particular form of group care provision. In so doing it draws on the perspective of the Structural Determinists as set out in Chapter Three. This is done with the following

understanding, aptly described by Corrigan and Leonard: "The search for more wide-reaching structural explanations in social policy and social work has led to a relationship with sociology which has often been highly problematic" (1978: xii). It is with the assumption that these perspectives can be reconciled, or at least bargained with, that I choose this task for myself. This is based on the belief that the modern conception of welfare is in a state of crisis which has negative consequences for large groups of persons. In particular, reference is made to those persons for whom poverty and experiences of alienation and victimization are facts of daily life. Yet this undertaking is also based on the belief that for some consumers, under some conditions, some services do work - meaning that they yield positive outcomes for those consumers.

During the past twenty - twenty-five years, group homes have become an accepted part of the broad range of residential services and now house almost the entire spectrum of children, young people and adults in need of shelter, including dependent, disturbed, mentally retarded and physically handicapped persons.

Although their use can be traced further back (Piper and Warner, 1981), their popularity surged during the movement to vacate (deinstitutionalize) "total institutions" (Goffman, 1961). While diverse claims have been made about the so-called community-based movement in North-America, these resources have generally been thought to reduce the more stigmatizing and alienating effects of total institutions and to reduce the amount of social control employed to the minimum which was required.

The guiding principles cited by proponents of this movement are "Normalization" (Wolfensberger, 1972) and the Least Restrictive Alternative (Turnbull, 1981). While these principles have become an accepted part of the lexicon and ideology of deinstitutionalization, other claims, such as lower costs, increased efficacy of service delivery and community acceptance have been the subject of widespread debate, inconclusive and variable investigation (Burford and Flynn, 1984; Hylton, 1982; Lerman, 1982).

GROUP HOMES

Most of the North American definitions of group homes have evolved in relation to other types of group care and institutional services. This is of more than historical significance since group homes, as mentioned previously, have evolved, along with a host of other types of residential group services like halfway houses, shelters, transition houses, and even three-quarter way houses, under the rubric of community-based services. Nearly all these terms evolved in relation to expressed dissatisfaction, and served to disassociate the advocates of deinstitutionalization from what were perceived to be more traditional custodial-oriented facilities characterized by Goffman's Asylums.

The same persons who coined these titles, and rejected the use of 'institutions,' are now seen to have largely rejected, or misunderstood, the theories which spawned the 'anti-institution' movement. Jones and Fowles point out that these theories:

. . .have often been uncritically rejected by
practitioners, who found them unhelpful, and
uncritically accepted by academics and their students,
who have turned such concepts as 'total institution',
'institutional neurosis' and 'carceral power' into
catch-phrases (1984: 1).

The very term 'deinstitutionalization' says more about
rejection of one form of service provision than it does about
what the alternatives should provide. This has led to well-known
consequences for certain groups (Lerman, 1982). Apparently,
providing no service at all has been mistakenly assumed, in some
instances, to be a better alternative than housing in certain
kinds of institutions.

The evolution of community-based residential services,
including group homes, has achieved the status of a movement in
the literature and the rationale for their use has continued to
evolve relative to those other facilities where residents were
thought to enjoy less freedom of movement and to be on the
receiving end of more alienating, stigmatizing practises.
Subsequent study has shown that these distinctions are frequently
unclear. Some institutions apparently show high degrees of
"community-orientation" in the course of providing their
residents with access to community facilities and their relative
openness to involvement with families and other service providers
(Reicherz et al., 1978). On the other hand, some so-called
community-based programs have restricted freedoms of residents
and created 'total programs' more closely associated with the
idea of institutions. Jones and Fowles define institutions as:

. . .any long-term provision of a highly-organized
kind on a residential basis with the expressed aims of
'care', 'treatment', or 'custody'" (1984: 207).

This would certainly not exclude some varieties of service employing the title 'group home' in North America.

Lerman posits the following definition of institution:

. . .a civilian institution is a private or public establishment which furnishes (in single or multiple facilities) food and shelter to about four or more persons unrelated to the proprietor and, in addition, provides one or more of the following:

1) Medical and/or personal and/or social care.
2) Treatment and/or skills training and/or habilitation.
3) Supervision and/or custodial control.
4) Protection and/or social shelter.
5) Diagnostic assessment and/or background investigation. (1982: 8).

This would neither define the difference between certain group homes nor would it distinguish between group homes and what we have more frequently called institutions.

Malin defines a group home as follows: "A group home refers to a residential unit consisting of a small number of people living together in an ordinary house with minimal and non-residential staff support" (1983: 1). This definition would exclude all those homes which employ residential staff - the majority in the North American context. In Great Britain, the term group home is used almost exclusively for the type of resource Malin describes and then mainly for the intellectually handicapped. Malin's definition would, in the North American context, more aptly fit what is called cooperative living apartments, semi-independent apartments, or even boarding arrangements.

Shostack's definition appears to fit the North American context more closely:

> Group homes are residential care facilities in which
> a number of residents live under the supervision of
> staff members. They are distinguished from other
> residential care facilities by (a) small size -
> usually from 6 to 12 occupants; (b) few restraints on
> the movement of residents and on their interaction
> with the surrounding community; and (c) reliance on
> community resources such as public schools and
> recreation facilities to provide essential services
> (which is why group homes are termed community-based
> programs) (1987: 11).

This definition allows us to isolate a particular class of
services for study on the basis of the size of their resident
population, the relative level of social control employed with
the residents, the relative level of community integration which
they promote or achieve, and the presence of staff who are hired
to provide some form of supervision. Yet there are examples of
facilities which call themselves group homes which also exercise
high levels of control on the movement of residents and make
little use of community resources (Palmer, 1972). Some persons
would reject any definition which did not call for the home to
be staffed by a live-in married couple in which the wife/mother
is employed in the home and the husband/father works outside the
home. Moen (1979) and Rowan and Kehoe (1985) have noted the
decline in the use of live-in staff in group homes.

Masked then, in this range of resources and definitions, are
important differences in service provision.

THE NEWFOUNDLAND AND LABRADOR CONTEXT

Early in 1983, the Director of Staff Development and
Training for the Department of Social Services in the Province
of Newfoundland and Labrador approached the author to meet with

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representatives from various homes and the Department to assess
the need for training of staff in the group homes. A pilot
project was proposed as a result of these sessions and
implemented in August of 1983. This pilot project brought
together the staff, board and social services representatives
linked to each home for the purposes of programme planning,
including problem identification. An initial two day meeting was
scheduled, with each home to be followed up with two one-day
sessions over the course of the twelve month period following the
initial session. After two-day sessions had been held with four
homes (two corrections and two mental retardation), a report was
submitted by the present author and a colleague which contained
general recommendations (Burford and Fulcher, 1983). The
Department of Social Services decided to implement the format
with each group home in the Province, a process which was
complete in June of 1986.

In Newfoundland, "family-style" group homes were initiated
in the mid-1970's (the first home was opened in 1977), with the
specifically stated intention of closing the existing
institutions for the mentally retarded. The impetus for this
direction arose out of the perceived dissatisfaction with the
existing institutional programmes for the mentally retarded and,
in particular, one residential facility with the dubious name
Exon House. The opening paragraph of "A Report on [sic] an
Assessment of Exon House and Related Programs to the Government
of Newfoundland and Labrador" (The Roeher Report) notes that:
"Exon House has been beset with serious problems of one kind or

another from its outset. On at least three occasions since 1970 the problems have been sufficiently serious as to cause a public outcry" (1977: 1). Condemned in this investigation and again in 1981 in a major undertaking entitled "People and Communities", Exon House had been the subject of widespread criticism. The efforts to close the facility coalesced even further around the drowning death of a male resident in 1978 and while the Court Investigator's report did not recommend criminal prosecution, the transcript does note that:

> The evidence shows that there was some lack of organization in that the duties and responsibilities of nursing and regular staff was [sic] not fully integrated and that reporting and recording procedures were either not always followed or not clearly understood as between the visiting doctors, nursing and regular staff. . .There was insufficient staff to supervise and cater to the needs of the residents. . .compounded by the fact that one staff member left (with permission) to attend a union meeting during the busiest part of the day. . .There was a degree of negligence on the part of the management in that there was insufficient staff. . .[and] in that tubroom doors were not locked or otherwise secured. . . ("Magisterial Inquiry Into the Causes and Circumstances of the Death of Noel Jenkins at Exon House," 1978: 5-7).

Support for deinstitutionalization reached a pinnacle with the publication of a report "based on" (from inside cover) participant evaluations resulting from a training seminar for group home staff in March of 1981 (Rowe, 1981). The publication of this report also heralded a split, of sorts, between the Department of Social Services and the Community Services Council - a community development group which operates on government grants. After jointly hosting the seminar, the Director of the Community Services Council is said to have published the minutes

and recommendations in such a way that some government officials felt slighted. Perhaps a more reasonable explanation of this separation can be found in the document itself, where Rowe charges that:

> . . .despite a major commitment on the part of the Provincial Government to provide 'operating costs' at a very reasonable per diem rate, the necessary staff and resources within Government to implement this policy and ensure promotion, development, operation and ongoing management, and support, have not been allocated" (1981: 8).

She warns that "There is the ever present problem of increasing per diem costs" (1981: 12). Subsequently, for whatever reason, the deinstitutionalization effort became virtually the entire domain of the Provincial Department of Social Services in tandem with the Canadian Association for the Mentally Retarded, itself later renamed the Association for Community Living (Community Services Council Directory, 1985; and Update of the 1985 Directory, July, 1987). The Community Services Council became a "bench critic" during the ensuing years and was, apparently, excluded from certain kinds of involvement in decision-making in which they had previously been involved.

The change introduced to the name of the Association for the Mentally Retarded reflects the ideological struggle of this group to challenge sources of stigmatization and alienation toward the mentally retarded. Other terms which have surfaced throughout the study and were used at one time or another to describe these individuals include, at least: retarded, mentally retarded, mentally abnormal, mentally subnormal, developmentally delayed, developmentally handicapped, developmentally disabled, mentally

deficient, mentally subnormal, undervalued persons, and persons in need of social role valorization. It is not clear whether all these terms mean the same thing or refer to the same individuals. So frequently did changes in the use of these terms occur during the study, that apologies are in order for any discrepancies which may have gone undetected in editing this text. More than once the author was "caught out" using a more stigmatizing term than was currently in use. Of note is the relative strength which advocates of Normalization use to educate persons who use an out of favour term. The somewhat righteous and indignant tones expressed on these occasions was taken as a measure of the coalescence around the ideology of the personnel who work in these homes. Interestingly, the Division of Mental Retardation in the Department of Social Services did not change its name during the study, despite pressure from some personnel and community groups to do so.

The document ("When Caring Is Not Enough") is significant, not only for the unfortunate turn of events mentioned previously. With the publication of this document we find one of the first written declarations that deinstitutionalization is desired for not just the mentally retarded but also young offenders:

> For the last few years in Newfoundland there has been an increasing desire to remove as may [sic] children as possible from institutions. . .[these children] for the most part fall into two categories: those classified as "mentally retarded" and those considered "young offenders" (1981: 7).

This would become of great importance later, as will be noted.

In fact, two institutions were closed by 1983. One had housed approximately eighty mentally handicapped young people and

the other had housed a mixture of mentally retarded, emotionally disturbed, delinquent and protective wards of the Child Welfare Department.

The development of homes for Child Welfare and Juvenile Corrections appears to have occurred on the coat tails of the wave of support for moving mentally retarded persons into the community. As a measure of this overlap, it is noted that the version of the Policy and Procedure Manual for group homes supplied by the Social Services Department sometime prior to 1983 was worded entirely in the context of use for the group homes for the mentally retarded. This policy manual was available from the Department of Social Services but had apparently been the subject of some disagreement between the Divisions of Child Welfare (since split into the Division of Child Welfare and the Division of Juvenile Corrections, itself later renamed the Division of Youth Corrections) and Mental Retardation. While the Director of Child Welfare said that the manual was intended for use in all group homes, there were obvious shortcomings (Government of Newfoundland and Labrador, Undated -Pre 1984).

Until that time, there was some precedent for blurring the distinction between the Divisions and the populations which they were intended to serve. One of the institutions closed prior to 1983 did house, as mentioned previously, a wide range of young people and this practise spilled over into at least one of the first group homes for adolescents opened by the Division of Child Welfare, which in 1983, housed, at the same time, one moderately retarded boy, one lad who was clearly emotionally disturbed, two

brothers who at the time of their admission could only be described as highly unsocialized (no evidence of mental retardation but at the same time no self-feeding skills, little or no bowel and bladder control, few language skills, etc.), and one very smooth delinquent who organized the others to steal on his behalf at a local shopping mall. The turmoil evidenced in board, staff and social service relations in this home had already resulted in the home being closed for a time and then reopened with little change having occurred. One senior administrator from the Social Services Department, upon discovering this potpourri of young people in the home during the pilot project, candidly declared: "To tell the truth, I've never before considered who was in the resident group when I referred someone for admission to the home." While subsequent developments did segregate the populations in the homes to a greater extent, and a manual was written which made some attempts to differentiate amongst the groups, these examples are telling of the relatively undifferentiated beginnings of the use of group homes in the Province.

The definition of group home adopted by the Department of Social Services in Newfoundland has undergone some change since homes were first opened in 1977. In an undated manual written sometime prior to 1983, we find:

> A group home, by definition, is a home staffed by either houseparents or counsellors where a maximum of 5 developmentally delayed individuals live in a normal homelike environment. The orientation of a group home for developmentally individuals [sic] is transitory in nature with plans of moving the individuals (as their development dictates) into less restrictive living environments. (e.g. foster or natural home, supervised

apartments or independent living). Finally, a group
home is a place where learning is a way of life, where
a co-ordinated developmental program is implemented
for each individual, and where houseparents or
counsellors are able to extinguish inappropriate
behaviours and instruct the individuals in those
skills or behaviours which will maximize their
development (and enhance their potential for social
integration) (Government of Newfoundland and Labrador,
undated: 1).

A subsequent departmental manual (April, 1984) added two

chapters - one called "Influencing Factors of Programming

(Division of Juvenile Corrections)" and another entitled

"Developmental Programs (Division of Mental Retardation

Services)." The other 10 chapters were presumably directed to

both types of homes. By this time, the working definition of

group home for the Province had undergone some changes:

A Group Home is a community based, home-like living
arrangement operated by an Incorporated Board of
Directors under the auspices of the Department of
Social Services through the Divisions of Juvenile
Corrections or Mental Retardation Services.
Group Homes service two basic groups:
(a)   Under the Division of Mental Retardation
       Services, those individuals with a
       developmental delay. These homes can
       accommodate four to five residents.
(b)   Under the Division of Juvenile Corrections,
       young persons with special emotional
       behavioral difficulties. These homes can
       accommodate four to six residents.
The orientation of a Group Home is that it be [sic]
transitory in nature and incorporates a planning process to
move individuals to less restrictive living arrangements.
This is accomplished through the learning environment in a
Group Home where a coordinated program is implemented for
each resident; inappropriate behaviours extinguished and
instruction provided in those skills or behaviours which
will maximize the individual's development and enhance
their potential for social integration (Government of
Newfoundland and Labrador, 1984: 1).

Noting, again, the ambivalence toward offenders as evidenced

by the history of the development of the manual, the initial

mixtures of populations in homes, and the definition of group home which appears to be more consistent with residences for the mentally retarded, three other developments are cited which set the stage for the beginnings of the use of group homes in the Province.

Firstly, group homes were praised by most advocates in the Province as being cheaper, once the institutions closed, or at a minimum no more costly to operate than their institutional counterparts (Roeher Report, 1977; People and Communities, vols. I and II, 1981). This position was officially reversed in 1987 in separate presentations at a Province wide conference on group homes by the Deputy Minister and one Assistant Deputy Minister from the Department of Social Services.

Secondly, the family model, also praised highly at the beginning (Brett, undated; Government of Newfoundland and Labrador, undated, 1979) was all but abandoned in the Division of Mental Retardation by the mid 1980's and in part by the other divisions, as shift workers were added to supplement the deployment of staff. The claim of "normal family atmosphere" (1979) became harder to defend as the level of mental retardation of persons admitted to the homes from the institutions became increasingly profound over time. In one home a total of thirty-six part-time and full-time staff were employed at one time to ensure adequate care for six residents.

Thirdly, the impact of a piece of Federal legislation, The Young Offenders Act, in April of 1984 required substantial alteration in the departmental administrative structure and the

character of the homes for young offenders. The Act forged important differences between young persons arrested, convicted and sentenced relative to the commission of a violation of the Criminal Code, and those young people thought to be in need of protection and taken as wards by the Director of Child Welfare. Caught with all their "eggs in one basket" - group homes were virtually the only residential group alternative to the two existing training schools - the Department created a separate Division of Youth Corrections with its own Director, no longer subsumed under the Division of Child Welfare, and proclaimed group homes as "open custody" resources where offenders would be admitted directly from the Courts to serve time-limited sentences imposed by the Judge. The mandate statements of these group homes had previously identified these as "family-style" homes, whose charges were children in need of:

> . . .emotional support and physical care. . .to make
> . .adjustment to family and community living. . .[and]
> means to interact with each other and the community at
> large. . .[where they] may become fully integrated as
> responsible, self-reliant community members"
> (Government of Newfoundland and Labrador, 1979, as
> cited in Rowe, 1981: 10).

The homes had been located in communities around the Province and, in many cases, prospective neighbours were judged on the basis of their reactions to the premises identified above. While the Act allows for the provision of rehabilitative services, it would appear that the 'justice' aspects of the law dominate practises in many parts of the country (Burford and Flynn, 1984; Reitsma-Street, 1990). In Newfoundland the most revealing statement is contained in a brief and undated document

entitled "Operating Policies and Procedures for Open Custody Group Homes" which was circulated from the Youth Corrections Division some time during 1986. We note:

> Open custody is a community oriented approach, where by the youth lives in a supervised setting and continues to participate in community activities such as a school program, recreational activities, etc. which are conducive to every day living. Their mobility within the community is controlled by temporary absences under the provision of the Young Offenders Act (Government of Newfoundland and Labrador, 1986: 1).

A Temporary Absence may be authorized in writing by the Provincial Director of Youth Corrections in response to a request to be away from custody for a minimum of a number of hours on a daily basis (to attend school, for example) or for up to fifteen days for "compassionate, medical or humanitarian reasons" (1986: 7).

As is seen, the ambivalence toward young people who commit violations has been addressed by externally imposed legislation. While the Act does endorse the use of the principle of "least restriction" (Crealock, 1987), treatment is secondary, and can be refused by the offender. Justice and incarceration are embedded in the language of "rights and responsibilities" and imposed for a specified period of time.

This ambivalence toward juvenile offenders is not a pattern in the Newfoundland context only. The justice vs. welfare debate has been articulated in both the U.S. (Palmer, 1978) and in the United Kingdom (Parsloe, 1981; Tutt, 1982). In the Canadian context, this ambivalence with respect to the justification of service to offenders is evidenced in one living unit which, in

1938, had employed a scheme entitled "Conduct and Work Awards and Privileges" (Appendix I). In 1938, the agency rationalized the use of such a scheme to ensure adequate supervision, yet the same unit, in 1978, employed a detailed and graduated list of behaviours and rewards, each tied to a "level" of privileges upon successful completion of which, residents were thought to be "treated" successfully. An elaborate description of the principles of Behaviourism and Token Economies was attached to the 1978 version, which elaborated the rehabilitative process. Interestingly enough, both the 1938 and the 1978 versions contained ten levels of privileges.

One wonders if staff in this programme carried out many of the same behaviours to supervise residents through the levels in 1938 as they did in 1978, with only the belief in why they presumed it to be a good idea altering over the course of the forty years.

THE ORGANIZATION OF HOMES IN NEWFOUNDLAND AND LABRADOR

The particular model for organizing the homes in Newfoundland and Labrador followed what has been a strong tradition in the Province. The social welfare system, while predominantly financially supported by the Provincial and Federal Governments, has a strong religious affiliation. The Province still retains denominational school boards, and the involvement of most of the churches in the provision of social service and justice services is a defining characteristic. Private charity and the presence of non-profit and/or volunteer organizations like the John Howard

Society and the Association for the Mentally Handicapped have figured heavily in the development of services.

It must be borne in mind that social services in Newfoundland and Labrador did not experience the explosion of development characterized by huge increases in government spending and the importation of human services technologies in the 1960's and 1970's which occurred in much of Canada and the United States. Much of the Province retains its rural character, for the time being, and despite the presence of a university and a growing number of community colleges, there is no pool of trained workers who can be brought into group care services. In his comparative study of staff team functioning employing an international sample, Fulcher (1983) found that the care workers in the one training school from Newfoundland, which was included in the study, had the fewest qualifications, yet the personnel had been in their jobs for longer than any other group in the sample.

To develop group homes, the Province turned to the community and asked for interested parties to form boards which would propose, in writing, for recognition of sponsorship for a home. As would be predicted, respondents were largely from the various denominations and semi-private societies and associations. The United, Anglican and Catholic Churches, the Mennonite Community, the Salvation Army, the John Howard Society and the Association for Community Living have all opened homes, some more than one. The United Church, for example, has operated separate homes for Young Offenders and for the Mentally Retarded. The Catholic

Church, which had a well-established tradition of social service involvement in the province, at that time, offered to operate a group home. In addition to this home, the Archdiocese operated one emergency shelter for children in need of care and protection and continued to operate an institution modelled in the tradition of an orphanage.

Funded entirely by the Department of Social Services, the idea of boards was promoted ostensibly to ensure community acceptance and integration, although in retrospect, it appears that the initial promise of cost saving was fulfilled, temporarily, in this same way. Government had no uniform plan for staff recruitment, salary scales and benefits for staff and no systematic organizational scheme for carrying out negotiations with boards. Each board was left to its own devices. What began on a note of high enthusiasm and commitment to a general - and widely interpreted - ideology, became a morass of negotiations so individualized in construction that government was what can only be described as overwhelmed in its own lack of preparedness for the taxation which this substantial development posed on its administrative - and financial - capacity.

Examples of reimbursements arriving late, inequalities in salaries and benefits, lack of clarity in the role of boards, and what came to be viewed as meagre administrative, financial and social service supports all contributed to a steadily developing demand on the Department of Social Services to centralize many functions which had previously been addressed with individual homes. In part, this probably contributed to the response on the

part of staff in the formation of bargaining units, although it must be noted that there is a long-standing tradition of union involvement in most sectors in the Province. That this should happen in the Canadian province which is plagued by one of, if not the, highest unemployment rates in the entire country, if not in North America, helps to frame the context of this development.

THE SOCIAL POLICY CONTEXT

It is a common saying among locals in Newfoundland that: "Everything happens fifteen years later in Newfoundland than it does anywhere else and twenty-five years later in Labrador." Whether this is a gambit of self-minimization, itself historically observable in the character of the people, or a truism, is perhaps untestable. Increasingly, the possibility of offshore oil development at Hibernia on what is called the Grand Banks promises, or threatens, depending on one's orientation, to close the gap if, in fact, it exists at all. The Grand Banks are familiar to Newfoundlanders and Labradorians as virtually the only other main, and meagre, source of income from natural resources besides mining. More recently, frustration over diminishing fish stocks, and national and international territorial disputes associated with overfishing and proposed trade agreements with the United States have brought even this source of livelihood into question.

The immigrant population has always been known as a hardy one, having settled the rugged, infertile coastline during a time when England's fleet could profitably sustain voyages on the

North Atlantic (Godfrey, 1985). Much of the native population in Labrador still hunt, fish, and trap on a seasonal basis to survive. International pressure to halt the seal hunt and the location of a NATO base in Labrador have served to cohere certain of the dwindling native groups into action. One group home for native youngsters continues to have no running water in the house at the time of this writing. Sewage has come to one older part of St. John's only in the past few years.

From about 1650 to 1729, an externally recognized form of government was provided by the so-called "fishing admirals" who came each spring, when navigation was possible, and left before winter ice arrived. The first captain to arrive each year was declared "governor" of the colony for that season. Less is known of how families and smaller communities managed themselves until 1794 when church and other written records were more prominent (Godfrey, 1985).

Godfrey notes that the Roman Catholic Church and the Church of England provided for some communities, but attributes the failure of any local government to pass poor laws in the area until after 1834 directly to the denominational differences and struggles between these two groups.

Efforts by government to provide aid to outport families and settlements has always been plagued with a complex set of conditions: a range of inclement to dangerous weather conditions; a population made up of seasonally nomadic natives; and few natural resources to attract industry. Many of the present administrators in the department got their start in

social service work by servicing caseloads accessible only by snowmobile or boat.

An interesting intersection of a time line cuts Newfoundland off from Labrador and the nearest part of Mainland Canada by thirty minutes. National newscasters can be heard to say: "News at 7:00, 7:30 in Newfoundland."

This line of thinking has led to the argument that the Province is a window into the recent past of other industrialized western countries and parts of Canada, and the notion that Newfoundlanders and Labradorians should be able to avoid the mistakes of others in the development of social policy. To believe this is to misunderstand the uniqueness of the province and the special tasks faced there. The question "What Works?" has a unique configuration presented by the climate, geography and resource picture of the province.

THE DIVISIONS OF THE DEPARTMENT OF SOCIAL SERVICES

During the study, the Division of Juvenile Corrections became, as its name implied, a separate Division unto itself known as the Division of Youth Corrections, with its own Director. Despite the fact that it had been called a "Division" previously, it had, in fact, been a subdivision of the Division of Child Welfare headed by an Assistant Director of Juvenile Corrections and responsible to the Director of Child Welfare. This change presumably reflected the difference forged by the new Act between children and young people and between young persons in need of care or protection and those who were offenders within

the meaning of the new law.

At this same time, two of the existing group homes were selected to remain under the auspices of the Director of Child Welfare and were subsequently withdrawn from the study for reasons which were never entirely clear, although the Director of Child Welfare did declare shortly afterwards that no new group homes would be opened by that Division. Instead, a greater use was to be made of foster homes when out-of-home placement was indicated. Curiously, a child care staffed centre was subsequently opened by the Division of Child Welfare. Known at first as an assessment centre, the name was subsequently changed when it became known as a "Stabilization Unit," after suffering negative press.

The Division of Youth Corrections continued to locate and support the opening of homes throughout the course of the study. Laterally, the Division of Mental Retardation steadily sought and opened group homes throughout and after the study.

Child Welfare.

Now at the centre of an inquiry (Royal Commission on the Complaints of Justice and Social Services Systems Failure to Respond to Complaints of Child Abuse), along with the Provincial Justice System, the Department of Social Services is accused of failing to respond to complaints of child abuse including sexual abuse in foster homes, and in particular, in one institution known originally as an orphanage. Predominantly aimed at members of the Catholic clergy and Christian Brothers Community, the

inquiry has received international attention. Still named the Mt. Cashel Orphanage years after the orphans had vanished, the organisation developed a five year plan for updating the service which was ready for implementation when the first charges surfaced. Announcements that the orphanage would close brought mixed reactions. The Brothers and the orphanage were well established and Mt. Cashel was regarded relatively positively throughout the Province, despite efforts to close all institutions.

The inquiry has heard testimony alleging that social workers, departmental managers and the Director of Child Welfare failed to ensure protection for the young people at Mt. Cashel and further testimony suggests that this failure reaches into foster homes. An incident of abuse toward a resident in a child welfare group home during the study was handled through police investigation, and subsequent charges, prior to the withdrawal of that home from the study.

As mentioned previously, it was never clear why the Child Welfare homes were withdrawn from the study. The feedback from one home had been particularly positive and quite divided in the other. It was noted in the Action Plans for both homes that the Department of Social Services representative who agreed to attend the follow-up sessions failed to do so, despite the fact that that person had committed to take certain actions in the meantime. It was also noted that certain staff and board members had pointed out that this manager was unlikely to follow through. Individual meetings between the researcher and that manager

yielded an almost total lack of understanding, perhaps regard,
for the impact upon the board and staff members of not turning
up - and for not having briefed someone to make an informed
representation at the first follow up sessions. It was after the
first follow-up that the two homes were withdrawn from the study.

Youth Corrections.

Juvenile Corrections services in Newfoundland and Labrador
quite simply were not developed during the 1960's and 1970's as
they were in much of the rest of Canada and the U.S. Huge gaps
exist in these services, which are taken for granted in many
places.   Aftercare services for young people who leave
residential services were, and continue to be at the time of this
writing, non-existent. The provision of professional services
to residential centres for children and young people have only
just begun and are highly variable from one location to another
in the province. In a country and province where medicine is a
given, the regular provision of nursing and medical services to
young people in one medium size secure institution have only
recently been initiated. Social work services are inadequate by
any comparison.

The Young Offender's Act was written for a different
situation than the one in which Newfoundland and Labrador finds
itself. Certain assumptions depend on the availability of a
variety of services. The Minister of Social Services in
Newfoundland during the time leading up the implementation of the
Act, refused to endorse the Act until after it was made law by

the Federal Government. For whatever reasons, and despite the long notification, the Newfoundland Government did nothing to prepare itself for the Law. In effect, the province found itself with insufficient managerial strength and preparedness to lead, hence, they have reacted to virtually every eventuality. The group homes, which had evolved in the shadow of the Provincial efforts to close institutions, were found, under the Young Offender's Act, to represent quite different resources than the philosophy of Normalization alone could explain. The group homes became the only option, save for an insignificant number of specialized foster homes which were subsequently identified, for young persons serving open custody sentences which the province could front up in the face of the new Law.

There are no satisfactory educational preparation programmes for the role of residential child and youth care worker. To a large extent, staff from the larger institutions did not seek jobs in these new resources [group homes]. Their pay and benefits were, and remain, far superior and their average length of time in post was found by Fulcher (1983) to be, by far, the longest in his international sample. As noted previously, their educational levels were, by far, the lowest in Fulcher's sample.

Mental Retardation.

The group homes for mentally handicapped persons emerged in the province quite clearly in line with their employment in other efforts in North America to vacate large institutions. The dangers of failing to provide adequate services, including

housing, in the community were anticipated and included in the initial plans of government as situations to be avoided. The effort was mounted on an evaluation of current services and needs in the province. Though somewhat idealistic, the assessment clearly described potential ways to achieve the goals (People and Communities, 1981).

Early on in the development of these services, a partnership between government and the Association for the Mentally Handicapped was attempted in order to strengthen Government's commitment to the goals and to keep the families and community representatives of the handicapped persons involved in shaping the services. Although tensions have existed between the two groups, a spirit of openness was evident. That the Division of Mental Retardation in the Department of Social Services was led by an exceptionally determined and capable Director was commonly accepted by Departmental employees and obvious from the beginning of this study.

Comparatively clear philosophy statements and a staff manual of operations had been developed but were known mainly by word-of-mouth at the beginning of this study. The manuals were not readily available, but it appeared that personnel had been imbued with the mission, if not the methods.

While there was no adequate pre-employment training scheme for these jobs, in-service training in Normalization and behavioral methods were made available to most staff. The fact that the efforts to close Exon House were apparently largely endorsed by the public through the main churches, and by the

government cabinet, fostered an even stronger sense of mission amongst the personnel. Suspicion continued to be expressed throughout the study by certain boards and community spokespersons that government would pull out of these efforts if it found it politically expedient to do so. This fundamental suspicion of government is virtually a defining characteristic of the personnel who work in the Department of Social Services and the wider population in Newfoundland and Labrador.

The Pilot Project.

The consultative process employed in the pilot project and later extended and modified for use in the study, was the product of many years of experience by the author and two colleagues. Beginning in 1972, the agency in which the author was employed began to develop with each of the living units within the organization, a separate unit service plan later known as an Action Plan. The rationale for using the living unit as the unit of analysis grew out of the experiences of agency personnel, tempered by some awareness of the literature (Bettelheim, 1950, Goffman, 1961, Jones, 1973; Maier, 1981, Polsky, 1963, Redl, 1959, Whittaker, 1979), that the strongest influences acting upon staff and resident behaviour could be found within the 24 hour domestic context of the residents' lives. The life-space of the residents, which included the physical parameters and design of the living unit, the staff, and the character of the resident group, all exerted such powerful influences on behaviour, that any effort to plan the service must account for each of the

variables in this configuration.

Used in practise by the author and colleagues, elements of this model have been described by Casson (1985) and tested and developed by Fulcher (1983) as an organizational development methodology.

After the initial two-day sessions were held with each of the four homes in the pilot study, Burford and Fulcher (1983) submitted an initial report to the Director of Staff Development and Training at the Department of Social Services. While a number of observations and recommendations were reported in that document, only those observations which have relevance to this beginning description of the Sample are repeated here:

1) The initial proposals presented to the department by boards were never used or referred to by government after a home opened. Social Services' representatives were unable to discover if, in fact, these proposals were even on file. Boards had copies of their proposals and assumed that everything in them had been agreed to by government, although no boards used the document in any active way to guide decision making for their home.

2) A comparison of each of the original proposals with the characteristics of the residents in each home respectively revealed that, if the proposals had been adhered to, fully 1/3 of the residents in the four homes would have been placed in different homes than the ones selected or would have gone to other resources.

3) Although managers in Child Welfare claimed that the policy and procedure manual [the one worded for work with developmentally delayed] had been circulated to all boards and staff, only one home admitted to receiving it, and they also admitted to never using it.

4) All boards expressed scepticism that government would develop appropriate community services other than the homes themselves to support

deinstitutionalization.

5) All boards complained about the lack of any ongoing mechanism to impact government decision making.

6) While a conceptual model for work with the developmentally delayed was in use and shared by government and the boards, no conceptual scheme appeared to exist for work in the corrections and child welfare homes.

7) Staffing and planning for weekend and holiday periods in the homes was inadequate.

8) The longest standing employee in any of the four homes had been in post for seventeen months, with the average being less than one year.

9) One home had turned over ten to fifteen workers (no one knew for sure) and had an entire board resign.

10) One home had been closed temporarily because the board and the department were mutually dissatisfied with its operation.

11) The majority of homes employed live-in house parents who had no private quarters and no home of their own to go to during time off. Most houseparent couples had children of their own, one housemother had recently had a baby.

12) Some boards had begun to standardize personnel practises and procedures; others operated solely on the basis of informality.

13) All boards reported problems in recruiting, orienting and maintaining participation of board members. All boards were operated by a small executive group who did virtually all the board work.

14) Some boards consisted of a majority of social services personnel. At least one board reported high frustration with this.

15) No home had a systematic program of orientation for new staff, although some variation existed.

While, as noted, the pilot homes for the mentally retarded did evidence that a common philosophy was embraced by board,

staff and Social Services' representatives, the tone of this

philosophy is expressed (People and Communities) as follows:

> Fundamentally, mentally handicapped people can only grow
> and develop with dignity when they live in communities with
> proper supports. This is not only an expectation shared by
> many in Newfoundland and Labrador, but a right of
> handicapped people (1981: II-1). . .The consensus is that
> mentally handicapped people are expected to live in the
> community with proper support. This is clearly not only an
> expectation but a right (1981: II-2).

This then was the beginning of the study.

CHAPTER SIX
THE TEAM MEMBERS AND THE TEAMS

"We trained hard. . .but it seemed that every time
we were beginning to form up into teams, we would be
reorganized. I was to learn, later in life, that we
tend to meet any new situation by reorganizing; and,
a wonderful method it can be for creating the
illusion of progress while producing confusion,
inefficiency and demoralization."
                Attributed to Petronius Arbiter, 210 B.C.

THE WEST END TWO-DOT TEAM: PART I

It is 8:30 a.m. in a small conference room of a local
hotel. Twenty-two participants have just settled down with
their coffee cups for the beginning of a two day review of
their work. Two one-day follow-up sessions will be held with
this group over the next year to review the work they do in
the next two days and to reformulate plans in light of current
eventualities at the time of the follow-up sessions.

The DOSS training representative introduces the resource
person who will act as facilitator for the sessions. After
each person introduces him/herself and identifies how he/she
came to be in the session, the facilitator reviews the written
outline for the session (Appendix A). [In follow-up sessions
it was at this point that participants were asked to write the
vignette of their most enduring memory]. The participants are
then asked to form subgroups. Each group is given as many
pieces of large flip-chart paper as they wish and different
coloured felt markers. Groups are asked to identify a
recorder within their own ranks and each group is asked to
elicit each member's predominant satisfactions, frustrations
and uncertainties with their work related to the home over the

two-week period just prior to the session. Subsequently, all flip chart papers are taped on the wall (The Wallpapering Exercise - see Appendix A) where everyone can see them. There is a giddy sense of excitement in the air as participants refill their cups and stroll around the room to have a look at one another's work.

The resource person briefly reviews each item on all the wall-hangings in front of the whole group and asks for clarification or elaboration of any items which draw puzzled looks or which stimulate other reactions in the group. As the exercise unfolds, it becomes clear that an "incident" has occurred recently about which everyone - staff, board and DOSS representatives included -have knowledge and somewhat varying interpretations. It is evident that feelings about the "incident" are still running quite high and "colour" many of the exchanges which transpire in the whole group. Everyone agrees that the incident is typical even though somewhat infrequent.

After the flip charts are reviewed, the group is asked if there are any major satisfactions, frustrations, or uncertainties which may have relevance which are not "on the wall." A care worker notes that many of the satisfactions and frustrations are interchangeable in the sense that when they do not happen they are taken one way as opposed to when they do happen and vice-versa. Heads nod in agreement. The group is asked if they would be satisfied with and think the two days worthwhile if the majority of frustrations and uncertainties on the wall were the focus of problem-solving

efforts on the part of the entire group. Loud sighs, laughter and nodding of heads is taken as agreement, with a degree of scepticism.

A board member points out that the two days would be worth it to her if we only solved one or two of the frustrations, because she has been feeling that they have been getting nowhere. A founding member, she admits that she has been thinking of leaving the board to "new blood." Private exchanges erupt in the room and the group is asked what is going on? A DOSS representative points out one of the written frustrations on the wall about getting this board to be more active. The group facilitator turns the group's attention back to the flip charts and asks whether the problems implied in this exchange are adequately represented or if something new or different has been brought up. Both the board member and the DOSS representative note that the problem has been identified in various forms by each of the subgroups. The facilitator asks the group's permission to leave the flip chart exercise and proceed with the assurance that we will refer back to the charts at every step, the purpose being to solve problems and develop plans.

WHY BEGIN WITH THE CONCERNS OF THE PERSONNEL?

In the time honoured tradition of social workers to "Begin where the client is," this study begins with the persons toward whom the developmental efforts described in the study are aimed and whom this research concerns. The Department of Social Services was regarded as the client. It

was they who engaged the consultant in a professional
capacity. The personnel themselves were the objects, or
targets, of the work but it was also they who were engaged
directly during the planning and development process. In that
sense the practise methodology and the research begin with the
personnel and a consideration of where they are in present
terms. This is grounded on the belief that as the staff
develop themselves, the satisfactions which are derived from
these developments by staff will be passed along to the
clients.

In turning to the staff, a summary profile description of
the individuals in the Sample is presented, which controls for
their occupational grouping. Next, consideration is given to
the conditions under which these personnel were working at the
time they were assessed, including changes which they
perceived as having impacted upon their work as well as the
more enduring conditions of work which they perceived to be
stressful. In this context, certain Quality of Working Life
Themes are examined within the teams, including satisfaction,
frustration and uncertainty themes.

THE INDIVIDUALS

Job Title and Type of Service.

The sample (N=420) consists of houseparents (N=71),
careworkers (N=143), lay board members (N=79), social workers
(N=53), and management personnel (N=74). By type of service,
the subjects were distributed as follows: 173 (41%) worked
with homes for mentally retarded persons and 208 (50%) worked

in homes for young offenders. Thirty-nine subjectd worked in jobs where they were associated with both types of homes.

Number and Sex.

Of the four hundred and twenty (N=420) individuals who consented to fill out the questionnaires, 225 (53.6%) were females and 175 (41.7%) were males (valid cases=400). The majority of houseparents (63%), careworkers (66%) and social workers (72%) were female, while greater numbers of board members (53%) and managers (71%) were male.

Marital Status and Personal Accommodation.

One-quarter of the respondents were single and slightly less than two-thirds were married (valid cases=411). Nearly half (42.4%) of the sample group lived in privately owned homes away from work, 27% (N=113) lived in rented accommodations, 10% (N=43) lived in their place of work with full room and board provided, and only 8% (N=35) reported that they resided with their own parents (valid cases=411).

Age and Educational Status.

The average age of sample subjects was 31 years and their median age was 32 years. Subjects ranged in age from eighteen to sixty-five. Care workers and social workers represented the youngest personnel in the sample, with 48 percent and 36 percent, respectively, being under the age of twenty-eight. A much greater number of care workers (27%) fell in the higher range of thirty-seven and over than did social workers (6%), making social workers, overall, the youngest group.

Eighty-eight persons (22.6%) had completed high school or less; ninety-two (23.4%) had technical, business or some

college education; 171 (43.5%) had undergraduate degrees; and, forty-one (10.4%) had post-graduate degrees (valid cases = 392). Of note is the fact that almost none of the direct-service personnel had education which was particular to residential work, or to work with the client groups in question, including the mentally retarded, children or young people. The majority of personnel who held an undergraduate degree were graduates of professional schools of education or social work or had non-professional degrees in psychology or sociology. Table 6.0 identifies subjects' level of education by job title.

TABLE 6.0
JOB TITLE BY LEVEL OF EDUCATION

Job Title	High School or Less	Business/Technical some College	College/ University	Post Graduate
Houseparent	40%	37%	21%	2%
Careworker	35%	25%	38%	2%
Board Member	14%	25%	26%	35%
Social Worker	2%	7%	85%	6%
Manager	6%	21%	64%	9%

Considerable variation exists in the level of education for houseparents and care workers. Social workers and board members were the most highly educated with social workers having the most uniform education - 85% held the Bachelor's in Social Work Degree or a Bachelor's Degree in another discipline. Just over one-quarter of the managers did not have a Bachelor's Degree which, at the time of the study, was the minimum requirement necessary for promotion to their posts. Of importance is the fact that no training program existed in the Province for residential, youth or child care work.

Length of Service and Hours of Work.

The employees worked in their posts on average for 3.6 years with the median being 2.3 years. They ranged in post from persons who had just begun at the time of data collection to thirty-six years. These indicators of age are skewed with the inclusion of a number of managers from the Department of Social Services who had been in their posts for twenty years plus. The following table (Table 6.1) summarizes the length of time sample personnel have worked in their respective posts by job title.

TABLE 6.1
JOB TITLE AND LENGTH OF TIME IN POST

Job Title	Less than 14 mos.	15-40 mos.	41 plus mos.
Houseparent	29%	51%	20%
Careworker	53%	36%	11%
Board Member	15%	29%	56%
Social Worker	34%	23%	43%
Manager	26%	20%	54%

Of note is the fact that over half the care workers and close to one-third of the social workers and houseparents had been in their posts for less than fourteen months. Over half the board members and managers had been in their jobs for more than three years and four months. In this context, it is worth reminding the reader that group homes are a relatively recent development in the province as compared with other parts of North America.

These personnel worked on average forty-four hours per week with the median being forty-four hours and the range being two hours to ninety-six hours. The live-in personnel

tended to report greater hours worked, on average. As would be expected, houseparents reported that they worked more hours per week than all other groups - 59% work fifty-six hours or more on average, and 68% reported that they had worked in excess of fifty-six hours during the week prior to testing. Of note is the fact that 76% of the care workers say they put in forty hours or less during an average week, but during the week prior to testing 22% reported that they had worked between forty-one and fifty-five hours and 26% had worked in excess of fifty-five hours. Social workers and managers both indicated some degree of overwork during the prior week, as compared to their usual expectations. Also of note is the fact that 58% of managers had worked in excess of forty-one hours during the previous week (22% worked in excess of fifty-six hours) and this is consistent with an average week for them (45% work forty-one to fifty hours per week on average, and 12% work more than fifty).

Union and Professional Organization Membership.

Nearly 40% (N=158) held membership in a professional association and 36% (N=148) belonged to a labour union (valid cases=411). Had the researcher not explored the matter more fully on a retrospective basis, the validity of these figures would have been questionable. Probably due to the increased activity towards the formation of bargaining units throughout the study, it was discovered that some direct service workers were confused about whether or not they belonged to a union. Some admitted, privately, to having signed a card to set the process in motion, but were uncertain as to what this meant.

Others had refused to sign cards but thought that they were included in a union because they knew some of their colleagues had signed. A number of live-in houseparents who served as supervisors in their homes were uncertain whether they were management or part of the bargaining unit. To complicate matters, several direct service workers were uncertain as to whether or not their membership in a professional association gave them collective bargaining rights, and rumours that an association of group homes was being organized and promoted by Government added to the uncertainty about membership. In one session, a direct service worker declared an intention to take a matter up with the union in the form of a grievance, only to learn that the home was neither a recognized bargaining unit nor did the home have any application pending.

THE HOMES

The following information is summarized from the Home Profile (Appendix C). This data was collected for all homes in the province up to January. 1988.

Length of Operation and Bed Capacity.

The homes opened gradually between 1977 and 1986 with the exception that, in 1982 alone, ten homes were opened. Sixty percent of the homes were opened since 1982. All the homes for mentally retarded persons were mandated to receive four residents each, while the homes for young offenders varied from five (three homes), to six (eleven homes) and eight (six homes). As mentioned previously, the homes for young offenders gradually added higher numbers of shift workers

throughout the period of study. This was in response, both to the expectation that homes would take higher numbers of residents and, in part, to the implementation of the Young Offenders Act. Shifts away from the family houseparent staffing patterns were gradual, starting with the hiring of additional care staff who were brought in during evenings and weekends to provide increased supervision. Live-in positions were eliminated through attrition. Virtually all the homes in the province were co-ed.

Sponsorship.

Thirty-six percent (N=16, valid cases=44) of the boards which sponsored the homes had religious affiliations (Salvation Army, United Church, etc.) while 64% (N=28) were operated by semi-private not-for-profit groups (for example, the John Howard Society). While there is a trend towards privatization of services in Canada and some provinces have homes operated on contractual or a fee-for-service basis, in Newfoundland the Government has preferred to underwrite capital and operations expenses at cost and within agreed-upon guidelines. This has contributed to disparity among boards in terms of their levels of activity and role, with some boards being quite active and others nearly dormant.

Location.

Seventy-five percent of the homes (valid cases=44) were located in urban neighbourhoods and 25% were located in rural towns. The vast majority (84% or 37) were located in residential neighbourhoods while only 16% (N=7) were located in mixed use (commercial/residential) locales. In fact, 52%

(N=23) were adjacent to other family dwellings on three sides, 25% (N=11) on two, and 23% (N=10) on one border only. Smaller numbers were adjacent to vacant lots or extra wide lawns (21% or 9), an intersection of two streets (16% or 7), a commercial establishment (11% or 4), or a church (11% or 4). Twelve of the homes (27%) were situated on a street with heavy automobile traffic. Considering that the original intent of Government was to locate group homes in such a way that they would blend in and be otherwise undistinguishable from other family dwellings, one would conclude that home finders stayed quite close to that expectation.

Distance From Town Centres and Population Clusters.

Fifty percent (N=22) of the homes were located in or near the centre of a town, while the remainder were located within one – two miles (43% or 19) or within three – five miles (7% or 3). Almost all the homes were located within or on the edge of a population cluster (93% or 41).

Age and Character of Homes and Neighbourhoods.

Sixteen (39%) of the buildings (valid cases=41) were less than fifteen years old and an equal number (39%) were between twenty-five and fifty years old. Virtually all the homes (98%) were detached constructions with 34% classed as bungalows and 57% as two-story. Nearly 60% (N=24) were situated in white collar or professional neighbourhoods and 32% in blue collar or working class areas. Only two homes (5%) were located in depressed areas.

Access.

The homes were evenly split between those which had

access to regular public transport and those which depended upon private transport. As was characteristic for other services within the Department of Social Services, heavy reliance was placed on the use of taxis for which the Department paid as a standard form of transportation. Over three-quarters (77%) of the homes admitted that staff regularly used their own vehicles to transport residents, despite the fact that no help was given with the cost of insurance and few, if any, staff had purchased extra coverage to protect themselves. This type of coverage was quite costly in the province. Almost no homes were provided with a vehicle, which meant that staff could rarely transport residents to outside group activities without having to make more than one trip. These practises, however frustrating to staff, were the means of transportation preferred by the Department of Social Services. In fact, as recently as 1988, the Minister of Social Services declared that no reimbursements of any kind would be made for the use of private vehicles, even for social workers who frequently paid for taxis to wait outside a home whilst they conducted their business on the inside. At the time of this writing, the new Minister of Social Services has declared his intention to control the use of taxis. What alternatives will be supported in the place of taxis, remain to be identified. Curiously, the practise of using taxis was endorsed by the conservative government and, evidently, not by the new Liberal Minister. Of note, however, is the fact that over 80% of the homes were situated within walking distance of shopping malls, public

parks, schools, post and doctor's offices, corner groceries, banks and restaurants. All the homes were within walking distance of churches and all had yards connected to the house. Sixty to eighty percent were within walking distance of dentists, libraries, cultural activities, adult education and employment resources. Access to recreation centres and movie houses was within walking distance for 56% of the homes. The nearest other residential facility for handicapped persons or young offenders was within walking distance for only six (13.6%) of the homes; fifteen - thirty minutes by car for eight (18%) homes; thirty - sixty minutes by car for twenty-eight (63.6%) and further for only two (4.5%) homes. Evidently, efforts had been made not to saturate a particular neighbourhood. Twenty-eight of the homes (63.6%) were located within walking distance of the nearest Department of Social Services office and all the remainder were within fifteen - thirty minutes by car.

Space Arrangements.

Sixty-one percent (N=27) of the homes (valid cases=44) had a veranda or porch at the back, which permitted residents to congregate out of view of the front of the home. Virtually all the homes (93% or 41) had off-street parking for staff and guests. With respect to sleeping arrangements, 66% of the homes (N=29) had resident bedrooms on the same floor as one another which, staff said, particularly in the homes for offenders, enhanced night supervision in most cases. In some homes this posed a problem when male and female rooms were placed too close together or if there was no awake overnight

supervision.

Individual rooms were provided for each resident in 39% (N=17) of the homes while 23% (N=10) had rooms where all residents "doubled-up" with someone else. The remainder of the homes (39% or 17) had a combination of individual and double rooms. Staff expressed the most satisfaction with the latter arrangements in the corrections homes because of the flexibility it gave them. The majority of homes (77% or 34) had two or more toilets and baths while 23% (N=10) had two toilets but only one bath. In one half (52% or 23) of the homes it was necessary that all toilets be shared amongst staff and residents. This presented some difficulties for live-in staff who, for the most part, said they would prefer to have a toilet and bath which connected to their sleeping quarters for their own private use. In at least one home, the toilet and bath which were intended for the use of the live-in houseparents was shared, through necessity, with residents, who must enter through the parents' quarters. Houseparents who had their own young children living in with them appeared to find it particularly difficult if they did not have private toilet and bathing facilities. Houseparents with adolescent children of their own were more likely to encourage their children to share toilet and bathing facilities with the residents in the homes for young offenders. An examination of the sleeping arrangements for live-in staff, and for overnight staff in some homes who were permitted to sleep while on duty, was most revealing. In 23% (N=10) of the homes part-time or relief staff occupied the quarters of the regular or full-time

parents during their stay in the home. One full-time houseparent in this situation said that she and her husband felt as if they did not really live-in the home since they were uncomfortable about leaving their personal belongings in the quarters when the relief couple came to work. Another said that the arrangement was fine due to the fact that the relief couple, at the moment, were close friends with she and her husband. Particularly during the early phase of the study, some live-in houseparents did not have private quarters within the home nor did they have anywhere to go during their time off. In at least one instance, a couple with an infant born to them whilst they were in their jobs ate, shared toilet, bathing and living room areas with the residents, even during the hours when they were "off duty."

This and similar examples were presented to managers of the Department of Social Services during the early part of the study, in an effort to change these kinds of practises. In fact, the practise of hiring couples who had no off-duty residence or protected space within the home, especially in cases where the couple had their own children, was slowly reduced. Rather than create policies and procedures which would support the continued use of live-in staff, however, the Department of Social Services and the Boards slowly decreased the use of live-in staff altogether except in the homes operated by the Division of Child Welfare.

The majority of homes (valid cases=44) had kitchens which were large enough for everyone to eat in at once (73% or 32), separate dining rooms (80% or 35), separate recreation rooms

(77% or 34) and staff offices (71% or 31). Only slightly more than one-half (57% or 25) had separate rooms for the t.v. and living space. Especially in the homes for young offenders, complaints were expressed about the lack of space in which the competing effects of television, the stereo and conversation could be minimized. Conversely, in one home, which had space to separate these activities, staff commented on how difficult it was for them to know "what's going on in the house." Few homes (18%) had separate kitchen facilities for live-in staff during their time off.

The window area in the living rooms of 95% of the homes was rated as large (valid cases=41) but less so for the common room where 41% (N=11, valid cases=27) were rated as small and 26% as medium and for the kitchens (30% small and 56% medium). The overall visibility within the home which included supervisory considerations, was rated as poor in eighteen (41%) of the homes and high in only three (7%) homes. Complaints about visibility in homes included comments about designs which regarded blind spots or rooms which were cut off from central areas within the home as problematic for a staff member, who may be required to constantly move about to check on residents in different areas. Two-story houses were not seen as problematic if the stairwell was wide or the other level was partially visible, or at least gave one some awareness of movement at the other level.

Considering that the original intent, on the part of Government, was to locate group homes in areas where they would be indistinguishable from other family dwellings and to

maximize access to community resources within the principle of Normalization, one would conclude that home finders stayed close to their mandate. The problems within the homes in terms of design, facilities and the more serious problem of having staff who were unable to get away from the work even during their time off, could be attributed to the lack of experience with these types of resources in the province, since they have been clearly documented for a number of years (Child Welfare Standards for Group Homes, 1978). On the other hand, perhaps it is a clear case of exploitation of the couples and other staff members who took these jobs in the name of caring for the residents.

THE TEAMS

The Sample consists of twenty-three different group homes. Seven of the teams in these homes were assessed on only one occasion. Sixteen were assessed on two occasions and twelve were assessed on three occasions yielding an N of fifty-one teams for analysis. The fifty-one teams are treated separately. The rationale for doing this is that the turnover amongst staff was so high throughout the project that only small numbers of staff were included more than once. This is supported in a follow-up survey (Burford, 1989) which was conducted in May of 1988 in which less than 19% (N=17) of the respondents (N=89) said they had been present at one of the data collection sessions involved in the study.

Age, Sex and Marital Status of Teams.

The average age of teams in the sample ranged from twenty-six to forty-six years, with a mean age of thirty-four. This was slightly higher than the mean age of teams in Fulcher's sample which was thirty-two years of age for both British and North American teams taken separately (1983: 325).

The percentage of women employed on teams ranged from twelve to seventy-five with an average of forty-two percent. This falls between Fulcher's British sample (60.8% women on average) and his North American sample (37.6% women on average) (1983: 325).

Greater proportions of married or cohabiting persons were employed in the present sample than in Fulcher's sample, ranging from 33.3% to 100% with an average of sixty-four percent compared to an average of fifty-nine percent for both British teams and North American teams (1983: 325). This is undoubtedly a reflection of the heterogeneity of the present sample, and the fact that many of the group homes employed married couples in the early stages of the development of group homes in the province. A much smaller range in the percentages of divorced/separated personnel was found in the present sample (0%-13.3%) with the average being 10% as compared to a range of 0% to 43% (average=8.3%) for British teams and a range of 0% to 38% for North American teams (average=12%). Again this could be related to the type of resource, or even represent an expression of the fact that Newfoundland has the lowest divorce rate of any Canadian province, but since the averages are so similar it probably

points to small numbers of extremes in Fulcher's sample.

**Educational Status and Membership in a Professional
Association or Trade Union.**

Fulcher was able to distinguish, in his study, between those persons who were qualified and those who were unqualified for residential work. Owing to the fact that there was no pool of trained workers and only one provincial training scheme in residential work, which had graduated very few persons at the time of the study, this comparison was of little value to this study. However, sample teams had sought to hire personnel with university degrees. The range of teams was from 0% with degrees to 100%, with the average being thirty-nine percent. This was lower than Fulcher found in the British teams, where the average was 48% (range=0% to 100%) and considerably less than North American teams where the average was 64% (range=0% to 100%, Fulcher, 1983: 326). This comparison is less valuable when we consider that the majority of persons who had degrees did not work directly in the homes or else had degrees which were not directly related to the work. The majority of persons with university degrees who worked in the homes were teachers - a few had Bachelor in Social Work degrees. Experience suggests that, owing to a surplus of teachers in the province, most of the teachers who took jobs in the homes left as soon as they were offered a teaching post. Social workers did not receive a residential component in their university education in the province and, like teachers, most did not stay in the group home positions longer than it took to secure a social work position, which

paid approximately double what the residential salary paid at the time.

Fulcher noted the number of persons in his sample who held membership in a professional association (1983: 326). Again, this is not a meaningful comparison in this study, where membership in a professional association was almost exclusive to the social workers or to groups where the association is unrelated to the nature of the work. Of importance, however, is the percentage of personnel amongst teams who held membership in a trade union. The range in the present sample was from 0% to 100%, with the average being thirty-five percent. The British sample average was 67% (range=0%-100%) and the North American sample was 9% (range=0%-81.3%). Fulcher's sample of North American teams is not representative however, in that thirty-three of his sample teams were drawn from a single organization, which had forestalled unionization efforts over a long period of time. Of note is the fact that the number of homes in the present sample which were and are continuing to petition to become legal bargaining units was increasing throughout the study and continues to increase at this time. A strike which included group home employees occurred in 1988, some two years after the final home for the study sample was drawn.

Type of Accommodation By Percentage of Workers in Each Type.

The percentage of live-in workers on teams ranged from 0% to 75% in the present study, with the average being seventeen percent. This is very close to Fulcher's British sample, where the range was also 0% to 75% with an average of 15%.

The North American sample averaged only 5% (range=0%-50%). This is probably due to the fact that Fulcher's sample contained very few group homes, as they are defined in the North American context, and there has been more of a tradition in Britain to hire live-in workers working in larger centres than this definition of a group home would allow. It was clear, during the study, that the use of shift workers in the homes was slowly replacing the use of live-in staff.

Teams with members living with their parents ranged from 0%-50% in this study, with the average being 9%. This falls between Fulcher's British sample, where the range was 0%-67% with an average of 12%, and the North American sample where the range was 0%-25% with an average of 5%.

Of note is the higher proportion of persons in this sample who owned their own homes as opposed to those who rented their living accommodations. Forty-two percent owned their own homes (range=4%-80%) on average, as compared to a mean in Fulcher's sample for both British and North American teams of 36% (range=0%-100% and 0%-94.7% respectively). Only 25%, on average, lived in rented accommodations, as compared to 33% and 54% for British and North American teams, on average. The present sample suggests a more stable picture in terms of age, marital status, and domestic arrangements than did the teams in Fulcher's sample.

Number of Personnel in Teams.

The number of personnel in teams ranged from a low of three to a high of sixteen, with the average being eight.

Teams in the homes for developmentally delayed persons were slightly larger (range 5 to 16, average 9.6) than the homes for young offenders (range 3 to 12, average 7.1). The number of staff in the young offender homes was also smaller when compared to Fulcher's British sample (range 3 to 24, average 9.0), and his North American sample (range 3 to 20, average 8.5).

Average Length of Time in Post.

The length of time which subjects had been in their present posts ranged from one month to 114 months, with the average being forty-three months (median=27.6 months). There were no differences in the ranges, means or medians when the homes for mentally retarded individuals and the homes for young offenders were compared. These lengths of time in post were, however, considerably greater than Fulcher found in both the British sample, where the mean was twenty-nine months (median=19 months) and the North American sample, where the mean was twenty-seven months (median=21 months). These differences are entirely accounted for by a number of managers from the Social Service Department in the present sample who had worked their entire careers in the same job. When these individuals are held separate, the means and medians fall between Fulcher's two sample groups.

Hours Worked on Average.

The average hours worked per week ranged, in the current sample, from a minimum of thirty-three to a high of sixty-nine

with the average being forty-four. The team members in the young offenders homes reported working slightly more hours on average (range 33 to 69, average=50, median=45) than the personnel in the homes for developmentally delayed (range 37 to 64, average=45, median=43). Differences between the current sample and Fulcher's samples were found when considering the number of hours which subjects had worked in the past seven days. The mean hours for the current sample was fifty-one with the median being forty-seven. Differences were apparent between the homes for young offenders (mean=52, median 48) and the homes for the mentally retarded (mean=47, median=42). Both these means were higher than the British sample, which was forty-one hours and the North American sample which was forty-six hours.

THE ORGANIZATIONAL CHANGES AND WORK CONDITIONS: ALL SUBJECTS

In the literature review, the argument was advanced that, in order to understand the nature of residential group care work, and in particular team work, attention needs to be paid to the subjective components of stress evaluation. A model was presented in which the conditions of work were viewed as environmental presses or stimuli which require individuals, and by extension, teams, to exercise their adaptive capacities in order to perform work activities as they view them. This view is predicated on the belief that stress is a necessary and potentially positive element of growth and adaptation. It was pointed out that it is only in recent years that researchers have come to accept that stressful events and

conditions do not have universal impact on people (Gentry and Kobasa, 1984). This is evidenced in Fulcher's findings, which used the Holmes/Rahe instrument - life events failed to be predictive of team functioning. To account for this lack of interaction between events and the functioning of teams, a different set of instruments is employed in the present study, which takes into account more work-related events than does the Holmes/Rahe Scale, which differentiates between changes and enduring conditions of work, and which attempts to take into account the subjective perceptions of the subjects.

Data on organizational changes and chronic stressful working conditions were collected using the Adams (1980) Organizational Changes Rating Scale (thirty items) and The Stressful Work Conditions Checklist (twenty-five) items. In addition to identifying the frequency or pervasiveness of a change or condition, subjects identified which items were perceived by them to be the most personally stressful.

A simple frequency distribution was used to identify and rank order the five most commonly reported organizational changes; the five most stressful of these changes; the five most enduring stressful working conditions; and the five working conditions that subjects rank as having the highest stressful impact on them. Frequencies were prepared for sample subjects overall, by job title.

Tables 6.2 through 6.5 present rank orderings of the subjects' responses overall. Note that the percentages are much lower in the tables which report high impact changes and conditions. This is because the questionnaires ask subjects

to rank the top three stressful items for them, personally. For example, while all participants may note that a change occurs, the number of persons who actually rank that item as one of their highest three stressors would naturally be smaller.

TABLE 6.2
RANK ORDERING OF TOP FIVE ORGANIZATIONAL
CHANGES BY OCCURRENCE
(N=420)

1) Being required to work more hours per week than normal due to crises or deadlines (61%)
2) Acquiring new co-workers (53%)
3) Sustaining a sudden, significant <u>increase</u> in the activity level or pace of my work (46%)
4) Acquiring a new boss or supervisor (37%)
5) Encountering major or frequent changes in instructions, policies, or procedures (36%)

TABLE 6.3
RANK ORDERING OF TOP FIVE MOST STRESSFUL
ORGANIZATIONAL CHANGES
(N=420)

1) Being required to work more hours per week than normal due to crises or deadlines (24%)
2) Encountering major or frequent changes in instructions, policies, or procedures (19%)
3) Sustaining a sudden, significant <u>increase</u> in the activity level or pace of my work (18%)
4) Sustaining a sudden, significant change in the nature of my work (10%)
5) Acquiring a new boss or supervisor (10%)

TABLE 6.4
RANK ORDERING OF TOP FIVE MOST ENDURING
STRESSFUL WORKING CONDITIONS
(N=420)

1) I must attend meetings to get my job done (57%)
2) I have too much to do and too little time in which to do it (42%)
3) The demands of others for my time are in conflict (29%)
4) I am cautious about what I say in meetings (27%)
5) I get feedback only when my performance is unsatisfactory (16%)

TABLE 6.5
RANK ORDERING OF TOP FIVE MOST STRESSFUL
ENDURING CONDITIONS OF WORK
(N=420)

1) I have too much to do and too little time in which to do it (25%)
2) The demands of others for my time are in conflict (21%)
3) I spend my time "fighting fires" rather than working according to a plan (15%)
4) I have differences of opinion with my supervisors (12%)
5) Decisions or changes that affect me are made without my knowledge or involvement (10%)

Summary Of Changes and Conditions: All Subjects

From the picture presented by these responses, it is anticipated that major themes related to crisis management and reactivity, overwork, the leaving of co-workers and superiors, and shifting expectations from superiors will be expressed amongst most teams and subgroups. This is suggested both by the changes which personnel report as having frequently occurred and the changes which they report as having the most stressful impact upon them.

The differences between the reports of the occurrence of change and the reports of stressful change are interesting and reveal themes which are probably more peculiar to certain subgroups of personnel (eg. occupational grouping or team). Acquiring new co-workers is second highest on the list of changes which have occurred but does not even appear on the list of changes which are perceived to be most stressful. Perhaps the loss of co-workers is simply masked by other less frequently occurring events which are more stressful. More likely, however, is the possibility that the meaning which

teams or other subgroups of personnel attach to their co-
workers leaving is a more important consideration than the
mere fact of staff turnover. Further indication of the
meaning of staff turnover will be sought in the responses of
subgroups of personnel. What appears on the list of most
stressful events, but which does not appear on the most
frequently occurring list, has to do with sudden or
significant changes in the nature of the work. Apparently,
this sample of personnel is saying, overall, that the increase
in pace, the reactivity and the push to overwork is an
extension of the work with which they are familiar.
Experiencing a change in the nature of the work has occurred
less frequently, probably for specific subgroups of personnel
or teams, but when it has occurred it is particularly
stressful.

Overall, the character of the changes indicated by these
reports suggests that important subthemes related to
reactivity, overwork, changing role expectations, and changes
in personnel will be expressed in the functioning of sample
teams.

CHANGES AND CONDITIONS OF WORK: ALL SAMPLE SUBJECTS

Only two items appear on both the highest prevalence
(occurrence) and the most stressful lists. Both are related
to pressures around the allocation and use of time: "too much
to do and too little time" and "conflicted demands around the
use of time." It is anticipated that these pressures will be
expressed in the sub-group and team functioning of sample

teams.

The differences between the two lists are revealing. Attending meetings is clearly an enduring characteristic of sample subjects' jobs, but this is not rated as one of the high stress items, despite the fact that exercising caution about what one says in meetings, and getting feedback only when performance is unsatisfactory, are also reported among the most prevalent enduring conditions of work. Neither of these latter two items appears on the high stress list.

Appearing only on the high stress list, however, are the items related to lack of planning, differences of opinion with supervisors, and feeling left out of decision-making. In short, sample subjects apparently find it less stressing to have the meetings, despite the apparent limitations of these meetings, but a substantial subgroup see themselves in the midst of conflict.

Overall, these reports suggest that themes around conflicted role expectations, enduring time pressures, feelings of powerlessness, inhibition, and projections of blame can be predicted in a substantial proportion of subgroups and teams.

HOUSEPARENTS

Tables 6.6 through 6.9 present a rank ordering of the top five changes and conditions of work for both occurrence and impact for the Houseparents:

TABLE 6.6
RANK ORDERING OF TOP FIVE ORGANIZATIONAL CHANGES BY OCCURRENCE
HOUSEPARENTS
(N=71)

1) Acquiring new co-workers (52%)
2) Being required to work more hours per week than normal due to crises or deadlines (47%)
3) Sustaining a sudden, significant <u>increase</u> in the activity level or pace of my work (42%)
4) Experiencing an <u>increase</u> in the number of positive recognitions of my accomplishments (from any source) (33%)
5) Encountering a major change in my work schedule (30%)

TABLE 6.7
RANK ORDERING OF TOP FIVE MOST STRESSFUL ORGANIZATIONAL CHANGES
HOUSEPARENTS
(N=71)

1) Being required to work more hours per week than normal due to crises or deadlines (56%)
2) Sustaining a sudden, significant <u>increase</u> in the activity level or pace of my work (29%)
3) Encountering major or frequent changes in instructions, policies, or procedures (21%)
4) Undergoing a major reorganization (at least throughout my department) (18%)
5) Sustaining a sudden, significant change in the nature of my work (15%)
5a) Encountering a sudden decrease in the number of positive recognitions of my accomplishments (from any source) (15%)
5b) Giving a major briefing or formal presentation (15%)

TABLE 6.8
RANK ORDERING OF TOP FIVE MOST ENDURING
STRESSFUL WORKING CONDITIONS
HOUSEPARENTS
(N=71)

1) I must attend meetings to get my job done (44%)
2) I have too much to do and too little time in which to do it (41%)
3) I am cautious what I say in meetings (37%)
4) The demands of others for my time are in conflict (26%)
5) I do not receive the right amount of supervision (too much or <u>too little</u>) (17%)

TABLE 6.9
RANK ORDERING OF TOP FIVE MOST STRESSFUL
ENDURING CONDITIONS OF WORK
HOUSEPARENTS
(N=71)

1) The demands of others for my time are in conflict (38%)
2) I have too much to do and too little time in which to do it (36%)
3) I have differences of opinion with my supervisors (28%)
4) Decisions or changes that affect me are made without my knowledge or involvement (21%)
5) I am cautious what I say in meetings (18%)

In terms of organizational changes, houseparents share with the total sample that the most stressful changes are the requirement to work more hours due to crisis (56%); experiencing an increase in the pace of their work (29%); and undergoing frequent changes in instructions (21%).

On the other hand, one-third of the houseparents report "Experiencing an increase in the number of positive recognitions of my accomplishments" and "Encountering a major change in my work schedule" as having occurred but neither of these items is reported as stressful. However, "Undergoing a major reorganization" (18%); "Experiencing a sudden decrease in the number of positive recognitions of my accomplishments" (15%); and "Experiencing an increase in status" (15%) are reported as stressful. It would appear that the role of live-in houseparents is one which places the staff member in a position where he/she is particularly sensitive or vulnerable to changes in recognition and/or status, both positive and negative.

The working conditions reports for houseparents are much

like the overall reports except that "Getting feedback only when performance is unsatisfactory" is not an issue for them. Instead, "I do not receive the right amount of supervision" is fifth of the five most enduring working conditions (17%) but is not reported as a stressful item. Unlike the overall group, houseparents do not feel stressed because they are "fighting fires" but they do identify "I am cautious about what I say in meetings" (18%) as troubling for them. Yet houseparents do not say that meetings are particularly stressful, even though they describe attending meetings as an enduring characteristic of their jobs (44%). Over one-third (38%) identify "The demands of others for my time are in conflict" and 28% identify "I have differences of opinion with my supervisor" as having high stressful impact upon them.

The reports of the houseparents support the notion that workers who live in (i.e. have the most limited opportunities for withdrawal, repair and recovery) are most vulnerable to having their personal feelings on the line from moment-to-moment. This would seem to be even more problematic when events and conditions lend themselves to the kind of overwork, crisis orientation, and conflicted expectations to which these houseparents appear to be exposed, and which they also report as stressful.

CAREWORKERS

Tables 6.10 through 6.23 present a rank ordering of the top five changes and conditions of work for both occurrence and impact:

TABLE 6.10
RANK ORDERING OF TOP FIVE ORGANIZATIONAL CHANGES BY OCCURRENCE
CAREWORKERS
(N=143)

1) Acquiring new co-workers (65%)
2) Being required to work more hours per week than normal due to crises or deadlines (55%)
3) Encountering a major change in my work schedule (51%)
4) Acquiring a new boss or supervisor (49%)
5) Sustaining a sudden, significant <u>increase</u> in the activity level or pace of my work (41%)

TABLE 6.11
RANK ORDERING OF TOP FIVE
MOST STRESSFUL ORGANIZATIONAL CHANGES
CAREWORKERS
(N=143)

1) Being required to work more hours per week than normal due to crises or deadlines (37%)
2) Encountering major or frequent changes in instructions, policies, or procedures (37%)
3) Encountering a major change in my work schedule (27%)
4) Acquiring a new boss or supervisor (24%)
5) Experiencing the transfer, resignation, termination, or retirement of a close friend or valued colleague (21%)

TABLE 6.12
RANK ORDERING OF TOP FIVE MOST ENDURING
STRESSFUL WORKING CONDITIONS
CAREWORKERS
(N=143)

1) I must attend meetings to get my job done (44%)
2) I am cautious what I say in meetings (26%)
3) I have too much to do and too little time in which to do it (24%)
4) The demands of others for my time are in conflict (19%)
5) I get feedback only when my performance is unsatisfactory (18%)

TABLE 6.13
RANK ORDERING OF TOP FIVE MOST STRESSFUL
ENDURING CONDITIONS OF WORK
CAREWORKERS
(N=143)

1) I am unclear about what is expected of me (24%)
1a) I have too much to do and too little time in which to do it (24%)
2) The demands of others for my time are in conflict (23%)
3) I have differences of opinion with my supervisors (20%)
4) Decisions or changes that affect me are made without my knowledge or involvement (18%)
5) I get feedback only when my performance is unsatisfactory (17%)
5a) I spend my time 'fighting fires' rather than working according to a plan (17%)
5b) I do not receive the right amount of supervision (too much or <u>too little</u>) (17%)

The differences between the overall reports and those of the care workers are important ones. In terms of organizational changes, the careworkers share with other groups the point that they find it particularly stressful when they are required to work more hours due to crisis (37%), when frequent changes in instructions occur (27%), and when they acquire a new boss (24%). The latter appears to have occurred with some frequency, with 49% of the careworkers reporting that this is a frequently occurring organizational event.

Unlike the other personnel, careworkers say that "Encountering a major change in my work schedule" is one of the most frequently occurring changes (51%) and is also in the top five most stressful items for them (27%). Also of relevance is the fact that while 65% say they have acquired new co-workers, this does not appear as a change that is particularly stressful for them. What is stressful is

"Experiencing the transfer, resignation, termination, or retirement of a close friend or valued colleague" (21%). Apparently it is not the mere fact of turnover that careworkers find troubling but the quality of the loss to them.

In terms of working conditions, careworkers share with other groups that they find it particularly stressful when there is too much to do and too little time in which to do it (24%), when the demands of others for their time are in conflict (23%), when they have differences of opinion with supervisors (20%), and when decisions that affect them are made without their knowledge or involvement (18%).

What sets the careworkers apart is the item "I am unclear what is expected of me," which 24% say is their most stressful condition of work. It is important to note that this item does not appear in the careworkers' list of most enduring conditions, hence, it would appear that this is not a frequently troubling issue for this group of subjects overall, but when it does happen the impact is high. Unclear role expectations have been associated with a variety of negative outcomes (Van Sell, Brief, and Schuler, 1981). Beddoe (1980) points out that poor communication is perhaps the greatest source of stress amongst residential workers and that the failure to maintain clear communications, including expectations, renders uninformed groups powerless to make decisions, and makes them feel alienated from other members of the helping team.

Of interest is the fact that while 44% rate "I must attend

meetings to get my job done" as an enduring characteristic of their jobs, and 26% say they exercise caution about what they say in meetings, they do not rate these items as ones that cause high stress. Apparently they want to have meetings. This is consistent with Kane's (1975) observation that it is often the personnel who have the least power and status who advocate teamwork. Perhaps some workers are seeking direction or clarification of expectations in meetings. It is also possible that attending meetings is one of the few ways that careworkers have to regulate their face-to-face contacts with residents.

SOCIAL WORKERS

Tables 6.14 through 6.17 present the top five changes and conditions of work for both occurrence and impact for Social Workers:

TABLE 6.14
RANK ORDERING OF TOP FIVE ORGANIZATIONAL CHANGES
BY OCCURRENCE SOCIAL WORKERS
(N=53)

1) Being required to work more hours per week than normal due to crises or deadlines (68%)
1a) Acquiring new co-workers (68%)
2) Sustaining a sudden, significant _increase_ in the activity level or pace of my work (64%)
3) Encountering major or frequent changes in instructions, policies, or procedures (43%)
3a) Acquiring a new boss or supervisor (43%)
4) Giving a major briefing or formal presentation (41%)
5) Sustaining a sudden, significant change in the nature of my work (39%)

TABLE 6.15
RANK ORDERING OF TOP FIVE MOST STRESSFUL
ORGANIZATIONAL CHANGESSOCIAL WORKERS
(N=53)

1) Sustaining a sudden, significant <u>increase</u> in the activity level or pace of my work (41%)
2) Being required to work more hours per week than normal due to crises or deadlines (38%)
3) Encountering major or frequent changes in instructions, policies, or procedures (35%)
4) Sustaining a sudden, significant change in the nature of my work (21%)
4a) Undergoing a major reorganization (at least throughout my department) (21%)
5) Giving a major briefing or formal presentation (15%)
5a) Acquiring a new boss or supervisor (15%)
5b) Acquiring new co-workers (15%)

TABLE 6.16
RANK ORDERING OF TOP FIVE MOST ENDURING
STRESSFUL WORKING CONDITIONS
SOCIAL WORKERS
(N=53)

1) I have too much to do and too little time in which to do it (67%)
2) The demands of others for my time are in conflict (51%)
3) I must attend meetings to get my job done (49%)
4) Management expects me to interrupt my work for new priorities (24%)
5) I lack confidence in management (23%)

TABLE 6.17
RANK ORDERING OF TOP FIVE MOST STRESSFUL
ENDURING CONDITIONS OF WORK
SOCIAL WORKERS
(N=53)

1) I have too much to do and too little time in which to do it (54%)
2) The demands of others for my time are in conflict (49%)
3) I spend my time 'fighting fires' rather than working according to a plan (32%)
4) I do not receive the right amount of supervision (too much or <u>too little</u>) (22%)
5) I have differences of opinion with my supervisors (16%)
5a) I lack confidence in management (16%)
5b) I get feedback only when my performance is unsatisfactory (16%)

Again, the picture for social workers is much like the overall one for all personnel, with certain exceptions. The most notable ones include "Management expects me to interrupt my work for new priorities," (24%) as an enduring characteristic of the job and "I lack confidence in management" (23%) as both an enduring characteristic and a high impact item. Additionally, social workers identify "I do not receive the right amount of supervision" (22%) and "I get feedback only when my performance is unsatisfactory" (16%) as conditions which impact highly on them. Forty-nine percent say that "The demands of others for my time are in conflict" is a high stress item impacting on them. Overall, social workers tend to identify more items as stressful and occurring more frequently than any of the other groups; in other words, their additive levels of reported stress could be presumed to be the highest of all groups. This young, predominantly female, and relatively uniformly educated group appears to experience the most conflict and perhaps resentment in their roles when compared to the other groups.

Of importance is the question about the extent to which some social workers' particular frustrations may be communicated to and impact upon other personnel, especially the residential workers.

MANAGERS

Tables 6.18 through 6.21 present the top five changes and conditions of work for both occurrence and impact for Managers:

TABLE 6.18
RANK ORDERING OF TOP FIVE ORGANIZATIONAL
CHANGES BY OCCURRENCE
MANAGERS
N=(74)

1) Experiencing a sudden decrease in the number of positive recognitions of my accomplishments (from any source) (67%)
2) Acquiring new subordinates (57%)
3) Sustaining a sudden, significant <u>increase</u> in the activity level or pace of my work (52%)
4) Being required to work more hours per week than normal due to crises or deadlines (44%)
5) Giving a major briefing or formal presentation (41%)

TABLE 6.19
RANK ORDERING OF TOP FIVE MOST STRESSFUL
ORGANIZATIONAL CHANGES
MANAGERS
N=(74)

1) Sustaining a sudden, significant <u>increase</u> in the activity level or pace of my work (39%)
2) Being required to work more hours per week than normal due to crises or deadlines (34%)
3) Encountering major or frequent changes in instructions, policies, or procedures (30%)
4) Acquiring new subordinates (21%)
5) Giving a major briefing or formal presentation (20%)

TABLE 6.20
RANK ORDERING OF TOP FIVE MOST ENDURING
STRESSFUL WORKING CONDITIONS
MANAGERS
N=(74)

1) I must attend meetings to get my job done (75%)
2) I have too much to do and too little time in which to do it (51%)
3) The demands of others for my time are in conflict (35%)
4) I am cautious about what I say in meetings (25%)
5) Management expects me to interrupt my work for new priorities (25%)

TABLE 6.21
RANK ORDERING OF TOP FIVE MOST STRESSFUL
ENDURING CONDITIONS OF WORK
MANAGERS
N=(74)

1) I have too much to do and too little time in which to do it (44%)
2) I spend my time "fighting fires" rather than working according to a plan (33%)
3) The demands of others for my time are in conflict (30%)
4a) Decisions or changes that affect me are made without my knowledge or involvement (23%)
4b) I must attend meetings to get my job done (23%)
5) Management expects me to interrupt my work for new priorities (19%)

The highest change item for managers is "Experiencing a sudden decrease in the number of positive recognitions of my accomplishments" (67%) although it is not indicated as an item that is perceived to be troubling for them. It is almost as if managers do not feel they should expect positive recognitions. "Acquiring new subordinates" does appear on both lists, however. Of particular note is the fact that for managers themselves the item "Management expects me to interrupt my work for new priorities" appears as one of the five most enduring characteristics of their jobs overall (25%) and as one that they find to be most stressful (19%). They also rate "I am cautious about what I say in meetings" (25%) and "I must attend meetings to get my job done" (75% in the top five on both occurrence and impact). Twenty-three percent say that a high stress item for them is "Decisions or changes that affect me are made without my knowledge or involvement." These reports may be surprising to other personnel who attribute far more power to managers than many in this group

would seem to experience. At a minimum, some managers would appear to feel inhibited in the use of their power. The responses of the managers are particularly illuminating when we consider that:

> Managerial jobs. . .[are] particularly stressful if they are demanding in time requirements and decision-making activities yet the incumbent has little freedom of action and must continually clear decisions with the immediate boss or with other supervisors (Quick and Quick, 1984: 21).

This predominantly male group (71%) has been in their jobs considerably longer, on average, than any of the other groups and nearly one-third do not meet the present educational requirements for promotion to or within management.

BOARD MEMBERS

Tables 6.22 through 6.25 present rank orderings of the top five changes and conditions of work for both occurrence and impact for Board Members:

TABLE 6.22
RANK ORDERING OF TOP FIVE ORGANIZATIONAL
CHANGES BY OCCURRENCE
BOARD MEMBERS
(N=79)

1) Being required to work more hours per week than normal due to crises or deadlines (47%)
2) Giving a major briefing or formal presentation (46%)
3) Acquiring new co-workers (43%)
4) Encountering major or frequent changes in instructions, policies, or procedures (42%)
5) Sustaining a sudden, significant increase in the activity level or pace of my work (41%)

TABLE 6.23
RANK ORDERING OF TOP FIVE MOST STRESSFUL
ORGANIZATIONAL CHANGES
BOARD MEMBERS
N=(79)

1) Being required to work more hours per week than normal due to crises or deadlines (48%)
2) Sustaining a sudden, significant <u>increase</u> in the activity level or pace of my work (43%)
3) Giving a major briefing or formal presentation (26%)
4) Encountering major or frequent changes in instructions, policies, or procedures (21%)
5a) Sustaining a sudden, significant change in the nature of my work (14%)
5b) Learning of the cancellation of a project I was involved with and considered important (14%)
5c) Acquiring new co-workers (14%)

TABLE 6.24
RANK ORDERING OF TOP FIVE MOST ENDURING
STRESSFUL WORKING CONDITIONS
BOARD MEMBERS
N=(79)

1) I must attend meetings to get my job done (71%)
2) I have too much to do and too little time in which to do it (51%)
3a) I am cautious what I say in meetings (25%)
3b) The demands of others for my time are in conflict (25%)
4) The people I work with closely are trained in a field that is different from mine (23%)

TABLE 6.25
RANK ORDERING OF TOP FIVE MOST STRESSFUL
ENDURING CONDITIONS OF WORK
BOARD MEMBERS
N=(79)

1) I have too much to do and too little time in which to do it (55%)
2) The demands of others for my time are in conflict (33%)
3) I spend my time "fighting fires" rather than working according to a plan (24%)
4) I must attend meetings to get my job done (22%)
5) I am cautious what I say in meetings (20%)

The items for board members look much the same as the overall picture except that board members identify that "The

people I work with closely are trained in a field that is different from mine" (23%) is an enduring characteristic of their roles and "I am cautious about what I say in meetings" is both an enduring characteristic (24%) and a high stress item (20%). As with managers, some board members apparently feel they must hold back in their meetings which, again, is compounded by the fact that "I must attend meetings to get my job done" is high on both lists (71% and 22%, respectively).

SUMMARY: CHANGES AND WORK CONDITIONS BY JOB TITLE

The themes of crisis orientation, more and faster work and the view that the job requirements surpass the allotted time are evident in each of the subgroups by job title. Certain of the conflict themes reflected as minor themes for overall subjects are more well defined for various occupational groups.

While houseparents share the propensity to more and faster work, especially in reaction to crises, their reports of conflict with superiors are over represented both in occurrence and in the impact which this conflict had on them. Additionally, the theme of holding back in meetings is for them both frequent and stressful. Combined with the apparent theme of sensitivity to how they are being viewed by others and what is known about the effects of sustained face-to-face contact with the clientele for live-in personnel, one might assume that this group would be susceptible to passivity in their contribution to the team. Under what conditions their influence on the team would be sufficient to influence the

team response and whether that response would be inclined toward incapacitation or toward overadaptation remains to be seen.

The careworkers account for the greatest numbers of sample subjects and the greatest percentage of personnel represented in the direct care teams. This occupational category is the one which has largely replaced live-in houseparents. The involvement of these personnel in small group processes associated with the domestic living arrangement of group care, it has been argued, is of great importance in mediating the relationship between the corporate team, including the social policy mandate, and the behaviour of the residents through the social climate of the centre.

Loss of valued colleagues, gaining new superiors and encountering changes in their work schedules are prominent themes both in occurrence and impact for these personnel. These themes are in addition to the overall themes of more and faster work in relation to crisis and the stressful effects of changes in instructions from superiors. Their particular expression of the conflicts evident in the overall reports of sample subjects centre around unclear expectations and what they perceive as unsatisfactory supervision and planning. It is not clear on the basis of these reports what their expectations from supervision are. It is interesting to note that while this group reports that they frequently hold back in meetings, this is not a high stress item for them. One cannot help but notice that this group contains some of the youngest, least experienced, and most educated subjects in the

sample, and speculate whether or not these variables are associated with the very character of these conflicts.

The social workers as a group are the most specific about the nature of their conflict theme. It is about management and the theme is both prevalent and stressful to them. In the midst of all the turmoil which they share with other groups, the social workers seem the most resentful. This group is, overall, comprised of the youngest, most highly educated group of personnel. This group is largely female and they share a more common educational base than do any of the other occupational groups in the sample. They are apparently less inclined to hold back on their views than some other groups. One could speculate that their influence on team functioning will be an active one expressed either as conflict or synergy.

The managers, some of whom are presumably the targets of the social worker's conflict, are comprised of an older, much more experienced but less educated group of personnel. The responses of the managers suggest that their influence on team functioning is likely to be a passive one.

The board members share with the other sample subjects the perception that turmoil, and pressure to produce more and to work faster in a climate of unclear instructions are enduring characteristics of their work. The fact that many of the board members are cautious about what they say in meetings and that this distresses them is, itself, a somewhat distressing finding. The purpose of having lay boards was to offset the tendency of government departments to bureaucratize services. These volunteers are prone to being caught up in the same

turmoil as the other groups. More careful examination is warranted to determine the levels of activity amongst the boards and how they impact on the functioning of the teams.

WORK ORIENTATION SCHEDULE - QUALITY OF WORKING LIFE THEMES

Turning to findings from the Work Orientation Schedule, comparisons were made between teams of personnel who worked in homes for the mentally handicapped and teams who worked with young offenders. Additionally, comparisons were made with Fulcher's (1983) sample of British and North American teams.

Global Satisfactions.

A comparison of Global Satisfactions (certainty) (see Table 6.26) evidences that Newfoundland and Labrador teams report higher satisfactions overall than teams in Fulcher's sample. This probably reflects cultural differences in reporting patterns on the Work Orientation Schedule. The only noticeable difference between the mental retardation teams and the young offender teams is found in the range. Mental retardation teams have a narrower range which is particularly reflected in the lower end (minimum), suggesting that young offender teams may experience periods of lower satisfaction or that they are more variable in their certainty about satisfactions.

TABLE 6.26
GLOBAL SATISFACTIONS (CERTAINTY) BY RANGE AND SAMPLE

	min.	max.	median	mean
BRITISH SAMPLE	44.8	79.3	62.8	63.1
N. AMERICAN SAMPLE	48.3	80.5	66.5	66.3
COMBINED NFL. SAMPLE	51.0	88.6	70.5	71.0
MENT. RETAR. SAMPLE	56.4	88.6	72.2	70.8
YOUTH. CORR. SAMPLE	51.0	86.0	68.0	71.5

Global Frustrations.

A comparison of the Global frustrations (potential) (see Table 6.27) shows that the mental retardation teams in the present sample operate with less uncertainty (greater certainty) about the source of what frustrates them than any of the other groups. The most revealing comparison however is with the Newfoundland and Labrador teams for Young Offenders. The levels of uncertainty about frustrations are the highest for all groups. This is reminiscent of a previous finding (Burford and Fulcher, 1983) which suggested that teams working with certain kinds of young offenders are prone to "boil over" with frustration from time to time.

Taking this into account, a comparison of Newfoundland and Labrador teams with Fulcher's sample reveals that, on average, all teams have reported quite similar Global Frustrations. At the minimum and maximum ends of the range, however, the young offender teams in the Newfoundland and Labrador sample report much higher levels of frustration while the mental retardation teams' maximums are considerably smaller and their minimums

are slightly higher. The range of average frustrations for the Newfoundland and Labrador mental retardation teams is much narrower than all other teams. This is almost certainly related to the homogeneity of the clientele in these homes. The frustration patterns in the teams working with young offenders are considerably higher at minimum and maximum than Fulcher's sample of North American teams which also worked with young offenders, but only slightly different on average. Whether this is a cultural difference, whether it reflects a lag in time (Fulcher's sample was drawn from the mid to the late 1970's), or whether there are more specific differences in the Newfoundland and Labrador young offender teams remains to be seen.

TABLE 6.27
GLOBAL FRUSTRATIONS (POTENTIAL) BY RANGE AND SAMPLE

	min.	max.	median	mean
BRITISH SAMPLE	03.3	45.0	24.1	24.4
N. AMERICAN SAMPLE	06.0	40.0	20.6	22.0
COMBINED NFL. SAMPLE	13.8	52.0	25.6	26.2
MENT. RETARD. SAMPLE	08.6	24.3	25.7	25.6
YOUTH CORR. SAMPLE	13.8	52.0	26.2	26.2

Global Outlook.

Table 6.28 compares the Global Outlook reports of sample teams with Fulcher's sample.

These scores suggest that mental retardation teams report higher scores than young offenders teams when functioning at worst, lower at best, yet the average is virtually identical.

This further suggests greater certainty within the mental retardation teams as compared with the young offender teams evidence of greater uncertainty. The Newfoundland and Labrador teams are quite similar, on average, to the North American sample with one exception. The scores for teams when they are functioning at worst (lowest satisfactions/highest frustrations) is lowest for the North American teams. This suggests that the North American teams have the greatest variability. Again, it is noted that the North American teams were all working with young offenders. This gives further credence to the notion that the variability which is evident in these teams is related to the impact which these young people have on the personnel and is reflective of the ambivalence which society has toward offenders. The widest variability (range from minimum to maximum) is in the British sample, but the median and mean are also lower for these teams, despite a maximum which is comparable to the young offender teams in Newfoundland and Labrador. Some of the teams in the British sample worked with young offenders, which could explain the high maximum outlook score. Fulcher noted the lower outlook minimum, median and mean scores for British teams, as compared to the North American sample, and suggested that these differences gave evidence of a cultural difference in favour of the British teams, who were judged to be more realistic in their appraisals.

TABLE 6.28
GLOBAL OUTLOOK ON LIFE BY RANGE AND SAMPLE

	min.	max.	median
BRITISH SAMPLE	53.7	89.0	74.2
N. AMERICAN SAMPLE	60.5	89.3	80.5
COMBINED NFL. SAMPLE	68.8	90.7	79.4
MENT. RETARD. SAMPLE	74.2	86.6	79.5
YOUTH CORR. SAMPLE	68.8	90.7	79.6

Ratio of Frustration to Satisfaction.

Tables 6.29 through 6.31 present the ratios of frustration to satisfaction for teams when they are functioning at best (Table 6.29), at worst (Table 6.30), and on average (Table 6.31).

Again, the mental retardation teams in the present sample simply do not have the highs and the lows of the young offender teams or those of Fulcher's sample teams. When looking at the ratio of frustration to satisfaction at worst (see table 6.30), we find that mental retardation teams have higher percentages, but the potential to "boil over" is not there.

In terms of frustration, the mental retardation teams are more alike to one another and evidence less variability when compared to all other teams. On average, however, the frustration for teams is remarkably similar, ranging from a low of 13% (at best) to a high of 41% (at worst) with the range of averages (when functioning on average) being from a low of 25% to a high of thirty percent. This is remarkable

when compared to the expected ratio for individuals developed by Heimler. According to Heimler the expected ratio of frustration to satisfaction should fall between one-quarter and one-third at any given time. In a practical way, this means that for every four satisfactions the individual, or team, receives, one frustration is being paid out, at best; and, at worst, one for three. Based on these findings, one could assume this to hold true for teams, as defined and measured by the Work Orientation Schedule. Deviations from these parameters can reliably be defined as greater or lesser loads of frustration for the group. Clearly, the overall satisfaction and frustration levels for a team cannot be considered irrespective of the ratio levels.

TABLE 6.29
RATIO OF FRUSTRATIONS TO SATISFACTIONS BY LEVEL AND SAMPLE WHEN FUNCTIONING AT BEST

	min.	med.	max.	mean
BRITISH SAMPLE	2.1	18.5	51.1	21.1
N. AMERICAN SAMPLE	0.9	14.9	40.6	17.2
COMBINED NFL. SAMPLE	1.5	18.8	38.8	18.7
MENT. RETARD. SAMPLE	9.2	17.9	29.7	18.6
YOUTH CORR. SAMPLE	1.5	19.8	38.8	18.7

TABLE 6.30
RATIO OF FRUSTRATIONS TO SATISFACTIONS BY LEVEL AND SAMPLE
WHEN FUNCTIONING AT WORST

	min.	med.	max.	mean
BRITISH SAMPLE	6.0	38.9	80.1	41.0
N. AMERICAN SAMPLE	8.2	32.2	83.4	35.9
COMBINED NFL. SAMPLE	16.1	37.1	69.7	37.6
MENT. RETARD. SAMPLE	18.7	34.7	50.7	36.8
YOUTH CORR. SAMPLE	16.1	42.9	69.7	37.5

TABLE 6.31
RATIO OF FRUSTRATIONS TO SATISFACTIONS BY LEVEL AND SAMPLE
WHEN FUNCTIONING ON AVERAGE

	min.	med.	max.	mean
BRITISH SAMPLE	3.8	27.1	63.1	30.1
N. AMERICAN SAMPLE	5.4	22.9	58.6	25.7
COMBINED NFL. SAMPLE	1.4	27.0	50.2	27.2
MENT. RETARD. SAMPLE	1.4	19.9	38.5	26.6
YOUTH CORR. SAMPLE	1.4	25.5	50.2	27.2

Quality of Working Life Satisfactions by Area, Level and Sample.

There are virtually no differences in reported satisfaction levels between the mental retardation teams and the young offender teams in terms of satisfactions by area, level and sample (see Table 6.32). There are, however, noteworthy differences between the present sample and Fulcher's sample. Newfoundland and Labrador teams have rated their Home Life and Personal Contract Scores higher and they have distributed

their satisfactions differently throughout the satisfaction index, as is revealed by a simple rank ordering of the area scores (see Table 6.33).

As is evident from this rank ordering, all teams have located their personal contract and finance satisfaction in the same juxtaposition to the other area scores.   Less satisfaction is claimed in these two areas in comparison to other areas.   Beyond that, the samples differ.   The Newfoundland and Labrador teams have located home life first, work second, and social life third. By contrast, the other North American teams (Fulcher) placed work first, social life second and work third; whereas, the British teams placed their social lives first, work second, and home life third. Whether this reveals an enduring difference in emphasis for the Newfoundland and Labrador teams or whether this is a reflection of the "back to the family" movement which has caught on since Fulcher's study is probably impossible to say on the basis of this data alone.   What is important at this juncture is that overall, the Newfoundland and Labrador group of personnel have claimed a higher proportion of satisfactions in home life, and secondarily in personal contract, and relegated social life to third place.   This may be a reflection of the priorities of the age group of the sample subjects or the priorities thrust on these teams, who tend to be less urbanized than in Fulcher's sample.

TABLE 6.32
QUALITY OF WORKING LIFE SATISFACTIONS
BY AREA, LEVEL AND SAMPLE

	work life	finance	social life	home life	personal contract
BRITISH SAMPLE	15.94	13.50	16.25	15.02	13.64
N. AMERICAN SAM.	17.15	12.86	16.71	15.93	14.42
COMB. NFL. SAMPLE	16.86	13.47	16.41	18.32	16.14
MEN. RET. SAMPLE	16.91	13.22	16.86	18.55	16.03
JUV. COR. SAMPLE	16.95	13.58	16.32	18.19	16.20

TABLE 6.33
RANK ORDERING OF AREA SATISFACTION SCORES BY LEVEL AND SAMPLE

Rank	Nfld/Lab.	British	N. American
#1	Home Life	Social Life	Work Life
#2	Work Life	Work Life	Social Life
#3	Social Life	Home Life	Home Life
#4	Pers. Cont.	Pers. Cont.	Pers. Cont.
#5	Finance	Finance	Finance

Quality of Working Life Frustrations By Area, Level and Sample.

An analysis of Quality of Working Life Frustrations by Area, Level and Sample (see Table 6.34) shows that staff associated with teams for young offenders in the Newfoundland and Labrador sample identify considerably greater health related frustrations than personnel associated with the teams for the mentally retarded. They are comparable only to Fulcher's North American sample where health related frustrations are the highest. This gives further credence to the idea that

working with young offenders is likely to raise one's concern for one's own health. Also noteworthy is how little frustration about health is expressed by the personnel associated with the mental retardation teams in the Newfoundland and Labrador sample. Frustrations about health do not appear to be associated with working with this client group, many of whom have serious health problems. Both the mental retardation and the young offender teams report higher levels of frustration in the Moods area than either of Fulcher's sample groups with the personnel associated with young offender teams being the highest. It is not possible to clearly link these particular patterns of frustration with the organizational changes and stressful working conditions which they report since there is no comparative data base with Fulcher's sample but that is the most reasonable suggestion for further inquiry.

In the area of Influence both the mental retardation and the young offender teams are much higher than the British and North American samples, with the mental retardation teams extending well beyond all the others. Clearly, this sample of teams views interpersonal relationships with colleagues and superiors as a troublesome condition of work. The exact nature of this will hopefully be illuminated in analyzing the data from the other sources in the final chapter.

Again, a simple rank ordering of frustration areas for each group substantiates these findings (see Table 6.35). The comparison reveals several differences. As noted by Fulcher (1983), the North American teams may be reflecting the health

consciousness of the time and the location in which the sample
was collected, but the Newfoundland and Labrador teams are
distinguished by their reports of frustration in the Influence
and Moods areas. A review of the questions in these two areas
is warranted:

INFLUENCE

1) Do you at times feel disappointed by people with
    whom you work?
2) Do you often find that people like being hurtful
    to you?
3) Do you feel that circumstances are often against
    you?
4) Do you feel that people are at times against you?
5) Would you like to have more power and influence?

MOODS

1) Are you at times very depressed?
2) Do you often feel vaguely insecure in your work?
3) Do you feel unduly guilty about your contribution
    as a worker?
4) Do you ever wish you could quit?
5) Do you find that people are often unappreciative
    of your efforts?

To a much greater extent than the British and North American
teams then, the Newfoundland and Labrador teams seem to be
saying that their concerns are interpersonal ones. Overall,
the teams in the Newfoundland and Labrador sample report
carrying greater feelings of persecution (Influence Area
Scores) and secondarily they report higher feelings of
depression, guilt, and insecurity (Moods Frustration Area
Scores). As was expected, the Moods related frustrations are
considerably higher in the teams which work with young
offenders. Interestingly, the health frustration for the
teams working with the mentally retarded individuals is
considerably lower than for the young offender teams in both

the present sample and in Fulcher's sample, especially in the area of uncertainty about health. This tends to confirm the notion that working with young offenders raises, with the staff, uncertainty about the impact of the work on their health.

TABLE 6.34
QUALITY OF WORKING LIFE FRUSTRATIONS BY AREA, LEVEL AND SAMPLE

	activity	health	influences	moods	habits
BRITISH SAMPLE	5.89	3.79	5.27	5.06	4.40
N. AMERICAN SAMPLE	4.76	4.50	4.40	4.24	4.06
COMBINED NFL. SAMPLE	5.53	3.59	6.93	5.99	4.27
MENT. RET. SAMPLE	5.41	2.93	7.29	5.67	4.31
YOUTH CORR. SAMPLE	5.44	4.00	6.65	6.16	4.19

TABLE 6.35
RANK ORDERING OF AREA FRUSTRATION SCORES BY LEVEL AND SAMPLE

Rank	NFL. Teams	British Teams	N. American Teams
#1	Influence	Activity	Activity
#2	Moods	Influence	Health
#3	Activity	Moods	Influence
#4	Habits	Habits	Moods
#5	Health	Health	Habits

Outlook on Life Themes.

Table 6.36 identifies Team Orientation to Outlook on Life for each of the five themes measured by the Work Orientation Schedule. The Newfoundland and Labrador teams report greater

achieved ambitions than the British and North American teams but look much more like Fulcher's North American sample with respect to Hope for the Future, Meaning in Life and Past Worth the Struggle.

Using Heimler's (1967) technique for interpreting individual scales, a comparison of the Opportunity for Self-Expression and Achieved Ambition scores suggests that the Newfoundland and Labrador teams appear to be quite realistic in their outlook, insofar as an accounting of their ambitions and opportunities are concerned. This is supported by comparing each individual outlook theme score (Table 6.36) with the average certain and average potential satisfaction scores (Table 6.37). This is thought to yield a check on how realistic the Outlook reports are. Each individual Outlook score is multiplied times five. This product should be near the average satisfaction total for a team. The higher above the average this product moves, the more unrealistic the reports are in an inflated direction (Heimler, 1975). It is noted that the Opportunity scores fall between the global certain and potential satisfaction scores. This supports the notion, mentioned previously, that Newfoundland and Labrador teams, overall, have yielded a realistic appraisal of the opportunities for self-expression which they have had. On the other hand, the Life has Meaning and the Past Worth Struggle scores are inflated outside the upper limit with the Past Worth Struggle being the most exaggerated. While the Hope for the Future Score is within the certain and potential limits, it is on the very upper limits, making this score fall

considerably above the mean and the median. This suggests that the Hope score reflects the most optimistic picture and does not reflect a normative one for teams. Overall, the Newfoundland and Labrador teams are quite like Fulcher's North American teams which worked with young offenders in their assessment of the Past Worth Struggle. They are different in one very important respect. Their Achieved Ambition scores are below the lower expected limit, suggesting that their assessment of their achievements serves to make things look better than they actually are. In short, the Newfoundland and Labrador teams report that they are responding to pressures to work harder and faster, they derive important meaning from their struggle, but they lean toward denial when it comes to their actual achievements. While this theme is apparent in Fulcher's entire sample of teams, it is exaggerated to a greater extent in the present sample in both the mental retardation and the young offender teams.

TABLE 6.36
OUTLOOK ON LIFE THEMES BY LEVEL OF RESPONSE AND SAMPLE

	ambition	hope	meaning	opportunity	past
BRITISH SAMPLE	11.05	15.35	16.36	13.76	16.98
N. AMERICAN SAMPLE	11.95	16.95	17.60	15.47	17.58
COMBINED NFL. SAM.	13.60	16.10	17.10	14.80	17.80
MENTAL RETAR. SAM.	13.40	16.40	17.00	14.90	18.00
YOUTH CORR. SAMPLE	13.90	16.10	17.10	14.80	17.70

TABLE 6.37
MEAN SATISFACTION, FRUSTRATION AND OUTLOOK
FOR QUALITY OF WORKING LIFE

	global satis. certain	global satis. potential	global frust. certain	global frust. poten.	global outlook on life
BRITISH SAMPLE	63.1	74.3	14.9	24.4	73.5
N. AMERICAN SAMPLE	66.3	77.1	12.5	22.0	79.5
COMBINED NFL. SAM.	71.0	81.2	15.0	26.2	79.4
MENTAL RETAR. SAM.	70.8	81.5	15.2	25.6	79.7
JUVENILE COR. SAM.	71.5	81.2	15.1	26.2	79.6

Low Satisfaction Themes in Teams.

An examination of the Low Satisfaction Themes (Table 6.38), evidences less satisfaction for the Newfoundland and Labrador teams on "Able to Save", "Opportunities for Getting on in Your Work", and "Social Life." It is interesting to note that the item "Feel financially secure" is a Low satisfaction theme for 26% of the young offender teams in the Newfoundland and Labrador sample and 26% for Fulcher's North American sample, which contained many personnel who worked with young offenders.

TABLE 6.38
LOW SATISFACTION THEMES REPORTED
IN THE WORK ORIENTATION SCHEDULE

Work Orientation Theme	Brit. Sam.	N. Am. Sam.	NFL Sam.	Ment. Retar.	Youth Corr.
Satisfied with current work arrangements	11	11	9	3	6
Feel financially secure	4	14	12	3	9
Someone at work concerned about our well-being	8	6	2	0	0
Like what future offers at work	6	5	0	0	0
Social life balances work life	8	3	4	1	3
Live better than two years ago	2	5	2	1	1
Able to save	3	3	8	4	4
Content with aims/obj. of employer	1	3	0	0	0
Can you relax	0	0	1	1	1
Involved with friends' problems	0	3	0	0	0
Happy with social life	0	0	4	2	2
Satisfying hobbies	0	0	1	0	0
Enough opportunities for getting on in your work	0	0	10	5	5
Are you secure financially	0	0	3	1	2

High Frustration Themes Reported in Work Orientation Schedule.

Table 6.39 reveals that themes of being disappointed with others are much more evident in the Newfoundland and Labrador sample but are less in terms of wanting more power and influence, and frustration from doing things properly. Fifty-five percent of the young offender teams and 42% of the mental retardation teams have disappointment with others as their high frustration theme. Newfoundland and Labrador teams appear to have much more of a propensity to blame their frustrations on others and less of a desire to want to do anything about them themselves.

TABLE 6.39
HIGH FRUSTRATION THEMES - WORK ORIENTATION SCHEDULE

Work Orientation Themes	Brit. Sam.	N. Amer. Sam.	NFL Sam.	Ment. Retard.	Youth Corr.
Would like more power and influence	12	15	8	4	5
Frustrated from doing things properly	19	7	6	3	3
Concerned about health	0	22	1	0	1
Disappointed by people with whom we work	8	2	33	11	22
Feel overworked	4	4	4	2	2
Tend to eat too much/too little	0	6	3	2	1
Over smoke/drink	3	1	0	0	0
At times depressed	0	0	2	1	1
Do you ever wish you could quit	0	0	3	1	2
People unappreciative of your efforts	0	0	3	2	1
Frequent headaches	0	0	1	0	1
Sleep is a problem	0	0	1	0	1

CHAPTER SEVEN
THE CLIENTS

"A team effort is a lot of people doing what I say."
                              Michael Winner
                              British Film Director

THE WEST END TWO-DOT TEAM - PART II

After the wallpapering exercise is completed, the participants once again settle into their seats. Those who work directly in the homes with the residents are asked to describe each of their residents. [In some sessions the direct care staff are "sculpted" in a semi-circle inside of the other participants in order to physically illustrate the relationship between this group and the other participants who indirectly serve the clients]. A "pen picture" of each resident is developed on flip-chart paper in front of the entire group of participants drawing mainly on the contributions of those participants who have "hands-on" contact with a particular resident. Once all the pen pictures are complete and hanging on the wall, participants are asked if they have any overall observations or comments to make. One Department of Social Services' manager asks why the night time toileting routine for one resident is not being followed through according to plans. Staff agree that this is a problem but since they no longer have the services of a Behaviour Management Specialist from the Department, they do not understand what the plan should be. The Department of Social Services' manager explains that the position has been advertised but that it may be several weeks before a suitable

person is found. Frustrations are expressed all around the table. The group facilitator asks the participants what they plan to do about the needs of the resident. Staff ask if they can consult with a Behaviour Management Specialist from another area to develop a plan and, in return, offer to monitor the situation until someone is hired. Another Department of Social Services' Manager agrees to bring a Behaviour Management Specialist to the home the following week for a case consultation. Everyone agrees to this plan. After a pause, a Board Member comments that the exercise has been helpful to him. He admits that the services being provided in the home are of much higher quality than he had believed them to be since the previous supervisor had left her job. Heads nod in agreement around the room. A Social Worker who has had experience with several homes in the province makes the statement that this is one of the best staff teams she has worked with and credits them for the successes which are evident in the pen pictures. The Chairperson of the Board of Directors for the home points out that it is time for a coffee break and while he is unable to attend the remainder of the morning session he is feeling much better about the quality of the service 'we' are providing in the home. He identifies a need for renewal at the board level to better support the work of the staff team. He admits that he had never thought about the residents as a group before this exercise. He also admits that while he had thought of the staff as a group, until today felt he had they were interested only in their working

conditions. A consensus taking reveals that everyone is ready for a coffee break. The time is 10:30 a.m.

By 10:45 a.m. the group begins a review of the mandate for the home. A Departmental manager reminds the group that the President of the Board is not present. The Vice-President says she can represent the board satisfactorily. An exercise which engages the entire group is used to elicit a statement of the mandate. This narrative is transcribed onto flip-chart paper in front of the group. A wide ranging discussion takes place, mainly between Social Services and remaining board representatives, before two or three paragraphs are transcribed which the entire group agrees is an accurate statement of what the home is about, including the type of clientele, what the general goals of the home are and what service each group (staff, board, DOSS) is supposed to provide.

When the mandate is complete, the group is asked to look over the flip charts from the first session and to comment on which, if any, of the satisfactions, frustrations or uncertainties are most directly related to the mandate. A care worker points out that this is "all well and good," but that one resident should never have been admitted in the first place. If The Department people had only done what the mandate says, the incident in the past two weeks would never have happened and most of the problems on the wall would never have occurred. A Department of Social Services representative explains to the group that the resident had to be placed on an

emergency basis and a heated exchange erupts between this person and a board member. The facilitator asks whose problem is this to solve? The Social Service representative admits that it belongs to him and is asked by the facilitator what he plans to do about it? Utter silence prevails except for the Social Services representative, a senior manager, explaining the problem from the Department's point of view. They realize that the female resident should have been moved to a foster home rather than a group home but that all attempts to find a suitable one failed. He admits that efforts have not been pursued over the past three months as they should have been and that hearing the staff describe the impact of the recent incident has rekindled his determination. A clear statement of intent is written on a fresh piece of flip chart paper with the Social Services' representative's name beside it and a date by which it will be completed. A staff member suggests a foster home which she thinks would be appropriate and the Social Services' representative asks for that person to work with himself and the social worker on the task. He tells the group "I'm not trying to get out of this - I'll take responsibility for reporting back to the group, but I don't think I can solve this by myself." A general satisfaction settles over the room. A care worker points out that if additional supervision could be made for the resident on a one-on-one basis during the late afternoon and evening it would help the entire home and the resident, who is much younger than the other residents, cope in the meantime. The

Department of Social Services' representative approves the additional staffing and a number of objectives are written, with names and dates attached, which specify how this plan will be carried out. This discussion takes place in an atmosphere of apparent calm and clarity of purpose. The facilitator asks how many of the satisfactions, frustrations and uncertainties from the first session will be affected if these efforts are carried out successfully. A check mark is placed beside nine of the frustration statements from the morning session in a brief consensus taking amongst group members.

THE CLIENTS - OVERVIEW AND "PEN PICTURES"

This chapter turns from the examination of the personnel and their conditions of work to the recipients of the services. The characteristics of the clients are examined in the context of the working life of the sample subjects. Toward this end, an overview of the numbers and types of residents in care is presented and then selected descriptive data ("pen pictures") are extrapolated from the Action Plans (written programme descriptions) and presented to give a qualitative perspective on the clients who resided in the homes. The "pen pictures" were somewhat arbitrarily selected for presentation in this text. Those which are presented were chosen simply because they seem to represent the range of cultural, emotional, social, developmental, physical and behavioral issues which the teams encountered in their work.

YOUTH CORRECTIONS AND CHILD WELFARE

During the year prior to the introduction of the Young Offenders Act, an average of 44 young persons lived in group homes sponsored by the Division of Child Welfare on a monthly basis. This included group homes which would later be designated as either open custody homes for the Division of Youth Corrections or homes which would serve the needs of the Division of Child Welfare. Hence, it is difficult, if not impossible, to distinguish between those youths who were placed mainly because of offense-related behaviour and those who were placed because they were thought to be in need of protection, or both. Beginning in 1977, efforts were made to reduce the numbers of these types of young people in institutional placements and, to some extent, as noted in Chapter Five, this was accomplished. These efforts came to an abrupt halt for the young offenders' group when the Young Offenders' Act became law in 1984. The following table (Table 7.0) summarises the total number of young people admitted to open and secure custody centres from the 1984-85 fiscal year through 1988-89. The reader is reminded that, in this table, "open custody" means group homes.

TABLE 7.0
NO. OF ADMISSIONS TO SECURE AND OPEN CUSTODY BY YEAR*

Fiscal Year	Secure Custody		Open Custody		Total	
	DOSS	CCJS	DOSS	CCJS	DOSS	CCJS
1984/85	65	na	64	na	129	na
1985/86	196	na	132	na	328	na
1986/87	223	204	128	87	351	291
1987/88	138	169	121	75	259	244
1988/89	142	161	223	77	375	238

*Sources: Department of Social Services (DOSS) and Canadian Centre For Criminal Justice Statistics (CCJS).

The data provided by the Canadian Centre for Criminal Justice Statistics (CCJS) show a greater use of secure custody. The higher numbers from CCJS are thought to reflect the use of remand for young offenders. The opposite is true for open custody, where the CCJS figures are considerably lower. This is attributed to the Department of Social Services' figures representing multiple admissions of the same young person. The CCJS only records the number of young persons and not the number of admissions.

Additionally, another twelve - twenty young persons would likely be serving open custody sentences in foster homes at any given time. After the implementation of the Young Offender's Act, the Division of Child Welfare continued to operate three group homes which would include a total of up to eighteen - twenty young people at any given moment.

The table of admissions to secure and open custody centres (Table 7.0) evidences a sharp increase in the number of young people entering these particular kinds of residential

provisions during the 1985/86 fiscal year. While the figures do appear to level off in subsequent years, the total numbers of young people in these facilities is considerably greater than prior to the implementation of the Act. This is consistent with patterns in the rest of Canada since the implementation of the Federal Young Offender's Act (Goetz and Sturrock, 1986). The main difference in the sample province is that there was an almost exclusive reliance on community based group homes to meet the requirements of the Act for open custody. Many other provinces designated minimum security institutional beds as open custody facilities. Following on the heels as it did in the sample province, of nearly ten years of deinstitutionalization, the trend raises particular questions. Did a sharp increase in serious crime parallel the implementation of the Act? Local wisdom suggests the answer is no. Changes in the patterns of reporting and processing juvenile offenses have parallelled the implementation of the Act. An increase in the numbers of young people has occurred since 1984, but many of the youngsters being charged committed crimes which grew out of their having been placed in custody. In other words, the young people were charged with assault or property damage which involved staff or property in the custodial facility in which they were placed. The question begs to be asked what was happening to these young people prior to the Act? Were they, as some would have it, wreaking havoc on their local communities whilst receiving so-called "soft" responses from the Departments of Justice and Social

Services mediated by social workers? Proponents of this argument now call for the secure custody services for young offenders to be organizationally relocated so that they fall under the Ministry of Justice which has historically been oriented toward adult offenders in the sample province.

One result of the implementation of the Young Offender's Act has been to concentrate the numbers of behaviourally problematic persons under the age of twelve, and other young persons who have not committed an indictable offense, into the resources now operated by the Division of Child Welfare. While no objective data could be obtained to verify this perception, it has become common understanding within the province, verified to some extent by newspaper reports, that at least one centre operated by this Division has encountered great difficulty with this younger group. This is a documented result of the implementation of the law in other provinces in Canada (Lescheid and Wilson, 1988). This has caused some backlash to the law with some groups calling for amendments which would allow additional controls to be used with these young people. In forging a distinction between young offenders and children in need of care and protection, many troubled and troublesome young people are now grouped together who were previously "salted" around with their more "delinquent" and somewhat older counterparts. The cultures in these homes are reportedly both more turbulent and "child like" and reflect less of the sophisticated culture which develops amongst the older offender groups.

The following young persons were described during the sessions with the Child Welfare and Youth Corrections Homes:

M is an eight year old native Aboriginal child from the West Coast of Labrador. She has been in the group home since it opened in 1981, having been placed there because of her needing to be near medical facilities which are not available in her native village. At the age of three, M underwent open heart surgery to correct a congenital birth defect, but is unable to return home because of the continuing medical attention required. M is a pleasant little girl who seems to enjoy school. She helps out with the younger children in the home and assists staff with daily chores. It is clear that a long-term fostering placement would be more suitable for M's longer-term future, but such a placement has not yet been found.

Commentary on M: M's situation is one which staff teams find particularly difficult. Consensus that M would profit much more from a placement in another kind of resource has developed over a long period of time. Staff become frustrated in their attempts to influence persons outside the direct care team to take the necessary action which would satisfy the needs of the client. While M apparently represents little difficulty in supervision and, in fact, may be quite satisfying for staff to work with, the knowledge that their resource may not be the best or perhaps even "good enough" can be expected to impact on staff heavily. Modifications to the way staff are expected to work with their mandated clientele

can be expected to occur. These shifts in programmatic focus can be subtle and enduring, one consequence of this is the loss of faith - or further loss of faith - in the persons who made the placement and/or who are responsible for its consequences.

E is a thirteen year old Innuit boy from Northern Labrador, who was recently placed in the group home following a history of alcohol abuse, theft and fire setting. Two of E's older siblings have been in the group home at various stages over the past five years. E is short for his age, very quiet most of the time and complains about how hot it is in the house. E is at least two or three years behind his age in school and is receiving remedial help in the local school. In the short time he has been in the group home, E has demonstrated an explosive anger when crossed by staff around his handling of daily chores. Staff interpret E's delinquency as a way for him to get out of his Northern Labrador village and family circumstances.

Commentary on E: E's case illustrates a dimension of particular importance for the on-duty team. His reactive behaviour to staff who try to get him to participate in daily routines, especially basic chores, is indicative of the dilemma which care workers face in the homes for young offenders. If E is allowed to opt out of chores, or do them unsatisfactorily, other residents will begin to side with or against staff. This can lead to a rapid deterioration of order, organization and cooperation in the centre. On-duty

staff are faced with ignoring, pushing or seeking situationally creative solutions. E's adaptation in the home evidences cultural and/or class influences which staff may have difficulty keeping in a positive focus during "moments" of tension when they are on-duty. The staff require assistance from the team as a whole to take these differences into account in the face of E's reactivity.

J is a thirteen year old male who is approximately 4'9" tall. He weighs 115 lbs. and has dark brown hair which he wears shoulder length at the back and shorter at the sides. He has brown eyes. His front upper teeth stick out slightly. He has a "puny" build and his clothes tend to look too big on him. He is very energetic, chatty, makes lots of jokes and likes to fool around. He enjoys skating and playing with friends. He is interested in sports but not too involved in organized activities, except hockey. He is easily frustrated with school work and tends to be careless. J. will do homework with prompting. He had a poor school report last time. He is good at drawing and arts. J was sentenced to eighteen months open custody following five counts of Break and Entry in shops. He has a history of delinquency. He is the oldest of three children in his family. He has one brother and one sister who live with their mother and father. Their grandmother takes an active interest in the children. J's younger brother was involved in the Diversion programme. His father is presently unemployed having previously worked as an unskilled labourer. The father and his siblings were

delinquent during adolescence. Several adults, including extended family and friends, live in J's family home. The plan with J is to get him involved in activities with others his age. There is a need to define some educational goals with him, especially in relation to reading. Staff are working to reinforce his communication skills with adults.

Commentary on J: J's situation illuminates several important features of the way in which the work comes to impact on staff and team functioning. J's high level of activity and relative non-involvement in prosocial activities other than hockey, coupled with inter-familial and intergenerational lack of support for educational and career aspirations, create a situation where J is likely to have a somewhat predictable impact on the staff. Staff want to get J engaged in age appropriate activities, especially education, and they see J's lack of communication skills as an obstacle to accomplishing this goal. How staff will exercise their influence with J can become a major preoccupation for staff, resulting in frustration when he is able to subvert their attempts. J's orientation toward peers as opposed to adults highlights a central issue in the homes for young offenders: the youth culture has the potential to dominate adult staff norms and therefore assert a stronger influence on the behaviour of the residents than do the staff.

B is a sixteen year old male who reoffended while serving an open custody sentence in the group home and was sentenced to secure custody. He is now back in the home serving the

remainder of his open custody sentence. The charges involved were theft and assault. His original placement in the home had been for a theft charge. He has been in a variety of out-of-home placements, the details of which are quite confusing, since the age of eleven. Because of his behaviour he has been refused access to educational programmes. B has received psychiatric consultation for the past eighteen months. He is presently on Haldol (5 mg.), a mood suppressant, one or two times a day. He has been receiving one-to-one counselling one hour per week since April from a person trained in Reality Therapy. B seems responsive to this involvement. The plan is to take this further so that staff can reinforce this approach. B worked with [name omitted - a local service organization] for three weeks but then the placement broke down. He is now in a new placement [job]. A clear assessment is needed to determine what he needs to sustain his work placements. Interpersonal skills and behaviour management are major areas of concern. He is a likeable "rogue" with a low attention span. The main plan is to continue to provide relevant work experience so that B can gain skills that he can use to stay out of trouble.

Commentary on B: B's case illuminates an important dimension of the staff requirements for interdisciplinary teamwork and cooperation. They want to behave in ways which are consistent with the expectations of outside professionals but have little by way of assessment information to guide them.

D is a fourteen year old male who is very small for his age and has a "young" mentality. He likes to play. He is easy to get on with, is obedient and tries hard. He is the little boy in the group. D is an illegitimate child from a large family. He was raised by his grandfather. His grandmother and five siblings died in a home fire before D was born. D's step-grandmother and D's mother had their babies at the same time. He was unwanted and rejected. His mother is now married with legitimate children and he has no contact with her. D has a history of multiple break and entries, arson of schools and churches. D is in grade six special education doing well. He is quite adaptable to new situations but he is a "follower." He has nothing stable in his home life outside the group home and his future is uncertain. Should he stay at the group home until independence?

Commentary on D: D's situation exemplifies one which recurs throughout the experiences of staff in the homes for young offenders. So long as D resides in the home he conforms to the prosocial norms established there. Staff are fearful that D cannot resist delinquent norms on his own and will not initiate prosocial behaviour if left on his own. Still, open custody sentences expire on a particular date with unsatisfactory resources available once the youngster leaves the home. Staff believe that their resource is the best one for D - or at least is "good enough" - and they view his failure as inevitable.

C will be sixteen in two weeks. She is pregnant and due to

deliver on Christmas day. She plans, at this time, to give the baby up for adoption. She has an extensive history of involvement with alcohol and marijuana. Although her family lives in the province, she has had no contact with them for the past seven months. She was continuously sexually abused from the age of five and this is a severe emotional conflict for her. She suffers from bronchial problems. She is highly manipulative. C needs tutorial work and educational consultation. Only one sheet of information on her came as a referral and this appeared hastily put together and was misleading. She has lived in the home for only a few weeks. She is involved with Planned Parenthood with regard to her pregnancy.

Commentary on C: C's case points to a recurring theme for staff in the homes for young offenders. Staff are called upon to deal with trauma in the lives of the clients, with little, or even misleading, information to go on and no opportunity to prepare themselves for complex multiproblem situations. This frequently leaves staff in the direct care team feeling they have had "dumped" on them a situation partly created, or exacerbated, by failures in other parts of the helping system. This places the on-duty team in a position where they perceive that their own and the residents' well-being is threatened.

MENTAL RETARDATION

The data on the number of mentally retarded persons in care is presented in relation to the goal of the government to de-

populate one of the large institutions. The following table (Table 7.1) summarizes the number of individuals occupying beds in various types of residential resources at the end of each fiscal year.

TABLE 7.1
NUMBER OF RESIDENTS AT FISCAL YEAR END
IN RESIDENTIAL PROVISION*

YEAR	EXON HOUSE	GROUP HOMES	CO-OPS	DMU'S**	FOSTER HOMES
84/85	71	51	10	14	21
85/86	56	65	10	14	22
86/87	50	65	12	11	50
87/88	30	79	17	12	102
88/89	10	86	17	13	112

*Source: The Department of Social Services
**Developmental Maximization Unit

In summary, occupancy of the institution, Exon House, decreased by sixty-one residents while, during the same period, occupancy of group homes increased by thirty-five, co-ops seven, and foster homes by ninety-one. While the decrease in the number of individuals residing in the institution parallels increases in the use of foster homes and group homes in the province, additional numbers of individuals were being admitted to these community-based services from other sources. Of note is the fact that at any given time up to 500-600 developmentally delayed individuals reside in provincial hospitals and nursing homes. Most of these individuals are the responsibility of the Department of Health, which has had a different orientation toward the notion of deinstitutionalization.

The following Pen Pictures were collected during the planning sessions:

R is a twenty year old male who has resided in the group home for five years. He has improved in all his self-help skills except shampooing and shaving. He self-initiates a lot of skills, for example, teeth brushing, and his chewing and swallowing have improved. He is still slow in eating because he attends to everything around him. His posture is much improved but he tends to go back to his old habits when he is really excited. R has had extensive surgery to improve his bite and he goes back for further surgery in three months. A lot of his activities have been curtailed because of the surgeries. He now keeps his tongue in and doesn't drool. He has begun to say phrases recently. Surgery is expected to improve his speech. There have been no formal meetings to plan for R's - or the other residents' - futures. R's future is uncertain. He has a companion who is in grade eleven (who is paid) and now he is travelling on the regular bus system. R is home-based in grade ten for art and physical education and is with other grade tens. He has some help through a teacher aide. He is taking some responsibility for household chores and makes his bed on his own. He can now tell time on the hour.

Commentary on R: R's situation raises the question of limits to the development of autonomous behaviours which staff in the homes for developmentally delayed cite as an uncertainty in their work. While every indication suggests

that R may be able to live at some point in a semi-independent living situation, staff frequently raise the question of whether or not the group homes should shift their mandates to become permanent residences for people like R. The theme of loss amongst staff when a resident like R moves out is a recurring one, which evidences success on the one hand, and is symptomatic of their uncertainty about the outer limits of deinstitutionalization on the other.

B   Twenty-six year old B is described as having made much progress in the area of mobility. Having come from Exon House in a fetal position with little use of his limbs, he now feeds himself "hand-over-hand" [a term used to describe purposeful actions with the hands] and is able to hold a glass. Described as a determined young man, he can take off his sweater and otherwise assist in dressing, with verbal prompts. B, confined to a wheelchair, now sleeps in a bed, which he had not done for some time previously. His self-stimulating behaviours have decreased and he is able to make purposeful shouts and screams to express discomfort, thereby taking initiative in increasing his own satisfactions. He now eats more regular food, whereas he was fed only blended or baby food at Exon House. B's seizures are medically controlled. Nearly totally blind with cataracts, he is now able to identify the people who work with him and he puts in one hour of work per day in the day programme. It is expected that his mobility will continue to increase and he is currently in need of an assessment to address the need for physiotherapy.

Commentary on B: B's situation illustrates again the sentiment toward the institution and the underlying shared sense of mission amongst the staff to bring persons into more satisfying circumstances. Additionally, this case brings into sharp focus how staff could accommodate to B's multiple handicaps if they begin to emphasize doing things for the residents which they could be stimulated to take part in or do for themselves.

L is a twenty-four year old female who has no contact with her family of origin. She came to the home having lived in an institution for mentally handicapped persons for much of her life. When she arrived she required assistance in walking and was on a variety of medications. She had no toilet training and no self-help skills with eating. She "mushed" her food instead of feeding herself. She constantly "drooled" and would tear at her own skin, causing it to bleed. She constantly banged her head with her hand. She now walks independently, although her tendons are tight and she is slightly crippled. Her use of medication is greatly reduced. Toilet training continues but she now assists in feeding herself and can drink from a glass independently. She still drools sometimes, but this is greatly reduced.

Commentary on L: L's case brings into focus the close personal and physical character of the work with developmentally delayed persons. Additionally, the tone which prevails in the description evidences much about the way staff see their tasks: as undoing damage created in an

unsatisfactory institutional placement prior to L's having come to the group home. Staff satisfaction is intimately involved with seeing gains in L's development of behaviours, which increase her autonomy.

SUMMARY

In Chapter Six a rationale was presented for beginning with the concerns of the personnel and then proceeding to examine the characteristics of the clients in this context. In a truly Positivistic world, of course, one would proceed the other way around. In other words, one would begin with the characteristics of the clients and proceed to mould all aspects of the service, including who is hired, the architecture of the buildings, etc., around those needs, the goals associated with those needs and the resources available to accomplish the goals. This perspective limits the study of processes operating within the immediate setting of the group care centre.

Using Lewin's formulation (1952) that behaviour is a function of the interaction between the person and the environment [B=f(P,E)] as the basis for his research, Brill (1979) reported findings which are most relevant to the study of teamwork in group care settings. Using Moos' Social Climate Scales, Brill noted that the teams which evidenced the most efficient functioning were those in which the internal organization of the team was high and the level of anger and aggression was low. He went on to say that the best situation

for the clients is one in which the staff team has a moderate level of leader control and in which there is also a high level of organization and clarity regarding norms, expectations and daily routines. He concluded that the best examples of teamwork were those which seemed to be aimed at minimizing the loss of energy through frustration and anger and in which efforts to achieve a high focus on client related tasks were maximized.

Brill's teams worked with young people who would be predominantly characterized as young offenders. It is reasonable to assume that the appropriate levels of organization, task focus, leader control and patience for those teams are linked to the way in which the hostile and exploitative culture of the offender group works on the staff group, thus demanding this pattern of response from the staff team. If this is so, the differences in the impact upon staff and vice versa which one would expect to find in a centre for mentally handicapped persons would almost certainly be related to the character of the handicap and not to the hostile impact of the client group. Differences in the mental retardation teams are expected to reflect both the greater tactile involvement of staff in the tasks of caring and teaching skills to the handicapped persons and the powerlessness which the handicapped persons are believed by advocates of the Normalization philosophy to experience.

CHAPTER EIGHT
QUALITY OF WORKING LIFE ASSESSMENT

"If you torture data long enough, it will confess to anything."

Author Unknown.

THE WEST END TWO-DOT TEAM: PART III

The remainder of the two days is conducted in much the same way, with the discussion and the setting of objectives evolving out of each item on the agenda. Some topical headings, like the discussion of Time and Activity, put the staff team "on the spot" to describe their hour-by-hour programme expectations. Others, such as Social Policy Brief for Services, put the Board in a position of accounting to the other participants for decisions and clarification of policy or procedure.

The facilitator seeks to ensure that all, or most, of the participants are associated with at least one of the objectives and will report back, either on their own or with others, by a given date. In all, fourteen objectives have been identified by the Two-Dot Team. By the end of the second day, a checkmark has been placed alongside all the statements of frustration from the first morning's session. The facilitator reviews the list of frustrations in front of the group and invites the group to consider, once again, these frustrations in the light of the written objectives. One careworker points out that "the proof lies in whether everyone does their part in meeting the objectives." If all the objectives are met, then the frustrations will all have been

addressed, as far as she is concerned. A brief consensus taking in the group finds agreement with this observation.

The facilitator points out that this does not mean that there will be no frustration in the group next time; only that the present frustrations will have been channelled in positive directions--so long as the objectives are met. This elicits laughter and a sense of resolve amongst the participants. There is also a tone, particularly amongst some direct care team members, that the problem in following-through with agreements is not their problem. Another staff member notes how many of the objectives have been identified and agreed to in the past, but were not followed-through by the Board and by the Social Services personnel. A quiet descends on the room. Board members and Social Services representatives make grim faces. The facilitator notes that "scepticism can be healthy" and praises the worker for his candour. He asks this careworker whether this might not be a self-fulfilling prophecy and asks if anything is different this time. The careworker acknowledges that he is more hopeful this time, but wonders why a process like this was not undertaken earlier?

A senior Social Services representative points out that he, too, is sometimes frustrated with how slow things move in government. However, the sessions were, in fact, initiated by the Department, with the knowledge that certain problems could not be solved without bringing everyone together face-to-face. He points out that the money was previously not there to release staff to come to sessions such as these. It had taken much in the way of negotiation to convince his own superiors

that the Action Planning programme would be worthwhile. The careworker persists by pointing out: "Yes, but we have lost a lot of good staff in the meantime who just got fed up." The supervisor of the direct care staff intervenes by saying that "We just have to go on from here and get on with the job." The careworker replies--with some bitterness-- that he "is leaving to go back to school in three weeks anyway." After a pause, the facilitator asks the group if they "are ready to move on?" Consensus is indicated by nodding heads, even from the careworker who is leaving the team.

The group is told that the programme description which they have generated, including the statements of satisfaction, frustration and uncertainty and the objectives which have been written, will be returned for their inspection in written form within two weeks. They are invited to comment if they find anything in the document which is misrepresented or if anything is left out. They are asked to think of this as "their document" and to think of the facilitator as a secretary in this regard. The participants are told that the follow-up sessions will review each objective, with each person being asked to report on what they have managed to accomplish. The group facilitator will attempt to remain neutral, and will put each person equally "on the spot" to explain what happened, if they did not accomplish their tasks. Group members are also alerted to the fact that, in future sessions, credit must be given where it is due. If someone reports back a "success story" and the group agrees that their task was accomplished, then congratulations will be in order.

Any attempts to minimize the success by saying "it was his/her job in the first place" will be confronted by the facilitator.

At the end of the two days, the group members are asked if they will volunteer to participate in a research project by signing a consent form [Appendix B] and filling out the written instruments which are passed around. The group is congratulated on the work they have done together and the facilitator makes every effort to empower the group, as opposed to posing as an instructor. Despite this, a spontaneous round of applause is given to the facilitator. While the participants are filling out the research instruments, a careworker who is the bargaining unit representative for this team, invites the facilitator and the recorder to come along for a drink after the session. The facilitator accepts the offer and inquires if everyone is invited. The careworker says 'yes' and turns to the group to extend the invitation. Two Department of Social Services' managers, the social worker, two board members and all but one staff member subsequently adjourn to the hotel pub.

On the final evening, the group facilitator transcribes the written materials from the two days for typing and subsequent return to each of the participants.

A REVIEW OF THE RESEARCH TO THIS POINT

This thesis began with three assumptions which grew out of the researcher's own prior experiences as a practitioner, manager, lecturer and scholar:

1) That differences exist between clients, caretakers, programs of service and conditions under which service is provided, which impact on outcomes for the recipients of group care services;

2) That the quality of relationships between and amongst staff in group care centres can have a decisive impact on these outcomes, under certain conditions;

3) That outcomes are worth focusing on and, in fact, must be focused upon, hence the question, "what works?"

The research proceeded from two concerns about Fulcher's work: 1) the need to link the systemic group care framework (Ainsworth and Fulcher, 1981) with substantive theories of human behaviour in the social environment; and, 2) the question of whether or not the differences between teams which he discovered were an artifact of the heterogeneity of his sample.

To respond to the first concern, a framework for the comparative study of substantive or core theories was employed (Lally, 1981), along with a modified version of the Albers and Hurley Epistemic Inventory (1985) in order to illuminate various aspects of the phenomenon we call teamwork. A rationale was presented for focusing upon knowledge and knowledge development (Albers and McConnell, 1984) and linked to the need for ongoing comparative analysis of findings on an

across-studies basis.

The literature review sought to identify a standard set of items which must be attended to in the study of teamwork. It was argued that four epistemic communities, each with their own constellation of theory, problem and method, could legitimately be directed to illuminate subsets of the teamwork experience in a combined methods approach to teamwork assessment and within the context of the research question.

To respond to the second concern, a sample was selected which lent itself to comparison of similar sized group care centres, with similar social policy briefs within the same geopolitical region. A conceptual model of teams was proposed, which defined the team as a system the functioning of which depends on the functioning of a number of important subsystems. The subsystems were linked to the four epistemic quadrants and the research question was refined to elicit information about teamwork from each of the team subsystems:

1) A technique for gathering information about the phenomenological or "lived" experiences of shift team members was developed to illuminate both their subjective judgements about "what works?" and to examine the phenomenological alignments between and among team members which are thought to be revealed therein;

2) The qualitative themes which are evident in the reports of sample subjects' on-and-off-the-job satisfactions and frustrations (Heimler, 1980) and their experiences of changes and working conditions (Adams, 1983, 1983a) which are thought to affect their job performance are used to illuminate patterns of consensus formation within the team. These are used to describe team formation and development as they are manifested in the form of cognitive consensus in group care teams from a grounded theory perspective;

3) An amended version of Bronfenbrenner's Quality of Life Hypothesis (1979) was used to guide tests of

the impact of Level of Change, Level of Stressful Working Conditions and Team Style of Adaptation in order to sort out validity and reliability issues for use in empirical outcome studies. Toward this end, a methodology was proposed for measuring Level of Change and Level of Stressful Working Conditions which is a modification and extension of Adams' (1983) work. An ongoing comparative analysis is employed to determine norms for group care teams across settings and across geopolitical boundaries. As a further check on the reliability of the Work Orientation Schedule, the internal consistency of the instrument is examined through the use of Alpha estimates of internal reliability. Finally, to examine the notion that Quality of Life themes in teams are related to basic elements of the programme within group care centres, the Moos Community Oriented Program Environment Scale (1974) was added during the study to illuminate possible links between the aggregate satisfactions and frustrations of personnel and the dimensions of Programme Clarity, Order and Organisation, and Staff Control. Both linear and non-linear methods were chosen to examine the relationships between the staff and quality of work life variables and the team classifications.

4) A corporate metaphor, which includes all persons in the relevant decision-making configuration, is employed to provide a contextual analysis for findings from the study in light of the evolution of group homes as a distinct form of social provision. The social desirability and the ideology of teamwork in and around group homes is considered.

THE PHENOMENOLOGY OF TEAMWORK

The most striking thing about the vignettes was the extent to which direct care team members tended to report frustrating or negative experiences as compared with the Social Workers, Board Members, Managers and other members of the interdisciplinary and corporate teams. It was almost as if the direct care personnel thought that was what the research team wanted to hear. Much effort was put into experimenting with the phrasing of the instructions in an attempt to discover a "private message" which might

unwittingly have been communicated to these subjects. It is possible that direct care workers shared some affinity with the members of the research team. All three persons who facilitated the sessions had, at one time, worked on the "shop-floor", so to speak, and admittedly used that, in some instances, to enhance their credibility with these workers. In particular, this was used with teams who were overtly hostile to "outsiders," whoever they happened to be. In such cases, the facilitators used examples of their own previous experiences to "soften" up the participants to the Action Planning Process. Some examples were undoubtedly unflattering to managers and social workers. In this way, participants may have thought the facilitators were "siding" with them against persons who did not have "shop-floor" experience which, in the case of the sample for this study, would describe the majority of Managers, Board Members and Social Workers. In other ways, however, the facilitators went to some lengths to overcome this well-known source of bias on the part of "insiders" (shop- floor workers) in group care.

For whatever reason, the vast majority of the vignettes from the direct care team members reveal situations in which their expectations and desires to be aligned with someone else were not met. Other of the direct care vignettes tend toward what Barritt et al. (1983a) refer to as a "surprise" - the moment of drama comes when, most often a resident, accomplishes something out of the ordinary or does something unexpected which is positive.

> T [a mentally handicapped resident] was on an every
> hour toileting schedule all night. We [direct care

team and Behaviour Management Specialist] all
thought we were getting nowhere. Sometimes she
would be wet ten minutes after getting back into
bed. One night I went into her room and she wasn't
there. I was frantic but I could hear her. I
didn't want to turn on the lights because I thought
it would scare her. There I was creeping around in
the dark only to find her sitting on the toilet!
She got up and went to the toilet herself!

In all, the vignettes of the direct care workers suggest
that certain kinds of experiences ("Being let down by someone
on whom you depend," or "Being humiliated or embarrassed")
have a profoundly searing impact on the direct care workers.
This is quite possibly related to the nature of direct care
work and the limited opportunities for withdrawal and recovery
which these workers, especially the live-in staff, are thought
to have as compared, for example, with managers. This may be
an extension of the findings reported in Chapter Six relating
to the propensity of live-in staff to be particularly
sensitive to both positive and negative recognitions. One
example of an issue which came up in both mental retardation
and young offenders teams which employed live-in houseparents:

When we [the houseparent couple] moved into the
home, they [the board] said we could have the
basement area for ourselves. There was nothing down
there. It was empty. It was useless space so we
put our own furniture there. We feel the board
should replace some of the furniture which has been
damaged. We couldn't just tell the [mentally
handicapped] residents they weren't allowed down
there. It's a home. It wouldn't be like a family
if we were always watching for someone going down
there.

Perhaps the disappointments are magnified in the team and
become the object of greater group scrutiny than they do for
personnel outside the direct care team.

In terms of alignments, Careworkers were invariably

aligned with at least some other Careworkers, but not always

with the live-in staff (houseparents):

> We [careworkers] don't feel that we should had to
> have [sic] cleaned the walls. This should be the
> responsibility of the houseparent [who lives-in but
> is also the supervisor of the care staff].

Frequently, however, the Careworkers alignments are broader:

> I was upstairs and heard the noise of someone
> vacuuming downstairs. I knew there were no support
> staff in the house. It had to be A [mentally
> handicapped resident who was thought not to have the
> capacity to operate the vacuum or take initiative in
> an activity such as this]. I found A vacuuming the
> floor on his own initiative and without previous
> instruction. We [staff team, district office
> managers, social worker, and the resident's parents]
> were all delighted.

Positive experiences, like this latter one, were more

likely to reveal broader alignments which included all

relevant members associated with the home.

Differences within the team were also revealed in some

vignettes:

> There are some people who are only interested in
> their pay checks. They should be made to change
> attitude [sic] or leave. B [the supervisor]. . .and
> the Board don't -or can't - see what is happening.
> They give in to these people all the time. You
> won't get to talk about [sic] in the session. It's
> keep under [sic]. We're supposed to be helping them
> [the mentally handicapped residents] but it is them
> [sic] who are hurt.

Differences between the direct care team and the board

and/or the Department of Social Services are suggested in the

following vignette:

> We have been doing the work and not getting credit
> because we don't have degrees [university]. The
> Board won't [sic - "want?"] it both ways. They will
> have to recognize it now, realize [sic] that we have
> learned to do the job from experience [worker from
> a direct care team which had recently petitioned for
> legal bargaining status].

The vignettes produced by personnel other than the direct care workers and Houseparents share some common themes. For one thing, they almost all tended to report completion of an undertaking or solving of a problem which had implications for themselves and others in a more or less public way. In this regard, these personnel evidence expectations and alignments which are less immediate and involve more people than their direct care counterparts. "Finally getting the Board to agree to participate in the Action Planning Sessions"; "Getting the audit over with"; "Getting S. situated in a foster home where it looks like she will stay for a while"; "Coming back from vacation yesterday to find that I had to come here today and knowing that I won't be in this job when we do the follow-up session" are all examples of the vignettes produced by this group.

The vignettes of Department of Social Services' Managers invariably revealed alignment with their employer (Department of Social Services). For example, the following vignette suggests alignment with the Department:

> We're (DOSS) paying for beds that we can't fill.
> They [the group home board and/or staff] think that
> they can take who they want.

Even when the Manager was both a Department of Social Services' Manager and a Board Member and felt pride in the work of the team this alignment with the employer was revealed and is characterized as a co-ownership:

> We (DOSS) ought to have more homes like this one.
> This way it [sic] ought to be.

By contrast, Social Workers evidenced that their

alignments were more flexible, perhaps related to the task:

> It was a constant fight for weeks with our own office to get the authorization for D's [special monies] . . . Mr. Q [a DOSS manager] sat there in the last session [Action Planning Session] and told everyone that we could get it, no problem. The left hand doesn't _care_ what the right hand is doing.

The following two vignettes suggest alignment with the employer:

> Almost all of us on the Board have Social Services connections [jobs]. The Community thinks this is a Social Services group home. It should be a Board made up of community representatives.

> Getting [a team including board and staff]. . .to realize that they would have to take [accept for admission] T. [a young person].

Interestingly, the previous vignette was contributed during a session in which it was evident that the direct care team was divided into strongly opposing coalitions making it possible for only highly selective alignments to be developed with the entire staff group. Some staff wanted to admit T to the home all along.

Another vignette suggests that the Social Worker was aligned with the Board of Directors:

> There is a great working relationship with this Board. Our meetings are organized and we really get things done. We're a great team!

While the use of the term "There" suggests a distancing, perhaps a professional one, the remainder of the vignette clearly identifies an alignment, albeit a pragmatic or even circumstantial one.

Certain vignettes illuminate the difference in the character of the work between young offender and mental retardation teams. The following two vignettes are from teams which worked with young offenders, the second of which implies

the worker's subjective answer to the question "what works?":

> I [male staff member] was alone on an overnight. P [a female adolescent young offender] kept coming out of her room. When I told her to go to bed she went in and came back out in a see-through negligee with her eyes made up [she had applied make-up]. She fluttered her eyes at me and said "You make me get into bed." I was scared.

> Two of our residents [male adolescent young offenders] had taken drugs late at night. They were creating problems in the house and we were afraid they were going to run away. We [on-duty staff] called the poison control centre and were told to watch them and that they would probably be alright. I made them get into their beds and I [female staff member] laid awake on the floor between their beds on a blanket all night to make sure they didn't go anywhere and that they were o.k. [This vignette was transcribed during a session with a team and the vignette validated by the on-duty members. When the researcher congratulated this worker at the session on a job well done she looked puzzled and said, "What else could you do?"].

By contrast, the following two vignettes were contributed by staff from mental retardation teams. The first was contributed while the researcher was still experimenting with the instructions for writing the vignettes:

> We have a resident who has been "head banging" for so long that she has scar tissue everywhere. They [the scars] bleed easily. One staff has to be just for her [sic] to keep her from self-stimulating. This does not leave enough staff for the other residents [3]. When I am holding her I don't feel anything except tired. She is so big and strong! (I don't know if this is what you want. I said what happened and how I felt about it.) The one-to-one is working with her though. She constantly self stimulated in Exon House and did it all the time when she came in. Now she seems to do it just when there is a lot of activity in the home or when she is stressed.

> One of our [mentally handicapped] residents had been on Largactil forever. We [direct care team] took the initiative to have this re-evaluated. When the Largactil was stopped, L [the resident] changed completely. For two weeks L was spontaneous, stood up straight, and was sensitive to people and had fun. L was no longer a "zombie." After two weeks, it was a disaster. L became hostile and aggressive. Stayed [sic] up all hours of the

night disrupting the other residents. We [direct care team] feel very guilty about what we did [taking the initiative on the medication].

Both these latter vignettes imply a subjective, yet tentative, answer to the question "what works?" In the first example, it is "obvious" to the worker that the procedure is worthwhile for the resident and should be resourced with additional staff presence. There is the further implication that what was done at Exon House did not "work." The latter vignette suggests, in this worker's perception, that there is at least one unresolved issue amongst team members about what kind of initiatives the direct care team ought to take. The team had not "debriefed" the incident to a satisfactory conclusion, instead, this worker advocated a somewhat superficial accommodation to the mysteries of the medicine which make L a "zombie."

Many vignettes indicate the extent to which the commitment to "Normalization" was internalized by the personnel in the mental retardation teams. They also point to some of the varying ways in which the principles are applied. One even hints at a language which is known "to work" with the mentally handicapped residents:

> One of our [mentally handicapped] residents found his own friend who started escorting him on and off the bus. The friend has many personality problems but he has changed [for the better] through helping C [the resident]. This shows that our residents have a positive impact in the community but people just don't realize these things.

> I bring my three year old daughter to work with me. She has fun with the [mentally handicapped] residents and they enjoy her too. Why should they be treated any differently than anyone else?

> One of our board members visited the home and treated one

of the residents [mentally handicapped] like a child. We
[direct care team and supervisor] feel that the board
members should know "normalization" [sic] and should know
how to talk to them [the residents] like adults. I was
so upset that I was too critical and she [the board
member] was offended but I still think the board should
know what our philosophy is and treat them like adults.
Other staff feel the same but are afraid to say anything
to her.

Each of these vignettes addresses the subjective question
"what works?" quite bluntly. "See, it does 'work' when we
treat them 'normally'" is presented as self-evident. The
vignettes suggest that these staff feel some pressure to prove
that their beliefs, and by extension their work, have value.
The following vignette aptly illustrates how two views, both
presented as self-evident, have the potential to collide with
one another:

Three of our residents are not toilet trained. I
purchased some vinyl and covered the living room
sofa and chairs to protect them. The social worker
said "That's not normalization." She didn't like
the "statement" it made to visitors: "We have
bedwetters in this house" so she went to [the
district homes coordinator]. . .who agreed with her.
They told us [the direct care team and the
supervisor - the board chairperson attempted to be
neutral in this instance] to take the vinyl
coverings off. They don't have to live here. It's
not "normal" to have three adults in a home who soil
the furniture. I like the vinyl coverings so well
that I bought some for my own home.

Two vignettes show how enduring some issues are,
regardless of the type of home in which they are found and the
ways in which they are interpreted. Teenagers should make
their beds, adults should be able to do as they please:

I make all the beds and do all the cooking. They
[young offenders] take no responsibility around the
house at all. I think we [staff, social worker,
board, Doss managers] should be making these kids
take more responsibility for themselves. That's why
they're here, isn't it?

The parents [of mentally handicapped residents] insist that the beds are made as soon as they [the residents] are up. These people [residents] are adults and should be treated like adults. We have self-help programmes in the house but the parents are undermining them like this.

In both vignettes, the contributor implores alignment, and support, from other persons who they view as having influence on their work with the residents.

Only rarely did indirect care personnel reveal, in writing, their own feelings or what the vignette meant to them. These were almost always understood in the context of the planning session, however. Invariably the "issues" implied in the vignettes of Social Workers, Managers, and Board Members were ones which were of general knowledge to all the participants at the session where they were produced. For example, the short, seemingly abrupt statement: "Seeing N leave Exon House" underscored a lengthy story of a struggle to locate a home in one community, overcome community resistance to the establishment of the group home and overcome months of "puzzle-solving" problems. This story culminated with one resident being able to move into a home near to family and, ultimately, led to the session at which the contributor wrote: "Seeing N leave Exon House." The sense of alignment with all the other participants which this particular subject experienced was expressed in another way at the same session, when she declared in the manner of a rallying cry at a football match: "The 'System' works!" There was little doubt in anyone's mind about what she meant. The combined efforts of everyone had "worked" for N.

SUMMARY: THE PHENOMENOLOGY OF TEAMWORK

From the vignettes, it can be seen that a "fraternity" of persons working in the team is discernable, especially in relation to direct care team members. The vignettes of the managers, social workers and board members are less revealing, and do not demonstrate an understanding of issues in a particular team until they are considered in context. It is possible that this illuminates a flaw in the methodology. By taking the indirect care personnel aside and changing the instructions, more detailed vignettes may result. On the other hand, it was argued in a previous chapter that the character of phenomenological research is much more like the character of "shop-floor" work in group care. Perhaps these staff simply have an affinity for methods which emphasize individual perceptions and "lived experiences."

The alignments of the authors of the vignettes seem quite clear. This is especially important because the instructions to the authors did not say anything about the subject of teamwork. Yet subjective alignments are evident, or implied in almost every vignette. On this basis one could almost say that group care work and teamwork are virtually synonymous terms. Further research should aim directly to elicit the assumptions about teamwork from group care workers.

One criticism of the methodology suggests that too much importance is placed on the "correctness" of one individual's perception of an event. The correctness of the perception was not important in this study. What was important was the notion that an individual's perception, whatever its basis,

will guide that individual's behaviour. Right or wrong, we can expect that the individual will act, or not, within the parameters of how they "see" an event.

One finding from the use of the vignettes deserves comment from the standpoints of the practitioner and the researcher. The vignettes were useful to identify issues for teams which may not surface for discussion in other ways. Some vignettes pointed to incidents which were continuing to have negative effects on teams and around which no satisfactory "debriefing" had taken place. Certainly not all incidents need to be debriefed by all members of the team. Some issues, however, get discussed by sub teams or coalitions in ways which are not beneficial to the team as a whole. This is illustrated in the following vignette:

> We [careworkers] don't feel that we should had to have [sic] cleaned the walls. This should be the responsibility of the houseparent [who lives-in but is also the supervisor of the care staff].

This issue was a sore point for the careworkers who had discussed it amongst themselves but would not raise it for discussion at the action planning session. The reasons for not wanting it raised for broader discussion were not clear. One person did not want to wash the walls but felt sympathy for the live-in houseparent, another felt that the chair of the personnel committee had acted so unilaterally in imposing the decision on the staff that discussing it would get nowhere.

These vignettes provided a vehicle through which the underlying issues and "incidents" surfaced and found their way to the team's agenda after lengthy periods of discussion by

various sub teams and coalitions of the larger team. Other
vignettes provided a rich source of metaphor for team building
and exposed opportunities for members to give recognition to
one another in events which would ordinarily be regarded as
"just part of the job". These metaphors were frequently
exploited by the participants, and the facilitators, to
stimulate consensus. For example, the simple phrase "What
else could you do?" was altered to "Well, whaddya gonna do?"
and invoked throughout one planning session as nothing short
of an incantation to ward off the uncertainty about the
effects of the impending Young Offender's Act.

The possibilities for research with this methodology are
most exciting. By way of example, the methodology for
collecting the vignettes was modified and introduced to a
group of social work students taking a course called "Social
Work in Residential Care." The students were asked to write
a true account of the first time they ever stayed overnight
away from their own homes. Aimed at sensitizing the students
to issues surrounding out-of-home placement, the assignment
brought forth a variety of rich vignettes:

> One heard things going on between her friends'
> intoxicated and argumentative parents which were
> frightening. She and her friend forged a bond
> against the friend's parents;

> One liked the special attention which her friend's
> parents extended so much that she "wished" her own
> parents away;

> Another disliked the way things were done at the host
> home so much that she promised herself she would never
> leave her own family. She was particularly frightened
> when "the father" came into the bedroom and told the two
> girls to "quiet down";

> A fourth felt ignored by a distant aunt and uncle who

took her in during a family emergency. Her cousin did not welcome the nighttime intrusion and gave over space reluctantly;

A fifth was so scared by the night time atmosphere in a children's hospital that she vowed never to get sick again. Ever.

The comparisons which could be made to persons being admitted to group care resources seem self-evident. At least, they are a rich source of metaphor for teaching the issues surrounding admission to care.

THEMES WHICH SUSTAIN OR AGGRAVATE TEAMWORK

ORGANIZATIONAL CHANGE

Overall, the reports confirmed that the subjects saw themselves operating in a climate of turmoil. This included: being overworked, increased pace of work, high levels of staff and supervisory turnover, and changing groundrules. Perhaps this is simply the sort of "bedlam" which characterizes group care, but the reports of the different occupational groups are revealing. Houseparents working amidst these changes were particularly sensitive to recognition of their work, both positive and negative, and to the effects of major reorganization in their department. The reports of careworkers in this turmoil pointed to changes in their work schedules, acquiring a new boss, and losing someone they valued from the direct care team as the changes which had the most adverse effects on them. Aside from the overall turmoil, social workers were most likely to say that changes in the very nature of their work were the most stressful for them. This is most likely related to the changes they experienced in

relation to the Young Offender's Act. The following vignette is from a social worker not long after the implementation of the law. The worker is expected to interrupt other work which she views as important:

> The most frustrating thing for me is the court. I have waited there all day only to find out that a case was put off to the following week. The court just expects you to be there any time they want you to [sic].

One of the most curious items which managers reported as stressful was about frequent changes in instructions. Managers said they had suffered a loss of recognition and that they were subject to frequent changes in instructions.

These findings support the use of Adams' Organizational Changes Rating Scale to discriminate between the presence of an event and the relative impact of that event on sample subjects. By controlling for job title, it was found that particular occupational groupings do share common perceptions which they bring to the teamwork experience. For an individual team, the top two or three changes, which are evident in their aggregate responses can be placed before them for their reflection and discussion. More than this number at any one time, makes the task too complex for most teams. Discussions of this kind can be used with teams to achieve consensus about which changes need attention. This is particularly useful for teams where consensus exists that "something" needs to be done but where there is lack of agreement about where the team members' energies should be directed. Used with the vignettes, the technique can help teams differentiate between changes which are incidental and

those which are the result of their own planning efforts - a distinction which is not always obvious to those who work in "bedlam."

CHRONIC AND STRESSFUL CONDITIONS OF WORK

Overall, the conditions most frequently reported by all sample subjects included: having to attend meetings to get their job done, having too much to do and too little time in which to do it, feeling caught by the conflicting demands of others, exercising caution about what they say in meetings, and receiving feedback only when they did something wrong. The most stressful conditions reported included the conflicted demands and having too much to do and too little time to do it, along with three others: "fighting fires" rather than working from a plan, differences of opinion with supervisors, and feeling left out of important decisions. Perhaps these conditions are reflective of the conditions which prevail for all human service workers but, again, the reports of the subjects by job title were most revealing. Houseparents said they got too little supervision. This included houseparents who were the immediate supervisors of the team, implying that they did not get the right amount of supervision from their Boards. Careworkers said they were unclear about what they were supposed to be doing; social workers said they were constantly being interrupted by new priorities and that they lacked confidence in management; managers said they were cautious about what they said in meetings, that they were constantly interrupted by new priorities and that they were

left out of important decisions; while board members were feeling stress related to not having clear plans from which to work and were cautious what they said in meetings.

As with the organizational changes, this scale (Adams, 1983a) proved useful in discriminating between the existence and impact of a condition. The discrimination between an organizational change and a more enduring condition of work is an important one. In engaging a team in their own assessment, a rank-ordered list of the most stressful conditions of work for that team can be placed before them for their consideration. As was the case with organizational changes, more than two or three conditions of work at one time makes the task too complex for most teams. In situations where job benefits were particularly contentious, participants were reluctant to discuss the most stressful conditions of work. Few teams saw the action planning sessions as being appropriate for this kind of discussion. In these situations, the vignettes proved most useful to assess the kind of tensions which team members experienced without the participants having to confront the issues.

LOW SATISFACTION/HIGH FRUSTRATION THEMES

As noted previously, the themes of not feeling financially secure and not being able to save were in many ways similar to Fulcher's sample. The Newfoundland sample was quite different, however, in their reporting of the low satisfaction theme of not having enough opportunities for getting on in their work. This theme of low opportunity is

supported in the global outlook scores for Newfoundland and Labrador teams (Table 6.28, Chapter Six) where the two lowest scores are "achieved ambition" and "opportunity for self-expression." Overall, the subjects view their environment as being somewhat impoverished in terms of opportunities and their ambitions are kept low. Comparison of the Outlook Area scores with the Area Scores revealed that the reports of achievement are lower than is expected. In other words, the subjects in this sample appear to be "playing down" their estimations of their own achievements. Their estimates of opportunities are evidently realistic, in their own eyes, but the achievement reports belie a level of humility which is not entirely authentic. Perhaps this is a statement about the character of the culture (Newfoundland and Labrador) in which these personnel work.

The comparatively low education levels of subjects, especially those in rural areas, speaks to the issue of availability of jobs in small communities and the difficulties associated with attracting more educated persons to work in rural areas. These low satisfaction themes held true for both the teams which worked with mentally retarded adults and those which worked with young offenders.

While the high frustration themes of wanting more power and influence and feeling frustrated about not being able to do things properly are evident in Fulcher's sample, the number of teams in the present sample which identified "disappointed by people with whom we work" as their high frustration theme is striking (Table 6.39, Chapter Six). Direct work with the

teams suggested that such disappointment reflected an interpersonal relations issue where teams felt like they were "out there on their own" and constantly being let down by other people - most frequently the Department of Social Services personnel. One vignette from a board member highlights such a sentiment:

> Headquarters is always late with our reimbursements. We always have huge overdrafts at the bank. I am embarrassed to walk into the bank. This is a small community. I have to deal with these people socially. Not just with the group home. When my husband [became ill] . . .I thought: 'this is a good time to resign.' I'm still not sure why I didn't.

A potentially conflicted alignment is evidenced in the following vignette contributed by a group home staff worker. In this case the disappointment is directed towards a social worker and suggests that the social worker violated a boundary by bringing the issue up in front of the resident:

> I was doing a p.m. shift when [one of the residents] . . . started in [sic] wanting to go out on the roof of the porch to sit in the sun. I said 'no' and he just kept at my face [sic] until the other three [residents] got to me, 'why not?' I know it was stupid but I gave in and thought it wouldn't hurt. I told them, 'just for 1/2 hour.' I didn't realize until they were going out the window [to the roof of the house] they had blankets, ghetto blaster, juice. You name it. As soon as they got out, D [a resident] shouted at some young people who were walking by. I got angry and told them to come in the house. I had to crawl out and get the blankets and things myself. I felt so stupid but they jumped when I got mad. Later A [a resident] told the social worker what happened and she [the social worker] said - right in front of him [A] - 'You shouldn't have let them go out there in the first place.' I felt like giving her the back of my hand.

The high disappointment theme was prominent in both the teams who worked with mentally retarded adults and those who worked with young offenders. Out of a sample of fifty-one

teams, thirty-three identified this as their highest frustration item. Twenty-two of these were teams working with young offenders and eleven were teams working with the mentally retarded. Bearing in mind the relatively short time which group homes have operated in the sample province, one wonders if this is a statement about the original expectations of and hopes for group homes. If so, one wonders how realistic the initial plans and expectations were. Perhaps the disappointment theme in the sample teams signals the end of the "honeymoon" phase for these comparatively new resources. The Low Frustration – High Satisfaction themes can also be placed before a team for their consideration. This is particularly useful for teams where some members may be denying the existence of a problem, or less frequently, when some members may be genuinely oblivious to the frustrations of others. The teams' reflection on the high frustration and low satisfaction themes opens the door for consideration of specific incidents or issues which have led to the lack of teamwork.

QUALITY OF WORKING LIFE THEMES

Overall, the teams in the Newfoundland and Labrador sample tended to report higher satisfactions in the Home Life area and in the Personal Contract area than did Fulcher's sample teams. At the same time, they reported higher frustration overall, particularly in the areas of Influence and Moods. It is interesting to note that while both the mental retardation teams and the young offender teams reported

higher Influence and Moods frustrations than did Fulcher's teams, the two types of team are quite different from one another on these same two dimensions. Reports of frustration in the area of Influence were much higher for the mental retardation teams - despite the fact that on one of the five questions in this area (disappointment) the young offender teams were highest. On the other hand, the reports of Moods Frustrations from the young offender teams were much higher than those of the developmental delay teams. This is an important finding which will be discussed further in a consideration of the characteristics of the clients.

In terms of the Work Orientation Scale, it can be suggested on the basis of the ongoing comparative analysis that an acceptable range of reported satisfactions (certain vs. potential) for a team is expected to be between sixty-four and seventy-eight. Above seventy-eight begins to evidence a tendency on the part of certain members of the team to present things as being overly "optimistic." Scores below sixty-four begin to suggest that the teams are critically lacking in supports and/or drive from within the team to carry on with the work. As would be expected, this is a wider variation than would be expected for an individual (Heimler, 1975). The wider normative variation for teams is evidently one of the benefits of teamwork. Individual variation can be integrated into the team's pattern of functioning within limits. More importantly it can be said that the ratio of frustration to satisfaction is expected to be above 20% when the team is functioning at their best and at an upper limit of 35% when

functioning at their worst. Below 20% frustration begins to suggest either denial of frustrations or a lack of stimulus from either within or outside the team. Scores above 35% begin to indicate that team members are carrying levels of frustration which will be difficult to manage over time. If more frustrations are added suddenly, the team may "boil over" with frustration.

It is clear that people tend to report lower satisfactions in the Finance and Personal Contract areas than they do in the Work, Social Life and Home Life areas. This was true for Fulcher's sample as well. Whether these are simply indications of the acceptable limits of disclosure in the work place or accurate depictions of the balance of satisfactions in workers' lives is not clear at this stage of investigation. It is clear, however, that when a large enough percentage of team members reports low satisfactions with their work, or with their home and social life satisfactions to the extent that they are registered as an issue for the team, this can be expected to impact on the behaviour of the team.

SUMMARY: THEMES WHICH SUSTAIN OR AGGRAVATE TEAMWORK

As mentioned, the themes are immediately useful for team development work. One or two themes, in total, can, by prior agreement, be placed before the team for their consideration and interpretation. Participants can reflect on the meaning of the theme to the team without having, necessarily, to account for how they answered a question themselves. Used tactfully, this technique can draw out the more cautious

members. In some teams these members will hold back anyway. Resentment and anger usually require no special invitation since they find their way into the discussion one way or the other. It is in the handling of these latter feelings, when they are evident, that the facilitator is assumed to have an opportunity to make a positive difference to the team.

The high Moods and Influence Frustration themes and especially the high disappointment themes clearly promote teamwork within certain sub-teams but probably at the expense of the functioning of the entire team. In other words, these themes are associated with maladaptive team functioning. The coalescence of these themes in a team is associated with the development of "we-they" ("you and I - 'we' are o.k., but 'they' are not") coalitions within sub teams and/or between sub-teams. Why these teams did not tend to evidence greater Fatigue (Energy) frustrations deserves comment. With the themes of "more, faster and better" work which are evidenced in the Adams' Change and Stress Questionnaires, one would expect Fatigue levels similar to those found in Fulcher's British sample. Perhaps Fulcher's British teams evidenced greater Fatigue Frustrations owing to some cultural difference which allows personnel to disclose fatigue in the work-place. By extension, the subjects in the present sample may be less inclined to admit to fatigue. Moods Frustrations and Influence frustrations may be more in keeping with the character of the culture surrounding work in Newfoundland and Labrador. Perhaps the differences are a reflection of changed attitudes towards work which have occurred since Fulcher's

sample was collected. More likely, the teams and the homes in the present sample reflect the relative status of group homes in Newfoundland and Labrador as a newer type of service provision. When this status has shifted and group homes are accepted as a worthwhile service pattern, and not merely as an alternative to some other kind of service, perhaps themes of Fatigue Frustration will be more evident. If the high Moods and Influence Frustrations are carried over into Fatigue, the result would predictably be an unhappy state of affairs for the consumers of these services and for the partnership between government and community upon which these homes were founded.

MEASURING CHANGE, WORKING CONDITIONS AND TEAM ADAPTATION:

Attention now turns to the quantitative analysis derived from the measurement devices which were used in the study: Fulcher's team classifications, Level of Organizational Change, and Level of Chronic Stressful Working Conditions.

FULCHER'S TEAM CLASSIFICATIONS

The following table (Table 8a) summarizes the distribution of sample teams by Fulcher's typology controlling for the maladaptive/adaptive dimension:

TABLE 8a
DISTRIBUTION OF SAMPLE TEAMS BY FULCHER'S TYPOLOGY
OF STAFF TEAM FUNCTIONING
THE MALADAPTIVE/ADAPTIVE DIMENSION
(N=51)

OFFENDERS TEAMS	MENTAL RETARDATION NUMBER OF TEAMS	YOUNG NUMBER OF
MALADAPTIVE TEAMS		
Dissociation I:	0	1
Dissociation II:	1	1
Superficiality I:	3	3
Segmentation I:	9	13
(Sub Totals)	(13)	(18)
ADAPTIVE TEAMS		
Superficiality II:	2	8
Segmentation II:	1	6
Active Adaptation I:	1	1
Active Adaptation II:	1	0
(Sub Totals)	(5)	(15)
TOTAL:	18	33

As can be seen from Table 8a the teams are grouped into four of the classifications: Superficiality I, Segmentation I, Superficiality II, and Segmentation II. The adaptive/maladaptive distinction, however, allows for a comparison of larger numbers. Thirty-one teams are classified as maladaptive and twenty are classified as adaptive. A second table (Table 8b) summarizes how the teams were distributed along the accommodative/assimilative dimension:

TABLE 8b
DISTRIBUTION OF SAMPLE TEAMS BY FULCHER'S TYPOLOGY
OF STAFF TEAM FUNCTIONING
THE ACCOMMODATIVE/ASSIMILATIVE DIMENSION
(N=51)

OFFENDERS TEAMS	MENTAL RETARDATION NUMBER OF TEAMS	YOUNG NUMBER OF
ACCOMMODATIVE TEAMS		
Dissociation I:	0	1
Superficiality I:	3	3
Superficiality II:	2	8
Active Adaptation I:	1	1
(Sub Totals)	(6)	(13)
ASSIMILATIVE TEAMS		
Dissociation II:	1	1
Segmentation I:	9	13
Segmentation II:	1	6
Active Adaptation II:	1	0
(Sub Totals)	(12)	(20)
TOTAL:	18	33

Nineteen teams were classified as evidencing accommodative patterns of functioning and thirty-two were classified as assimilative. This distributions pose limitations to the extent to which the categories which have small numbers can be examined. The distinction between accommodative and assimilative and the further distinction between superficial and segmented is different only by the teams which are classified as Dissociation I (one team) and

Active Adaptation I (two teams) on the accommodative side and by the teams classified as Dissociation II (two teams) and Active Adaptation II (one team) on the assimilative side. Hence, only the maladaptive/adaptive and the accommodative/assimilative distinctions will be controlled for in the statistical analysis. In practical terms, these are the most useful distinctions to make since most teams are grouped in a few categories. The distribution of teams between Superficial and Segmented is quite similar to the distribution in Fulcher's sample, except for the fact that no teams in his study were classified as Actively Adapted. This means that categories of Dissociation and Active Adaptation have been elaborated on the basis of very small numbers. The distribution between mental retardation and young offender teams in the present sample is quite even, although note is taken that two of the three classified as Actively Adapted are mental retardation teams and two of the teams classified as dissociative are Youth Corrections teams.

LEVEL OF ORGANIZATIONAL CHANGE:

In line with findings by VanderVen (1981), there appears to be a strong link between life stage and career path for group care workers relative to their perception of changes. What is clear is that level of change, as predicted, is useful only when it is considered in relation to other variables. Some teams experiencing high levels of change were doing quite well, while others were not. Conversely, some teams reporting low changes were judged as doing well, while others were not.

It would seem that change, in itself, does not have a universal nor uniform impact on team functioning. Other variables make the difference. Among these are: direct care team member's age, sex, education, marital status, living accommodation, length of time in post, hours of work, the working relationships between the team and important outsiders - especially the field social worker with teams for young offenders and most likely a behaviour management specialist in the teams for mentally retarded, and the character of involvement by unions, government managers and board members.

Tables 8.0 through 8.35 which are referred to in the following text, can be found in Appendix H.

The following table (Table 8c), derived from the Adams Organizational Changes Rating Scale, summarizes the team scores for Level of Change:

TABLE 8c
CUMULATIVE CHANGE SCORES FOR NFL. TEAMS
(N=51)

	MIN.	MAX.	MEAN
Mental Retardation	2.42	10.53	6.16
Youth Correction	2.50	10.71	6.60
Combined NFL.	2.42	10.71	6.43

Overall, the teams of personnel working in homes for Young Offenders tended to report greater magnitude of organizational changes than did their counterparts in the homes for Mentally Retarded Persons. This is consistent with the fact that the Young Offenders Act became law during the study and had obvious impact on those teams. If anything, one wonders why there is not even greater disparity between the scores.

As will be recalled from Chapter Four, in order to test the Team Functioning Hypothesis, a Pearson Product Moment Analysis of Correlation was employed to examine the relationship between the independent variables and the dependent variables. The Mean was used to discriminate between high and low change teams.

Table 8.0 (Appendix H) summarizes the results of this analysis:

As the percentage of team members who had never been married increased, so did the level of reported change for the team (r2= .5718, sig.= 000). This also held true for persons co-habiting (r2=.3090, sig.= .016). Conversely, as the percentage of married persons increased, the level of reported change for the team went down (r2= -.4433, sig.= .001). The same held true for divorced persons (r2= -.2416, sig.=.049) and widowed persons (r2= -.3508, sig.= .007). Overall, married persons and persons who had previously been married tended to report fewer changes than did their never married counterparts on the same teams.

Similarly, people who owned their own homes reported fewer changes (r2= -.4330, sig.= .001), whereas people who lived with their parents (r2= .2488, sig.= .044) and those who lived in rented accommodations tended to report greater changes (r2= .4341, sig.= .001). As the mean length of time in post increased, so did the level of reported changes (r2= -.2581, sig.= .025).

Persons who had at least university level education reported more changes (r2= .4540, sig.= .001) than did their

less educated counterparts (r2= -.4352, sig.= .001). Younger persons reported more changes than did older persons (mean age: r2= -.6233, sig.= 000; median age: r2= -.6199, sig.= .000). Supervisors reported greater numbers of changes (r2= .2525, sig.= .042) than did other groups by job title.

In summary, persons who had never been married, who lived with their parents or who rented accommodations away from their place of work, who were newer to their jobs, who were younger, more highly educated and who were likely to be supervisors tended to report a higher volume of changes on the Adams Organizational Changes Rating Scale than did their counterparts. These patterns of reporting clearly support the notion that organizational changes cannot be considered as entirely objective events. People exposed to presumably the same objective events did not necessarily perceive those events as having occurred or not. Perhaps they did not remember. Perhaps the event had no meaning or special meaning to certain individuals. Perhaps some people or groups over report. The profiles support the conclusions of Mattingly (1981) VanderVen (1981), Sheehy (1976) and Levinson, et al. (1978) that there are parallels between personal and career development. As subjects move through personal and career developmental stages, their motivations, their perception of changes in themselves and of the changes around them takes on a different meaning, which is subjectively derived from their own experience.

This picture comes particularly close to the one reported by Fulcher (1983). Employees who are over the age of twenty-

eight, who are married, own their own homes and who have been in their jobs longer, who are less educated, and who have raised or are raising their own children are different on several measures than their younger, single, less permanently located, more educated and perhaps more ideologically driven counterparts. Additionally, Fulcher found that higher percentages of males and the presence of a formal bargaining unit were also associated with this latter constellation of variables. Most of the males in the present sample were married and the overall levels of education in this sample are considerably lower than in Fulcher's sample. The uncertainty in some subjects' minds, in the present study, about whether, in fact, they belonged to a union or not was previously mentioned.

LEVEL OF CHRONIC STRESSFUL WORKING CONDITIONS:

The following table (Table 8d) summarizes the scores for teams derived from the Adams Stressful Work Conditions Checklist:

TABLE 8d
CUMULATIVE STRESSFUL WORK CONDITIONS SCORES FOR NFL. TEAMS (N=51)

	MIN.	MAX.	MEAN
Mental Retardation	44.00	64.83	56.63
Youth Corrections	41.25	67.67	55.86
Combined NFL.	41.25	67.67	56.33

Overall, teams of personnel working in homes for the Mentally Retarded presented a narrower range in their

reporting of stressful working conditions but the Mean for teams is slightly higher than their Young Offender counterparts. This is consistent with the data reported in Chapter Five, where it was noted that the levels of frustration for personnel in the Young Offender teams have more potential for variability.

Table 8.1 (See Appendix H) presents the results of a Pearson Product Moment Correlation Analysis. The Level of Stress for teams is treated as a dependent variable and the staff team characteristics are treated as independent variables. Overall, persons who had never been married report greater levels of chronic stress (r2= .3110, sig.= .016). Curiously, the reverse did not hold true for married persons, but separated persons do report fewer chronic stressors (r2= -.2464, sig.= .046). Age and level of chronic stress were negatively correlated (mean age: r2=-.3333, sig.= .010; median age: r2= -.3194, sig.= .013). Careworkers reported fewer chronic stressors (r2= -.2392, sig.= .051), while supervisors and social workers reported more (r2= .3146, sig.= .015 and r2= .3300, sig.=.011 respectively).

FULCHER'S TEAM CLASSIFICATIONS

In examining the qualitative themes in the teams, it was noted that so few of the sample teams fell in the classifications Dissociative and Active Adaptation that further analysis of those categories was impossible. The analysis is now extended to include only Fulcher's Adaptive/Maladaptive distinction and the

Accommodative/Assimilative distinction. This is necessary because so many of the teams were concentrated into the middle four categories of his typology of eight team categories.

The Adaptive/Maladaptive Distinction:

Adaptive teams were characterized by their reports (Table 8.2) of higher overall satisfactions (gamma= .72603), lower overall frustrations (gamma= -.65217), and lower ratios of frustration to satisfaction (gamma= -.78723) as compared with maladaptive teams. The higher satisfaction reports of the adaptive teams were particularly evidenced in the Personal Contract Area Satisfaction Scores (gamma= .84000), and their lower frustration patterns are evidenced in the Fatigue Area Frustration Scores (gamma= -.47826), again when compared with maladaptive teams. Adaptive teams reported higher Hope for the Future Scores (gamma= .61850), less potential for frustration in the Fatigue Frustration (See Table 8.3, r2= -.3091, sig.= .014) and Influence (See Table 8.3, r2= -.2569, sig. = .034) Areas Scores than do their maladaptive counterparts.

Teams with high Fatigue Frustrations tend to be maladaptive (gamma= -.47826, Table 8.2), especially when there are high proportions of social workers represented on the team (gamma= .39310, Table 8.9). However, it would seem that the reverse is also true, that when there is a low proportion of social workers on the team (gamma= -.81818, Table 8.9) teams tend to be adaptive. In other words, the only high fatigue teams which evidenced adaptive patterns in their functioning were those which had lower social work representation compared to

the other occupational groupings. When a team is operating under high fatigue, it would seem that having social workers around is not necessarily helpful.

There is some indication (gamma= -.29114, Table 8.2) that high Moods Frustrations teams end up being maladaptive. The exceptions to this pattern are most revealing. High Moods Frustrations teams which have been open longer tended to be more adaptive (See Table 8.10, gamma= .42857), as did teams which are located in or near a population cluster (gamma= .3333, Table 8.10), but not those which are situated in an urban centre (gamma= -.85294, Table 8.10). Conversely, high Moods Frustration teams tended to be maladaptive when they were working in newer (more recently opened) homes (gamma= -.81818, Table 8.10), were located away from a population cluster (gamma= -.63636) or situated immediately in an urban centre (gamma= .37931, Table 8.10).

Curiously, there is a tendency for adaptive teams to report working longer hours than maladaptive teams report. This is evidenced in the reports (Table 8.14) of median hours worked in the week prior to testing (r2= .2636, sig.= .031), mean hours worked on average (r2= .4624, sig.= .000) and median hours worked on average (r2= .2523, sig.= .042). This pattern is illuminated further by the finding that teams which reported high Average Chronic Stress Levels tended to be adaptive only when they also reported working higher hours per week on average (gamma= -.79070, 8.14). Otherwise, high chronic stress teams tended to present as being maladaptive (gamma= -.50000, Table 8.2), especially when they reported

working the average number of median hours of work per week for teams (gamma= .42105, Table 8.14).

Of particular interest is the finding that there is no association between Fulcher's maladaptive/adaptive classification and Level of Organizational Change (gamma= .00000, Table 8.2), unless the staff demographic variables are considered (See Table 8/13). High change teams were more likely to be adaptive when the proportion of married to non-married persons was higher (gamma= .40000) rather than lower (gamma= -.50000), when a greater proportion of personnel lived away from their family of origin (gamma= -.30435) rather than in their parent's home (gamma= .30435), when greater proportions of the team members rented their accommodations (gamma= .60000) away from their parents, and when lower proportions of social services managers attended the planning sessions (gamma= -.42857). High change teams working with mentally retarded adults tended to be adaptive (gamma= .72973), as did high change teams with fewer percentages of unionized personnel (gamma= .30233) and personnel with less education (gamma= .52381). High change teams tended to be maladaptive when high proportions of their membership lived with their parents (gamma= -.30435), when high proportions of social services managers attended the sessions (gamma= -.42857), when they worked with young offenders (gamma= -.45455), when they were unionized (gamma= -.36364) and when their members were more highly educated (gamma= -.48148).

Adaptive teams reported lower Involvement (r2= -.5238, sig.= .013, Table 8.25), Order and Organization (r2= -.4333, sig.=

.036, Table 8.32), Program Clarity (r2=-.5931, sig.= .005, Table 8.33), and Staff Control (r2= -.4409, sig.= .034, Table 8.34) on the Moos Community Oriented Program Environment Scale as compared with maladaptive teams.

The Assimilative/Accommodative Distinction:

Assimilative teams were characterized by their reports (See Table 8.2) of lower Overall Satisfactions (gamma= -.68481), higher Overall Frustrations (gamma= .60725), and higher ratios of Frustration to Satisfaction (gamma= .64706), as compared with accommodative teams. The lower reported Satisfactions by assimilative teams were particularly evidenced in the Personal Contract Area Satisfaction Scores (gamma= -.72067). Higher Frustration patterns were evidenced in the Moods Area Frustration Scores (gamma= .37580) when compared with accommodative teams. Assimilative teams tended to have personnel whose range of time in their posts was narrower (r2= -.2424, sig.= .045, Table 8.4) and who tended to be younger (mean age r2= -.2408, sig.= .046; median age r2= -.3121, sig.= .014, Table 8.4).

Greater percentages of Supervisors attended the sessions for assimilative teams (r2= 2504, sig.= .040, Table 8.4), while the reverse was true for Board Members, where greater percentages attended the sessions for accommodative teams (r2= -.3037, sig.= .016, Table 8.4).

Teams with high Moods Frustrations tended to be assimilative (gamma= .37580, Table 8.2). There was a slight tendency for the high Moods Frustrations teams which had a high percentage of married personnel to be accommodative (gamma= -.28000,

Table 8.20), with the reverse being true for teams which had low percentages of unmarried persons. These latter teams tended to be accommodative (gamma= .66667, Table 8.20).

Teams with high Fatigue Frustrations may be either accommodative or assimilative (gamma= .09635, Table 8.2). A number of staff variables appear to mediate this relationship. High Fatigue teams which also had higher percentages of females amongst their membership tended to be accommodative (gamma= -.51724) while lower female percentage teams tended to be assimilative (gamma= .36842). High Fatigue teams with high percentages of their members living in rented accommodations tended to be assimilative (gamma= .81818) while their low percentage renting teams tended to be accommodative. High Fatigue teams also tended to be assimilative when high percentages of Board Members (gamma= .61536) and Careworkers (gamma= .60000) and low percentages of Social Service Managers (gamma= .53846) were represented in the team. High Fatigue teams were more likely to be accommodative when there were high percentages of Social Workers represented (gamma= - .76741).

Of particular interest is the finding that there were only weak associations between Fulcher's Accommodative/Assimilative Classification and the Level of Organizational Change (gamma= .25714, Table 8.2), unless demographic variables about the individual teams were taken into account (Table 8.23). High change teams with low percentages of Social Workers tended to be assimilative (gamma= .63636), while high change teams with high percentages of Social Workers tended to be accommodative

(gamma= -.45455). The high change teams which worked with the mentally retarded residents tended to be accommodative (gamma= -.47368), while the high change teams which worked with young offenders tended to be assimilative (gamma= .66387). High change teams which worked immediately within an urban centre tended to be assimilative (gamma= .77778), while high change teams outside urban centres tended to be accommodative (gamma= -.37931). This pattern did not extend itself to teams outside urban centres, however, where being in or near a population cluster made no difference (gamma= -.0236), but being somewhat distant from a population cluster meant almost with certainty that the team would be assimilative (gamma= .90476). High Chronic Stress Teams tended to be assimilative (gamma= .41667) rather than accommodative.

Assimilative teams reported higher Support (r2= .4694, sig.= .025, Table 8.26), Order and Organization (r2= .4611, sig.= .027, Table 8.32), Program Clarity (r2= .4010, sig.= .050, Table 8.33), and Staff Control (r2= .5509, sig.= .009, Table 8.34) on the Moos Community Oriented Program Environment Scale as compared with Accommodative teams.

Characteristics of the Clients.
On virtually every measure, including level of change, level of stress, overall satisfactions and frustrations, ratio of frustration to satisfaction, area satisfactions, area frustration and outlook, teams working with young offenders reported wider fluctuations than teams working with mentally retarded adults. The teams who work with mentally retarded

individuals presented slightly less satisfaction and higher frustration, on average. They also reported slightly higher levels of change and stress, on average. Theirs' was steadier and more enduring strain. The work with young offenders appeared to be more about peaks and valleys. When life is quiet, it is very quiet. When things are happening, they often happen very suddenly, with the distinct possibility of loss of control. One crisis leads to another. The following vignette has been edited. The original was six handwritten pages long:

A call came from the social worker that an emergency referral was coming tomorrow. I heard her name [the young person being referred] before so I asked what she was like. The social worker said 'she's had a few problems but she's no problem really.' I asked if we [the direct care team] could see the file and it was sent out on the bus that afternoon or the next morning. The file didn't say much so I called around and found out that she [the young woman being referred] had been in three group homes. She had recently set a fire in a wastebasket in [a provincial residential mental health centre] . . . I called the social worker and said we [direct care team] wanted more time to prepare for her [the young woman] since we had just got things settled down in the house after two weeks of B [a resident]. No sooner had I hung up the phone than [a manager from the social services department] . . . called to say that we had to take her. I called a meeting to prepare everyone. My wife was only days away from delivering our new baby and I just knew this would happen all at once. She [the referral] arrived the following evening with the social worker. The moment she came in the house she said: "I'm not fucking staying here. If you leave me I'll kill myself." The social worker said: "If you try to do that again, then you'll just have to go to the hospital" and then she [the social worker] turned around and walked out. I was in the middle of cooking the evening meal so I couldn't do anything right then. I just showed her where her room was and said come and join us. . . Everything went downhill from then on. . .On the Thursday, we took all the kids in for medical examinations. . . That night we knew something was going on. I called in [the relief houseparent]. . .because we thought she was going to blow. It turned out that she [the new resident] had stolen some syringes and a hormone solution from the doctor's office and shot herself and

all the other residents up. None of the other kids had ever shot up before - she had a hold on everyone from the moment she walked in the door. . . She barricaded herself in the bathroom and wouldn't open the door. I yelled at [the relief houseparent] . . . to call the police. . . She yelled that she was going to cut herself. . . and all I could hear was running water. . .they [the police] had to break down the door. . . There was blood everywhere. . . She was just sitting there calmly looking at us. . .She fought so hard the police had to manacle her feet and hands and drag her to the car. . . She broke one officer's glasses and nearly ripped the shirt off the other. . . God she was strong. . .She was just 'dumped' on us. . . It was just too much. . . My wife and [the new baby]. . .were at my mother's. . . and just three weeks later D [the relief houseparent] passed away. . . She [the female resident] actually called and asked to come back.

In a previous study, Burford and Fulcher (1985) found that teams of personnel who worked with certain types of young offenders were prone to "boil over" with frustration at times. At such moments, the frustration was seen to "spill over" into the Home Life and Social Life satisfactions of these teams. The present study did not control for the characteristics of the clientele in the same way as did that earlier study but by comparison, the mental retardation teams do not appear to be consumed by frustration in the same way. By considering the character of the vignettes from members of some young offender teams, it can be safely said that during these periods, when the team frustrations completely overwhelm their satisfactions, there is a crisis in the team. On- and off-the-job satisfactions and frustrations may be reciprocal influences but some of the incidents reported by teams working with young offenders clearly are powerful enough to spill out from the workplace. For staff who live-in, this is a real dilemma. In referring to the incident which sparked high levels of frustration in one team, one houseparent declared

that "It was just horrendous. I would never want to live through anything like that again."

This does not mean that teams working with clients other than young offenders never experience crisis. It appears to happen more regularly to teams working with young offenders and one would expect that crisis for the mental retardation teams would more logically result from the team's heightened vulnerability due to enduring job strain coupled with high levels of unexpected change. This could predictably be evidenced as high fatigue or passivity.

Of particular note is the fact that teams working with young offenders were more likely to identify financial security and their current work arrangements as low satisfaction themes than were the developmental delay teams. This, coupled with their propensity to be disappointed with others, deserves comment. The low satisfaction theme about financial security was found by Fulcher in his North American sample, which was made up almost entirely of young offender teams. Unlike his sample, however, the Newfoundland and Labrador teams did not express such high concerns about their health. When these teams feel "let down," financial security mediates their feelings about the job. One might be tempted to interpret this as evidence that some of these workers are staying in the job simply for the money but this does not fit with the subjective experience of the researcher. With certain notable exceptions, the "shop-floor" workers like the clients they work with and want to do a good job with them. Perhaps these staff simply work, and live, with the fear that they may have

to "get out" of the job if they do not find a way to feel in control of their situations. Living and working with this level of threat cannot have a settling effect on these teams.

Finally, the very nature of the work with young offenders deserves comment. At every turn, evidence suggests that working with offenders is frequently an encounter with exploitation, uncertainty and the unusual, as is indicated by this final vignette:

> It was my first weekend on duty as a full-time member of staff. I had worked as a relief worker but this was my first weekend on duty on my own. Another group home worker had come in just to take all the kids out for the evening to the movies but J was made to stay at home because of his behaviour earlier in the week. I had to stay at the group home on my own with J who was not too pleased about missing out on going to the movies with the others. He stormed around angrily when the others left and then went upstairs to his room. I finished the dishes and tidied up, then went to the office to see if there was anything else I needed to do. Things were so quiet that I began to wonder what J was up to. I was afraid to go up and see what he was up to for fear that he might get even more angry than he was. Finally, I decided that it was just too quiet and I must go up and see what was going on. I crept upstairs and noticed that J's bedroom door was ajar but there was no noise whatsoever, even though the light was on. So I went over to the door, calling out to J as I went. There was no response. As I slowly peered around the door my heart almost stopped as I saw J lying on the floor with a small pool of blood on the floor in front of him. There was a compass [an instrument for drawing circles] lying on the floor beside his stomach where it looked as though he had stabbed himself. I didn't know what to do because I couldn't get in touch with the other worker. So I decided to call an ambulance and take him to the hospital myself. When the ambulance arrived, I decided that I just had to go with J to the hospital so left [sic] a message for the other worker to say where I had gone. It turned out that the stab wound wasn't all that serious and that it had been done out of anger rather than a serious attempt on his life. I can tell you, though, it sure did give me a fright, what with that being my first weekend on as a full time staff member in the group home.

To top it off, the worker in this vignette had been left with a problem which had developed between two other people

without any preparation on what to do when J was angry. She
could not responsibly refuse to be involved in the situation.
Further, the fact of being a new employee may have rendered
her void of experience from which to objectively predict what
would happen and subsequently cautious about commenting on
this paradox to her colleague or to anyone in a position of
authority. This has been described in other work (Burford and
Casson, 1989) as a familiar paradox for the residents of group
care centres. It appears to represent a familiar situation
for group care workers as well.

SUMMARY: TEAM STYLE OF ADAPTATION

ADAPTIVE TEAMS

Adaptive teams present as basically satisfied (Basic
Positive Satisfaction Score on the Work Orientation Schedule
= 64-78), optimistic teams whose frustrations fall within
manageable limits of their satisfactions (20-35%). The higher
satisfactions reported by the Newfoundland and Labrador teams,
overall, and in the Personal Contract and Finance Area
Satisfactions in particular, are apparently relative, and
reflect cultural differences in the use of the Work
Orientation Schedule. Like their British and North American
counterparts, Finance and Personal Contract Satisfactions are
the areas which individuals and teams rank lowest in terms of
satisfactions. The Newfoundland and Labrador teams rank Home
Life Satisfactions higher, both numerically and relatively,
than either the British or the other North American teams do.
Perhaps this does point to a closer tie between the family and

the work-place for Newfoundland and Labradorian families as was suggested in Chapter Five. It may only be a reflection of the fact that a greater proportion of the subjects in the present sample were married than was the case in Fulcher's study. This is still an important finding which supports the notion that satisfactions with one's off-the-job social status and roles "spill over" into the work place and not just the other way around as was suggested in the literature review. Spill-over is apparently a bi-directional phenomenon.

The frustrations of sample teams are distributed in several areas and they are not evidencing signs of fatigue, overall. Of the teams which did evidence higher fatigue levels, virtually none were classified as adaptive. Adaptive teams in the present sample are clear about what frustrates them, especially in the Energy and Influence areas, where their uncertainty about the sources of energy drain and the sources of conflict around the team are low. The picture is one of a group who like the work, are realistic and do not waste energy over things which are outside their sphere of influence.

Teams with high Moods Frustration tend to be adaptive only if the home in which they work is one which has operated continuously for three to five years. This does not apply to the length of time the team members have worked in their jobs. It only applies to the length of time the home has been in operation. It is not clear from this whether the teams are adaptive and simply able to better handle high Moods Frustrations when they occur or if the teams are able to adapt despite the high Moods Frustrations. This finding does

support the notion, however, that the home itself may have undergone an adaptation in the locality in which it is situated, thereby enjoying certain supports or levels of acceptance (or avoidance of certain kinds of "growing pains" or other frustrations) which transcend staff turnover. Cognitive consensuality about "the way things are done around here" apparently develops over time and is quite possibly sustained by forces which are bigger than the sum of the individual members of the direct care team. This supports the idea of including representatives from the entire decision-making configuration in any consideration of teamwork. This notion of "environmental support" is supported by the finding that teams which have high Moods Frustrations are more likely to be adaptive if they are situated in or near a population cluster but away from an urban centre. Practise wisdom suggests that teams in rural areas and urban centres may at times be subject to frustrations related to restricted opportunities, as in the former case, or to the "goldfish bowl" syndrome if they are too near the other services and government offices in an urban centre.

Teams reporting high chronic stress are more likely to be adaptive when they are working over and above their usual hours of work but, as was previously mentioned, not when they are feeling overworked. This is a rather painful finding. It suggests that when there is a high level of chronic stress around, the team may have to push itself to overcome these obstacles to their functioning. In other words, they may have to do the very thing that could ultimately cause fatigue. Yet

these teams evidence clarity about the potential for this to happen in their certainty about Influence and Energy (Fatigue) Frustrations. Apparently, preventive maintenance becomes part of the ongoing work as teams begin to develop adaptive patterns.

Teams facing high changes are more likely to be adaptive when they have greater percentages of their membership who are married and when their members tend to have physically emancipated themselves from their families of origin and have taken on the responsibilities which go with renting their own dwelling. Again, this supports the work of VanderVen who argued that personal and career development are intricately linked for group care workers. The finding that the domestic context of group care is linked to the domestic context of the worker gives support to the notion that how one is being cared for or has been cared for is inextricably linked to the ways in which they care for others. Yet these workers do not report higher satisfactions in their Home Life and Social Life Area scores, as they tended to in Fulcher's sample. One explanation is that the links between the personal and the work context go deeper than is measured by the questions about home life and social life satisfactions and touch on deeper meanings and patterns than are reflected in those questions.

Teams undergoing high changes were more adaptive if fewer Managers were involved in the Action Planning Sessions. In other words, the addition of the Managers questionnaires to the team lent a maladaptive influence. This may be a reflection of the findings reported earlier in this chapter,

that the Managers were invariably aligned with their employer rather that the Direct Care Teams. Perhaps this is where their alignment should be, however. One is reminded of the themes reported in Chapter Six about decreased recognition and the cautious stance of some of these personnel. Perhaps some managers were simply unhelpful in times of high change for the teams. One would assume that having the managers available to provide their overview of the changes would be helpful. If those managers are passive in the sessions whilst feeling diminished themselves, it could be readily understood why teams evidenced more adaptability in the face of high changes without them.

The findings that high change teams were more adaptive when their members were less educated and when they were non-unionized are delicate ones to interpret. Certainly the adaptive teams evidence greater flexibility. Perhaps the best interpretation is found in Fulcher's theoretical elaboration of the concerns of adaptive teams (1988). He points out that central concerns for these teams are goal setting and complexity reduction. In the face of high changes, teams with more highly educated personnel may have a less pragmatic, more questioning approach and have trouble agreeing on how to make sense of the changes in practical ways. Unions, as was pointed out in the literature review, may limit the flexible exploitation of opportunities, especially when high levels of organizational changes are occurring and, conversely, when the most unique opportunities may present themselves. The argument that these teams are simply more easily shifted

around by the changes because they lack the resistance which educational, professional or legal status may give them is difficult to rationalize in the face of these basically satisfied and evidently productive teams.

The findings that adaptive teams report lower Involvement, Order and Organization, Programme Clarity and Staff Control almost defies interpretation. One is tempted to suggest that perhaps the adaptive teams made more realistic appraisals and the maladaptive teams made their programmes look better than they were. This interpretation would be consistent with Fulcher's theoretical elaboration of the functioning of maladaptive teams. This is unsupportable on two counts. The first is related to a flaw in the research. No comparison is possible since the residents did not fill out the Community Oriented Program Environment Scale, thereby giving a reference point for the team ratings, and no Social Desirability Scale was included in the instrumentation package owing to the fact that the testing time was already pushing the limits of the participants. This makes the second problem even more difficult. The Newfoundland and Labrador teams rated their programmes well below the national norms for North America and Great Britain suggested by Moos (1974). This means that the adaptive teams are extraordinarily low. This does not rule out the possibility that the assessments may be accurate portrayals. It is noted that the Order and Organization, Program Clarity and Staff Control subscales are the very ones which were anticipated to interact with the Work Orientation Schedule; but, the correlations were not in the expected

direction. Nonetheless, the two instruments are linked in some important way which deserves further investigation.

The descriptions of the adaptive teams are quite consistent with Brill's (1979) findings. These teams clearly were minimizing the potential loss of energy through frustration and they reflect consensus in the Personal Contract Satisfaction Area Scores which are closely linked to their perception of their work with the clients.

MALADAPTIVE TEAMS

Maladaptive teams present a picture of lower satisfaction and more energy spent in the management of frustrations. They show signs of fatigue and they are uncertain, or in disagreement, about what is causing them to feel fatigued, although themes of disappointment are evident. Maladaptive teams have little optimism and report low satisfaction about their contract of work. Additionally, these teams report low satisfaction themes about perceived lack of financial security, their inability to save and the lack of opportunities for getting on in their work.

High Moods Frustrations teams are more likely to be maladaptive when they are located in an urban centre and outside of a population cluster. Practical wisdom suggests that teams undergoing high Moods Frustration are likely to attract attention to themselves if their Moods Frustrations begin to "spill-over" outside of the team and cause negative attention to be drawn to the team and the home. The fact that high Moods Frustration teams are likely to be in newer homes (not

necessarily newer staff) completes this picture. In this line of thinking, a team undergoing turbulent levels of internal Moods Frustration is worse off if they have not passed certain "tests" which homes are thought to undergo before they are accepted in a locality.

Maladaptive teams which are experiencing high levels of change do not tend to put in extra hours on average but teams undergoing high Chronic Stress are quite likely to be maladaptive. Conceivably, the pattern of functioning in these teams is feeding the tendency of the chronic stress levels to "wear them down."

Teams undergoing high change which have high percentages of single staff and staff who live in their parent's homes tend to be maladaptive. The social maturity of the staff seems to be reflected in the team's pattern of functioning.

Fulcher characterizes maladaptive teams as being involved with coalitions and factionalism. This is certainly consistent with the picture of the maladaptive teams in this sample. There would appear to be much expenditure of energy in the service of interpersonal relations with colleagues in maladaptive teams.

Curiously, maladaptive teams report higher levels of Involvement, Order and Organization, Program Clarity and Staff control than do their adaptive counterparts. Given the previously mentioned weaknesses in the data collected on the Community Oriented Program Evaluation Scale, any interpretation must be approached cautiously. Once again, however, one wonders if the maladaptive teams are saying: "Our

programme is a success even though I feel that everyone but me is doing the job all wrong!."

ASSIMILATIVE TEAMS

Assimilative teams present as carrying high ratios of frustration to satisfaction (over 35% as measured by the Work Orientation Schedule) and as basically dissatisfied. Like maladaptive teams, their low satisfactions reflect themes about the lack of financial security and strained interpersonal relations with colleagues and they report lower Personal Contract satisfactions about the nature of the work itself. These teams report turbulent levels of Moods Frustrations. Assimilative teams are younger and are newer to their jobs on average. Level of education does not stand out as a distinguishing variable in terms of a team's propensity to accommodative or assimilative functioning as it did for the adaptive/maladaptive teams.

High fatigue teams were more likely to be assimilative when fewer percentages of females were represented on the team. This same pattern held true for Social Workers. When there are high percentages of females and social workers around during times of high fatigue, this is not perceived as helpful. This is not easy to interpret. Both females and Social Workers tend to report more changes and more chronic stressors than other staff but most social workers are female and they represented, overall, the youngest and most universally educated subgroup in the sample. The reverse was true for high fatigue teams when they had high percentages of

Board Members and Care Workers in attendance at the Action Planning sessions. When this occurred in conjunction with the high fatigue levels, it increased the likelihood that high fatigue teams would be assimilative. Board attendance at the sessions for assimilative teams was otherwise quite low. Apparently, having Board Members make their presence known during times of high fatigue is a positive influence. This is probably related to the extent to which their status as volunteers was acknowledged and concessions made when they were not able to attend. Perhaps it just feels good to think the board is behind the work one is doing, especially when one is feeling drained of energy.

Teams experiencing high levels of change were more likely to be assimilative if fewer percentages of Social Workers attended the sessions. Hence, teams experiencing high change and high chronic stress are apparently more likely to assimilate the changes and the stresses without the assistance or influence of social workers. One is reminded of the themes of resentment toward management and other themes of conflict reported by the Social Workers in Chapter Six. The Social Worker's influence seems to run counter to the needs of these younger, less experienced teams, who may be prone to trying to do too much all at once, thereby assimilating the more negative aspect of the Social Worker's influence.

Teams experiencing high changes are more likely to be assimilative if they are located in an urban centre or outside a population cluster. In a similar pattern, high chronic stress teams tend to be assimilative. In particular, high

change teams are likely to be teams which work with young offenders. These teams seem to have an affinity for chaos which is reflected in their Moods Frustrations levels.

Assimilative teams report higher scores on the COPES on Support, Order and Organization, Program Clarity and Staff control. Of interest is Fulcher's observation that in assimilative teams like-minded members begin to seek mutual support from one another (1988: 29). Consistent with the picture of youth and frustration for these teams is also Fulcher's observation that assimilative teams are beginning to forge alliances with one another, but that much in the way of disconnection, indecision and negativity toward the past may emerge during the formulation of these alliances. The relative youth and inexperience of these teams suggests that they are determined to succeed, but that the struggle is more consuming than is the consideration of longer-range planning. Perhaps that is why females and social workers are noticeably absent when these teams are experiencing high changes, chronic stress and fatigue. Perhaps the struggle seems unproductive to them if, in fact, their absence is purposeful in any way.

ACCOMMODATIVE TEAMS

Accommodative teams present as basically satisfied and as being quite self-contained. It is as if they are saying, "no problem." They disclose, or admit to, having little, sometimes no, frustrations. Their members have been in their jobs longer and they tend to be older. Supervisory and Board representation at the sessions was higher for accommodative

teams but a curious pattern developed, which was noted in one written programme description and then followed only to discover the pattern. Board attendance at the Action Planning Sessions was a source of frustration to the facilitators of the sessions who did not know at the time that these teams would later be classified as accommodative. Board members came to the sessions but in the words of one facilitator, they "wandered" in and out and typically stayed for only part of the session. One board president (of an accommodative team) was quoted as saying that he "saw no role for the board."

High change mental retardation teams tended to be accommodative. Those particular mental retardation teams had the most stable resident populations during the study and the residents tended to be among the moderately handicapped at the start of the study, but by the time the study was coming to a close, these residents were among the least handicapped persons living in group homes in the Province. These same teams filled in the fewest questions on the Community Oriented Program Environment Scale. They were noted in the written programme descriptions as tending to provide more in the way of substitute care for the residents, as compared to purposeful skill development. During periods of high change, these teams appear to accommodate to the level of handicap presented by the residents and to increase their levels of care "for" the residents.

Low change teams evidenced a weak tendency to be accommodative but low chronic stress teams evidenced a stronger association in the same direction. In other words,

teams experiencing high levels of chronic stress were unlikely to evidence accommodative patterns of functioning. Of particular interest are the findings related to high fatigue for accommodative teams. High fatigue teams, which also had higher percentages of females and/or social workers among their membership, were more likely to be accommodative. In the case of high changes, teams were more likely to be accommodative if high percentages of social workers attended the planning sessions. In times of high change and high stress the influence which social workers have on teams is toward accommodative functioning. This raises questions about the extent to which Social Workers may be "adopted" by these teams and scripted into roles as determined by the direct-care team. Perhaps this pattern is reminiscent of the tendency for people to slow down during periods of high change and/or stress and to pace changes and adjustments more methodically over a longer period of time. This is thought to keep known satisfactions high while the person "rides with the flow" for a time (Burnell and Norfleet, 1982). In short, the team accommodates to the changes and/or the stress. The potential for the organization of staff relationships within the direct care team to atrophy or for anti-task alliances to form during this time is high. The influence of the social worker appears to be a critical variable in determining whether the staff accommodate and presumably whether this is an adaptive or a maladaptive accommodation. This deserves further investigation.

These mature and experienced teams appear on the surface to

do quite well in their direct work with clients. High levels of change or chronic stress can be expected to drive them toward assimilative functioning. This can become maladaptive if they do not pay attention to what is going on around them.

WORK ORIENTATION SCHEDULE - SUBSCALE RELIABILITY

As can be seen in Tables 8.36 through 8.47 (Appendix H), all the Alphas for the subscales in the Work Orientation Schedule range from a low of .58 for the Work subscale to a high of .84 for the Outlook subscale. The Alpha for the Work subscale is at the lowest threshold of acceptability for a collection of questions to constitute a scale. If the Alpha is less than .58, there is no reason to believe that the questions are related to one another. If the Alpha is greater than .85, one suspects that each of the questions in the subscale is measuring the same thing. Hence, the reliability of all the subscales is acceptable (Cronbach, 1951).

When the Alpha for each subscale is computed with each single question in that subscale deleted in its turn, three questions are identified as being unrelated to the reliability of the subscale.

Firstly, in the finance subscale, when the question "Do you live better than you did two years ago?" is deleted, the Alpha for that subscale increases (from .75 to .76). Of note is the fact that this question is the only one in the Finance Area which has no specific reference to finances contained in the question. Perhaps this ambiguity explains why this question does not contribute anything to the finance subscale.

Secondly, when the question "Is your housing arrangement all right?" is deleted from the Home Life area of the Work Orientation Schedule, the Alpha for the subscale increases (from .73 to .74). Again, this question is not important to the subscale and does not measure the same dimension which the other questions in this section measure.

Thirdly, the deletion of the question "Do you at times feel disappointed by people with whom you work?" from the Influence Area does not alter the alpha for that subscale (Alpha=.73). This is the same question which thirty-three of the teams in the present sample identified as a high frustration question (High Frustration Theme). The fact that the deletion of the question does not change the Alpha suggests the possibility that the disappointment question measures the same thing, by itself, that the other four questions in the subscale do when taken together. This could only be demonstrated by further statistical analysis. One could simply substitute a suitable estimate of association in place of the Alpha. By deleting each question, in turn, one could understand the relative importance of each question in the subscale. This goes beyond the present purposes, however. Perhaps the question simply contributes nothing to the subscale. One could not ignore the importance of the question, in that case, but this simply means that the disappointment question could not be aggregated into the Influence subscale analysis. All that can be said at the present time is that this sample of subjects did not treat the question about disappointment in the same context as they treated the other four questions in the Influence Area of the

Work Orientation Schedule.

SUMMARY OF ACHIEVEMENTS OBTAINED BY THIS THESIS:

A major advance over Fulcher's design was made in attempting to control for the impact of organizational changes on team functioning. This methodological advance was specifically directed at the limitation posed by the use of the Holmes and Rahe Life Events Measure used by Fulcher. This advance involved distinguishing between an organizational event and a more enduring condition of work both for group care teams and for occupational groupings within those teams.

Further, the necessity of controlling both for the occurrence of an organizational event and the prevalence of a working condition and for the subjective impact which that event or that condition had on a group care team as a whole, and on occupational subgroupings within that team, was demonstrated. Neither organizational events nor conditions of work have universal or uniform impacts on subjects. Different occupational groupings do share certain affinities in their perception of events and conditions of work. Both considerations are important if one is to understand programmatic outcomes and therefore if one is to understand how to replicate those programmes across settings.

Further, methods of reliably and validly estimating overall level of change and overall level (prevalence) of stressful working conditions for group care teams were created. This overcomes a problem encountered by many researchers in attempting to discover the variable impact of change and

stress levels on work performance and job satisfaction, but particularly overcomes the problems encountered by Fulcher in attempting to do this for work groups. The relationship between level of change and team style of adaptation and between level (prevalence) of stressful working conditions and team style of adaptation cannot be understood through the use of linear models of analysis alone. Some teams function quite well in the face of high levels of change and stress or in the face of particular kinds of change and stress. Others do not. A variety of factors mediate the relationships between teamwork, change and enduring conditions of work.

Norms for the Work Orientation Schedule for group care teams were refined with account being taken of international differences. In particular, parameters for expected level of satisfaction and ratio of frustration to satisfaction were established for using the Schedule with groups. Further, issues surrounding the reliability and validity of the instrument were examined. There is good evidence to support further research using the Work Orientation Schedule as a measure of certain practical programmatic dimensions in group care work, work satisfaction and quality of working life. The internal reliability of the subscales of this instrument also supports this undertaking.

A combined, multiple-methods approach to the assessment of teams which combines theoretical and methodological approaches to research with the practice of strategic team development was designed and tested. Various dimensions of teamwork were isolated for study and four distinct approaches to inquiry,

each with its own distinct configuration of theory-problem-method, were combined to examine the larger phenomenon of teamwork. The findings from each research strategy illuminated the importance of the differences between the teams especially in comparing the teams which worked with young offenders with those teams which worked with mentally retarded adults. The combined, multiple-methods approach is a distinct contribution which allows comparison of findings on an across-studies basis whilst at the same time supports the development of research and practise which is linked to substantive theories of human behaviour in the social environment. The method allows for these links to be drawn both inductively and deductively and allows for the researcher to move back and forth from theory to practise and vice-versa. Of particular interest is the fact that the combined, multiple-methods approach refined in this study was endorsed by the subjects themselves. In other words, not only was statistical reliability and validity found to support the use of the model, but there was also grounded reliability in that subjects continually reinforced the view that the research was asking relevant questions.

Fulcher's typology of teams was replicated and used to classify the sample teams in this more homogeneous sample population. This strengthens the notion that the descriptions of differences between teams are valid beyond the variety of settings in which his sample was taken. Four main sub-sets of Fulcher's eight-point typology have been further delineated. The descriptions of the team types were refined and extended

for the Accommodative, Assimilative, Maladaptive and Adaptive teams. These refinements to Fulcher's descriptions simplify future attempts to replicate his work, however, some mastery of Heimler's work in the development of the Social Functioning Method, especially in the interpretation of the Heimler Scale of Social Functioning, remains vital to the use of the Work Orientation Schedule with work teams and to the use of Fulcher's typology of teams. This thesis further refines the typology and reinforces the empirical basis for that typology.

By employing the combined, multiple-methods assessment with Fulcher's typology, an understanding of the interplay between organizational events, conditions of work and other characteristics of work settings, the characteristics of the clients, the characteristics of the personnel and the style of adaptation which teams make has been advanced. It is essential to take the perspective of the interactionist in team development practise and research. The most exciting findings are those related to the development of the methodology for the collection and analysis of phenomenological data in group care teams. This is relevant both to research and to the practise of team development. There is good reason to hypothesize a "fraternity" of those who have shared experiences in a group care team. Further understanding of the development and difficulties encountered by shop-floor personnel in their alignments with other members of the on-duty, direct-care, professional, and management teams is essential to development of group care personnel as a distinctive occupational grouping and to the development of

quality services to clients in group care centres. It is safe to say, on the basis of these findings, that research in this field which does not take into account the phenomenological realities of different groups and teams of workers will be seriously flawed. Most exciting is the link with the four areas of core knowledge which, through the combined, multiple-methods approach, legitimizes the experiences of direct-care staff to persons who take other approaches and vice-versa.

CHAPTER NINE
FINAL CONSIDERATIONS

"Never look where you're going - you'll only scare
yourself. Nonetheless, try to avoid collisions."
P.J. O'Rourke
Third World Driving Hints and Tips

THE IDEOLOGY AND SOCIAL DESIRABILITY OF TEAMWORK IN GROUP HOMES

It is difficult to pinpoint the extent to which the turbulence reported by the sample subjects was the direct result of the province's move to establish community-based services for children, young people and mentally handicapped adults. One could argue that the "bedlam" in other services of this kind in North America is related to similar large scale shifts in resources associated with the move to community-based services. Certainly much in the way of upheaval in the more well-established institutions has been experienced since the 1960's, first with the introduction of the "treatment" perspective into group care centres and then from the advocates of deinstitionalization.

Government undertook the mission in the sample province with little practical planning and a high level of zeal. Certainly, the initial expectations of the group homes, and the teams who work in and around them, as reflected in the province's policy documents, speak to a definition of nuclear family which evokes images of simplicity and domesticity associated with an earlier period in the province's history. In retrospect, it is possible to note that the move to establish group homes as the exclusive group care alternative

to institutions heralded the beginnings of a resurgence of support for the nuclear family. That this resurgence is associated with efforts to dismantle the welfare state and has grown out of several years of conservative government in the U.S., the U.K. and Canada is not just coincidence.

Why this resurgence would parallel, or follow on the heels as it were, the demise of "family" group homes, can be understood by examining other competing forces which have occurred during the same period of time and are magnified in the sample province.

The current inquiry into the failure of authorities to intervene into complaints about child abuse has revealed a deep ambivalence about the authority of the State to intervene in such matters. Acknowledgement must be given to the fact that in other English-speaking countries similar and recent developments have taken place (Newberger, 1983; Report of the Inquiry into Child Abuse in Cleveland, 1988). One might predict that a period of high change, possibly with some overreaction on the part of authorities and communities, will result. The current trend to empower families (Burford and Casson, 1989) parallels this ambivalence about families and other substitute family services like group homes and institutions. Group homes are fragile to the extent that, like families, their stability depends on some ability to regulate the boundary between "inside" and "outside." Yet the home, as a place of work for designated persons, is a formal organization and should be subject to public scrutiny. The manner in which professionals monitor and regulate the work of

teams must be sensitive to both concerns. This raises the question of why the Department of Social Services did not establish clear policies, procedures, standards and evaluative strategies from the beginning of the group home movement in the province.

Certainly the government had access to information from elsewhere in Canada and the United States which at least one group (Rowe, 1981) was using to forecast increased costs of group homes. One can merely speculate on how or why the Province of Newfoundland and Labrador failed to anticipate, and prepare for, other consequences, including the turbulence associated with depopulation of institutions and the impact of introducing new youth justice legislation. Perhaps the move away from "family" group homes marks the emergence of the provincial welfare department into a corporate entity and away from the "family" way of doing business. The word "team," in this context, would simply be a more acceptable term for discussing the organization of relationships in and around the provision of these services. This line of thinking would suggest that government, perhaps just the Department of Social Services, previously operated at this level of informality and the group homes were simply extensions of this way of doing business.

A similar explanation is found in the history of the relationship between the government and those being governed in the province. A mistrust of "things", and people, from "away" [meaning ʻnot a Newfoundlander - or presumably a Labradorian - by birth'], coupled with an historical

dependence on those same things and people, has left a large segment of the population unemployed and comparatively unquestioning. Perhaps the beginning of group homes in the province was forged in the excitement of innovation and the lack of experience. The architects may have thought that careful evaluation would not be needed in Newfoundland and Labrador.

A third explanation is found in the patterns of employment and unemployment in the province. Chronic unemployment is said to have profoundly shaped the attitudes of many Newfoundlanders toward welfare related programmes. The promise of jobs cannot be ignored as one selling point associated with the emergence of group homes in the Province. In fact, the Social Services branch of government enjoyed a period of expansion and development during the proliferation of group homes, which had been previously almost unknown. Many of the homes were located in communities where few other jobs were available to untrained people.

Likewise, the ideological beginnings of the group home movement provide an explanation. The development of group homes in the province began through partnerships with the major churches and other stalwart community groups in a climate of "child-saving" and anti-institution sentiment. Intentionally or not, this served to postpone strategic planning efforts which might have reduced the turmoil of change which subsequently impacted both personnel and the recipients of the services alike. Salary and benefits packages for group home staff were not even a serious concern

on the Treasury agenda until the formation of bargaining units forced the issue. For the first generation of employees, particularly the live-in houseparents, work expectations and conditions could be more clearly understood as either a vocation or an extension of domestic labour patterns than as a job. The slow but steady pressure to take increasingly more profoundly handicapped persons into the homes for the mentally retarded adults presented both the personnel and boards with a challenge to avoid becoming substitute caregivers, and thereby risking the creation of smaller institutions. The absence of satisfactory training schemes in the province for group care personnel is conspicuous. A wide variety of persons are hired into the shop-floor positions. There continues to be no pool of trained and/or experienced personnel who are sensitive to work in residential group care. Only recently has an elective course in residential care been reinstated in the curriculum for social workers who train in the province. No other training in residential work is provided to social workers. The sudden impact of the new law on the teams working with young offenders, and for the teams working with children in need of care and protection, confronted the department with the realities of its own managerial unpreparedness. The Departments of Child Welfare and Youth Corrections, apparently aided and abetted by senior persons in government, continued their well established patterns of reactive leadership and minimal supervision. This was especially obvious in the case of newer employees who, fresh from university, or sometimes just out of the ranks of

the unemployed were "thrown in at the deep end" into experiences for which they had little or no preparation and few supports. New social workers typically received caseloads of up to 100 multi-problem families virtually from day one. Teamwork under these conditions would seem to invite accommodation. The personnel all find themselves "in the same impossible boat" so they put their heads down and try to do what is best under the circumstances. Perhaps the failure to develop standards and monitoring schemes has simply been the result of the ideological commitment to the mission, leaving personnel, in the beginning, too consumed to worry about accountability issues. This suggests a great deal of "faith" that some benevolent persons would come along later and develop policies, procedures, training schemes, etc.

A fifth explanation is found in the argument that the Department of Social Services has operated as a "closed shop" in the tradition of the "company store." That policy and procedure manuals in the Social Assistance section of the Department have been guarded like family secrets is a matter of record. That some senior officials in the Department of Social Services have exploited their positions of power has been, and continues to be, the subject of civil and criminal prosecution. That group homes have emerged from an essentially patriarchal contract of "top-down" government and administration is accepted. Yet none of these characteristics is particular to Newfoundland and Labrador. The popular support to eliminate virtually all institutions in the province for children, young people and mentally retarded

adults seems quite enlightened given this analysis.

Probably the Government, and the Department, merely wanted simple, across-the-board solutions to the problems which they perceived as most important at the time deinstitutionalization was undertaken. The idea that they could achieve these visible reforms quickly, and save money too, appears to have weighed heavily in their minds. Perhaps the Government is guilty of seeking simple, across-the-board solutions to complex problems. This would suggest that the architects of deinstitutionalization had not reckoned with the increased complexity which providing quality services to clients would bring, given their lack of experience with quality services. Deinstitutionalization in the province, as it was elsewhere, was predicated on dissatisfaction with the existing services. If they had not adequately planned for quality, then they certainly had not reckoned with the increased complexity of offering quality services in a variety of locations which would also endure the tests of change, development, evaluation and social desirability.

Yet the emergence of group homes in the Province of Newfoundland and Labrador can be described as a success, despite government and management's failure to predict and plan.

Exon House was closed in 1989. The physical plant has become the home for the Royal Commission which is inquiring into institutional abuse. It is widely considered that the quality of service for mentally retarded clients is "good enough" in most of the homes for the majority of the time and

that the humanitarian ends being met by the group homes are superior to those repeatedly described at Exon House. Certainly the researcher became a "convert" during the study, through examination of the "pen pictures." The majority of mentally retarded residents who were reviewed on more than one occasion evidenced changes which can best be described as astonishing. While very little in the way of detailed evaluation of individual resident progress has been documented, there is high consensus that the present pattern of operation is better than before. Certain other groups have expressed concern that government has redirected insufficient funds to local groups to develop new programmes as needs arise and to sustain existing programmes over time. A small but vocal group of critics called for the re-establishment of "small institutions, with wooded grounds, and peaceful, pleasant surroundings where these 'eternal children' [mentally retarded individuals] can be cared for throughout their lives." [Letter to the Editor of the Evening Telegram, St. John's, NF., 1988, date unknown]. This group was heard from most vocally when a young adult woman became pregnant whilst she was living in a minimally supervised cooperative living arrangement. Supported by relatives of the young woman, the group argued that if she had been placed in a state-sponsored institution imbued with humane "caretaking" values and close supervision, she would not have become pregnant in the first place. Thus far, such an argument is unsupported by legal precedence in Canada. A final concern about the future of these homes emerges from this analysis. The level of

commitment to deinstitutionalization contributed much in the way of coherence to the work of the teams involved. Once this mission is no longer seen as relevant, a shift in the ideology will presumably emerge. At that time, the work will focus more on the provision of services to and within communities rather than being propelled away from institutions. Careful study of these shifts is necessary. Some competition for spaces in group homes was evident during the study. Community-based groups increasingly wanted to use the group homes as a respite service to families who had a mentally retarded member. Government bargained from the position that they would not abandon the original mission to close Exon House. A certain number of beds were set aside to be available to families for respite services.

Other researchers have pointed to the danger of group homes taking on the negative aspects of larger institutions, especially those homes, and teams, which abandon the use of "family" staffing models (Moen, 1979; Rowan and Kehoe, 1985).

The homes for children and young people can also be examined in terms of their success. Two institutions for young people were closed as a direct result of Government's efforts to deinstitutionalize and a third (Mt. Cashel) is scheduled for closure in June of 1990. The evolution of group homes has expanded the options available to and for young people. This is taken to be a self-evident gain in a province where the options for young people are extremely limited. Despite this, the Young Offender's Act has ushered in a return to the use of institutional sentences for young people in

record breaking numbers in the province. New institutions have been proposed. However painful the establishment process might have been, certain group homes have become well established as open custody resources. As such, they have endured the first phase in their acceptance. Whether these services provide the best, or even a necessary service, is another matter. Certainly they have emerged as quite different services under the "justice" legislation than their originators, operating out of a "welfare" perspective, had intended. Although the Young Offenders Act allows for the provision of certain welfare services, these services have evidently received conspicuously little attention (Reitsma-Street, 1990). So, too, have changes been introduced into the child welfare homes. Curiously, planners failed to anticipate how troubling the behaviour of "care and protection" young people might be once they were separated from the "young offenders." It came as a surprise to many managers and professional groups that property damage, assaults on staff, absconding, etc. would typify the behaviour of young people placed in these resources. In terms of evaluation of the success of these homes, and the teams who work in them, researchers will, of course, be led back to the question of what becomes of these young people once they leave the group homes? Were they made worse during their placement? Do they require further assistance, etc.? Hence the importance of assessing the impact of teams working with young people in turmoil, as well as the organizational chaos which surrounds the emergence of this form of service. Group homes for young

people emerged virtually in the shadow of deinstitutionalization efforts for the mentally retarded in the province. Despite the fact that the youth justice philosophy and legislation were being embraced elsewhere in Canada and the United States, the province pushed for the closure of institutions for young people well past the point of obvious reasonability. The unpreparedness for the legislation was astonishing. In light of current accusations that officials in the Departments of Justice and Social Services covered up physical and sexual abuse in at least one, perhaps more, out-of-home placement centres in the province, dating back to the very beginnings of the groundswell of support for closing institutions, can it be that many of these same officials sought to do away with the problems by eliminating the institutions? If awareness of abuse in institutions was close to what has been suggested in the current inquiry, then the legacy and popular support for group homes can be properly understood. This would explain why staff in the institutions were not encouraged to seek jobs in the group homes but not why group home staff were not given at least the same benefits and pay as their institutional counterparts. The level of disappointment registered by Social Service Managers at the emergence of unions in the homes can also be understood in this light. If this analysis is correct, the second and third generations of staff in the teams did not share the collective guilt.

Most astonishing, however, now that the Young Offenders' Act has been implemented, is the calm acceptance in the

province that more institutions are presently required for young offenders. In the Maelstrom of revelations about physical and sexual abuse which have surfaced in the past two years, involving children and young persons in the hands of institutions and foster homes in the province, new walls are under construction. The ambivalence toward Young Offenders is apparently moving toward certainty.

A FINAL CAVEAT ABOUT GROUP HOMES, TEAMS, AND TEAM ASSESSMENT: DOES TEAMWORK WORK?

WHAT CAN BE EXPECTED TO WORK?

Group home teams can function in a variety of locations with a variety of personnel working in them. In situations where staff experience high, or enduring levels of stress related to their working conditions - including the lack of suitable job related benefits and supports - the "family" staffing model is likely to give way to staffing models which do not employ persons to live in the home. The availability of younger, more highly educated, single, unemployed persons competes with the family model in suburban and urban areas where these less stability situated personnel seem to prefer to work. The use of live-in houseparents appears to work best in small rural communities, population clusters or neighbour- hoods comprising families which interact closely with one another. The houseparent model thrives best when the support workers and other members of the wider team are sensitive to the overlap between family and work issues for these staff. If the goal is to provide a home base from which the residents can engage in activities which either other adolescents engage

in, or which are otherwise accepted by that community, then the size of the community is less of a consideration than the type of staffing arrangement which is used. If the residents will be doing quite different things, which are not an acceptable pattern in that community, then caution is warranted. Bringing young, highly educated strangers into a small rural community to work in a group home for young offenders would, quite appropriately, raise concerns in that community about the extent of supervision which the young people would receive. Other combinations are less obvious.

Suburban areas seem to be able to tolerate a greater variety of staffing arrangements than small towns or close enclaves, including the married live-in couple, up to a point. Houseparents can survive in the suburban location, but the use of live-in parents does seem to succumb for a variety of reasons. The availability of other kinds of staff and the lack of support for the couple, posed both by the location of the home and the absence of relevant benefits, works against this model. If the home is situated in a locality where the couple does not (or where there is no need to) make friends or acquaintances in the neighbourhood, then the rationale for a couple is strained during recruitment efforts. If the activities in which the young people are involved can be equally or better supported by other types of personnel, other patterns emerge typically with the addition of a "support" worker who is supposed to engage in age or stage appropriate activities with the residents. Whether this is perceived as a break for the houseparents or additional "programming" for

the residents, the results appear to be the same: The erosion of the "family" from the group home.

When a team is characterized by a preponderance of young, single, more highly educated persons who live with their own parents, the team is more vulnerable to high levels of change than is the team which has been around awhile and whose members are more stabilized in their personal lives. As was suggested in the literature review, new staff require greater structure in their jobs, and have less to contribute to the development of teamwork patterns than in simply mastering the "on duty" requirements of their jobs.   If the entire organization of relationships in the programme is open for debate each time a new staff member joins or has never been reconciled in the first place, segmentation of the team is thought to be likely. If the team is thrust into a high level of change, segmentation is almost a certainty for these teams. Once the relationships form and begin to coalesce around these differences of opinion, the changes take on what Rex (1961) calls "sociolocial" significance in which the conflict situation is used as the reference point for further coalescence.   The misuse of participative management models which overemphasize democratic principles, may fuel the instability. Especially in the homes for young offenders, where the variable moods of conflicted adolescents are to be expected, the staff who are more settled in their own lives are less impacted. At a general level, the team absorbs the patterns which these staff and residents bring to the domestic matrix,   including   their   own   changes,   inexperience   and

idealism. In short, the characteristics of the dominant group can influence the developmental business of the team. For the teams who work with the mentally retarded residents, the picture is somewhat different. In the same way that the young offender teams seem to take on the tortured self concepts of the conflicted adolescents, the teams working with the mentally retarded take on the role of trying to bargain for a higher place in the social hierarchy for their charges. With a heady dose of "normalization" theology and a deep belief that virtually any increase of skill or muscle control on the part of the mentally retarded person is evidence of increased personal autonomy for that person, these staff take to the "shop-floor" using highly personalized and tactile techniques. They assist the residents in bowel and bladder control and in cleaning up in the meantime. They brush teeth, dress people, and comb hair from the perspectives of both the educator and the advocate. They strive to overcome the damage imposed by a society which has failed to recognize the objects of their work as "no different from anyone else." Toward this end, the teams position themselves in opposition to societal thrusts comparable to those felt by feminists or anti-racists when they confront a sexist or racist remark or advocate for an oppressed group. They position themselves between the perceived source of the oppression and the residents and "feel" the powerlessness. When these teams work under chronic high levels of stress and/or when they face high levels of organizational change, they are likely to feel that they are the only ones who care for the residents. In short, they

accommodate to the enduring strain and feel persecuted, like victims themselves.

The notion that suburban areas provide more social outlets and opportunities for the residents depends on what one is attempting to accomplish with the residents. Certainly the suburban and urban locations provide more outlets for the younger, university-educated staff. When group home teams encounter many changes, or much uncertainty in their work, they function better if the home is located in or near a suburban population cluster and if the home has been there for three or more years. Not only can the character of the locality absorb more variation in staffing patterns, it can also absorb greater differences in the resident group. Again, up to a point.

If the team is unionized, located in an urban setting, frustrated by the perception that they cannot get ahead in their work, or simply works in a relatively new home, high levels of organizational change can have disastrous consequences for the residents, the status of the home, and the team, in the eyes of the community, including the sponsoring agency, and the personnel themselves. Any structure which the team may be attempting to impose on its own work patterns may not be strong enough to sustain the team through the changes. In other words, the energies of the team may be either so spread out as to make them vulnerable, as in the case of the assimilative teams, or so concentrated in a single effort, as in the case of a maladaptive team, that the changes throw the team off their own efforts, or put the team into conflict with

people "outside". One would expect that there are limits to this line of thinking. Older, less educated, non-unionized, more experienced staff cannot be predicted to team up better in a home which has been located in a particular setting for a long time and face changes and stress with greater equanimity whilst maintaining patterns of work which are beneficial to the clients. Fulcher's sample contained an example of a large institution where maladaptive and dissociative team functioning was associated with most of these variables. This deserves further comment. That team had been the target of anti-institutional sentiments since at least 1975. The implementation of the Young Offender's Act appears to have ensured its survival. The staff team and the small community in which it sits depend on the jobs provided in the institution. The institution and the team have been regarded as virtually impenetrable and not open to change. Their accommodation is apparently a rigid one which negates change. The Exon house "team" was evidently not adaptive. It was the target of outright rejection from the community of social services, families and residents, and sponsoring bodies of government. This brings up an important consideration in this kind of research. What does the consultant do if the researcher has reason to believe that the work of a team is not "good enough." Obviously, the consultant and the researcher can neither tolerate nor conspire with illegal practises. The development of a cross-cultural perspective is essential, however. In Newfoundland and Labrador, this includes an appreciation for the economics of the province and

the evolution of welfare and justice services. The current inquiry into the justice and social services departments in the province is deeply troubling, especially to the persons who seek to perpetuate the involvement of denominational institutions in the provision of education and welfare services. The emergence of private enterprise in welfare and justice services in other parts of Canada over the past ten years looms as a distinct possibility for some services in Newfoundland and Labrador but not for others. It is quite likely that government will continue to turn to volunteer community groups who remain quasi-private in their affiliation with a larger voluntary body. Toward this end, clear contracts will be required to facilitate teamwork between the Department of Social Services and the private boards.

DOES TEAMWORK WORK?

It **depends** on what is meant by the words team and teamwork. Different theories of Human Behaviour in the Social Environment direct our attention to different conceptualizations of teams and teamwork. These, in turn, direct our attention to different methods of evaluation and practice.

It **depends** on who is included in and who is excluded from the membership which is circumscribed by the definitions of team which are in use. Both on- and off-the-job roles and statuses of the team members are important considerations.

It **depends** on the expectations which are placed on teams and teamwork. One cannot expect team members to organize and

pattern their work-related thinking and behaviour around goals and objectives about which they are ignorant or uncertain. Outcomes must be specified, in advance. One way or another, formally or informally, subjectively or objectively, a team's efforts will be evaluated. When there is no prior agreement by all members of the relevant decision-making configuration as to what the outcomes should be, factors other than the needs of the clients can shape the expectations of various individuals and groups at critical moments.

It **depends** on what strengths, or potencies, the team members aim to develop as a team and how they propose to develop that strength. Specific methods, techniques or strategies must be applied to overcome certain obstacles and aggravations to teamwork. If nothing is done to strengthen or develop the team, other forces may shape the efforts of the personnel. Interpersonal conflict between and among team members and/or passivity towards the client tasks may prevail.

It **depends** on the extent to which team members were successful in their efforts to develop and sustain patterns in the performance of their roles which were consistent with the expectations of their immediate and longer-range efforts. Organizational changes, including critical incidents, and certain enduring conditions of work, both threaten and challenge teams to develop team strength and to maintain that strength over time. If these changes and conditions are also highly stressful to the team members, one should also assume that the residents may not get "good enough" care, let alone

derive any of the other assumed benefits of the team's efforts.

It **depends** on the characteristics of the intended beneficiaries of the teamwork effort. The characteristics of the clients themselves shape the experiences of the team. Their behaviours and other expressions of need and want have the capacity to shape the behaviours of the staff. Some young offenders work both individually and together to frustrate team efforts on the part of staff. People who work with mentally retarded adults in group homes appear to take a "stance" in their work in which they feel oppressed by the social structure of attitudes and behaviours which diminish mentally retarded individuals. But these global categories of "mental retardation" and "young offender" tell us little about the differences between and among these groups. To pursue research at this general level will continue to mask these differences. A study of the interaction between mentally retarded offenders and staff team functioning would, for example, be less useful than a closer examination of the level of handicap or the cognitive capacities of persons within these groups. This does not mean that the research should not control for the general category of service provision. A study of team functioning in a refuge for battered women could provide a unique opportunity to further examine the nature of team functioning during crisis and in the context of social inequality for both the staff and the residents. Immediate value could be derived from a study comparing a team working in a prison or treatment centre for persons convicted of

crimes of abuse against persons and a team working with the victims of those crimes. If the characteristics of these groups impact upon the on- and off-the-job satisfactions of the personnel in predictable ways, this information could be useful in promoting the competence of the staff and perhaps the residents as well, if this was viewed as desirable. While global classifications such as these are useful starting points, however, their continued use will surely mask important differences between and among the individual and groups who are the recipients of team work services, however. In fact, there is good reason to insist on a close look at the team and the clientele. As was pointed out in Chapter Two, action researchers have brought to our attention the "masking effects" which occur when one attempts to compare general categories of clients and service, for example "counselling." To answer the question "what works?", the researcher must get close enough to the practitioners and the recipients to "discover" unique, innovative, weak or uneven applications of the principles which the counsellors say they are using. In this kind of research, the researcher must be willing to share important findings with the subjects, on a contractual basis. This is an ethical imperative in research involving human subjects. It also means that the researcher must begin with him/her self in an attempt to understand how the work with the clients may have been shaped by his/her involvement. It is for that reason that I choose to end this thesis with a quote from one Department of Social Services Manager who participated in the study and with a comment about myself.

> I think the biggest benefit of the Action Planning
> Sessions was that they got people to look at
> themselves, and at what they were doing, for the
> first time. They turned the light on themselves at
> a time when that was needed. We have to keep these
> sessions going with each home at least once a year
> or whenever a home is in trouble. I think that we
> have to have someone from outside the Department
> [social services] to lead the sessions so they can
> keep us [government, boards, staff] honest with each
> other.

I think this is true with one exception. A staff development officer or other professional services consultant who is secure in his/her personal life and in his/her job, and who also has the necessary skills, should be able to facilitate these kind of sessions as a paid employee of the Department of Social Services. I have seen this work in other group care centres, particularly those in Northern England which were mentioned in Chapter One. Success would seem to depend on having managers around who have extraordinary foresight and who are actively engaged in supporting the effort. For myself, I look forward to some distance from the writing of this thesis to further consider my involvement in this study. Certainly my own Family Area Scores will change again, which they did each time I was away and when I immersed myself in writing. A good friend and colleague once suggested to me as I was leaving a job of nearly ten years duration, that I would not realize how much I had learned from that job until I had been away from it for a period of time. That was nearly ten years ago. If the ratio of learning from the present study is as rich, then I may continue to be enriched at least into the year 2000. That is a satisfying thought for me. Another friend and colleague once told me that, in his

family, the word "rich" meant "sweet that lasts." I believe that the experiences and the relationships which are engendered in group care settings are rich in this sense of the word. Their impact is enduring. The domestic matrix of group care is like that of both the family and the work-place. Research in group care settings must take into account this private/public distinction. As long as the participants are willing to accept that their beliefs about teamwork and, by extension, group care may have been shaped by circumstances which they feel are too personal to disclose at work, then this boundary can be openly respected. When the participants are willing to examine reciprocal themes between their on- and off-the-job lives, our understanding of the parallels between developmental stage and career path in group care can be more fully understood. The Quality of Working Life of the personnel and the quality of the service to clients in group care are intricately intertwined and teamwork is a central consideration for the success of group care work. Given the very nature of group care work, this would seem to be both self - and objectively evident.

APPENDIX A

OUTLINE OF ACTION PLAN SESSION

TITLE: Developing a Team Approach to Services.

OBJECTIVE 1:   To involve Project teams in a review of their primary tasks with residents and families.

OBJECTIVE 2:   To collaborate with employees, board members, and other key decision and policy-makers in formulation of an up-to-date, written Action Plan which can be used for development purposes over the next 6 to 18 months of work.

ACTION PLAN: The proposed written plan would include summary statements associated with each of the following headings:

1. A staff review of individual resident and family characteristics - Who are the clients?

2. Social Policy mandate for services (imposed from outside) - What are you asked to accomplish with them?

3. Basic philosophy and approach (developed from within) - What ideas are used to guide your work?

4. Maintenance of order and organization in the service - How do you keep your noses above water on a day to day basis?

5. Involvement of residents and families in care and treatment plans - How do you get the residents and their families to use their strengths?

6. Community involvement and participation in community life - How do you prepare the clients and the community for interdependence?

7. Staff development - What do the staff do and what supports, training and guidance do they need?

METHODS: A workshop format is proposed in which board members, government representatives, and staff can engage in a review of their work together. Ample use will be made of flipchart sheets and material produced by the team will be posted on he walls to develop a 'gallery' of relevant information. This information will then be drawn

together in draft form for teams to revise and adapt into a written plan. Such a plan can then be reviewed and revised annually, and provide a focus for continuing development. Written plans of this sort can be used in contacts with referring agencies; for public relations purposes; and to orient new staff, board members, and government representatives.

PROGRAMME: Day 1

Session 1:   Introduction and a review of expectations.

Session 2:   The primary task - A 'Wallpapering Exercise' with team members exploring positive and negatives in their work.

Session 3:   The residents/clients as individuals and a group - clarifying assessments of need.

Session 4:   Identifying expectations that are imposed from outside the service - the social policy mandate and the basic philosophy or approach supported by the team.

Day 2

Session 1:   Maintaining order and organization in the service - staff behaviour in relation to clients.

Session 2:   Links with families and community involvement.

Session 3:   Staff development - staff meetings, supervision and styles of management.

Session 4:   Team functioning and the management of stress in resident and family care work.

FOLLOW-UP: A ten to twelve page document will be drawn together out of the material generated during the two day workshop. This document will be made available to project teams in draft form within two weeks of their work together.

APPENDIX B

CONSENT TO PARTICIPATE IN RESEARCH

This is to state that I voluntarily agree to participate in a program of research that is being conducted by Mr. Gale Burford, Memorial University of Newfoundland; Mr. Steven Casson, City of Newcastle, Social Services Department; and Dr. Leon Fulcher, University of Stirling.

- I understand that the primary purpose of the research is to identify patterns of satisfaction and frustration amongst group care personnel.

- I understand that I will be completing four questionnaires: The Heimler/ Fulcher Work Orientation Schedule (c Heimler, 1980); two Work-Related Stress Evaluations (c Adams, 1978); and The Community Oriented Programs Environment Scale (Moos c 1974).

- I understand that my participation in this research is not a requirement or is it a necessary pre-condition to benefit from the In-service Education Program during which it is being conducted.

- I understand that my identity will not be known.

- I understand that the data from this study may be published.

- I understand that I am free to withdraw my consent and to discontinue my participation at anytime without giving notice and without negative consequences.

- I understand that I am participating in this research with the full understanding that it is for the possible advance of knowledge.

I HAVE CAREFULLY READ AND I UNDERSTAND THIS AGREEMENT, THEREFORE I FREELY AND VOLUNTARILY CONSENT AND AGREE TO PARTICIPATE IN THIS STUDY.

NAME (PLEASE PRINT) :_____

SIGNATURE: _____

WITNESS SIGNATURE: _____

DATE:_____

APPENDIX C
HOME PROFILE

A. IDENTIFYING INFORMATION

Name and address of program_____ __ __ __
Date home was first opened_____ _____ (V. 26-29)__ __ __
                          (month) (year)

B. RESIDENT DATA

____ Number of beds allocated to home   (30-31)   __ __
____ Number of male beds allocated   (32-34)   __ __.__
____ Number of female beds allocated   (35-37)   __ __.__

C. SOCIAL POLICY MANDATE FOR SERVICE

Sponsorship: (check one only)   (38)   __

____ Government Only (1)
____ Religious Affiliation (2)
____ Non-Profit Education/Research (3)
____ Private Individual(s) or Corporation (4)
____ Other_____ (5)
                (Specify)

D. PHYSICAL STRUCTURE, LOCATION, FACILITIES

Location (check one only)   (39)   __

____ commercial district (1)
____ urban neighbourhood (2)
____ rural town (3)
____ rural area (4)

Use (check one only)   (40)   __

____ residential neighbourhood (1)
____ non-residential neighbourhood (industrial, commer-
      cial, agricultural) (2)
____ mixed-use neighbourhood (3)

Distance from the centre of local city/town/area (check one
only)   (41)   __
____ located in or near centre (1)
____ 1-2 miles (2)
____ 3-5 miles (3)
____ 5+ miles (4)

Population (check one only)   (42)   ___

    ___ located in a populated area (1)
    ___ on the edge of a population cluster (2)
    ___ outside population clusters (3)

Architecture (check one only)   (43)   ___

    ___ Victorian (1)
    ___ Modern (2)
    ___ Other_____(3)
                (Specify)

Age of Home (check one only)   (44)   ___

    ___ 1-5 years (1)
    ___ 6-10 years (2)
    ___ 10-14 years (3)
    ___ 15-24 years (4)
    ___ 25-49 years (5)
    ___ 50-74 years (6)
    ___ 75+ years (7)

Access (check one only)   (45)   ___

    ___ public transport (1)
    ___ little public transport (2)
    ___ private transport only (3)
    ___ other_____(4)
                (specify)

Design (check one only)   (46)   ___

    ___ detached
    ___ semi-detached
    ___ Row

Layout (check one only)   (47)   ___

    ___ bungalow
    ___ split-level
    ___ two storey
    ___ three storey

Neighbourhood and Outdoor Resources (check all within walking distance <u>for your residents</u>-regardless of whether or not the staff and/or residents choose to go elsewhere or outside the neighbourhood for these resources):

____	shopping centre	(48)	____
____	public park(s)	(49)	____
____	post office	(50)	____
____	medical centre or doctor	(51)	____
____	dentist	(52)	____
____	library	(53)	____
____	neighbourhood or recreation centres	(54)	____
____	public school(s)	(55)	____
____	grocery store(s)	(56)	____
____	movies	(57)	____
____	cultural activities	(58)	____
____	banks	(59)	____
____	churches/synagogues	(60)	____
____	adult education resources	(61)	____
____	yard	(62)	____
____	employment for residents	(63)	____
____	Restaurant/Takeout	(64)	____

Sleeping Arrangements-Residents (Check one only)   (65)   ____

____ individual rooms (1)
____ two in a room (2)
____ 3+ in a room (3)
____ some individual/some double rooms (4)

Space Arrangements-Residents (Check one only)   (66)   ____

____ bedrooms all on same floor (1)
____ bedrooms on different floors (2)

Does house have: (check all that apply)

____	separate t.v. and living rooms	(67)	____
____	eat-in kitchen	(68)	____
____	separate dining room	(69)	____
____	separate recreation room	(70)	____
____	separate staff office	(71)	____
____	separate kitchen for live-in staff	(72)	____
____	shared sleeping quarters for live-in and relief staff	(73)	____
____	off-street parking	(74)	____

Toileting and Bathing Facilities-Residents (check one only)

____ one toilet/one bath (1)   (75)   ____
____ two or more toilets/one bath (2)
____ two or more toilets/and baths (3)

Are staff toilet facilities shared, by necessity, with residents?

_____ yes (1)   (76) _____
_____ no (2)

Do staff use their own vehicles as part of their work to transport residents?

_____ yes (1)   (77) _____
_____ no (2)

What is the general socio-economic level of the immediate neighbourhood or immediate area? (check one only)

                                                      (78) _____
_____ higher socioeconomic (upper middle or higher) (1)
_____ white collar or professional area (2)
_____ blue collar or working middle class (3)
_____ depressed area (4)

Is the home adjacent to other family dwellings? (check one only)

                                                      (79) _____
_____ yes, on one border (1)
_____ yes, on two borders (2)
_____ yes, on three borders (3)
_____ no, it is not adjacent to other family dwellings (4)

Is the home adjacent to: (check all that apply)
_____ church   (80)   _____
_____ school   (VI. 05)   _____
_____ park   (06)   _____
_____ heavy traffic street   (07)   _____
_____ intersection of two streets   (08)   _____
_____ commercial establishment   (09)   _____
_____ vacant lot(s) or extra wide lawn   (10)   _____
_____ other_____   (11)   _____
              (specify)

Does the home have a porch or veranda at the rear (or away from front view) of the building?

                                                      (12) _____
_____ yes (1)
_____ no (2)

How far away is the nearest other residential facility for troubled or handicapped persons? (check one only)

                                                      (13) _____
_____ in the same neighbourhood (1)
_____ less than one mile away (2)
_____ one to five miles (3)
_____ more than five miles (4)

How far away is the nearest office of the Department of Social Services office from which the home receives social work services? (check one only)

(14) ___

___ within easy walking distance (1)
___ 15-30 minutes by car (2)
___ 30-60 minutes by car (3)
___ more than an hour by car/less than three hours (4)
___ three to five hours by car (5)
___ not accessible by car (6)

Please rate the window area (i.e. the amount of daylight) in each of the following areas which apply-- (L=large window area which would refer to extra large or bay windows or light coming from two or more directions in the same room; M=medium or average sized window area or light from only one side in the room; S=small or no window area in the room; N/A=not applicable):

___ Dining room (15) ___
___ Living room (16) ___
___ Common/family room (apart from living room) (17) ___
___ Kitchen (18) ___

Please rate the adequacy of visibility within the home for staff who supervise the physical facility: 1=high visibility (eg. a staff member in one location can see or be aware of what is happening in most locations in the home; 2=moderate visibility (eg. there is/are some locations in the home which are obscure from other locations; 3=there are many obstacles to visibility--a staff member is cut off from most locations no matter where they position themselves:

(19) ___

___ High visibility
___ Moderate visibility
___ Low visibility

Please describe unique/unusual/atypical features/characteristics about the location, accessibility, or physical description of this home which you think is/are important (use other side).

(20) ___

APPENDIX D
ORGANIZATIONAL CHANGES RATING SCALE

Listed below are many organizational events that have been found to stimulate stress reactions in individual organization members. (Adams, 1978; Holmes & Rahe, 1967). Place a checkmark (/) in the column beside each of the following events you have experienced during the past twelve months. If you have experienced an event more than once within the past twelve months, you may record it only twice.

EVENT

(/)

1. Being transferred against my will to a new position or assignment ...._____

2. Being shelved (moved to a less important job).........._____

3. Experiencing a decrease in status (either actual or in relation to my peers)...................................._____

4. Being disciplined or seriously reprimanded by my supervisor.._____

5. Having my request to transfer to a new, more satisfying job rejected......................................_____

6. Sustaining a sudden, significant change in the nature of my work.._____

7. Learning of the cancellation of a project I was involved with and considered important........................._____

8. Encountering major or frequent changes in instructions, policies, or procedures..............................._____

9. Being promoted or advanced at a slower rate than I expected..._____

10. Being transferred voluntarily to a new position or assignment (not a promotion)............................_____

11. Anticipating my own imminent retirement................._____

12. Undergoing a major reorganization (at least throughout my department)......................................_____

13. Experiencing a sudden decrease in the number of positive recognitions of my accomplishments (from any source)..._____

14. Encountering a major change (increase or decrease) in the technology affecting my job (computers, techniques, and so on)..._____

EVENT

15. Giving a major briefing or formal presentation......... ____

16. Encountering a significant deterioration in environmental conditions (lighting, noise, temperature, space, and so on).. ____

17. Acquiring a new boss or supervisor.......................____

18. Sustaining a sudden, significant <u>decrease</u> in the activity level or pace of my work...............................____

19. Sustaining a sudden, significant <u>increase</u> in the activity level or pace of my work...............................____

20. Undergoing a major relocation of my work place..........____

21. Experiencing an increase in status (either actual or in relation to my peers)...................................____

22. Being required to work more hours per week than normal due to crises or deadlines..................................____

23. Experiencing the transfer, resignation, termination, or retirement of a close friend or valued colleague........____

24. Being promoted or advanced at a faster rate than I expected...____

25. Acquiring new subordinates..............................____

26. Encountering a major change in my work schedule.........____

27. Acquiring new co-workers................................____

28. Experiencing an increase in the number of positive recognitions of my accomplishments (from any source)....____

29. Encountering a significant improvement in environmental conditions (lighting, noise, temperature, space, and so on)..____

30. Undergoing a minor relocation of my work place..........____

List below, in order, the corresponding item numbers of the three events you personally felt to be the most stressful.

1. _____

2. _____

3. _____

Adapted from John D. Adams, c 1983. Used by Permission.

STRESSFUL WORK CONDITIONS CHECKLIST

Stressful, day-to-day conditions, such as those listed below, often exist at work. Indicate the relative frequency with which you experience each of the following sources of stress by writing the appropriate response number in the corresponding blank.

FREQUENCY SCALE: 1 - Never; 2 - Infrequently; 3 - Sometimes;
                  4 - Often; 5 - Always

	CONDITION	FREQUENCY

1. I am unclear about what is expected of me. _____

2. My co-workers seem unclear about what my job is. _____

3. I have differences of opinion with my supervisors. _____

4. The demands of others for my time are in conflict. _____

5. I lack confidence in management. _____

6. Management expects me to interrupt my work for new priorities. _____

7. Conflict exists between my unit and others it must work with. _____

8. I get feedback only when my performance is un-satisfactory. _____

9. Decisions or changes that affect my are made without my knowledge or involvement. _____

10. I am expected to accept the decisions of others without being told their rationale. _____

11. I must attend meetings to get my job done. _____

12. I am cautious about what I say in meetings. _____

13. I have too much to do and too little time in which to do it. _____

14. I do not have enough work to do. _____

CONDITION	FREQUENCY

15. I feel overqualified for the work I actually do. _____

16. I feel underqualified for the work I actually do. _____

17. The people I work with closely are trained in a field that is different from mine. _____

18. I must go to other departments to get my job done. _____

19. I have unsettled conflicts with my co-workers. _____

20. I get no personal support from my co-workers. _____

21. I spend my time 'fighting fires' rather than working according to a plan. _____

22. I do not have the right amount of interaction (too much or too little) with others. _____

23. I do not receive the right amount of supervision (too much or too little). _____

24. I do not have the opportunity to use my knowledge and skills. _____

25. I do not receive meaningful work assignments. _____

List below, in order, the corresponding item numbers of the three conditions that are the most stressful for you personally.

1. _____

2. _____

3. _____

Adapted from John D. Adams, c 1983. Used by permission.

APPENDIX F: WORK ORIENTATION SCHEDULE

Please answer each question according to the ways you feel today.
Circle Y to indicate YES. Circle P to indicate PERHAPS or
sometimes. Circle N to indicate NO. If you are not sure how you
feel, answer PERHAPS.

Work (Employed-Home-Student-Retired)

a. Do you like what you are doing?...........................Y P N
b. On the whole, do you like the people you work with?......Y P N
c. Do you feel this is the right activity for you?.........Y P N
d. Do you have any really satisfying hobbies?..............Y P N
e. Have you enough opportunity for getting on in your
   work?...Y P N

Finance

a. Do you live better than you did two years ago?..........Y P N
b. Are you able to save?....................................Y P N
c. Do you feel at ease about spending?......................Y P N
d. Are you reasonably secure financially?...................Y P N
e. Do you feel financially secure?.........................Y P N

Social Life

a. Do you feel happy about your social life?...............Y P N
b. Have you a close friend in whom you can confide?........Y P N
c. Outside your family, do you feel there are people who
   really care about you?..................................Y P N
d. Would you want your friends to turn to you with their
            problems?......................................Y P N
e. On the whole, is your social life a good balance to your
   working life?...Y P N

Home Life

a. Is your housing arrangement all right?...................Y P N
b. Are you interested in family activities?................Y P N
c. Do you have someone with whom you can discuss money,
   work, or other problems?................................Y P N
d. Do you enjoy home life?..................................Y P N
e. Is there someone who understands you?...................Y P N

Personal Contract

a. Are you really satisfied with your current work
   arrangements?...Y P N
b. Do you feel that some one is concerned about your
   well-being?...Y P N
c. Does your work activity bring you some sense of
   fulfilment?.. Y P N
d. On the whole, are you content with the aims and objectives
   of your work?...Y P N
e. Can you relax?..Y P N

Activity
a. Do you feel overworked?.....................................Y P N
b. Do you feel too tired to work?..............................Y P N
c. Do you find that your mind is underactive?.................Y P N
d. Do you feel too tired to enjoy life?.......................Y P N
e. Do you feel frustrated because you are prevented from
   doing things properly?....................................Y P N

Health
a. Do you have frequent headaches?............................Y P N
b. Do you suffer from aches and pains?........................Y P N
c. Is sleep a problem for you?................................Y P N
d. Are you concerned about your health?.......................Y P N
e. Is your imagination painful to you?........................Y P N

Influences
a. Do you at times feel disappointed by people with whom you
   work?..Y P N
b. Do you often find that people like being hurtful
   to you?.. Y P N
c. Do you feel that circumstances are often against you?...Y P N
d. Do you feel that people are at times against you?.......Y P N
e. Would you like to have more power and influence?........Y P N

Moods
a. Are you at times very depressed?..........................Y P N
b. Do you often feel vaguely insecure in your work?........Y P N
c. Do you feel unduly guilty about your contribution as a
   worker?..Y P N
d. Do you ever wish you could quit?..........................Y P N
e. Do you find that people are often unappreciative of your
   efforts?...Y P N

Habits
a. Are you inclined to smoke or drink too much?.............Y P N
b. Do you take drugs or medicines to help you to feel
   better?.. Y P N
c. Do you tend to get over-active or over-excited?.........Y P N
d. Do you tend to eat too much or too little?...............Y P N
e. Are you driven to do things which cause trouble for
   yourself or others?......................................Y P N

OUTLOOK ON LIFE
Here is a scale from 0 to 20. 0 ='not at all' and 20 ='completely.'
     0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
'not at all'   'completely'
For each question, pick a number which indicates how you feel
today:
                                                        Scale No.
a. How far are you achieving your ambition in life?...... _____
b. How far you feel hopeful for the future?.............. _____
c. How far do you feel that your life has meaning?....... _____
d. How far does life give you enough opportunity for
   self-expression?.. _____
e. When you look back, how far do you feel that life
   was worth the struggle?................................... _____

BACKGROUND INFORMATION

1. Are you a ( ) Woman   ( ) Man

2. Are you now (cross one only)

    ( ) Never Married   ( ) Married   ( ) Divorced

    ( ) Widowed   ( ) Separated   ( )Cohabiting

3. What is the title of your present job? _____

4. How long have you been in your present place of work? _____

5. What is your spouse's occupation (if applicable) _____

6. Are you a member of a professional organization?

    ( ) Yes   ( ) No   ( ) Once was

7. Do you hold membership of a professional organization?

    ( ) Yes   ( ) No   ( ) Once did

8. How many hours have you worked in the past 7 days? _____

9. What personal accommodation arrangements do you have? (one only)

    ( ) Privately owned accommodation away from work
    ( ) Living in parental home away from work
    ( ) Rented accommodation away from work
    ( ) Rented accommodation tied to work
    ( ) Living-in accommodation at work with provision for
        separate meals
    ( ) Full Board and Lodging as part of work

10. On average, how may hours do you work in a week? _____

11. What level of schooling, qualification or degree have you
    completed?

    ( ) Grades 0-6 or Primary School
    ( ) Some Secondary School
    ( ) Some School Certification (C.S.E., G.C.E., 'O' Grade or
        School leaving Certificate)
    ( ) Higher School Certification (High School Diploma, 'H'
        Grade or 'A' Level)
    ( ) Technical or Business School
    ( ) 2 or 3 year College or Polytechnic Diploma
    ( ) College or University Degree
    ( ) Postgraduate Study
        Specify Degree or Diploma _____

    Please list the ages of the members of your present family?

    Yourself _____   Your Spouse _____

    Your children _____   _____   _____

                  _____   _____   _____

APPENDIX G
The Community Oriented Programs Environment Scale
Rudolf H. Moos   c Consulting Psychologists Press, Inc. (1974)

There are 100 short statements about programs in the following list. Please decide which statements are true of your program and which are not. Circle true (T) when you think the statement is true or mostly true of your program; Circle false (F) when you think the answer is false or mostly false.

1.   T   F   Residents put a lot of energy into what they do around here.

2.   T   F   The healthier residents here help take care of the less healthy ones.

3.   T   F   Residents tend to hide their feelings from one another.

4.   T   F   There is no resident government in this program.

5.   T   F   This program emphasizes training for new kinds of jobs.

6.   T   F   Residents hardly ever discuss their sexual lives.

7.   T   F   It's hard to get people to argue around here.

8.   T   F   Residents activities are carefully planned.

9.   T   F   If a resident breaks a rule, he knows what the consequences will be.

10.   T   F   Once a schedule is arranged for a resident, the resident must follow it.

11.   T   F   This is a lively place.

12.   T   F   Staff have relatively little time to encourage residents.

13.   T   F   Residents say anything they want to the staff.

14.   T   F   Residents can leave here any time without saying where they are going.

15.   T   F   There is relatively little emphasis on teaching residents solutions to practical problems.

16.   T   F   Personal problems are openly talked about.

17.   T   F   Residents often criticize or joke about the staff.

18.   T   F   This is a very well organized program.

19.   T   F   If a resident's program is changed, staff always

tell him why.

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

21.   T   F   The residents are proud of this program.

22.   T   F   Residents seldom help each other.

23.   T   F   It is hard to tell how residents are feeling here.

24.   T   F   Residents are expected to take leadership here.

25.   T   F   Residents are expected to make detailed, specific plans for the future.

26.   T   F   Residents are rarely asked personal questions by the staff.

27.   T   F   Residents here rarely argue.

28.   T   F   The staff make sure that this place is always neat.

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

30.   T   F   Residents who break the rules are punished for it.

31.   T   F   There is very little group spirit in this program.

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

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

34.   T   F   The staff tend to discourage criticism from residents.

35.   T   F   There is relatively little discussion about exactly what residents will be doing after they leave the program.

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

37.   T   F   Staff sometimes argue openly with each other.

38.   T   F   This place usually looks a little messy.

39.   T   F   The program rules are clearly understood by the residents.

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

41.	T	F	Very few residents ever volunteer around here.
42.	T	F	Staff always compliment a resident who does something well.
43.	T	F	Residents are strongly encouraged to express themselves freely here.
44.	T	F	Residents can leave the program whenever they want to.
45.	T	F	There is relatively little emphasis on making specific plans for leaving this program.
46.	T	F	Residents talk relatively little about their past.
47.	T	F	Residents sometimes play practical jokes on each other.
48.	T	F	Residents here follow a regular schedule every day.
49.	T	F	Residents never know when staff will ask to see them.
50.	T	F	Staff don't order the residents around.
51.	T	F	A lot of residents just seem to be passing time around here.
52.	T	F	The staff know what the residents want.
53.	T	F	Residents spontaneously set up their own activities here.
54.	T	F	Residents can wear whatever they want.
55.	T	F	Most residents are more concerned with the past than with the future.
56.	T	F	Residents tell each other about their intimate personal problems.
57.	T	F	Staff encourage residents to express their anger openly here.
58.	T	F	Some residents look messy.
59.	T	F	The residents always know when the staff will be around.
60.	T	F	It is important to carefully follow the program rules here.
61.	T	F	This program has very few social activities.
62.	T	F	Staff sometimes don't show up for their appoint-

ments with residents.

63.	T	F	When residents disagree with each other, they keep it to themselves.
64.	T	F	The staff almost always listen to residents' suggestions.
65.	T	F	Residents here are expected to demonstrate continued concrete progress toward their goals.
66.	T	F	Staff are mainly interested in learning about residents' feelings.
67.	T	F	Staff here never start arguments.
68.	T	F	Things are sometimes very disorganized around here.
69.	T	F	Everyone knows who's in charge here.
70.	T	F	Residents can call staff by their first names.
71.	T	F	Residents are pretty busy all of the time.
72.	T	F	There is relatively little sharing among the members.
73.	T	F	Residents can generally do whatever they feel like here.
74.	T	F	Very few residents have any responsibility for the program here.
75.	T	F	Residents are taught specific new skills in this program.
76.	T	F	The residents rarely talk with each other about their personal problems.
77.	T	F	Residents often gripe.
78.	T	F	The dayroom or living room is often untidy.
79.	T	F	People are always changing their minds here.
80.	T	F	Residents may interrupt staff when they are talking.
81.	T	F	Discussions are very interesting here.
82.	T	F	Residents are given a great deal of individual attention here.
83.	T	F	Residents tend to hide their feelings from the staff.

84.   T   F   Residents here are very strongly encouraged to be independent.

85.   T   F   Staff care more about how residents feel than about their practical problems.

86.   T   F   Residents are rarely encouraged to discuss their personal problems here.

87.   T   F   Staff here think it is a healthy thing to argue.

88.   T   F   Residents are rarely kept waiting when they have appointments with staff.

89.   T   F   Residents never quite know when they will be considered ready to leave this program.

90.   T   F   Residents will be transferred or discharged from this program if they don't obey the rules.

91.   T   F   Residents often do things together on weekends.

92.   T   F   The staff go out of their way to help new residents get acquainted here.

93.   T   F   Residents are strongly encouraged to express their feelings.

94.   T   F   Staff rarely give in to pressure from residents.

95.   T   F   Residents must make detailed plans before leaving this program.

96.   T   F   Staff strongly encourage residents to talk about their pasts.

97.   T   F   Residents here rarely become angry.

98.   T   F   The staff strongly encourages residents to be neat and orderly here.

99.   T   F   There are often changes in the rules here.

100. T   F   The staff make and enforce all the rules here.

A P P E N D I X   H

Tables 8.0 through 8.46

Table 8.0
STAFF DATA (IV) WITH LEVELS OF CHANGE (DV)
(PEARSON r2)
(VALID CASES=48)

Variable name	r2 value	p=significance
Number of Personnel	.0113	.470
% Males in Team	.2076	.078
% Females in Team	-.1363	.178
% Never Married	.5718	.000
% Married	-.4433	.001
% Divorced	-.2416	.049
% Widowed	-.3508	.007
% Separated	.0787	.298
% Cohabiting	.3090	.016
Mean Length of Time in Post	-.2581	.025
Median Length of Time in Post	-.0557	.353
Range of Time in Post	-.1826	.107
Mean Hours Worked Last Week	-.0261	.430
Median Hours Worked Last Week	.2100	.076
Range of Hours Worked Last Week	-.1263	.196
% Private Home Ownership	-.4330	.001
% Live With Parents	.2488	.044
% Rent Away	.4341	.001
% Accommodation Tied to Work	.0362	.404
Mean Hours Worked on Average	.0321	.414
Median Hours Worked on Average	.0365	.403
Range of Hours Worked on Average	-.0052	.486
% 'Yes' Professional Organization	-.0139	.463
% 'Yes' Union	-.1997	.087
% College Educated	.4540	.001
% High School or Less Education	-.4352	.001
Mean Age	-.6233	.000
Median Age	-.6199	.000
Range of Ages	-.1689	.126
% Houseparents	-.1391	.173
% Careworkers	.1075	.233
% Supervisors	.2525	.042
% Board	-.0268	.428
% Social Workers	-.0675	.324
% Management	-.1010	.247

Table 8.1
STAFF DATA (IV) WITH LEVELS OF CHRONIC STRESS (DV)
(PEARSON r2)
(VALID CASES=48)

Variable name	r2 value	p=significance
Number of Personnel	.2007	.086
% Males in Team	-.0363	.403
% Females in Team	.0219	.441
% Never Married	.3110	.016
% Married	-.1837	.106
% Divorced	-.1798	.111
% Widowed	-.1714	.122
% Separated	-.2464	.046
% Cohabiting	.0948	.261
Mean Length of Time in Post	-.0284	.424
Median Length of Time in Post	.1527	.150
Range of Time in Post	-.0495	.369
Mean Hours Worked Last Week	-.1326	.184
Median Hours Worked Last Week	-.1641	.133
Range of Hours Worked Last Week	-.0772	.301
% Private Home Ownership	-.0228	.439
% Live With Parents	-.1593	.140
% Rent Away	.1858	.103
% Accommodation Tied to Work	-.0040	.489
Mean Hours Worked on Average	-.2196	.067
Median Hours Worked on Average	-.0021	.494
Range of Hours Worked on Average	.0421	.388
% 'Yes' Professional Organization	-.1038	.241
% 'Yes' Union	-.1181	.212
% College Educated	.2097	.072
% High School or Less Education	-.2001	.074
Mean Age	-.3333	.010
Median Age	-.3194	.013
Range of Ages	-.0696	.319
% Houseparents	-.0243	.435
% Careworkers	-.2392	.051
% Supervisors	.3146	.015
% Board	-.0625	.336
% Social Workers	.3300	.011
% Management	.2113	.075

TABLE 8.2
FULCHER'S TEAM CLASSIFICATION VARIABLE WITH QWL THEMES

Fulcher's team variable: Maladaptive vs. Adaptive

variable name	gamma
overall satisfactions	.72603
overall frustrations	-.65217
ratio of frus. to sat.	-.78723
contract satisfactions	.84000
fatigue frustrations	-.47826
moods frustrations	-.29114
hope for future	.61850
outlook total	.49245
average change	.00000
average chronic	-.50000

Fulcher's team variable: Accommodative vs. Assimilative

variable name	gamma
overall satisfactions	-.68481
overall frustrations	.60725
ratio of frus to sat	.64706
contract satisfactions	-.72067
fatigue frustrations	.09635
moods frustrations	.37580
hope for future	-.56627
outlook total	-.68481
average change	.25714
average chronic	.41667

Table 8.3
Work Orientation Data with Fulcher Team Classifications
(Pearson r2 and significance)

	Accommodative/ Assimilative		Maladaptive/ Adaptive	
	r2	p	r2	p
Basic Satisfactions	-.5370	.000	.5221	.000
Gross Satisfactions	-.5337	.000	.4462	.001
Positive Mean	-.5532	.000	.5074	.000
Basic Frustrations	.2352	.050	-.2542	.036
Gross Frustrations	.4402	.001	-.2893	.017
Negative Mean	.3619	.005	-.2915	.019
Best Ratio	.2492	.019	-.3032	.015
Worst Ratio	.5395	.000	-.4175	.001
Neg. Mean/Pos. Mean	.4037	.002	-.3377	.008
Synthesis Total	-.3699	.004	.2906	.019
Basic Work Score	-.4974	.000	.5377	.000
Gross Work Score	-.4966	.000	.4548	.000
Basic Finance	-.3346	.009	.1898	.091
Gross Finance	-.5076	.015	.2162	.064
Basic Social Life	-.3005	.017	.2507	.038
Gross Social Life	-.2762	.026	.1420	.160
Basic Home	-.3464	.007	.2610	.032
Gross Home	-.3667	.004	.1859	.096
Basis Personal Cont.	-.3760	.004	.5653	.000
Gross Personal Cont.	-.3015	.017	.4583	.000
Basic Activity	.2095	.072	-.3361	.008
Gross Activity	.3806	.003	-.3091	.014
Basic Health	.2941	.019	-.1985	.081
Gross Health	.3172	.012	-.0682	.317
Basic Influence	.0510	.362	-.0950	.254
Gross Influence	.1882	.095	-.2569	.034
Basic Moods	.2355	.050	-.2026	.077
Gross Moods	.4019	.002	-.2801	.023
Basic Habits	.2180	.064	-.1146	.212
Gross Habits	.2416	.045	-.0481	.369
Achievement	-.1307	.183	.2145	.065
Hope for Future	-.3336	.009	.2742	.026
Life has Meaning	-.2261	.057	.3088	.014
Self-Expression	-.3327	.009	.0853	.276
Struggle	-.2736	.027	.1011	.240

Table 8.4
STAFF DATA WITH FULCHER'S TEAM CLASSIFICATIONS
(PEARSON r2)

Variable Name	Accommodative/ Assimilative		Maladaptive/ Adaptive	
	r2	p	r2	p
Number of Personnel	.0687	.318	-.0903	.264
% Males in Team	.1990	.083	.0321	.412
% Females in Team	-.0145	.460	.0317	.412
% Never Married	.2553	.037	.1130	.215
% Married	-.1431	.161	-.1219	.197
% Divorced	.0003	.299	-.0084	.477
% Widowed	.1015	.242	-.0761	.298
% Separated	-.1109	.222	.2498	.039
% Cohabiting	.1594	.134	.1549	.139
Mean Time in Post	-.2722	.028	.1548	.139
Median Time in Post	.0553	.352	-.0991	.244
Range of Time in Post	-.2424	.045	.2550	.035
Mean Hours Last Week	.1343	.176	.1379	.167
Median Hours Last Week	-.0422	.386	.2636	.031
Range of Hours Last Week	-.0313	.415	.1387	.166
% Private Home Own	-.1361	.173	-.0767	.296
% Live With Parents	.2102	.071	-.1820	.101
% Rent Away	.0410	.389	.1481	.150
% Live-in	.1019	.241	.0978	.247
Mean Hours on Average	-.0680	.325	.4624	.000
Med. Hours on Average	.0792	.298	.2523	.042
Range of Hours Average	-.2220	.067	.1249	.190
% 'Yes' Professional Org.	.0155	.457	-.2270	.055
% 'Yes' Union	.0625	.333	-.1537	.141
% College Educated	.0716	.311	-.1483	.152
% High School or Less	-.0651	.327	.0798	.291
Mean Age	-.2408	.046	.0218	.440
Median Age	-.3121	.014	.0423	.384
Range of Ages	-.0375	.398	.1577	.135
% Houseparents	.0994	.246	.0964	.250
% Careworkers	.0778	.296	-.0195	.446
% Supervisors	.2504	.040	-.0964	.250
% Board	-.3037	.016	.2269	.055
% Social Workers	.1377	.170	-.0699	.313
% Management	-.1938	.089	-.0802	.288

Table 8.5:
FULCHER TEAM VARIABLE - MALADAPTIVE VS. ADAPTIVE (var395a)

with Overall Satisfactions (var246)   .72603

% females	.73333	.71429
% married	.90909	.41176
mean time in post	.48148	.88571
mean hours worked last week	.86667	.63636
% living in parental home	.92982	.35135
% renting away from home	.79487	.60000
% in accommodations tied to work	.85567	.69231
% board members	.67742	.75610
% social workers	.77941	.60000
% doss managers	.84874	.51724
type of service	.64706	.81818
year home opened	.55556	.95122
location	.68750	1.00000
distance from centre	.83333	.75000
mean hours per week on average	.75000	.69231
% 'yes' union	.80000	.63636
mean age	.55556	.89247
% business/technical or less	.77778	.68000
% houseparents	.76000	.70732
% careworkers	.93388	.33333

Table 8.6:
FULCHER TEAM VARIABLE - MALADAPTIVE VS. ADAPTIVE (var395a)

with Overall Frustrations (var249)   -.65217

% females	-.73333	-.50000
% married	-.79070	-.68421
mean time in post	-.65517	-.63636
mean hours worked last week	-.65000	-.65517
% living in parental home	-.74194	-.53846
% renting away from home	-.64706	-.72308
% in accommodations tied to work	-.25581	-.91489
% board members	-.62791	-.71429
% social workers	-.61290	-.76471
% doss managers	-.78378	-.42857
type of service	-.64706	-.66387
year home opened	-.81818	-.75000
location	-.77465	-.50000
distance from centre	-.37931	-.89189
mean hours per week on average	-.57143	-.81818
% 'yes' union	-.61488	-.69697
mean age	-.68421	-.63636
% business/technical or less	-.57143	-.72973
% houseparents	-.53846	-.75610
% careworkers	-.53846	-.75610

Table 8.7:
FULCHER TEAM VARIABLE - MALADAPTIVE VS. ADAPTIVE (var395a)

with Ratio of Frus. to Sat. (var253)   -.78723

% females	-.92661	-.50000
% married	-.85714	-.77778
mean time in post	-.65517	-.89478
mean hours worked last week	-.89583	-.65517
% living in parental home	-.74194	-.82609
% renting away from home	-.85714	-.82857
% in accommodations tied to work	-.62105	-.91489
% board members	-.69231	-.87500
% social workers	-.77941	-.81818
% doss managers	-.78378	-.81818
type of service	-.80000	-.76000
year home opened	-.85263	-.95122
location	-.81208	-.90476
distance from centre	-.76471	-.89189
mean hours per week on average	-.69565	-.87234
% 'yes' union	-.74790	-.85507
mean age	-.85047	-.70732
% business/technical or less	-.77778	-.80000
% houseparents	-.81132	-.75610
% careworkers	-.81132	-.75610

Table 8.8:
FULCHER TEAM VARIABLE - MALADAPTIVE VS. ADAPTIVE (var395a)

with Contract Satisfactions (var264)   .84000

% females	.88235	.75000
% married	.90909	.77778
mean time in post	.88462	.78022
mean hours worked last week	.92157	.74194
% living in parental home	.89474	.77011
% renting away from home	.92481	.72308
% in accommodations tied to work	.85714	.81818
% board members	.90826	.79775
% social workers	.95349	.50000
% doss managers	.78571	1.00000
type of service	1.00000	.76000
year home opened	.88235	.89189
location	.77465	1.00000
distance from centre	.92500	.85294
mean hours per week on average	1.00000	.94118
% 'yes' union	.88060	.77465
mean age	.76000	.92000
% business/technical or less	.82456	.86047
% houseparents	.89831	.75610
% careworkers	.81132	.87234

Table 8.9:
FULCHER TEAM VARIABLE - MALADAPTIVE VS. ADAPTIVE (var395a)

with Fatigue Frustrations (var266)   -.47826

% females	-.64706	-.00000
% married	-.42857	-.42857
mean time in post	-.28000	-.65517
mean hours worked last week	-.77273	-.05882
% living in parental home	-.68421	-.21739
% renting away from home	-.44828	-.75000
% in accommodations tied to work	-.81132	.09091
% board members	-.55556	-.47368
% social workers	-.81818	.39310
% doss managers	-.60000	-.33333
type of service	-.64706	-.34579
year home opened	-.23077	-.95122
location	-.27273	-.90476
distance from centre	-.71875	-.25000
mean hours per week on average	-.75000	.12903
% 'yes' union	-.20000	-.80645
mean age	-.33333	-.63636
% business/technical or less	-.52381	-.54286
% houseparents	-.91150	.28571
% careworkers	.05882	-.88372

Table 8.10:
FULCHER TEAM VARIABLE - MALADAPTIVE VS. ADAPTIVE (var395a)

with Moods Frustrations (var272)   -.29114

% females	.05263	-.60000
% married	-.15385	-.57746
mean time in post	-.39241	-.13514
mean hours worked last week	-.57895	-.07695
% living in parental home	-.44828	-.11111
% renting away from home	-.45455	-.09091
% in accommodations tied to work	.17647	-.70732
% board members	-.69231	.16667
% social workers	-.25000	-.62791
% doss managers	-.35484	-.11111
type of service	-.27273	-.20000
year home opened	-.81818	.42857
location	-.63636	.33333
distance from centre	.37931	-.85294
mean hours per week on average	-.33333	-.80000
% 'yes' union	-.09091	-.52381
mean age	-.28571	-.33333
% business/technical or less	-.57143	.07692
% houseparents	-.14286	-.45946
% careworkers	-.05882	-.51351

Table 8.11:
FULCHER TEAM VARIABLE - MALADAPTIVE VS. ADAPTIVE (var395a)

with Hope for Future (var277)   .61850

% females	.26316	.81818
% married	.59091	.56522
mean time in post	.66667	.62791
mean hours worked last week	.35135	.81818
% living in parental home	.80000	.35135
% renting away from home	.79487	.27273
% in accommodations tied to work	.34940	.86667
% board members	.69231	.59494
% social workers	.65000	.46667
% doss managers	.69811	.51724
type of service	.64706	.66387
year home opened	.55556	.75000
location	.64706	.20000
distance from centre	.28571	.80645
mean hours per week on average	.20000	.79070
% 'yes' union	.80000	.33333
mean age	.41176	.86047
% business/technical or less	.64706	.57746
% houseparents	.44828	.79070
% careworkers	.75000	.50000

Table 8.12:
FULCHER TEAM VARIABLE - MALADAPTIVE VS. ADAPTIVE (var395a)

with Outlook Total (var255)   .49245

% females	.36842	.50000
% married	.42857	.55556
mean time in post	.28205	.65517
mean hours worked last week	.50000	.64706
% living in parental home	.20988	.71429
% renting away from home	.82857	.32075
% in accommodations tied to work	.63636	.42857
% board members	.60000	.34247
% social workers	.61290	.20000
% doss managers	.36170	.77419
type of service	.27273	.69492
year home opened	.47368	.89189
location	.77465	.14286
distance from centre	.25000	.85294
mean hours per week on average	.00000	.87234
% 'yes' union	.37255	.63636
mean age	.39241	.77778
% business/technical or less	.77778	.07692
% houseparents	.63636	.42857
% careworkers	.76699	.05882

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Table 8.13:
FULCHER TEAM VARIABLE - MALADAPTIVE VS. ADAPTIVE (var395a)

with Average Change (var396)   .00000

% females	.09091	.00000
% married	-.50000	.40000
mean time in post	.32075	-.13514
mean hours worked last week	.11111	-.16667
% living in parental home	.30435	-.30435
% renting away from home	-.75000	.60000
% in accommodations tied to work	-.28000	.26316
% board members	-.08475	.01408
% social workers	-.14286	.26316
% doss managers	.32432	-.42857
type of service	.72973	-.45455
year home opened	.32530	.81818
location	.00000	-.50000
distance from centre	-.25000	.00000
mean hours per week on average	.50000	-.14286
% 'yes' union	.30233	-.36364
mean age	-.03448	-.15385
% business/technical or less	-.48148	.52381
% houseparents	-.25000	.20000
% careworkers	.29412	-.38462

Table 8.14:
FULCHER TEAM VARIABLE - MALADAPTIVE VS. ADAPTIVE (var395a)

with Average Chronic Stress (var397)   -.50000

% females	-.47059	-.64706
% married	-.57143	-.55556
mean time in post	-.37931	-.56098
mean hours worked last week	-.35135	-.64706
% living in parental home	-.69231	-.27273
% renting away from home	-.57143	-.55556
% in accommodations tied to work	-.48148	-.52381
% board members	-.20000	-.71429
% social workers	-.44000	-.50000
% doss managers	.00000	-.75000
type of service	.12500	-.69492
year home opened	-.21951	-.81818
location	-.35484	-.60000
distance from centre	.03846	-.81818
mean hours per week on average	.42105	-.79070
% 'yes' union	-.40426	-.61538
mean age	-.61538	-.36364
% business/technical or less	-.73333	-.01111
% houseparents	-.12500	-.75610
% careworkers	-.36364	-.65517

Table 8.15:
FULCHER TEAM VARIABLE - ACCOMMODATIVE VS. ASSIMILATIVE (var395b)

with Overall Satisfactions (var246)   -.68481

% females	-.48148	-.82022
% married	-.91176	-.28000
mean time in post	-1.00000	-.65517
mean hours worked last week	-.31707	-.92000
% living in parental home	-.68750	-.66667
% renting away from home	-.58261	-.83607
% in accommodations tied to work	-.76471	-.52381
% board members	-.42857	-.88372
% social workers	-.85915	-.20000
% doss managers	-.84615	-.59494
type of service	-.33333	-.81818
year home opened	-.34940	-1.00000
location	-.60584	-.76471
distance from centre	-.63636	-.75000
mean hours per week on average	-.69231	-.80282
% 'yes' union	-.61468	-.76471
mean age	-.85714	-.52381
% business/technical or less	-.71429	-.68000
% houseparents	-.76000	-.60000
% careworkers	-.62105	-.75000

Table 8.16:
FULCHER TEAM VARIABLE - ACCOMMODATIVE VS. ASSIMILATIVE (var395b)

with Overall Frustrations (var249)   .60725

% females	.73333	.39130
% married	.83333	.05882
mean time in post	.77778	.35135
mean hours worked last week	.31707	.86047
% living in parental home	.60000	.59420
% renting away from home	.32075	.88060
% in accommodations tied to work	.71429	.47541
% board members	.62791	.61538
% social workers	.71875	.39130
% doss managers	.81176	.47368
type of service	.75000	.66387
year home opened	.63636	.81818
location	.54286	.90476
distance from centre	.64706	.68750
mean hours per week on average	.61538	.75000
% 'yes' union	.80000	.25000
mean age	.82278	.40000
% business/technical or less	.16279	.90588
% houseparents	.53846	.68000
% careworkers	.53846	.68000

Table 8.17:
FULCHER TEAM VARIABLE - ACCOMMODATIVE VS. ASSIMILATIVE (var395b)

with Ratio of Frus. to Sat. (var253)   .64706

% females	.78723	.39130
% married	.80328	.38462
mean time in post	.77778	.50000
mean hours worked last week	.42857	.86047
% living in parental home	.60000	.66667
% renting away from home	.57143	.74194
% in accommodations tied to work	.78378	.47541
% board members	.42857	.81818
% social workers	.71875	.50000
% doss managers	.81176	.59494
type of service	.60000	.76000
year home opened	.44828	1.00000
location	.41176	1.00000
distance from centre	.75000	.68750
mean hours per week on average	.57895	.88235
% 'yes' union	.74790	.50000
mean age	.82278	.52381
% business/technical or less	.46667	.80000
% houseparents	.62105	.68000
% careworkers	.62105	.68000

Table 8.18:
FULCHER TEAM VARIABLE - ACCOMMODATIVE VS. ASSIMILATIVE (var395b)

with Contract Satisfactions (var264)   -.72067

% females	-.72414	-.68000
% married	-.80000	-.75339
mean time in post	-1.00000	-.36709
mean hours worked last week	-.53488	-.89247
% living in parental home	-.83333	-.59420
% renting away from home	-.58261	-.88060
% in accommodations tied to work	-.84615	-.52650
% board members	-.51724	-.87234
% social workers	-.92500	-.06667
% doss managers	-.67442	-.79775
type of service	-.60000	-.76000
year home opened	-.53846	-.89474
location	-.54286	-.90476
distance from centre	-.50000	-.85294
mean hours per week on average	-.45946	-.91304
% 'yes' union	-.74790	-.68750
mean age	-.85714	-.63636
% business/technical or less	-.76699	-.68000
% houseparents	-.76699	-.68000
% careworkers	-.36364	-.93939

<u>Table 8.19:</u>
FULCHER TEAM VARIABLE - ACCOMMODATIVE VS. ASSIMILATIVE (var395b)

with Fatigue Frustrations (var266)   .09635

% females	.36842	-.51724
% married	-.01031	.55556
mean time in post	.05882	.23077
mean hours worked last week	.25000	-.04762
% living in parental home	.00000	.33333
% renting away from home	-.54128	.81818
% in accommodations tied to work	.35484	-.15789
% board members	-.42857	.61536
% social workers	.57895	-.76471
% doss managers	.53846	-.31507
type of service	.33333	.07692
year home opened	-.29412	.81818
location	-.27273	.90476
distance from centre	.50000	-.20000
mean hours per week on average	.09091	.40000
% 'yes' union	.20000	-.03846
mean age	.47059	-.23077
% business/technical or less	.07692	.23077
% houseparents	.25581	-.09091
% careworkers	-.36364	.60000

<u>Table 8.20:</u>
FULCHER TEAM VARIABLE - ACCOMMODATIVE VS. ASSIMILATIVE (var395b)

with Moods Frustrations (var272)   .37580

% females	.29870	.47368
% married	.66667	.28000
mean time in post	.41818	.20000
mean hours worked last week	.50000	.23288
% living in parental home	.56522	.14286
% renting away from home	.41284	.32075
% in accommodations tied to work	.39130	.31148
% board members	.69231	.00000
% social workers	.36283	.62791
% doss managers	.20000	.59494
type of service	.47368	.45455
year home opened	.63636	.14286
location	.53846	.53846
distance from centre	.00000	.85294
mean hours per week on average	.60000	.37500
% 'yes' union	.61468	.00000
mean age	.29412	.40000
% business/technical or less	.16279	.57746
% houseparents	.14286	.60000
% careworkers	.36364	.39130

Table 8.21:
FULCHER TEAM VARIABLE - ACCOMMODATIVE VS. ASSIMILATIVE (var395b)

with Hope for the Future (var277)   -.56627

% females	-.56627	-.51351
% married	-.87200	-.16667
mean time in post	-1.00000	-.56098
mean hours worked last week	.00000	-.92000
% living in parental home	-.85185	.03226
% renting away from home	-.58261	-.55556
% in accommodations tied to work	-.27273	-.78082
% board members	-.69231	-.45946
% social workers	-.33333	-.77778
% doss managers	-.60976	-.59494
type of service	-.75000	-.45455
year home opened	-.34940	-.81818
location	-.41176	-.77778
distance from centre	-.63636	-.50000
mean hours per week on average	-.57895	-.60000
% 'yes' union	-.80000	-.14286
mean age	-.39130	-.65517
% business/technical or less	-.26437	-.80000
% houseparents	-.44828	-.69231
% careworkers	-.75000	-.40000

Table 8.22:

FULCHER TEAM VARIABLE - ACCOMMODATIVE VS. ASSIMILATIVE (var395b)

with Outlook Total (var255)   -.68481

% females	-.64706	-.68000
% married	-.72174	-.75439
mean time in post	-.73333	-.73913
mean hours worked last week	-.40000	-.87629
% living in parental home	-.80000	-.45455
% renting away from home	-.88976	-.38462
% in accommodations tied to work	-.76471	-.52381
% board members	-.93103	-.20000
% social workers	-.52542	-.86441
% doss managers	-.39241	-.87500
type of service	-.47368	-.69492
year home opened	-.56098	-.89478
location	-.72185	-.60000
distance from centre	-.77778	-.60000
mean hours per week on average	-.61538	-.68000
% 'yes' union	-.61468	-.76471
mean age	-.23810	-.89247
% business/technical or less	-.89091	-.41176
% houseparents	-.85567	-.54930
% careworkers	-.76699	-.60000

Table 8.23:
FULCHER TEAM VARIABLE - ACCOMMODATIVE VS. ASSIMILATIVE (var395b)

with Average Change (var396)   .25714

% females	.44737	.00000
% married	.44000	-.20000
mean time in post	.50000	-.13514
mean hours worked last week	.20000	.33333
% living in parental home	-.16667	.64129
% renting away from home	.40659	.09091
% in accommodations tied to work	.33333	.05882
% board members	.68000	-.20000
% social workers	.63636	-.45455
% doss managers	.36364	.16667
type of service	-.47368	.66387
year home opened	-.17647	.76471
location	-.02326	.90476
distance from centre	.77778	-.37931
mean hours per week on average	-.20000	.68000
% 'yes' union	.20789	.36364
mean age	.41818	-.20000
% business/technical or less	.16883	.35484
% houseparents	.51351	-.04478
% careworkers	.02439	.57895

Table 8.24:
FULCHER TEAM VARIABLE - ACCOMMODATIVE VS. ASSIMILATIVE (var395b)

with Average Chronic (var397)   .41667

% females	.57895	.35484
% married	.54286	.14286
mean time in post	.77778	.05263
mean hours worked last week	.31707	.52381
% living in parental home	.61538	.37931
% renting away from home	.32632	.53846
% in accommodations tied to work	.30233	.57895
% board members	.75000	.00000
% social workers	.66667	-.20000
% doss managers	.28571	.73684
type of service	.16666	.48624
year home opened	.05882	.76471
location	.12500	1.00000
distance from centre	.60000	.20000
mean hours per week on average	-.05882	.84615
% 'yes' union	.26316	.61538
mean age	.56250	.32432
% business/technical or less	.18919	.60000
% houseparents	.45946	.39130
% careworkers	.36364	.47368

TABLE 8.25: INVOLVEMENT

	r2	p
Basic Positive Score	-.0877	.361
Basic Negative Score	.2112	.193
Best Ratio	.2012	.204
Worst Ratio	.2002	.206
Basic Work Score	-.4143	.039
Basic Personal Contract Score	-.5557	.007
Basic Activity Score	.2418	.159
Basic Influence Score	.3217	.090
Basic Moods Score	.1015	.340
Fulcher Team Classification (mal. vs. ad.)	-.5238	.013
Fulcher Team Classification (accom. vs. assim.)	.2262	.183
Average Changes	-.0655	.395
Average Chronic Stress	.2124	.191

TABLE 8.26: SUPPORT

	r2	p
Basic Positive Score	-.4206	.036
Basic Negative Score	.3467	.073
Best Ratio	.3411	.077
Worst Ratio	.4237	.035
Basic Work Score	-.3784	.055
Basic Personal Contract Score	-.6051	.003
Basic Activity Score	.2303	.171
Basic Influence Score	.3818	.053
Basic Moods Score	.2351	.166
Fulcher Team Classification (mal. vs. ad.)	-.3515	.076
Fulcher Team Classification (accom. vs. assim.)	.4694	.025
Average Changes	.4079	.042
Average Chronic Stress	.5035	.014

TABLE 8.27: SPONTANEITY

	r2	p
Basic Positive Score	-.2914	.113
Basic Negative Score	.4513	.026
Best Ratio	.4905	.017
Worst Ratio	.4078	.042
Basic Work Score	-.1773	.234
Basic Personal Contract Score	-.0966	.347
Basic Activity Score	.2121	.192
Basic Influence Score	.3712	.059
Basic Moods Score	.3076	.100
Fulcher Team Classification (mal. vs. ad.)	-.0549	.414
Fulcher Team Classification (accom. vs. assim.)	.0549	.414
Average Changes	.2635	.138
Average Chronic Stress	.4043	.043

TABLE 8.28: AUTONOMY

	r2	p
Basic Positive Score	-.3987	.045
Basic Negative Score	.3499	.071
Best Ratio	.4088	.041
Worst Ratio	.2842	.119
Basic Work Score	-.4207	.036
Basic Personal Contract Score	-.1670	.247
Basic Activity Score	.3869	.051
Basic Influence Score	.1745	.237
Basic Moods Score	.2451	.156
Fulcher Team Classification (mal. vs. ad.)	-.1781	.240
Fulcher Team Classification (accom. vs. assim.)	.1273	.307
Average Changes	.2346	.167
Average Chronic Stress	.2754	.127

TABLE 8.29: PRACTICAL ORIENTATION

	r2	p
Basic Positive Score	-.0476	.423
Basic Negative Score	.2214	.181
Best Ratio	.2217	.181
Worst Ratio	.1748	.237
Basic Work Score	-.2925	.112
Basic Personal Contract Score	-.4526	.026
Basic Activity Score	.2299	.172
Basic Influence Score	.2921	.112
Basic Moods Score	.0375	.439
Fulcher Team Classification (mal. vs. ad.)	-.2878	.123
Fulcher Team Classification (accom. vs. assim.)	.2107	.201
Average Changes	-.1337	.293
Average Chronic Stress	.1479	.273

TABLE 8.31: PERSONAL PROBLEM ORIENTATION

	r2	p
Basic Positive Score	-.2861	.117
Basic Negative Score	.1925	.215
Best Ratio	.1959	.211
Worst Ratio	.1968	.210
Basic Work Score	-.2744	.128
Basic Personal Contract Score	-.0556	.411
Basic Activity Score	.2263	.176
Basic Influence Score	.0602	.403
Basic Moods Score	.0800	.372
Fulcher Team Classification (mal. vs. ad.)	-.2821	.128
Fulcher Team Classification (accom. vs. assim.)	.3438	.081
Average Changes	.0907	.356
Average Chronic Stress	.0505	.419

TABLE 8.31: ANGER AND AGGRESSION

	r2	p
Basic Positive Score	.1463	.275
Basic Negative Score	-.1020	.339
Best Ratio	-.1555	.262
Worst Ratio	-.1790	.232
Basic Work Score	.1712	.242
Basic Personal Contract Score	.5012	.014
Basic Activity Score	.0114	.481
Basic Influence Score	.1034	.337
Basic Moods Score	-.1449	.277
Fulcher Team Classification (mal. vs. ad.)	.0421	.434
Fulcher Team Classification (accom. vs. assim.)	-.0184	.471
Average Changes	.0073	.488
Average Chronic Stress	-.1761	.235

TABLE 8.32: ORDER AND ORGANIZATION

	r2	p
Basic Positive Score	-.5456	.008
Basic Negative Score	.5134	.012
Best Ratio	.5175	.012
Worst Ratio	.6225	.002
Basic Work Score	-.5043	.014
Basic Personal Contract Score	-.7675	.000
Basic Activity Score	.4159	.038
Basic Influence Score	.4526	.026
Basic Moods Score	.3783	.055
Fulcher Team Classification (mal. vs. ad.)	-.4333	.036
Fulcher Team Classification (accom. vs. assim.)	.4611	.027
Average Changes	.3098	.098
Average Chronic Stress	.6298	.002

TABLE 8.33: PROGRAM CLARITY

	r2	p
Basic Positive Score	-.4352	.031
Basic Negative Score	.6399	.002
Best Ratio	.6357	.002
Worst Ratio	.5882	.004
Basic Work Score	-.6385	.002
Basic Personal Contract Score	-.6219	.002
Basic Activity Score	.6530	.001
Basic Influence Score	.4687	.021
Basic Moods Score	.3749	.057
Fulcher Team Classification (mal. vs. ad.)	-.5931	.005
Fulcher Team Classification (accom. vs. assim.)	.4010	.050
Average Changes	.3365	.079
Average Chronic Stress	.4029	.044

TABLE 8.34: STAFF CONTROL

	r2	p
Basic Positive Score	-.2520	.149
Basic Negative Score	.3220	.089
Best Ratio	.2946	.110
Worst Ratio	.3771	.056
Basic Work Score	-.3836	.052
Basic Personal Contract Score	-.3602	.065
Basic Activity Score	.3127	.096
Basic Influence Score	.1975	.209
Basic Moods Score	.2972	.108
Fulcher Team Classification (mal. vs. ad.)	-.4409	.034
Fulcher Team Classification (accom. vs. assim.)	.4353	.035
Average Changes	.1913	.216
Average Chronic Stress	.2751	.127

TABLE 8.35: TOTAL COPES

	r2	p
Basic Positive Score	-.5052	.014
Basic Negative Score	.5987	.003
Best Ratio	.5927	.004
Worst Ratio	.6050	.003
Basic Work Score	-.6505	.001
Basic Personal Contract Score	-.6100	.003
Basic Activity Score	.5634	.006
Basic Influence Score	.5457	.008
Basic Moods Score	.3684	.060
Fulcher Team Classification (mal. vs. ad.)	-.6312	.002
Fulcher Team Classification (accom. vs. assim.)	.5509	.009
Average Changes	.3142	.095
Average Chronic Stress	.5329	.009

TABLE 8.36: WORK SCALE

Sample Size= 571

Mean= 17.28

Standard Deviation= 4.10

Alpha= .58

Item Number	Item Name	Squared Multiple Correlation	Alpha With Item Deleted
001	Like Work Do?	.26	.51
002	Like People Work With?	.11	.56
003	Right Activity For You?	.28	.45
004	Satisfying Hobbies?	.09	.56
005	Opportunity For Get On?	.14	.54

TABLE 8.37: FINANCE SCALE

Sample Size= 571

Mean= 14.20

Standard Deviation= 6.36

Alpha= .75

Item Number	Item Name	Squared Multiple Correlation	Alpha With Item Deleted
006	Live Better?	.13	.76
007	Able To Save?	.25	.71
008	At Ease Spending?	.26	.71
009	Secure Financially?	.47	.66
010	Feel Secure Financially?	.48	.66

TABLE 8.38: SOCIAL LIFE SCALE

Sample Size= 571

Mean= 16.97

Standard Deviation= 4.25

Alpha= .63

Item Number	Item Name	Squared Multiple Correlation	Alpha With Item Deleted
011	Happy With Social Life?	.34	.53
012	Close Friend Confide?	.18	.59
013	People Who Care?	.20	.58
014	Friends' Problems?	.10	.64
015	Social Balance Work?	.38	.48

TABLE 8.39: HOME LIFE SCALE

Sample Size= 571

Mean= 18.63

Standard Deviation= 3.54

Alpha= .73

Item Number	Item Name	Squared Multiple Correlation	Alpha With Item Deleted
016	Housing all right?	.16	.74
017	Like Family Activities?	.20	.70
018	Discuss Money, Work, Etc?	.34	.66
019	Enjoy Home Life?	.35	.65
020	Someone Understand You?	.37	.65

TABLE 8.40: PERSONAL CONTRACT SCALE

Sample Size= 571

Mean= 16.07

Standard Deviation= 4.80

Alpha= .73

Item Number	Item Name	Squared Multiple Correlation	Alpha With Item Deleted
021	Like Work Arrangements?	.34	.65
022	Someone Concerned For You?	.18	.71
023	Work Bring Fulfilment?	.35	.67
024	Content Aims Of Your Work?	.35	.67
025	Can You Relax?	.18	.71

TABLE 8.41: ACTIVITY SCALE

Sample Size= 571

Mean= 6.99

Standard Deviation= 6.34

Alpha= .70

Item Number	Item Name	Squared Multiple Correlation	Alpha With Item Deleted
026	Feel Overworked?	.30	.63
027	Too Tired To Work?	.42	.58
028	Mind Underactive?	.19	.67
029	Too Tired Enjoy Life?	.18	.67
030	Can't Do Things Properly?	.17	.66

TABLE 8.42: HEALTH SCALE

Sample Size= 571

Mean= 4.37

Standard Deviation= 6.44

Alpha= .79

Item Number	Item Name	Squared Multiple Correlation	Alpha With Item Deleted
031	Have Headaches?	.30	.76
032	Aches And Pains?	.41	.73
033	Sleep A Problem?	.34	.75
034	Concerned About Health?	.29	.77
035	Imagination Painful?	.34	.75

TABLE 8.43: INFLUENCE SCALE

Sample Size= 571

Mean= 7.87

Standard Deviation= 6.42

Alpha= .78

Item Number	Item Name	Squared Multiple Correlation	Alpha With Item Deleted
036	Disappointed By People?	.19	.78
037	People Hurtful To You?	.43	.72
038	Circumstances Against You?	.44	.71
039	People Against You?	.46	.70
040	More Power and Influence?	.21	.77

TABLE 8.44: MOODS SCALE

Sample Size= 571

Mean= 6.86

Standard Deviation= 6.89

Alpha= .78

Item Number	Item Name	Squared Multiple Correlation	Alpha With Item Deleted
041	Are You Depressed?	.28	.75
042	Feel Insecure?	.36	.73
043	Feel Guilty?	.35	.73
044	Wish You Could Quit?	.30	.75
045	People Unappreciative?	.31	.74

TABLE 8.45: HABITS SCALE

Sample Size= 571

Mean= 4.89

Standard Deviation= 6.11

Alpha= .78

Item Number	Item Name	Squared Multiple Correlation	Alpha With Item Deleted
046	Smoke or Drink Too Much?	.31	.76
047	Take Drugs or Medicines?	.44	.73
048	Get Overactive or Excited?	.34	.74
049	Eat Too Much Or Too Little?	.26	.77
050	Driven To Cause Self Trouble?	.41	.72

TABLE 8.46: OUTLOOK

Sample Size= 571

Mean= 74.55

Standard Deviation= 20.82

Alpha= .8418

Item Number	Item Name	Squared Multiple Correlation	Alpha With Item Deleted
051	Achieved Ambition	.4397	.8275
052	Hope for the Future	.5134	.8002
053	Meaning in Life	.3933	.8235
054	Opportunity Self-Expression	.5395	.7912
055	Life Worth Struggle	.5515	.7928

APPENDIX I

APRIL 1st 1938

REVISED CONDUCT AND WORK AWARDS

For Blue Shirt (Head) Boys:

Navy Blue Pants after six months
Civilian Clothes   " twelve "
            (Monthly Allowance $1.25 to $1.75)

For Department (Detail) Boys:

1 Silver Star after six months
1 " Crown   "   twelve months
2 " Crowns   " twenty-four months
1 Gold Star after thirty months
1 " Crown   " thirty-six months
(Monthly Allowance money $1.00 to $1.25)

For General (Workline) Duties:

1 Bronze Star after six months
1 " Crown   " twelve "
2 " Crowns   " twenty-four months
  (Monthly Allowance .50 to $1.00

REVISED PRIVILEGES

Visits Home:

Blue Shirt Boys	3 days every 5 months
Blue Pants "	3 1/2 days every 5 months
Civilian Clothes Boys	4 days every 5 months
Gold Star Boys	3 1/2 days every 6 months
Gold Crown Boys	4 days every 6 months
Silver Crown Boys	3 " " 6 "
All others	3 " " 7 "

Hikes:

Boys with or above two silver crown standing   2 passes per month
Boys of one silver crown standing   1 pass   per month
Note: Awards and privileges require satisfactory conduct, of course.

                          R. WILLCOCK
                          SUPT.

Printed at the Boys' Farm, Shawbridge.

BIBLIOGRAPHY

Ackoff, R., and Emery, F. (1972) On Purposeful Systems.
Chicago: Aldine-Atherton, Inc.

Adams, J.D. (1983) Organizational Changes Rating Scale.

Adams. J.D. (1983a) Stressful Work Conditions Checklist.

Adams, J.D. (1980) Understanding and Managing Stress: A
Workbook in Changing Lifestyles. San Diego: University
Associates.

Adams, M., and Baumbach, D. (1980) "Professional Parenting:
A Factor in Group Home Programming." Child Care
Quarterly, 9(3): 185-196.

Adams, S. (1977) "Evaluating Correctional Treatments: Toward
a New Perspective." Criminal Justice and Behaviour, 4:
323-329.

Ainsworth, F. (1985) "Residential Programmes for Children and
Youth: An Exercise in Reframing." British Journal of
Social Work, 15: 145-154.

Ainsworth, F. (1981) "The Training of Personnel for Group Care
with Children." In F. Ainsworth and L.C. Fulcher (eds)
Group Care for Children: Concept and Issues. London:
Tavistock.

Ainsworth, F. and Fulcher, L.C. (eds) (1981) Group Care for
Children: Concept and Issues. London: Tavistock
Publications.

Albers, D.A., and Hurley, A.L. (1985) "On The Importance of
Being Janitorial: A Heuristic for Organizing Scientific
Knowledge in Social Work." Unpublished manuscript,
Memorial University of Newfoundland, School of Social
Work, St. John's Newfoundland.

Albers, D.A. and McConnell, S. (1984) "Toward a Meta-Theory
of Social Work Practice: A Re-examination of the Working
Definition." Unpublished paper presented at the 22nd
International Congress of Schools of Social Work,
Montreal, Quebec.

Alexander, C., Ishikawa, S., Silverstein, M. et al. (1977) A
Pattern Language: Towns - Buildings - Construction. New
York: The University of Chicago Press.

Altman, I. (1985) The Environment and Social Behaviour.
Monterey, Calif.: Brooks & Cole.

Andre, C.R., and Mahan, J.A. (1972) Final Report on the

<u>Differential Education Project.</u>   Educational Research Series, No. 11. Sacramento: California Youth Authority.

Angle, H., and Perry, J. (1983) "Organizational Commitment: Individual and Organizational Influences." <u>Work and Occupations</u>, 10(2): 123-146.

Apte, R.E. (1968) <u>Halfway Houses: A New Dilemma in Institutional Care</u>. London: G. Bell, Occasional Papers on Social Administration #27.

Argyle, M. (1972) <u>The Social Psychology of Work</u>. New York: Penguin Books Ltd.

Argyris, C. (1983) "Action Science and Intervention." <u>The Journal of Applied Behavioral Science</u>, 19(2): 115-140.

Ayer, S. (1984) "Community Care: Failure of Professionals to Meet Family Needs." <u>Child Care, Health and Development</u>, 10: 127-140.

Bakker, C., and Bakker-Rabdan, M. (1973) <u>No Trespassing: Explorations in Human Territoriality</u>. San Francisco: Chandler & Sharp.

Bales, R.F. (1950) <u>Interaction Process Analysis</u>. Cambridge, Mass.: Addison Wesley.

Barkwell, L. (1976) "Differential Treatment of Juveniles on Probation." <u>Canadian Journal of Criminology and Corrections</u>, 18(4): 363-378.

Barr, W.B., Bean, E.M., Tomlinson-Cifarelli, J., and Didier, M. (1987) "Staff Cared: The Status and Opinions of Former Students." <u>Journal of Child Care</u>, 2(6): 49-63.

Barritt, L., Beekman, T., Bleeker, H., and Mulderij, K. (1983) "Analyzing Phenomenological Descriptions." <u>Phenomenology and Pedagogy</u>, 2(1): 1-17.

Barritt, L.S., Beekman, T., Bleeker, H., and Mulderij, K. (1983a) <u>A Handbook for Phenomenological Research</u>. Ann Arbor: School of Education, University of Michigan.

Barton, W.R. (1959) <u>Institutional Neurosis</u>. Bristol: John Wright and Sons.

Bass, B.M. (1981) <u>Stogdill's Handbook of Leadership</u>. New York: The Free Press.

Baum, A., and Valins, S. (1979) "Architectural Mediation of Residential Density and Control: Crowding and the Regulation of Social Contact." In L. Berkowitz (ed), <u>Advances in Experimental Social Psychology</u>. New York: Academic Press.

Becker, H. (1963) <u>Outsiders</u>. New York: Free Press.

Beddoe, C. (1980) <u>Stress in Residential Work</u>. A Report to the Residential Care Association: Platform for the 80's. Middlesex: Daru Graphic Printers.

Beehr, T. and Bhagat, R. (1985) <u>Human Stress and Cognition in Organizations</u>. New York: John Wiley.

Benveniste, G. (1987) <u>Professionalising the Organization: Reducing Bureaucracy to Enhance Effectiveness</u>. San Francisco: Jossey-Bass.

Berg, B. (1989) <u>Qualitative Research Methods for the Social Sciences</u>. Boston: Allyn and Bacon.

Berger, C., Olson, C., and Boudreau, J. (1983) "Effects of Unions on Job Satisfaction: The Role of Work-Related Values and Perceived Rewards." <u>Organizational Behavior and Human Performance</u>, 32: 289-324.

Berk, L. (1985) "Relationship of Caregiver Education to Child-Oriented Attitudes, Job Satisfaction, and Behaviours Toward Children." <u>Child Care Quarterly</u>, 14(2): 103-129.

Bettelheim, B. (1950) <u>Love is not Enough</u>. Glencoe, Ill.: The Free Press.

Bhagat, R.S. (1985) "The Role of Stressful Life Events in Organizational Behavior and Human Performance." In T.A. Beehr and R.S. Bhagat (eds), <u>Human Stress and Cognition in Organizations: An Integrated Perspective</u>. New York: John Wiley and Sons.

Blau, P., and Scott, R. (1962) <u>Formal Organizations</u>. New York: Chandler.

Bogdan, R., and Taylor, S. (1975) <u>Introduction to Qualitative Research Methods: A Phenomenological Approach to the Social Sciences</u>. New York: John Wiley.

Bollmeir, W., and Suojanen, W. (1975) "Job Enrichment and Organizational Change." In W. Suojanen, et al. (eds) <u>Perspectives on Job Enrichment and Productivity</u>. Atlanta: School of Business Administration, Georgia State University.

Boss, R.W. (1983) "Team Building and the Problem of Regression: The Personal Management Interview as an Intervention." <u>The Journal of Applied Behavioral Science</u>, 19(1): 67-83.

Boss, R.W., and McConkie, M.L. (1981) "The Destructive Impact of a Positive Team-Building Intervention." <u>Group and Organization Studies</u>, 6(1): 45-56.

Bowditch, J., and Buono, A. (1982) <u>Quality of Work Life Assessment: A Survey-Based Approach</u>. Boston: Auburn House Publishing Company.

Bradburn, N., and Caplovitz, D. (1965) <u>Reports on Happiness: A Pilot Study of Behavior Related to Mental Health</u>. Chicago: Aldine Publishing Company.

Braddock, D. (1981) "Deinstitutionalization of the Retarded: Trends in Public Policy." <u>Hospital and Community Psychiatry</u>, 32(9): 607-615.

Braukmann, P., Ramp, K., Braukmann, C., Willner, A., and Wolf, M. (1983) "The Analysis and Training of Rationales for Child Care Workers." <u>Children and Youth Services Review</u>, 5: 177-194.

Brayfield, A.H., and Crockett, W.H. (1970) "Employee Attitudes and Employee Performance." In V.H. Vroom and E.L. Deci (eds), <u>Management and Motivation: Selected Readings</u>. Harmondsworth: Penguin Books.

Brayfield, A.H. and Crockett, W.H. (1955) "Employee Attitudes and Employee Performance." <u>Psychological Bulletin</u>, 52: 396-424.

Brendtro, L.K. (1985) "Making Caring Fashionable: Philosophy and Procedure of Service Learning." <u>Child Care Quarterly</u>, 14(1): 4-13.

Brendtro, L.K., and Mitchell, M.L. (1983) "The Organizational Ethos: From Tension to Teamwork." In L.K. Brendtro and A.E. Ness (eds) <u>Re-Educating Troubled Youth: Environments for Teaching and Treatment</u>. New York: Aldine Publishing Company.

Brett, C. (n.d.) <u>Group Homes</u>. St. John's: Government of Newfoundland and Labrador, Department of Social Services.

Briggs, T.L. (1980) "Research on Intra-Professional Social--Work Teams in the United States of America." In S. Lonsdale, A. Webb, T.L. Briggs (eds), <u>Teamwork in the Personal Social Services and Health Care: British and American Perspectives</u>. London: Croom Helm.

Brill, N. (1976) <u>Teamwork: Working Together in the Human Services</u>. Philadelphia: J.B. Lippincott Company.

Brill, R.W. (1979) <u>Development of Milieux Facilitating Treatment</u> (Final Report No. 4). Universite de Montreal: Groupe de Recherche sur L'Inadaptation Juvenile.

Brill, R.W. (1978) "Implications of the Conceptual Level Matching Model for Treatment of Juvenile Delinquents." <u>Journal of Research in Crime and Delinquency</u>, 12: 229-246.

Bronfenbrenner, U. (1979) <u>The Ecology of Human Development</u>. Cambridge, Mass.: D. C. Heath and Company.

Bronfenbrenner, U. (1979a) "Contexts of Child Rearing: Problems and Prospects." <u>American Psychologist</u>, 34(10): 844-850.

Bruininks, R.H., Meyers, C. E., Sigford, B.B., and Lakin, K. C. (eds) (1981) <u>Deinstitutionalism and Community Adjustment of Mentally Retarded People</u>. Monograph of the American Association on Mental Deficiency, Number 4.

Buller, P.F. (1986) "The Team Building-Task Performance Relation: Some Conceptual and Methodological Refinements." <u>Group and Organization Studies</u>, 11(3): 147-168.

Bulmer, M. (1977) <u>Sociological Research Methods: An Introduction</u>. London: The Macmillan Press.

Burford, G. (1989) <u>A Survey of Training Requirements of Group Home Staff, Boards and Social Workers in Newfoundland and Labrador</u>. St. John's: Government of Newfoundland and Labrador, Department of Social Services.

Burford, G. (1985) "Personal Care and Treatment Planning." In L. C. Fulcher and F. Ainsworth (eds), <u>Group Care Practice with Children</u>. London: Tavistock Publications.

Burford, G., and Casson, S.F. (1989) "Including Families in Residential Work: Educational and Agency Tasks." <u>The British Journal of Social Work</u>, 19(1): 19-37.

Burford, G., and Findlay, S. (1987) <u>Educational and Training Requirements of Social Workers in Newfoundland and Labrador</u>. St. John's: Memorial University of Newfoundland School of Social Work.

Burford, G., and Flynn, C. (1984) "Deinstitutionalization: Fact and Myth." <u>Perspectives in Corrections</u>, 2(1): 13-20.

Burford, G., and Fulcher, L.C. (1985) "Resident Group Influences on Team Functioning." In L.C. Fulcher and F. Ainsworth (eds), <u>Group Care Practice with Children</u>. London: Tavistock Publications.

Burford, G., and Fulcher, L.C. (1983) <u>Preliminary Report on Group Home Development Project</u>. St. John's: Government of Newfoundland and Labrador, Department of Social Services.

Burgio, L.D., Whitman, T.L., and Reid, D.H. (1983) "A Participative Management Approach for Improving Direct-Care Staff Performance in an Institutional Setting." <u>Journal of Applied Behavior Analysis</u>, 16(1):

45-56.

Burnell, G. and Norfleet, M. (1982) "Evaluating Psychosocial Stress: Preliminary Report on a Brief and Convenient Instrument for Health Professionals." International Journal of Psychiatry in Medicine, 12(2): 141-151.

Burrell, G. and Morgan, G. (1979) Sociological Paradigms and Organisational Analysis: Elements of the Sociology of Corporate Life. London: Heinemann.

Butler, P.F. (1986) "The Team Building-Task Performance Relation: Some Conceptual and Methodological Refinements." Group and Organization Studies, 11(3): 147-168.

Cameron, K. (1986) "A Study of Organizational Effectiveness and Its Predictors." Management Science, 32(1): 87-112.

Campbell, D.T., and Fiske, D.W. (1959) "Convergent and Discriminant Validation by the Multitrait-multimethod Matrix." Psychological Bulletin, 56: 81-105.

Cannon, W.B. (1929) Bodily Changes in Pain, Hunger, Fear and Rage. New York: Appleton.

Carney, T.F. (1986) "Organizational Communication: Emerging Trends, Problems, and Opportunities." In L. Thayer (ed), Organization/Communication: Emerging Perspectives. Norwood, N.J.: Ablex Publishing Corporation.

Cartwright, D. (1951) Field Theory in Social Science: Selected Theoretical Papers by Kurt Lewin. New York: Harper and Brothers Publishers.

Casson, S.F. (1985) "Developing a Shared Language and Practice." In L.C. Fulcher and F. Ainsworth (eds) Group Care Practice with Children. London: Tavistock

Chaiklin, H., and Rathbone-McCuan, E. (1975) "Program Research as Social Practice." Journal of Sociology and Social Welfare, Summer: 508-514.

Challis, D., and Ferlie, E. (1988) "The Myth of Generic Practice: Specialisation in Social Work." Journal of Social Policy, 17(1): 1-22.

Challis, D., and Shepherd, R. (1983) "An Assessment of the Potential for Community Living of Mentally Handicapped Patients in Hospital." The British Journal of Social Work, 13: 501-520.

Chamberlain, K. (1985) "Value Dimensions, Cultural Differences, and the Prediction of Perceived Quality of Life." Social Indicators Research, 17: 345-401.

Chenitz, W.C. (1986) "Getting Started: The Research Proposal for a Grounded Theory Study." In W.C. Chenitz and J.M. Swanson (eds), From Practice to Grounded Theory: Qualitative Research in Nursing. Menlo Park, Calif.: Addison Wesley Publishing Company.

Cherniss, C. (1980) Staff Burnout: Job Stress in the Human Services. Beverly Hills: Sage Publications.

Chichester-Clark, R. (1976) "On The Quality of Working Life." In M. Weir (ed), Job Satisfaction: Challenge and Response in Modern Britain. Glasgow: Fontana/Collins.

Child Welfare League of America. (1981) Standards for Residential Centers for Children. New York: Child Welfare League of America, Inc.

Child Welfare League of America. (1978) Standards for Group Home Service for Children. New York: Child Welfare League of America, Inc.

Clemens, D. (1986) "Staffing Patterns for Child Care Workers in Residential Group Care." Journal of Child Care, 2(6): 35-47.

Community Services Council. (1987) Update to the 1985 Directory. St. John's.

Community Services Council. (1985) The Community Services Council Directory. St. John's.

Compton, B., and Galaway, B. (1984) Social Work Processes. Homewood, Ill.: The Dorsey Press.

Connis, R., Braukmann, C., Kifer, R., Fixsen, D., Phillips, E., and Wolf, M. (1979) "Work Environment in Relation to Employee Job Satisfaction in Group Homes for Youths." Child Care Quarterly, 9(2): 127-142.

Cooley, C.H. (1918) Social Process. New York: Scribner.

Corrigan, P., and Leonard, P. (1978) Critical Texts in Social Work and the Welfare State: Social Work Practice Under Capitalism: A Marxist Approach. London: The Macmillan Press, Ltd.

Costello, J.C., and Jameson, E.J. (1987) "Legal and Ethical Duties of Health Care Professionals to Incarcerated Children." The Journal of Legal Medicine, 8(2): 191-263.

Craft, J.L. (1985) Statistics and Data Analysis for Social Workers. Itasca, Ill.: F.E. Peacock Publishers, Inc.

Crealock, C. (1987) "Shared Principles and Social Implications of New Legislation for Children and Youth in Canada." Canada's Mental Health, March: 13-16.

Cronbach, L.J. (1951) "Coefficient Alpha and the Internal Structure of Tests." Psychometrika, 16: 297-334.

Culbert, S.A., and McDonough, J.J. (1985) Radical Management: Power Politics and the Pursuit of Trust. New York: The Free Press.

Cummings, T., and Molloy, E. (1977) Improving Productivity and the Quality of Work Life. New York: Praeger Publishers.

Dalluge, H.D. (1969) "Group Homes in a Ranch Setting - A Deterrent to Delinquency." American Correctional Association, Fall: 39-48.

Davies, B., and Knapp, M. (1981) Old People's Homes and the Production of Welfare. London: Routledge & Kegan Paul.

Davis, A. (1981) The Residential Solution. London: Tavistock Publications.

Davis, K. (1976) "Evolving Models of Organizational Behavior." In E. Williams (ed) (1976) Participative Management: Concepts, Theory and Implementation. Atlanta: Publishing Services Division, School of Busines Administration, Georgia State University.

Davis, L.E., and Cherns, A.B. (eds) (1975) The Quality of Working Life, Vols. I and II. New York: Free Press.

Dean, R.G., and Fenby, B.L. (1989) "Exploring Epistemologies: Social Work Action as a Reflection of Philosophical Assumptions." Journal of Social Work Education, 25(1): 46-54.

De Meuse, K.P., and Liebowitz, S.J. (1981) "An Empirical Analysis of Team-Building Research." Group and Organization Studies, 6(3): 357-378.

Denzin, N. (1970) The Research Act: A Theoretical Introduction to Sociological Methods. Chicago: Aldine Publishing Company.

Department of Health and Social Security (1983) Group Homes for Mentally Handicapped People. London: HMSO.

DeWalt, L.W. (1970) "Community Correctional Resources: Sentencing Alternatives." Canadian Journal of Corrections, 12(4): 491-498.

DeWeaver, K.L. (1983) "Deinstitutionalization of the Developmentally Disabled. Social Work, 28(6): 435-439.

Dignam, J.T., Barrera, M., and West, S.G. (1986) "Occupational Stress, Social Support, and Burnout Among Correctional Officers." American Journal of Community

Psychology, 14(2): 177-193.

Dingwall, R. (1980) "Problems of Teamwork in Primary Care." In S. Lonsdale, A. Webb, T.L. Briggs (eds), <u>Teamwork in the Personal Social Services and Health Care: British and American Perspectives</u>. London: Croom Helm.

Dockar-Drysdale, B. (1975) "Staff Consultation in an Evolving Care System." In J. Hunter and F. Ainsworth (eds) <u>Residential Establishments: The Evolving of Caring Systems</u>. Dundee: Dundee University, Department of Social Administration.

Dohrenwend, B.S., and Dohrenwend, B.P. (eds) (1974) <u>Stressful Life Events: Their Nature and Effects</u>. New York: Wiley.

Dunham, J. (1978) "Staff Stress in Residential Work." <u>Social Work Today</u>, 9(45): 18-20.

Dyer, W.G. (1977) <u>Team Building: Issues and Alternatives</u>. Reading, Mass.: Addison-Wesley Publishing Company.

Eisikovits, Z., and Beker, J. (1983) "Beyond Professionalism: The Child and Youth Care Worker as Craftsman." <u>Child Care Quarterly</u>, 12(2): 93-120.

Elliot, D. (1980) "Some Current Issues in Residential Work: Implications for the Social Work Task." In R.G. Walton and D. Elliot (eds) <u>Residential Care: A Reader in Current Theory and Practice</u>. Oxford: Pergamon Press.

Emerson, E., and Pretty, G. (1985) "From Rhetoric to Reality: Evaluating Process and Outcome in Community-Based Residential Facilities." Unpublished Paper. Address Correspondence to: E. B. Emerson, Principal Clinical Psychologist, Eastry Hospital, North Sandwich, Kent, England.

Emery, F. (1977) <u>Futures We Are In</u>. Leiden: Martinus Nijhoff Social Sciences Division.

Emery, F., and Emery, M. (1976) <u>A Choice of Futures</u>. Leiden: Martinus Nijhoff Social Sciences Division.

Emery, F., and Emery, M. (1973) <u>Participative Design</u>. Canberra: Australian National University, Centre for Continuing Education.

Emery, F., and Trist, E. (1972) <u>Towards A Social Ecology:Contextual Appreciation of the Future in the Present</u>. London: Plenum Press.

Esland, G. and Salaman, G. (1980) "Professions and Professionalism." In G. Esland and G. Salaman (eds), <u>The Politics of Work and Occupations</u>. Toronto: University of

Toronto Press.

Farber, B., (ed), (1983) <u>Stress and Burnout in the Human Service Professions</u>. New York: Pergamon Press.

Farmer, J.A. (1988) "Relationship Between Job Burnout and Perceived Inmate Exploitation of Juvenile Correctional Workers." <u>International Journal of Offender Therapy and Comparative Criminology</u>, 32(1): 67-73.

Faucheux, C., Amado, G., and Laurent, A. (1982) "Organizational Development and Change." <u>Annual Review of Psychology</u>, 33: 343-370.

Fehr, T. (1985) <u>Shiftwork Survey Report</u>. The Productivity Impact Committee of Canadian Union of Public Employees Local 500, October.

Fielding, N.G., and Fielding, J.L. (1986) <u>Linking Data</u>. Newbury Park, Calif.: Sage Publications.

Finkelstein, H., (1968) "Limitations in Residential Treatment." <u>Crime and Delinquency</u>, 14(3): 240-244.

Fine, D.J., and Meyer, E.R. (1983) "Quality Assurance in Historical Perspective." <u>Hospital and Health Services Administration</u>, November/December: 94-121.

Flackett, J.M., and Flackett, G. (1970) "Criswell House: An Alternative to Institutional Commitment of the Juvenile Offender." <u>Federal Probation</u>, 34(4): 30-37.

Foucault, M. (1967) <u>Madness and Civilization</u>. Translated by Richard Howard, London: Tavistock.

Frame, J.D. (1987) <u>Managing Projects in Organizations: How to Make the Best Use of Time, Techniques, and People</u>. San Francisco: Jossey-Bass Publishers.

France, A. (1972) "An Evolution from House Parent to Child Care Worker to Counselor." <u>Child Care Quarterly</u>, Spring: 7-17.

Freeman, L.C. (1965) <u>Elementary Applied Statistics: For Students in Behavioral Science</u>. New York: John Wiley and Sons.

Freudenberger, H. (1980) <u>Burn-out: The High Cost of High Achievement</u>. New York: Anchor Press.

Friedenberg, E.Z. (1973) <u>R.D. Laing</u>. New York: The Viking Press.

Frost, P., Moore, L., Louis, M., and Martin, J. (1985) <u>Organizational Culture</u>. Beverly Hills: Sage Publications.

Fry, R.E., Lech, B.A., and Rubin, I. (1974) "Working with the Primary Care Team: The First Intervention." In H. Wise, R Beckhard, I. Rubin, A. Kyte (eds), _Making Health Teams Work_. Cambridge, Mass.: Ballinger Publishing Company.

Fulcher, L.C. (1988) "The Worker, The Work Team and the Organisational Task: Corporate Re-Structuring and the Social Services in New Zealand." _Victoria University of Wellington Inaugural Address_. Wellington, N.Z.: Victoria University Press.

Fulcher, L.C. (1983) "Who Cares for the Caregivers? A Comparative Study of Residential and Day Care Teams Working with Children." Ph.D. Thesis. Stirling, Scotland: University of Stirling, 1983.

Fulcher, L.C. (1981) "Team Functioning in Group Care." In F. Ainsworth and L.C. Fulcher (eds), _Group Care for Children: Concept and Issues_. London: Tavistock Publications.

Fulcher, L.C. (1979) "Keeping Staff Sane to Accomplish Treatment." _Residential and Community Child Care Administration_, 1(1): 69-85.

Fulcher, L.C., and Ainsworth, F. (eds) (1985) _Group Care Practice with Children_. London: Tavistock Publications.

Fulcher, L.C., and Ainsworth, F. (1981) "Planned Care and Treatment: The Notion of Programme." In F. Ainsworth and L.C. Fulcher (eds), _Group Care for Children: Concept and Issues_. London: Tavistock Publications.

Gadamer, H.G. (1975) _Truth and Method_. New York: Seabury Press.

Garner, H.G. (1982) _Teamwork in Programs for Children and Youth: A Handbook for Administrators_. Springfield, Ill.: Charles C. Thomas Publisher.

Gendreau, P., and Ross, R. (1979) "Effective Correctional Treatment: Bibliotherapy for Cynics." _Crime and Delinquency_, October: 463-489.

Gentry, W.D., and Kobasa, S.C. (1984) "Stress and Psychological Resources Mediating Stress-Illness Relationships in Humans." In W.D. Gentry (ed), _Handbook of Behavioral Medicine_. New York: Guilford Press.

Gilbert, N. (1981) _Modelling Society: An Introduction to Log-linear Analysis for Social Researchers_. Boston: George Allen and Unwin.

Gioia, D.A. (1986) "Symbols, Scripts, and Sensemaking: Creating Meaning in the Organizational Experience." In H.P. Sims, D.A. Gioia and Associates, _The Thinking_

Organization: Dynamics of Organizational Social Cognition. San Francisco: Jossey-Bass Publishers.

Gioia, D.A., and Sims, H.P. (1986) "Introduction: Social Cognition in Organizations." In H.P. Sims, D.A. Gioia and Associates, The Thinking Organization: Dynamics of Organizational Social Cognition. San Francisco: Jossey-Bass Publishers.

Gioia, D.A., and Poole, P.P. (1984) "Scripts in Organizational Behavior." Academy of Management Review, 9(3): 449-459.

Giorgi, A.B. (1970) Psychology as a Human Science, A Phenomenological Approach. New York: Harper & Row.

Gladstein, D. (1984) "Groups in Context: A Model of Task Group Effectiveness." Administrative Science Quarterly, 29(4): 499-517.

Glahn, T.J., and Chock, P.N. (1984) "Transitional Teaching Homes for Developmentally Disabled Clients." In W.P. Christian, G.T. Hannah, and T.J. Glahn (eds), Programming Effective Human Services: Strategies for Institutional Change and Client Transition. New York: Plenum Press.

Glahn, T.J., Chock, P.N., and Mills, D.L. (1984) "Transitional Teaching Homes for Individuals with Developmental Disabilities." Mental Retardation, 22(3): 137-141.

Glaser, B. (1978) Theoretical Sensitivity. Mill Valley, Calif.: The Sociology Press.

Glaser, B., and Strauss, A. (1967) The Discovery of Grounded Theory: Strategies for Qualitative Research. Hawthorne, New York: Aldine Publishing Company.

Gleeson, D. (1986) "Life Skills Training and the Politics of Personal Effectiveness." The Sociological Review, 34(2): 381-395.

Glisson, C.A. (1978) "Dependence of Technological Routization on Structural Variables in Human Service Organizations." Administrative Science Quarterly, 23: 383-395.

Godfrey, S. (1985) Human Rights and Social Policy in Newfoundland 1832-1982: Search for a Just Society. St.John's, NF: Harry Cuff Publications Limited.

Goetz, M.L., and Sturrock, J. (1986) "Discussion Paper: Average Daily In-Custody Counts in Custodial Facilities for Juveniles/Young Offenders." Canadian Centre for Justice Statistics, Ottawa.

Goffman, E. (1974) Frame Analysis: An Essay on the Organisation of Experience. Cambridge, Mass.: Harvard

University Press.

Goffman, E. (1961) Asylums. New York: Anchor Books.

Goffman, E. (1959) The Presentation of Self in Everyday Life. Harmondsworth: Penguin Books.

Goldman, H.H., Adams, N.H., and Taube, C.A. (1983) "Deinstitutionalization: The Data Demythologized." Hospital and Community Psychiatry, 34(2): 129-134.

Goldstein, H. (1973) Social Work Practice: A Unitary Approach. Columbia: University of South Carolina Press.

Goodman, P., and Associates (1986) Designing Effective Work Groups. San Francisco: Jossey-Bass.

Goodman, P.S., Ravlin, E.C., and Argote, L. (1986) "Current Thinking About Groups: Setting the Stage for New Ideas." In P. Goodman and Associates, Designing Effective Work Groups. San Francisco: Jossey-Bass.

Gondolf, E. (1984) "Muddling Through the Mundane: Social Education Through Group Living." Small Group Behavior, 15(1): 139-152.

Government of Newfoundland and Labrador, Department of Social Services. (1986) St. John's: Operating Policies and Procedures for Open Custody Group Homes.

Government of Newfoundland and Labrador, Department of Social Services. (1984) Policy and Procedures Manual: Group Home Care. St. John's: Divisions of Juvenile Corrections and Mental Retardation Services, April.

Government of Newfoundland and Labrador, Department of Social Services. (n.d.) St. John's: Policy and Procedures Manual: Group Home Care.

Government of Newfoundland and Labrador, Department of Social Services. (1979) St. John's: Statement of Principles and Operational Standards for Group Homes.

Grant, J.D., Grant, M.Q., and Sullivan, E.D. (1957) "The Development of Interpersonal Maturity: Applications to Delinquency." Psychiatry, 20: 272-283.

Green, R.S., and Attkisson, L.L. (1984) "Quality Assurance and Program Evaluation: Similarities and Differences." American Behavioral Scientist, 27(5): 552-582.

Greenblat, M., and Norman, M. (1983) "Deinstitutionalization: Health Consequences for the Mentally Ill." Annual Review of Public Health, 4: 131-154.

Greer, S. (1977) "On the Selection of Problems." In M.

Bulmer (ed), <u>Sociological Research Methods</u>. London: The Macmillan Press.

Gregory, W.H. (1980) "Secure Provision for Children and Young People." In R.G. Walton and D. Elliot (eds), <u>Residential Care: A Reader in Current Theory and Practice</u>. Oxford: Pergamon Press: 257.

Grossbard, H. (1960) <u>Cottage Parents: What They Have to Be, Know and Do</u>. New York: Child Welfare League of America.

Grove, E.A., and Kerr, W.A. (1951) "Specific Evidence on Origin of Halo Effect in Measurement of Employee Morale." <u>Journal of Social Psychology</u>, 34: 165-70.

Gruneberg, M. (ed.) (1976) <u>Job Satisfaction: A Reader</u>. London: The Macmillan Press.

Gula, M. (1964) "Group Homes - New and Differentiated Tools in Child Welfare, Delinquency and Mental Health." <u>Child Welfare</u>, October: 393-397.

Guzzo, R.A. (1986) "Group Decision Making and Group Effectiveness in Organizations." In P.S. Goodman and Associates, <u>Designing Effective Work Groups</u>. San Francisco: Jossey-Bass Publishers.

Hackman, J.R. (1983) "A Normative Model of Work Team Effectiveness." Technical Report No. 2, Research Program on Group Effectiveness, Yale School of Organization and Management.

Hagen, B., and Burch, G. (1985) "The Relationship of Group Process and Group Task Accomplishment to Group Member Satisfaction." <u>Small Group Behavior</u>, 16(2): 221-233.

Hardy, D. (1985) "Emergence of Newfoundland Welfare State: Case Study of Promises, People, Politics and Programs in the Newfoundland Confederation Process." Ottawa: Carleton University, M.S.W. Thesis.

Harlow, E. (1970) "Intensive Intervention: An Alternative to Institutionalization." <u>Crime and Delinquency Literature</u>, 2(1): 3-46.

Harris, H., and Lipman A. (1984) "Social Process, Space Usage: Reflections on Socialisation in Homes for Children." <u>British Journal of Social Work</u>, 14(1): 49-65.

Harris, P. (1978) "The Interpersonal Maturity of Delinquents and Non-Delinquents." Ph.D. Thesis, State University of New York at Albany.

Harris, R.J. (1985) "Towards Just Welfare." <u>British Journal of Criminology</u>, 25(1): 31-45.

Hasenfeld, Y. (1983) <u>Human Service Organizations</u>. Englewood Cliffs, N.J.: Prentice-Hall.

Hastings, C., Bixby, P., and Chaudhry-Lawton, R. (1986) <u>The Superteam Solution: Successful Teamworking in Organisations</u>. Aldershot, Hants: Gower Publishing Company Limited.

Hayduk, L.A. (1983) "Personal Space: Where We Now Stand." <u>Psychological Bulletin</u>, 94(2):292-335.

Heimler, E. (1985) <u>The Healing Echo</u>. London: Souvenir Press.

Heimler, E. (1980) The Heimler/Fulcher Work Orientation Schedule. Copyright - All rights reserved. Used by Written Permission.

Heimler, E. (1975) <u>Survival in Society</u>. New York: Halsted Press.

Heimler, E. (1969) <u>Mental Illness and Social Work</u>. Harmondsworth, Middlesex: Penguin Books.

Heimler, E. (1967) The Heimler Scale of Social Functioning, Revision II.

Heimler, E. (1962) <u>A Link in the Chain</u>. London: The Bodley Head.

Heimler, E. (1959) <u>Night of the Mist</u>. New York: The Vanguard Press.

Helson, H. (1964) <u>Adaptation-Level Theory: An Experimental and Systematic Approach to Behavior</u>. New York: Harper and Row.

Hendrikson, K.C., Akkerman, P.S., Speggen, L., and Thompson, T. (1985) "Dining Arrangements and Behavior of Severely Mentally Retarded Adults." <u>Applied Research in Mental Retardation</u>, 6(4): 379-388.

Herstein, N. (1964) "What is a Group Home?" <u>Child Welfare</u>, Vol. 42-43: 403-414.

Herzberg, F. (1986) <u>Work and the Nature of Man</u>. London: Staples Press.

Heshusius, L. (1981) <u>Meaning in Life as Experienced by Persons Labeled Retarded in a Group Home</u>. Springfield, Ill.: Charles C. Thomas Publishers.

Heubner, D. (1969) "Group Homes in a Community Setting." <u>American Correctional Association</u>, Fall: 148-52.

Heyns, R.W., and Zander, A. (1953) "Observation of Group Behavior." In L. Festinger and D. Katz (eds) <u>Research</u>

<u>Methods in the Behavioral Sciences</u>. New York: Dryden Press.

Hickey, Hon. T.V. (1979) "Group Homes: A Statement of Principles and Operational Standards." St. John's: Government of Newfoundland and Labrador, Department of Social Services.

Hirschback, E. (1974) <u>Group Homes for Children</u>. Ottawa: Canadian Council on Social Development.

Holder, D., and Wardle, M. (1981) <u>Teamwork and the Development of a Unitary Approach</u>. London: Routledge and Kegan Paul.

Hollingshead, A.B. (1949) <u>Elmtown's Youth</u>. New York: Wiley.

Holmes, T.H., and Rahe, R.H. (1967) "The Social Readjustment Rating Scale." <u>Journal of Psychosomatic Research</u>, 11: 213-218.

Homans, G.C. (1950) <u>The Human Group</u>. New York: Harcourt.

Howe, D. (1987) <u>An Introduction to Social Work Theory</u>. Aldershot, Hants: Wildwood House Limited.

Hoyle, A. (1984) "Evaluation of Training: A Review of the Literature." <u>Public Administration and Development</u>, 4: Reprint.

Hughes, D., and May, D. (1986) "Order, Rules and Social Control in Two Training Centres for Mentally Retarded Adults." <u>The Sociological Review</u>, 34(1): 158-184.

Hunt, D.E. (1987) <u>Beginning With Ourselves: In Practice, Theory, and Human Affairs</u>. Cambridge, Mass.: Brookline Books.

Hunt, D.E. (1971) <u>Matching Models in Education: The Coordination of Teaching Methods with Student Characteristics</u>. Toronto: Ontario Institute for Studies in Education.

Hunt, D.E. (1966) "A Conceptual Systems Change Model and its Application to Education." In O.J. Harvey (ed) <u>Experience, Structure and Adaptabiltiy</u>. New York: Springer.

Hunt, D.E., and Hardt, R. (1965) "Developmental Stage, Delinquency and Differential Treatment." <u>Journal of Research in Crime and Delinquency</u>, 2: 20-31.

Husserl, E. (1927) "Phenomenology." <u>The Journal of the British Society for Phenomenology</u>, 2(2): 77-90.

Hylton, J.H. (1982) "Rhetoric and Reality: A Critical

Appraisal of Community Correctional Programs." Crime and Delinquency, July: 333-364.

Iaffaldano, M., and Muchinsky, P. (1985) "Job Satisfaction and Job Performance: A Meta-Analysis." Psychological Bulletin, 97(2): 251-273.

Jackson, S. (1983) "Participation in Decision Making as a Strategy for Reducing Job-Related Strain." Journal of Applied Psychology, 68(1): 3-19.

Jackson, S.E., and Schuler, R.S. (1985) "A Meta-analysis and Conceptual Critique of Research on Role Ambiguity and Role Conflict in Work Settings." Organizational Behavior and Human Decision Processes, 36: 16-18.

Jacobson, J.S., and Janicki, M.P. (1985) "Clinical Need Variations of Disabled Persons Residing in Group Homes." Journal of Community Psychology, 13: 54-66.

Jamal, M. (1984) "Job Stress and Job Performance Controversy: An Empirical Assessment." Organizational Behavior and Human Performance, 31: 1-21.

James, J.T.L. (1968) "Halfway House Movement." Canadian Journal of Corrections, 10(4): 562-574.

Janicki, M.P., Krauss, M.W., and Seltzer, M.M. (1988) "Context, Models, and Issues for Comunity Residences." In M.P. Janicki et al. (eds) Community Residences for Persons with Developmental Disabilities: Here to Stay. Baltimore: Paul H. Brookes Publishing Company.

Janzen, C., and Harris, O. (1980) Family Treatment in Social Work Practice. Itasca, Ill.: F.E. Peacock, Inc.

Jesness, C. (1980) "Was the Close-Holton Project a 'Bummer'?" In R. Ross and P. Gendreau (eds), Effective Correctional Treatment. Toronto: Butterworth & Company.

Jesness, C. (1971) "The Preston Typology Study: An Experiment with Differential Treatment in an Institution." Journal of Research in Crime and Delinquency, 8: 38-52.

Johnson, A.G. (1988) Statistics. New York: Harcourt Brace Jovanovich, Publishers.

Johnson, L. (1983) Social Work Practice: A Generalist Approach. Boston: Allyn and Bacon, Inc.

Johnson, V.S. (1981) "Staff Drift: A Problem in Program Integrity." Criminal Justice and Behavior, 8(2): 223-232.

Jones, K., and Fowles, A.J. (1984) Ideas on Institutions:

Analysing the Literature on Long-Term Care and Custody. London: Routledge & Kegan Paul.

Jones, M. (1953) _The Therapeutic Community: A New Treatment Method in Psychiatry._ New York: Basic Books, Inc.

Jones, M. (1973) _Beyond the Therapeutic Community._ Cambridge: Yale University Press.

Jones, R.A. (1977) _Self-Fulfilling Prophecies: Social, Psychological and Physiological Effects of Expectancies._ Hillsdale, N.J.: Lawrence Erlbaum Associates. Distributed by Halsted Press, Division of John Wiley.

Kale, W.L., and Stenmark, D.E. (1983) "A Comparison of Four Life Events Scales." _American Journal of Community Psychology,_ 11(4): 441-458.

Kalleberg, A.L., and Loscocco, K.A. (1983) "Aging, Values, and Rewards: Explaining Age Differences in Job Satisfaction." _American Sociological Review,_ 48: 78-90.

Kane, R.A. (1980) "Multi-disciplinary Teamwork in the United States." In S. Lonsdale et al. (eds) _Teamwork in Personal Social Services and Health Care._ London: Croom Helm.

Kane, R.A. (1975) _Interprofessional Teamwork._ Syracuse University School of Social Work, Division of Continuing Education and Manpower Development. Manpower Monograph Number Eight.

Kanter, R.M., and Brinkerhoff, D. (1981) "Organizational Performance: Recent Developments in Measurement." _Annual Review of Sociology,_ 7: 321-349.

Kaplan, A. (1964) _The Conduct of Inquiry: Methodology for Behavioral Science._ San Francisco: Chandler Publishing Company.

Kehrberg, J.H. (1968) "Halfway Houses: Good or Bad?" _American Journal of Corrections,_ 30(1): 22-24.

Killman, R.H. (1983) "A Dialectical Approach to Formulating and Testing Social Science Theories." _Human Relations,_ 36(1): 1-22.

Kimberley, D., and Burford, G. (1986) _New Start Project: An Evaluation Study._ Federally Funded Program Evaluation. St. John's: Department of Social Services, Government of Newfoundland and Labrador.

King, R.D., Raynes, N.V., and Tizard, J. (1971) _Patterns of Residential Care: Sociological Studies in Institutions for Handicapped Children._ London: Routledge & Kegan Paul.

Knapp, M. (1984) <u>The Economics of Social Care</u>. London: Macmillan Publishers.

Knoke, D., and Burke, P.J. (1980) <u>Log-Linear Models</u>. London: Sage Publications.

Kohlberg, L. (1964) <u>Stages of Development of Moral Thought and Action</u>. New York: Holt, Rinehart & Winston.

Krueger, M. (1987) "Making the Team Approach Work in Residential Group Care." <u>Child Welfare</u>, 66(5): 447-457.

Krueger, M.A. (1985) "Job Satisfaction and Organizational Commitment Among Child and Youth Care Workers." <u>Journal of Child Care</u>, 2(3): 17-24.

Krueger, M., Fox, R.G., Friedman, J., and Sampson, J. (1987) "The Generic Team Approach." <u>Child And Youth Care Quarterly</u>, 16(2): 131-144.

Labov, W. (1972) <u>Language in the Inner City</u>. Philadelphia: University of Pennsylvania Press.

Labov, W., and Waletzky, J. (1967) "Narrative Analysis: Oral Versions of Personal Experience." In J. Helm (ed) <u>Essays on the Visual and Verbal Arts</u>. Seattle: University of Washington Press.

Lally, J. (1981) "Philosophical Questions Underpinning Sociology: Some Suggestions for Presenting a Course." <u>Teaching Sociology</u>, 9(1): 3-14.

Lamb, H., and Goertzel, V. (1972) "High Expectations of Long-Term State Hospital Patients." <u>American Journal of Psychiatry</u>, 129: 471-475.

Landesman, S., and Butterfield, E.C. (1987) "Normalization and Deinstitutionalization of Mentally Retarded Individuals: Controversy and Facts." <u>American Psychologist</u>, 42(8): 809-816.

Landry, R.F. (1981) "Off Beat Rhythms and Biological Variables." <u>Occupational Health and Safety</u>, 50(4).

Layder, D. (1982) "Grounded Theory: A Constructive Critique." <u>Journal for the Theory of Social Behavior</u>, 12(1): 103-123.

Lerman, P. (1982) <u>Deinstitutionalization and the Welfare State</u>. New Brusnwick, N.J.: Rutgers University Press.

Lescheid, A., and Wilson. S.K. (1988) "Criminal Liability of Children Under Twelve: A Problem for Child Welfare, Juvenile Justice or Both?" <u>Canadian Journal of Criminology</u>, January: 17-29.

Lester, D., Leitner, L., and Posner, I. (1983) "Recent Life Events and Stress Scores: An Examination of the Holmes and Rahe Scale." Psychological Reports: 53-70.

Levin, H.M. (1986) "What Have We Learned About Cost-Benefit and Cost-Effectiveness Analysis?" Unpublished Paper. Stanford: Stanford University.

Levine, H.G. (1985) "Quality of Care: Relationship to Quality of Education." Evaluation and the Health Professions, 8(4): 429-437.

Levinson, D.J., Darrow, C.N., Klein, E.B., Levinson, M.H., and McKee, B. (1978) The Seasons of A Man's Life. New York: Ballantine.

Lewin, K. (1952) Field Theory in the Social Sciences. London: Tavistock Publications.

Lin, N., Simeone, R.S., Ensel, W.M., and Kuo, W. (1979) "Social Support, Stressful Life Events and Illness: A Model and an Empirical Test." Journal of Health and Social Behavior, 20(2): 108-119.

Lipton, D., Martinson, R., and Wilks, J. (1975) The Effectiveness of Correctional Treatment: A Survey of Treatment Evaluation Studies. New York: Praeger.

Locke, E.A., Schweiger, D.M., and Latham, G.P. (1986) "Participation in Decision Making: When Should it be Used?" Organizational Dynamics, Winter: 65-79.

Loher, B.T., Noe, R.A., Moeller, N.L., and Fitzgerald, M.P. (1985) "A Meta-Analysis of the Relation of Job Characteristics to Job Satisfaction." Journal of Applied Psychology, 70(2): 280-289.

Lowe, J.I., and Herranen, M. (1981) "Understanding Teamwork: Another Look at the Concepts." Social Work in Health Care, 7(2): 1-11.

Lukin, P. (1981) "Recidivism and Changes Made by Delinquents During Residential Treatment." Journal of Research in Crime and Delinquency, January: 101-112.

Maccoby, E.E., and Maccoby, N. (1954) "The Interview: A Tool of Social Science." In G. Lindzey (ed) Handbook of Social Psychology: Vol. I. London: Addison-Wesley Publishers.

"Magisterial Inquiry Into the Causes and Circumstances of the Death of Noel Jenkins at Exon House, St. John's" (1978) Chief Magistrate C.J. Goodyear, Provincial Court, 24 July, St. John's.

Maier, H.W. (1978) Three Theories of Child Development. London: Harper and Row.

Maier, H.W. (1977) "The Core of Care." The First Aberlour Trust Lecture. Stirling, Scotland: Aberlour Child Care Trust.

Maier, H.W. (1981) "Essential Components in Care and Treatment Environments for Children and Youth." In. F. Ainsworth and L.C. Fulcher (eds), Group Care for Children: Concepts and Issues. London: Tavistock.

Malin, N. (1983) "Group Homes for the Mentally Handicapped - An Examination of the Effects of Group Interactions." The British Journal of Social Work, 13: 521-538.

Malin, N. (1983) Group Homes for Mentally Handicapped People. Department of Health and Social Security. London: HMSO.

Mansell, J., Felce, D., De Lock, U., and Jenkins, J. (1982) "Increasing Purposeful Activity of Severely and Profoundly Mentally Handicapped Adults." Behavior Research and Therapy, 20: 593-604.

March, J.G., and Simon, H.A. (1970) "Motivational Constraints: The Decision to Participate." In V.H. Vroom and E.L. Deci (eds), Management and Motivation: Selected Readings. Harmondsworth: Penguin Books.

March, J.G., and Simon, H.A. (1958) Organizations. New York: John Wiley and Sons.

Marrow, A.J., Bowers, D.G., and Seashore, S.E. (1967) Management by Participation: Creating a Climate for Personal and Organizational Development. New York: Harper and Row Publishers.

Marshall, S.L. (1956) Pork-Chop Hill: The American Fighting Men in Korea. New York: Morrow.

Martinson, R. (1974) "What Works? Questions and Answers About Prison Reform." The Public Interest, 35: 22-54.

Mason, J.W. (1975) "A Historical View of the Stress Field." Journal of Human Stress, 1, pt. 1, March: 6-12, pt. 2, June: 22-35.

Mattingly, M. (1981) "Occupational Stress for Group Care Personnel." In F. Ainsworth and L.C. Fulcher (eds) Group Care for Children: Concept and Issues. London: Tavistock Publications.

Mattingly, M. (1982) "Child Care Credentials: What and Why." Child Care Quarterly, 11(2): 122-137.

Mattingly, M. (1977) "Sources of Stress and Burn-out in Professional Child Care Work." Child Care Quarterly, 6(2): 127-137.

Matza, D. (1969) _Becoming Deviant_. Englewood Cliffs, N.J.: Prentice-Hall.

McDougall, W. (1920) _The Group Mind_. New York: Arno Press.

McGrath, J.E. (1984) _Social Psychology: A Brief Introduction_. New York: Holt, Rinehart and Winston.

McGrath, W.T. (1970) Report of the Newfoundland Training Schools Study. St. John's: November.

McLachlan, J. (1974) "Therapy Strategies, Personality Orientation and Recovery from Alcoholism." _Canadian Psychiatric Association Journal_, 19: 25-30.

McLachlan, J. (1972) "Benefit from Group Therapy as a Function of Patient-Therapist Match on Conceptual Level." _Psychotherapy: Theory, Research and Practice_, 9: 317-323.

McNeeley, R. (1983) "Organizational Patterns and Work Satisfaction in a Comprehensive Human Service Agency: An Empirical Test." _Human Relations_, 36(10): 917-922.

Mead, G.H. (1934) _Mind, Self and Society_. Chicago: University Press.

Megargee, E.I. (1977) "The Need for a New Classification System." _Criminal Justice and Behavior_, 4: 107-114.

Mehrabian, A. (1976) _Public Places and Private Spaces_. New York: Basic Books.

Millham, S., Bullock, R., and Cherett, P. (1975) "A Conceptual Scheme for the Comparative Analysis of Residential Institutions." In J. Tizard, I. Sinclair, and R.V.G. Clarke (eds), _Varieties of Residential Experience_. London: Routledge and Kegan Paul.

Miller, T.W. (1989) "Conceptual and Theoretical Problems in the Measurement of Life Stress." In T.W. Miller (ed), _Stressful Life Events_. IUP Stress and Health Series Monograph #4.

Mishler, E.G. (1986) _Research Interviewing: Context and Narrative_. Cambridge, Mass.: Harvard University Press.

Mitchell, T.R. (1982) "Attributions and Actions: A Note of Caution." _Journal of Management_, 8(1): 65-74.

Moen, M.G. (1979) "Eclipse of the Family Group Home Concept." _Mental Retardation_, 17(1): 17-19.

Monger, M. (1967) "Probation Hostels in Great Britain." _Federal Probation_. Reprint.

Monk, T.H. (1988) "Coping with the Stress of Shift Work." <u>Work and Stress</u>, 2(2): 169-172.

Monroe, S.M. (1982) "Life Events Assessment: Current Practices, Emerging Trends." <u>Clinical Psychology Review</u>, 2: 435-453.

Moos, R.H. (1975) <u>Evaluating Community and Correctional Settings</u>. New York: John Wiley & Sons.

Moos, R.H. (1974) <u>The Community-Oriented Programs Environment Scale</u>. Palo Alto, Calif.: Consulting Psychologists Press, Inc.

Moos, R.H. (1974a) <u>The Community-Oriented Programs Environment Scale Manual</u>. Palo Alto, CA: Consulting Psychologists Press, Inc.

Moos, R., and Moos, B. (1985) "Adaptation and the Quality of Life in Work and Family Settings." <u>Journal of Community Psychology</u>, Author's permission: issue to be announced.

Moos, R., and Sommers, A. (1976) "The Architectural Environment: Physical Space and Building Design." In R. Moos (ed) <u>The Human Context: Environmental Determinants of Behavior</u>. New York: John Wiley and Sons.

Morris, B. (1980) "Residential Work with Adolescent Girls." In R.G. Walton and D. Elliot (eds), <u>Residential Care: A Reader in Current Theory and Practice</u>. Oxford: Pergamon Press.

Mulvey, E.P., Linney, J.A., and Rosenberg, M.S. (1987) "Organizational Control and Treatment Program Design as Dimensions of Institutionalization in Settings for Juvenile Offenders." <u>American Journal of Community Psychology</u>, 15(3): 321-335.

National Association of Superintendants of Public Residential Facilities for the Mentally Retarded (1974) <u>Contemporary Issues in Residential Programming</u>. Washington, D.C.: President's Committee on Mental Retardation.

Near, J.P. (1984) "Relationship Between Job Satisfaction and Life Satisfaction: Test of a Causal Model." <u>Social Indicators Research</u>, 15: 351-367.

Neff, W.S. (1977) <u>Work and Human Behavior</u>. Chicago: Aldine Publishing Company.

Neugeboren, B. (1985) <u>Organization, Policy, and Practice in the Human Services</u>. New York: Longman.

Newberger, E.H. (1983) "The Helping Hand Strikes Again: Unintended Consequences of Child Abuse Reporting."

Journal of Clinical Child Psychology, 12: 307-311.

Nieva, V.F., Fleishman, E.A., and Rieck, A. (1978) "Team Dimensions: Their Identity, Their Measurement, and Their Relationships." *Final Technical Report for Contract No. DAHC199-78-C-0001*. Washington, D.C.: Advanced Research Resources Organizations.

Nogam, G.P. (1982) "Good-Fast-Cheap: Pick Any Two: Dilemmas About the Value of Applicable Research." *Journal of Applied Social Psychology*, 12(5): 343-348.

Ogburn, W.F., and Nimkoff, M.F. (1955) *Technology and the Changing Family*. Boston: Houghton Mifflin.

Page, R. (1978) "Who Cares?" *National Children's Bureau*. Concern No. 26: 17-21.

Paine, W. (ed) (1982) *Job Stress and Burnout: Research, Theory, and Intervention Perspectives*. Beverly Hills: Sage Publications.

Palmer, T. (1978) *Correctional Intervention and Research: Current Issues and Future Prospects*. Lexington, Mass.: D.C. Heath & Company.

Palmer, T. (1976) *Final Report of the Community Treatment Project, Phases 1, 2, and 3*. Sacramento, Calif.: Youth Authority and National Institute of Mental Health.

Palmer, T. (1972) *Differential Placement of Delinquents in Group Homes, Final Report*. Sacramento, Calif.: Youth Authority and the National Institute of Mental Health.

Palumbo, D., Maynard-Moody, S., and Wright, P. (1984) "Measuring Degrees of Successful Implementation: Achieving Policy Versus Statutory Goals." *Evaluation Review*, 8(1): 45-74.

Pare, A. (1988) "What Can We Learn From Real World Writing?" Unpublished paper. Montreal: Centre for the Study of Teaching of Writing, McGill University.

Parker, D., and DeCotiis, T. (1983) "Organizational Determinants of Job Stress." *Organizational Behavior and Human Performance*, 32: 160-177.

Parlett, M., and Hamilton, D. (1972) "Evaluation as Illumination: A New Approach to the Study of Innovating Programs." Edinburgh: Center for Research in the Educational Sciences, University of Edinburgh, Occasional Paper #9.

Parsloe, P. (1981) *Social Services Area Teams*. London: George Allen and Unwin.

Parsloe, P. (1976) "Social Work and the Justice Model." British Journal of Social Work, 6(1): 71-89.

Parsons, T., and Bales, R.F. (1955) Family, Socialization, and Interaction Process. Chicago, Ill.: The Free Press.

Patten, T.H. (1981) Organizational Development Through Teambuilding. New York: John Wiley and Sons.

Patterson, C.H. (1984) "Empathy, Warmth, and Genuineness in Psychotherapy: A Review of Reviews." Psychotherapy, 21(4): 431-438.

Patton, M.Q. (1987) How to Use Qualitative Methods in Evaluation. Beverly Hills, Calif.: Sage Publications.

Paul, D.B. (1953) "Interview Techniques and Field Relationships." In A.L. Kroeber (ed) Anthropology Today. Chicago: University of Chicago Press.

Payne, C.J., and White, K.J. (1979) Caring for Deprived Children: International Case Studies of Residential Settings. London: Croom Helm Ltd.

Payne, M. (1982) Working in Teams. British Association of Social Workers Series in Practical Social Work. Editor: Jo Campling. London: The Macmillan Press.

Pearlin, L.I. (1962) "Sources of Resistance to Change in a Mental Hospital." American Journal of Sociology, 68: 325-34.

Pearlin, L.I., Menaghan, E.G., Lieberman, M.A., and Mullan, J.T. (1981) "The Stress Process." Journal of Health and Social Behavior, 22(4): 337-356.

Pecora, P., and Gingerich, W. (1981) "Worker Tasks and Knowledge Utilization in Group Child Care: First Findings." Child Welfare, April: 221-231.

Perkins, D., Nieva, V., and Lawler, E. (1983) Managing Creation: The Challenge of Building a New Organization. New York: John Wiley and Sons.

Perlman, H.H. (1979) Relationship: The Heart of Helping People. Chicago: The University of Chicago Press.

Perlman, H.H. (1985) "On the Art of Caring." Child Welfare, 64(1): 3-11.

Peters, M., and Robinson, V. (1984) "The Origins and Status of Action Research." The Journal of Applied Behavioral Science, 20(2): 113-124.

Petty, M., McGee, G., and Cavender, J. (1984) "A Meta-Analysis of the Relationships Between Individual Job

Satisfaction and Individual Performance." The Academy of Management Review, 9(4): 712-721.

People and Communities Volume I: Overview and Recommendations (1981) Report to the Minister of Social Services, Government of Newfoundland and Labrador. St. John's.

People and Communities Volume II: Findings. (1981) Report to the Minister of Social Services, Government of Newfoundland and Labrador. St. John's, NF.

Pincus, A. and Minahan, A. (1973) Social Work Practice: Model and Method. Itasca, Ill.: F.E. Peacock Publishers.

Pines, A., Aronson, E., and Kafry, D. (1981) Burnout: From Tedium to Personal Growth. New York: The Free Press.

Piper, E., and Warner, J.R. (1981) "Group Homes for Problem Youth: Retrospect and Prospects." Children and Youth Services, 3(3/4): 1-11.

Polsky, H.W. (1963) Cottage Six - The Social System of Delinquent Boys in Residential Treatment. New York: John Wiley.

Powell, R.M., and Schlacter, J.L. (1976) "Participative Management: A Panacea?" In E. Williams (ed), Participative Management: Concepts, Theory and Implementation. Atlanta: Publishing Services Division, School of Business Administration, Georgia State University.

Pratt, J. (1985) "Juvenile Justice, Social Work and Social Control. The Need for Positive Thinking." British Journal of Social Work, 15: 1-24.

Prochansky, H., Ittelson, W., and Rivlin, L. (eds) (1970) Environmental Psychology: Man and His Physical Space. New York: Holt, Rinehart & Winston.

Pruchno, R.A., Blow, F.C., and Smyer, M.A. (1989) "Life Events and Interdependent Lives: Implications for Research and Intervention." In T.W. Miller (ed), Stressful Life Events. IUP Stress and Health Series Monograph #4.

Quay, H. (1977) "The Three Faces of Evaluation: What Can be Expected to Work." Criminal Justice and Behavior, 4: 341-354.

Quebec's Bill 65 (1972) An Act Respecting Social and Health Services. Quebec City: Government Printers.

Quick, J.C., and Quick, J.D. (1984) Organizational Stress and Preventive Management. New York, N.Y.: McGraw-Hill.

Rappoport, R.N. (1987) New Interventions for Children and Youth: Action-Research Approaches. Cambridge: Cambridge University Press.

Redl, F. (1959) "The Concept of a 'Therapeutic Milieu.'" American Journal of Orthopsychiatry, 29: 721-736.

Reed, M.J. (1977) "Stress in Live-In Child Care." Child Care Quarterly, 6(2): 114-120.

Reicherz, D., Kislowicz, L., and Stalinski, J. (1978) Residential Care: The Impact of Institutional Policies, Structures and Staff on Residential Children. Montreal: McGill University School of Social Work.

Reinach, E. (1981) Research Highlights: No. 2 Normalization. Aberdeen: University of Aberdeen, Department of Social Work.

Reitsma-Street, M. (1990) "Implementation of the Young Offender's Act: Five Years Later." Accepted for publication: Canadian Social Work Review, 7(2), Summer.

Reitsma-Street, M. (1984) "Differential Treatment of Young Offenders: A Review of the Conceptual Level Matching Model." Canadian Journal of Criminology, 26(2): 199-215.

Report of Care and Children Committee (The Curtis Report) (1946). Cmnd. 6922. London: HMSO.

Report on the Departmental Study on Services to Young Offenders. (1982) Toward a System of Community-Based Social Services for Young Persons in Trouble with the Law. St. John's: Department of Social Services.

Report of the Inquiry into Child Abuse in Cleveland. (1988) London: HMSO, July.

Report of the Newfoundland Corrections Study Committee. (1973) St. John's: April.

Report of Staff Development Conference. (1979) St. John's: Department of Social Services,Government of Newfoundland and Labrador, September.

Report of a Training Seminar for the Division of Juvenile Corrections. (1975) "Towards a New Direction." St. John's: Department of Social Services, Government of Newfoundland and Labrador, November.

Repp, A., Barton, L., and Gottleib, J. (1983) "Naturalistic Studies of Institutionalized Profoundly or Severely Mentally Retarded Persons: The Relationship of Density and Behavior." American Journal of Mental Deficiency, 87(4): 441-447.

Rex, J.A., (1961) Key Problems in Sociological Theory. London: Routledge and Kegan Paul.

Rezmovic, E.L. (1984) "Assessing Treatment Implementation Amid the Slings and Arrows of Reality." Evaluation Review, 8(2): 187-204.

Riggar, T., Godley, S., and Hafer, M. (1984) "Burnout and Job Satisfaction in Rehabilitation Administrators and Direct Service Providers." Rehabilitation Counseling Bulletin, January: 151-160.

Roberts, W. (1984) "365 Days of Jetlag a Year: The Price of Shiftwork." The Public Employee, Fall.

Robinson, J.A. (1981) "Personal Narratives Reconsidered." Journal of American Folklore, 94(371): 58-85.

Roeher, G.A., et al. (1977) A Report of an Assessment of Exon House and Related Programs, The Roeher Report. St. John's: Government of Newfoundland and Labrador, October.

Rogers, C.R. (1961) On Becoming a Person. Boston: Houghton Mifflin Company.

Rohe, W.M. (1982) "The Response to Density in Residential Settings: The Mediating Effects of Social and Personal Variables." Journal of Applied Social Psychology, 12(4): 292-303.

Rolph, C.H. (n.d.) Homeless from Prison. London: Riverside Press.

Rosow, J.M. (1986) Teamwork: Joint Labor-Management Programs in America. New York: Pergamon Press.

Ross, A.L. (1983) "Mitigating Turnover of Child Care Staff in Group Care Facilities." Child Welfare, 62(1): 63-67.

Rothman, D.J. (1971) The Discovery of the Asylum: Social Order and Disorder in the New Republic. Boston: Little Brown.

Roush, D.W., and Steelman, B.T. (1981) "A Team Approach to Detention Staff Development." Juvenile and Family Court Journal, November: 33-43.

Rowan, J.R., and Kehoe, C.J. (1985) "Let's Deinstitutionalize Group Homes." Juvenile and Family Court Journal, 36(1): 1-4.

Rowe, P.M. (1981) "When Caring is not Enough." St. John's: Community Housing and Support Services, Community Services Council, September.

Russell, K.J. (1975) "Variations in Orientation to Work and

Job Satisfaction." Sociology of Work and Occupations, 2(4): 299-322.

Savicki, V., and Cooley, E. (1983) "Theoretical and Research Considerations of Burnout." Children and Youth Services Review, 5: 227-238.

Sabini, J., and Silver, M. (1985) "On the Captivity of the Will: Sympathy, Caring and a Moral Sense of the Human." Journal for the Theory of Social Behaviour, 15(1): 23-37.

Scarpello, V., and Campbell, J. (1983) "Job Satisfaction and the Fit Between Individual Needs and Organizational Rewards." Journal of Occupational Psychology, 56, 1983: 315-328.

Scheirer, M.A., and Rezmovic, E.L. (1983) "Measuring the Degree of Program Implementation: A Methodological Review." Evaluation Review, 7(5), October: 599-633.

Schiff, J., et al. (1975) The Cathexis Reader. New York: Harper and Row.

Schinke, S.P., and Wong, S.E. (1977) "Evaluation of Staff Training in Group Homes for Retarded Persons." American Journal of Mental Deficiency, 82(2): 130-136.

Scott, W.R. (1987) Organizations: Rational, Natural, and Open Systems. Englewood Cliffs, N.J.: Prentice-Hall, Inc.

Scull, A.T. (1977) Decarceration: Community Treatment and the Deviant - A Radical View. Englewood Cliffs, N.J.: Prentice-Hall.

Seashore, S.E. (1975) "Defining and Measuring the Quality of Working Life." In L.E. Davis and A.B. Cherns (eds), The Quality of Working Life, Vol. I. New York: Free Press.

Shadish, W.R. (1984) "Lessons from the Implementation of Deinstitutionalization." American Psychologist, 39(7): 725-738.

Sheehy, G. (1976) Passages: Predictable Crises of Adult Life. New York: Bantam Books.

Shepard, J.M. (1977) "Technology, Alienation, and Job Satisfaction." Annual Review of Sociology, 3: 1-21.

Shettle, K., Gaulin-Kremer, E., Witzel, C., Keating, D., and Klaber, M. (1982) "Staff Development in a Community-Based Respite Program." Child Welfare, 61(3): 161-170.

Shinn, M.B. (1978) Evaluation of a Survey-Guided Development Process in Group Homes for Youths. Ann Arbor: The University of Michigan.

Shinn, M., Rosario, M., Morch, H., and Chestnut, D. (1984) "Coping with Job Stress and Burnout in the Human Services." Journal of Personality and Social Psychology, 46(4): 864-876.

Shostack, A.L. (1987) Group Homes for Teenagers: A Practical Guide. N.Y.: Human Services Press, Inc.

Sims, H., Gioia, D., and Associates (1986) The Thinking Organization. San Francisco: Jossey-Bass Publishers.

Sinclair, I. (1971) Hostels for Probationers. London: HMSO.

Skoler, D. (1967) "Future Trends in Juvenile and Adult CommunityBased Corrections." Juvenile Court Journal, 21(4): 14-19.

Slater, M., and Bunyard, P. (1983) "Survey of Residential Staff Roles, Responsibilites, and Perception of Resident Needs." Mental Retardation, 21(2): 52-58.

Sluyter, G.V., and Mukherjee, A.K. (1986) "Validation of a Job Satisfaction Instrument for Residential-Care Employees." Mental Retardation, 24(4): 223-227.

Small, R.W., and Fulcher, L.C. (1985) "Teaching Competence in Group Care Practice." In L.C. Fulcher and F. Ainsworth (eds), Group Care Practice with Children. London: Tavistock.

Smircich, L. (1983) "Concepts of Culture and Organizational Analysis." Administrative Science Quarterly, 28, September: 339-358.

Smith, H.W. (1975) Strategies of Social Research: The Methodological Imagination. Engelwood Cliffs, NJ: Prentice-Hall.

Smith, M.L. (1986) "The Whole is Greater: Combining Qualitative and Quantitative Approaches in Evaluation Studies." In D.D. Williams (ed) Naturalistic Evaluation. New Directions for Program Evaluation, no. 30. San Francisco: Jossey-Bass.

Sommer, R. (1986) Personal Space: The Behavioral Basis of Design. Englewood Cliffs, N.J.: Prentice-Hall.

Spiegelberg, H. (1975) Doing Phenomenology: Essays On And In Phenomenology. The Hague, Netherlands: Martinus Nijhoff.

SPSSx User's Guide. (1983) New York: McGraw-Hill Book Company.

Stainback, W., and Stainback, S. (1983) "A Review of Research on the Educability of Profoundly Retarded Persons."

Education and Training of the Mentally Retarded, 18(2): 90-100.

Staines, G.L., and Pleck, J.H. (1983) _The Impact of Work Schedules on the Family. Survey Research Center_. Ann Arbor: Institute for Social Research, The University of Michigan.

Staw, B.M. (1984) "Organizational Behavior: A Review and Reformulation of the Field's Outcome Variables." _Annual Review of Psychology_, 35: 627-666.

Stea, D. (1970) "Space Territory and Human Movement." In H. Proshanshy, et al. (eds), _Environmental Psychology: Man and His Personal Space_. New York: Holt, Rinehart & Winston.

Steiner, G.A. (1979) _Strategic Planning: What Every Manager Must Know_. New York: The Free Press.

Stevenson, O. (1981) _Specialisation in Social Service Teams_. London: Allen and Unwin.

Stevenson, O. (1978) _Social Service Teams: The Practitioner's View_. London: HMSO.

Suojanen, W., McDonald, M., Swallow, G., and Suojanen, W. (eds) (1975) _Perspectives on Job Enrichment and Productivity_. Atlanta: School of Business Administration, Georgia State University.

Syer, J. (1986) _Team Spirit: The Elusive Experience_. London: The Kingswood Press.

Szasz, T.S. (1961) _The Myth of Mental Illness: Foundations of a Theory of Personal Conduct_. New York: Dell Press.

Thompson, J. (1980) "'Burnout' in Group Home House Parents." _American Journal of Psychiatry_, June: 710-714.

Thompson, J.D. (1967) _Organizations in Action_. New York: McGraw-Hill.

Thompson, J., and McEwen, W. (1958) "Organizational Goals and Environment." _American Sociological Review_, 23: 23-31.

Tizard, J., Sinclair, I., and Clarke, R.V.G. (1975) _Varieties of Residential Experience_. London: Routledge and Kegan Paul.

Tobin, S.S., and Lieberman, M.A. (1976) _Last Home for the Aged_. San Francisco: Jossey-Bass.

Tomlinson, P., and Hunt, D. (1971) "Differential Effects of Rule-Example Order as a Function of Learner Conceptual

Level." Canadian Journal of Behavior Science, 235-237.

Tosi, H.L., and Hammer, W.C. (1974) Organizational Behavior and Management: A Contingency Approach. Chicago: St. Clair Press.

Tossell, D., and Webb, R. (1986) Inside the Caring Services. London: Edward Arnold Publishers.

Townsend, P. (1962) The Last Refuge - A Survey of Residential Institutions and Homes for the Aged in England and Wales. London: Routledge and Kegan Paul.

Trist, E.L., and Bamforth, K.W. (1951) "Some Social and Psychological Consequences of the Long-Wall Methods of Coal-Getting." Human Relations, 4: 3-38.

Turnbull, H.R. III (1988) "Ideological, Political, and Legal Principles in the Community-Living Movement." In M.P. Janicki et al. (eds) Community Residences for Persons With Developmental Delays: Here to Stay. Baltimore: Paul H. Brookes Publishing Company.

Turnbull, H.R. III (1981) The Least Restrictive Alternative: Principles and Practices. Washington, D.C.: American Association on Mental Deficiency, Inc.

Turner, E.A. (1969) "A Girls' Group Home: An Approach to Treating Delinquent Girls in the Community." Community Treatment Project. Sacramento, Calif.: Research Report No. 1, Department of the Youth Authority.

Tutt, N. (1982) "Justice or Welfare?" Social Work Today, 14(7): 6-10.

United States Marines (1966) Handbook of Combat. Washington, D.C.: Government Printing Services.

VanderVen, K.D. (1981) "Patterns of Career Development in Group Care." In F. Ainsworth and L.C. Fulcher (eds) Group Care for Children. London: Tavistock Publications.

VanderVen, K., Mattingly, M., and Morris, M. (1982) "Principles and Guidelines for Child Care Personnel Preparation Programs." Child Care Quarterly, 11(3): 221-241.

Van Manen, M. (1983) "Practicing Phenomenological Writing." Phenomenology and Pedagogy, 2(1): 36-72.

Van Sell, M., Brief, A.P., and Schuler, R.S. (1981) "Role Conflict and Role Research." Human Relations, 34(1): 43-71.

Vorrath, H., and Brendtro, L.K. (1974) Positive Peer Culture. Chicago: Aldine.

Vroom, V. (1964) <u>Work and Motivation</u>. New York: John Wiley and Sons.

Wade, D.C., Cooley, E., and Savicki, V. (1986) "A Longitudinal Study of Burnout." <u>Children and Youth Services Review</u>, 8: 161-173.

Waerness, K. (1984) "The Rationality of Caring." <u>Economic and Industrial Democracy</u>, 5: 185-211.

Walton, R.E. (1975) "Quality of Working Life: What Is It?" In W. Suojanen, et al. (eds) <u>Perspectives on Job Enrichment and Productivity</u>. Atlanta: School of Business Administration, Georgia State University.

Walton, R.G., and Elliot, D. (1980) <u>Residential Care: A Reader in Current Theory and Practice</u>. Oxford: Pergamon Press.

Warr, P., and Wall, T. (1975) <u>Work and Well-being</u>. Middlesex, England: Penguin Books.

Warren, M.Q. (1983) "Applications of Interpersonal-Maturity Theory to Offender Populations." In W.S. Laufer and J.M. Day (eds), <u>Personality Theory, Moral Development, and Criminal Behavior</u>. Lexington, Mass.: D. C. Heath and Company.

Wax, D. (1977) "Human Ecological Perspectives Within a Residential Treatment Setting for Children." <u>Child Care Quarterly</u>, 6(1): 51-60.

Webster, S.A., and Wylie, M.L. (1988) "Strategic Planning in Competitive Environments." <u>Administration in Social Work</u>, 12(3): 25-43.

Weick, K. (1979) <u>The Social Psychology of Organizing</u>. Reading, Mass.: Addison-Wesley.

Weir, M. (ed) (1976) <u>Job Satisfaction: Challenge and Response in Modern Britain</u>. Glasgow: William Collins Sons and Company.

White, P. (1974) "Resources as Determinants of Organizational Behavior." <u>Administrative Science Quarterly</u>, September: 366-380.

Whittaker, J.K. (1979) <u>Caring for Troubled Children</u>. San Francisco: Jossey-Bass.

Whyte, W.F. (1955) <u>Street Corner Society</u>. Chicago: University of Chicago Press.

Wilkins, A.L., and Ouchi, W.G. (1983) "Efficient Cultures: Exploring the Relationship Between Culture and Organizational Performance." <u>Administrative Science</u>

Quarterly, 28, September: 468-481.

Willcox, P., and Morley, W. (1970) "The Future of After-Care Hostels." Probation, 16(1): 11-14.

Williams, D. (1980) Positive Care for the Elderly. Residential Care: A Reader in Current Theory and Practice. Oxford: Pergamon Press.

Williams, E. (ed) (1976) Participative Management: Concepts, Theory and Implementation. Atlanta: Publishing Services Division, School of Business Administration, Georgia State University.

Wilson, J.Q. (1980) "'What Works?' Revisited: New Findings on Criminal Rehabilitation." The Public Interest, Fall: 3-17.

Wolfensberger, W. (1972) The Principle of Normalization in the Human Services. Toronto: National Institute on Mental Retardation.

Woodcock, M., and Francis, D. (1981) Organisation Development Through Teambuilding. New York: Halsted Press.

Working Party Report on Stress in Residential Work (1980) "A Platform for the 1980's." Middlesex: Residential Care Association.

Yankey, J., and Coulton, L. (1979) "Promoting Contributions to Organizational Goals: Alternative Models." Administration in Social Work, Spring: 45-55.

Zalusky, J. (1979) "Shiftwork Disrupts Health and Family Life." Civic Service Review, March.

Zimmerman, M. (1983) "Methodological Issues in the Assessment of Life Events: A Review of the Issues and Research." Clinical Psychology Review, 3: 339-370.

Zito, G. (1975) Methodology and Meanings: Varieties of Sociological Inquiry. New York: Praeger Publishers.