



The quality of life of institutions for young people

Summary

This article presents the initial findings of the Quality of Institutional Life Measurement (QoILM), a tool designed to assess subjective evaluations of the organizational quality of institutions for children and adolescents, and of the quality of life for the residents in these institutions. The QoILM measures all possible aspects of quality, incorporating the broad range of factors relevant to experts, staff, and residents' perceptions of institutions. This approach provides a common denominator for evaluating and comparing the vast array of types of institutions for young people. Experts and staff evaluated the organizational quality of these institutions; residents and staff evaluated the quality of life within them. Neither the experts' and the staff's nor the residents' and staff's evaluations of quality correlated with institutional type or other variables usually studied by policy makers and researchers. This study suggests that particular program design or institutional type by themselves do not determine success. In contrast, it is the process of development and the interactions between residents and their institutions (such as manifested in a high quality of life) that are likely to influence success.

Introduction

The directors and staff who operate residential institutions for young people are in the business of raising children. Whether running hostels, educational or treatment facilities, or juvenile halls, caring directors and staff wish to raise children the best they can, much as a parent would want to give its children the best kind of youth possible. Such a holistic approach remains central to the vision of most directors and staff members in institutions designed to 'reclaim' their residents, that is, to change them in a way intended and perceived by society (Wolins & Wozner, 1982).

Most studies that compare and evaluate institutions for young people mainly focus on characteristics of the residents and/or staff, a narrow range of outcomes (e.g. reduction in delinquent behaviour) and cost. Such studies overlook both the wide range of desired outcomes (e.g. responsibility, competence and values) and the related processes (e.g. the forma-

tion of relationships between the adolescents and the staff) which most directors and staff regard as essential to young people's development.

Notable exceptions include descriptive and systemic studies of institutions and statements about them which address a broad range of factors which influence the quality of an institution, including the quality of life of residents (e.g. Belknap, 1956; Bettelheim, 1950; Cataldo & Riesley, 1974; Clemmer, 1940; Foucault, 1973, 1975, 1979; Goffman, 1961; Moos, 1974, 1975, 1979; Redl & Wineman, 1951; Sarry & Selo, 1974; Stanton & Schwartz, 1954). While such studies have added greatly to our understanding of institutions, they do not provide a common denominator with which to compare the vast array of institutional types (e.g. large, small, isolated, or integrated youth villages, half-way homes, hostels, or family-like group homes serving delinquent, disturbed, normal, or neglected adolescents from national, regional or community locations).

Quality of life

Quality of life is a crucial measure of the process of institutional adolescent development, and is likely to have an important effect on the level of residents' achievement with respect to desired outcomes (e.g. behavioural or cognitive changes). Maintaining a high level of resident quality of life is essential to creating a 'differentiated positive' environment. In a differentiated positive environment, the activities which contribute to the goal are supported while opposing activities and attitudes are shunned (i.e. no counter-institutional inmate subculture would develop; see Ch. 7 in Wolins & Wozner, 1982). Since reclaiming institutions are defined as institutions designed to change residents in a way society intends and perceives (Wolins & Wozner, 1982), the success of an institution is not determined by the goals that it supports; the goals of reclaiming institutions are by definition positive. Instead, success is determined by the extent to which the institution manages to achieve these goals; the degree to which residents progress towards, and come to embody, social norms.

The quality of institutional life measurement (QoILM)

This article presents the initial findings of the Quality of Institutional Life Measurement (QoILM), a quantitative instrument which measures the full range of perceptions embodied in a respondent's conception of the organizational quality of an institution for adolescents and of the quality of life within such an institution (Wolins & Wozner, 1982; Wolins, Wozner, & Shye, 1980; Wozner, 1982; Wozner, 1990). As explained below, the QoILM was developed using the Systemic Quality of Life Model (SQLM) (Shye, 1979, 1985a, 1989), designed to provide definition to the study of the quality of any 'action system' (AS). An action system is a system that is *stable* (it adheres to defining aspects of its composition), *organized* (its members interrelate with each other), *open* (it interacts with its environment) and *active* (it influences its environment) (Shye, 1985b). The SQLM is always applied to an AS. Thus the whole area of institutional care can be viewed as an AS; alternatively, selected aspects of 'institutional care', such as the *organization* of the institution, the residents or the staff members of an institution,

may be defined as the AS under scrutiny. The application of the SQLM to the realm of institutional care ensures that the assessments of the organizational quality of the institution and the quality of life of its residents are comprehensive and not restricted by a limited or culturally determined definition of quality. By quantitatively measuring the full range of human judgments that are embodied by the term 'quality', the QoILM provides a common denominator for the evaluation and comparison of all types of institutions for young people.

The SQLM and QOILM

As discussed more extensively in Shye, 1979, 1985a, 1989, the Systemic Quality of Life Model (SQLM) was designed to incorporate all possible aspects of the quality of any 'action system' (AS). Applied to institutional care, therefore, it incorporates all possible aspects of institutional care by definition (Wozner, 1982).

The SQLM is created by the Cartesian product of two facets: the Fields of Functioning and the Modes of Functioning. The fields and the modes each include four elements.

The four field elements are: a) personal; b) physical; c) social and d) cultural. The four mode elements are: a) expressive; b) adaptive; c) integrative and d) conservative.

The product of the two facets yields sixteen subsystems (cells) which, taken together, incorporate all possible aspects of the quality of the AS. (For simplicity's sake, the descriptions of the Fields and Modes of Functioning below will use a human being as the AS; however, the model applies to any AS.)

Fields of functioning

Personality: The personality field embodies an individual's idiosyncratic nature, constitution and temperament, such as personal potential, satisfaction with available sources of leisure and entertainment, balanced personality and self-image.

Physical: The physical field embodies an individual's material, bodily existence, such as control of their physical environment, cleanliness of body and surroundings, health and genetic make-up.

Social: The social field embodies an individual's interactions with other humans and human systems, such as social standing, adaptability to social environments, comfort with social roles and sense of meaning obtained through interpersonal connections.

Cultural: The cultural field embodies an individual's values and beliefs as determined and effected by a subset of human beings and as transmitted from a previous generation, such as artistic success, satisfaction with theatre, concerts, and other cultural activities, comfort with values and related types of behaviour and incorporation of cultural values and beliefs into an identity.

Modes of functioning

Expressive: The expressive mode embodies the processes which originate inside an individual, (*INSIDE/OUTSIDE* or *I/O*), and are actualized as events in an individual's environment, such as completion of tasks, control of a physical environment, social status and artistic, scientific and valuative actions.

Adaptive: The adaptive mode embodies the way an individual relates to events that originate outside the individual's control and are actualized *within* their environment, (*OUTSIDE/OUTSIDE* or *O/O*), such as existing hobbies, available tools and equipment, patterns of social interaction and cultural activities.

Integrative: The integrative mode embodies the fit of processes which originate inside an individual and are actualized as events which also exist within the individual, (*INSIDE / INSIDE* or *I/I*), such as mental health, physical health, satisfaction with social roles and valuative beliefs.

Conservative: The conservative mode embodies the events which originate outside the individual's control and are actualized as events directly related to the individual, (*OUTSIDE/INSIDE* or *O/I*), such as external feedback, genotype and wealth, social relationships and heritage. The product of the two facets yields the sixteen subsystems (cells) listed in chart 1, which incorporates all possible aspects of quality of life.

Chart 1. *The systemic quality of life model (SQLM)*

Mode/Field	Personal	Physical	Social	Cultural
<i>Expressive</i>	Self actualization	Physical activity	Social influence	Cultural activity
<i>Adaptive</i>	Personal recreation	Physical condition	Institutional roles	Cultural compatibility with environment
<i>Integrative</i>	Peace of mind	Physical health	Intimate friendship	Integrity of values held
<i>Conservative</i>	Self Confidence	Physical security	Social confidence	Stable structure of beliefs

The two action systems (a resident's life and an institution designed to serve young people) were explored as viewed through the 'lens' of each field and mode.

The contents of each subsystem are listed below. These contents are illustrative, but not exhaustive. Each subsystem could be expanded by adding further items which fit the rule governing a given subsystem (*I/O*; *O/O*; *I/I*; *O/I*).

Quality of a resident's life

Self-actualization (personal expression)

An understanding of one's own potential; an ability and desire to take the initiative to select one of various alternatives without conflicting with the establishment; makes decisions to advance personal growth; completes tasks; attempts to change the environment to meet personal needs.

Physical activity (physical expression)

The healthy and successful development of good manipulative skills and body control; an overall ability and desire to control one's physical environment (and the instruments needed for this control).

Social influence (social expression)

High standing in society; striving to climb up the social ladder; promoting personal advancement through social position.

Cultural activity (cultural expression)

Wants to belong to cultured, value-conscious society; has taste for the arts and for mental expression; can internalize cultural values and esteems their external form; acquires additional values; expands cultural, religious and value horizon.

Personal recreation (personal adaptation)

Derives satisfaction from usual sources of leisure and entertainment; finds outlets for some drives in hobbies; uses recreational opportunities for personal needs; adjusts to what the environment offers.

Physical condition (physical adaptation)

Produces useful things from materials; utilizes various tools and equipment; dresses and uses eating utensils properly; keeps body and surroundings clean; comprehends relationships between physical needs (including safety) and the use of tools, materials, etc. to meet these needs.

Organizational roles (social adaptation)

Derives personal usefulness from the social environment; satisfies personal needs by participating in various social systems; fits into new environments; derives advantage and pleasure from simple participation.

Cultural corn possibility with environment (cultural adaptation)

Derives satisfaction from cultural activities; understands religious practices; has good taste and critical ability in the arts; is open to new developments in the arts, culture, and science.

Peace of mind (personal integration)

Balanced personality without extreme feelings of guilt but able to feel appropriate remorse; can solve personal conflicts; does not become over-frustrated, depressed or aggressive; does not fear new situations, but is aware of possible dangers or difficulties; has strength to take on new learning tasks, is self-confident, responsible, and independent.

Physical health (physical integration)

Is reasonably healthy, with normal organic functions and no chronic illness; is capable of satisfactory sex life.

Intimate friendship (social integration)

Fits into and functions in various social settings; understands differences between own social roles; resolves role conflict by appropriate conformity without loss of identity; carries out socially assigned tasks well; feels strong ties to own social environment.

Integrity of values held (cultural integration)

Able to make sound moral judgments; behaves in accordance with accepted values; is satisfied with cultural heritage; feels comfortable with heritage-related behaviour.

Self confidence (personal conservation)

Has positive personality; is kind-hearted and good-natured; behaves consistently in different circumstances; has pronounced character and opinions; is not easily influenced; has positive self-image; is aware of personal abilities and limitations; is able to use talents; develops and executes plans for the future.

Physical security (physical conservation)

Has genetic make-up that enables management of environment; does not suffer from any deficiency exaggerated by environment; has physical build that fits environment; is not of abnormal weight or height.

Social confidence (social conservation)

Derives sense of meaning from membership in human society; understands that while functioning as a member of special environment, one still belongs to a larger social context; nurtures goals guided by models in the wider social context, not just those in the immediate environment.

Stable structure of beliefs (cultural conservation)

Has cultural ties deeply rooted in individual and familial past; has values from heritage of generations and artistic tastes moulded by cultural origins; is proud of cultural heritage and tries to perpetuate it.

The same system was applied to the study of the organizational quality of institutions for young people. The SQLM was used to create a comprehensive set of types of functioning which embodies all possible aspects of the organizational quality of these institutions. The types of functioning selected to represent each organizational subsystem are listed and described below. They are illustrative, but not exhaustive. Each subsystem could be expanded by adding further items which fit the rule *governing* a given subsystem, (I/0; 0/0; I/II; 0/I).

Organizational quality of institution

Self-actualization (personal expression)

The striving of the institution to attain its members' potential; to enable them to take initiative in various spheres; to make decisions in order to advance personal growth; to be industrious; to retain their individuality in relation to others; to be active; to attempt to change the environment to meet their needs; to enjoy achievement and productivity.

Physical activity (physical expression)

The autonomy of the institution to allocate its resources and use its physical means according to institutional criteria; to enable the residents to develop and safeguard their physical well-being, to exercise their motor skills; to practise control over their physical environment; to teach them to use various instruments, to express individual acquisitiveness, to know their environment and master it.

Social influence (social expression)

The prestige of the institution in the general community, which enhances its residents' standing in society, their relative progress on the social ladder, promotion of personal advancement in the institution as well as in the general society.

Cultural activity (cultural expression)

Achievements with respect to a general system of values to which the institution is committed; facilitation of the residents' belonging to a cultured and value-conscious society, appreciation of the arts, and internalization of values and striving for their expression.

Personal recreation (personal adaptation)

The interaction of the residents with the outside environment; opportunities for the residents to shape and use recreational facilities; interaction of professionals with their external counterparts; interaction of the residents with outsiders; the ability of the residents to plan and influence their extra-institutional environment; the degree of similarity between intra-institutional environment and external environment in terms of preparation for post-institution life.

Physical condition (physical adaptation)

The reciprocal adaptation of the institution and its physical surroundings as physical entities; similarity of objects within the institution and outside; opportunity for residents to produce

useful things and to use various tools and equipment, to dress properly for various occasions, to keep their bodies and surroundings clean using the tools and materials available for this purpose, to eat, sleep, and rest sufficiently to permit and facilitate healthy development, to engage in normal sexual activity.

Organizational roles (social adaptation)

The reciprocal relationship between the institution and other social institutions to facilitate participation of residents in various social systems; to enable them to derive satisfaction from activity in the social sphere; to aid their adjustment in new environments.

Cultural compatibility with environment (cultural adaptation)

Reciprocal adaptation of institution and outside values through interaction between the residents' values and society's cultural, scientific, and artistic activities.

Peace of mind (personal integration)

Organization of various parts of the institution that enables residents to practice problem-solving skills and experience novel situations, facilitates learning and demands gradual development of the residents' responsibility and independence; institutional goals are balanced so as to achieve relative consensus among staff members and consistency with institutional policy.

Physical health (physical integration)

A balanced, harmonious, and internally compatible organization of the institution's physical components; fit of buildings to grounds, of furnishings to buildings and residents; organization of the institution's physical environment for the facilitation of the residents' well-being; allowance for chronic illness and organic shortcomings; promotion of good health.

Intimate friendship (social integration)

Organization of roles to facilitate various role enactments by the institution's residents; preparation for fitting into various social settings; gaining social acceptance by conformity without giving up individuality; enabling the residents to carry out various formal tasks and meet various social expectations in order to gain a sense of belonging.

Integrity of values held (cultural integration)

Balance and compatibility among the residents' values and belief systems facilitating moral behaviour in accordance with values accepted by society; the development of personal value systems and types of behaviour fitting them; clarification of the residents' cultural heritage and promotion of pride in its implications.

Self-confidence (personal conservation)

A dominant belief system based on human rights; enabling residents to build a positive self-image, to exercise their beliefs, to express their opinions, to utilize their potentials, to demonstrate their skills, to plan for the future and to be different within a given framework

Physical security (physical conservation)

Stable financial endowment and material properties, which provide security and enable residents to lead their lives and manage their environment according to their genetic make-up and physical predisposition.

Social confidence (social conservation)

Enduring social characteristics conducive to giving residents a sense of membership in human society while being in the institution; enabling residents to identify with traditional human values and be guided by traditional models in the society at large.

Stable structure of beliefs (cultural conservation)

Commitment to an identity-forming ideology with ties to a respected past and behavioural implications for the present and future.

The QoILM consists of questions devised to evaluate a respondent's subjective evaluation of the AS's (a resident or institution's) functioning within each subsystem. For instance, for AS 'the residents' quality of life in an institution' the question for QoILM cell 1 was: 'To what extent do you do things which you like to do in this institution?' For the same QoILM cell, but applied as AS to the organizational quality of the institution and responded to by the staff members, the question was: 'To what extent, in your view, does your institution attain its educational and/or treatment goals?' Similarly, for each QoILM cell (subsystem) the residents, staff members and external experts were asked to respond. What constitutes success or quality for each type of functioning is not dictated by the framework, nor implied by the questions. Instead, the respondents rate the quality of the AS's functioning on the basis of their own subjective conceptions.

Data collection

The QoILM consists of two questionnaires. The first measures subjective evaluations of the organizational quality of institutions serving young people (the AS is the organizational quality of the institution). This questionnaire was distributed among staff members and external experts. The second measures subjective evaluations of the quality of life of residents within such institutions (the AS is the quality of life of the residents within the institution). This questionnaire was distributed among residents and staff. (Staff reported their perceptions of the residents' quality of life, e.g. 'To what extent, in your view, do the residents do things that they like to do in this institution?') The overall quality of life of a resident within an institution (Q-res) was defined by the average of the scores in the sixteen subsystems that each describe one aspect of the quality of life. The overall organizational quality of an institution (Q-org) was defined by the average of the scores in the sixteen subsystems that each describe one aspect of the quality of an institutional organization.

QoILM questionnaires were designed by a panel of judges (psychologist, social worker, two directors of institution, sociologist, supervisor, mother & housewife) who conceptualized the contents of each subsystem and devised two questions for each subsystem.

According to the logic of the QoILM (Facet Theory), the relevant validation of the questionnaire is Construct Validity. This was obtained by FSSA (Faceted SSA) with a range of Coefficient of Alienation 0.190-0.220 and a range of Seprn Index 0.901-0.990. (The Coefficient of Alienation indicates the fit of the distance found in the FSSA with the correlation among the variables; the nearer the score approaches 0 the better the fit). The Separation [Seprn] Index measures the fit between the location of the variables with the facets. A score of 1.00 indicates perfect separation, a score of 0.00 indicates no separation. In addition, Cronbachs α was calculated with the following results: Personality Field α =.72-.89; Physical Field α =.67-.75; Social Field α =.75-.89; Cultural Field α =.73-.88; Expressive Mode α =.62-.78; Adaptive Mode α =.44-.68; Integrative Mode α =.62-.75; Conservative Mode α =.63-.77.

A Likert-type questionnaire with a scale of 1-7 was distributed among residents, staff members (including headmasters) and external experts (state supervisors) of 73 institutions. In each institution, questionnaires were distributed among a random sample of residents (20) and veteran central staff members: headmaster, social worker/ psychologist, head counsellor, educational director, chief mother/housewife, vocational coordinator, youth workers, (up to 7 staff members, depending on the size of the institution). The quality of the residents' life (Q-res) was evaluated by residents and staff. The organizational quality of the institution (Q-org) was evaluated by experts and staff. Additionally, headmasters responded to questions regarding base-variable characteristics of the institution (e.g. the size, structure and regime of the institution, the residents' gender make-up and composition and supervision of staff). Altogether, 1460 residents, 349 staff members, 72 headmasters (one headmaster did not respond) and 15 experts responded to the questionnaire.

The selected residential institutions are located in Israel, supervised by the Ministry of Labour and Welfare, and administered either as voluntary agencies or as private business ventures. They range in size from large young people's villages (500 residents) to small family-like group homes. The residents are boys and girls aged 6 to 14. Complete responses were obtained for 46 institutions (920 residents, 302 staff members and 15 experts); expert responses could not be obtained for 27 of the selected institutions. Of these 46 institutions, 24 provide 'regular education' (youngsters who do not manifest special difficulties), 13 provide 'special treatment' (specialized treatment-oriented interventions), 3 provide 'mixed treatment' (regular education with treatment groups) and 6 provide 'family-like' treatment (up to 20 youngsters living in a 'family-like' setting while attending school and some recreational activities within the community).

Findings

Differentiation

Partial Order Scalogram Analysis by Coordinates (POSAC)⁽¹⁾ (Shye, 1985a, 1989) was used to determine whether the evaluations yield distinct levels of organizational quality of the institution (as perceived by experts and staff) and of quality of life within an institution (as perceived by residents and staff). This method was selected because it is especially suitable for the comparison of different profiles, one for each institution, each consisting of many (in our case 16)

different scores. We obtained profiles from the residents (Q-res), staff and experts (Q-org). POSAC depicts the order of the profiles from high to low, according to the smallest number of scores which still maintain the representation of the scores and their respective places in the hierarchy. This calculation produces a map in which all institution profiles were ordered in a space with x and y coordinates, retaining the respective order of each profile. The Quality of Fit score shows the percentage of the profiles represented.

The analysis revealed four distinct levels of quality of life for residents in the institutions (Q-res), which we designate as 'very good', 'good', 'fair' and 'weak'.

[See chart 2] The analysis further revealed three distinct levels of organizational quality of the institution (Q-org), which we designate as 'excellent', 'intermediate' and 'inferior'. The labels for the different levels are incidental; by the same token they could have read 'Very High' 'High' etc.) [see chart 3]

Chart 2. *Quality of Life of Residents (Q-res)*

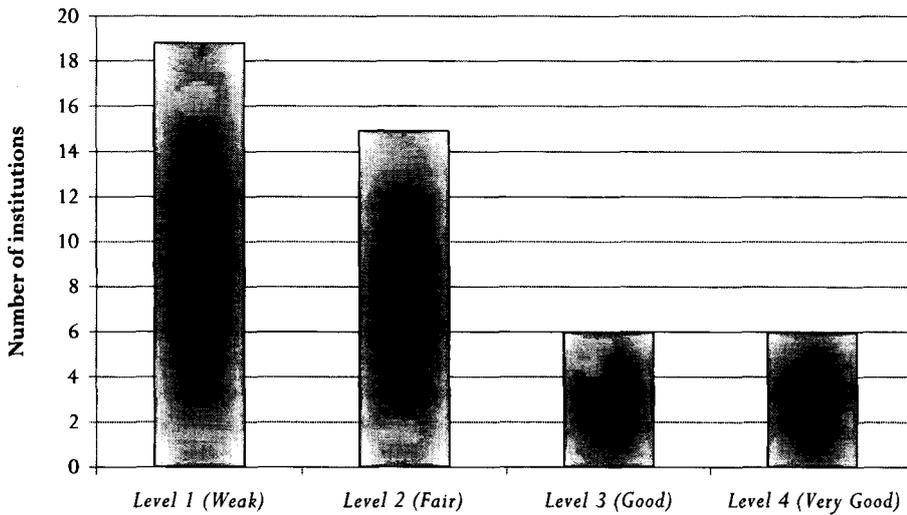
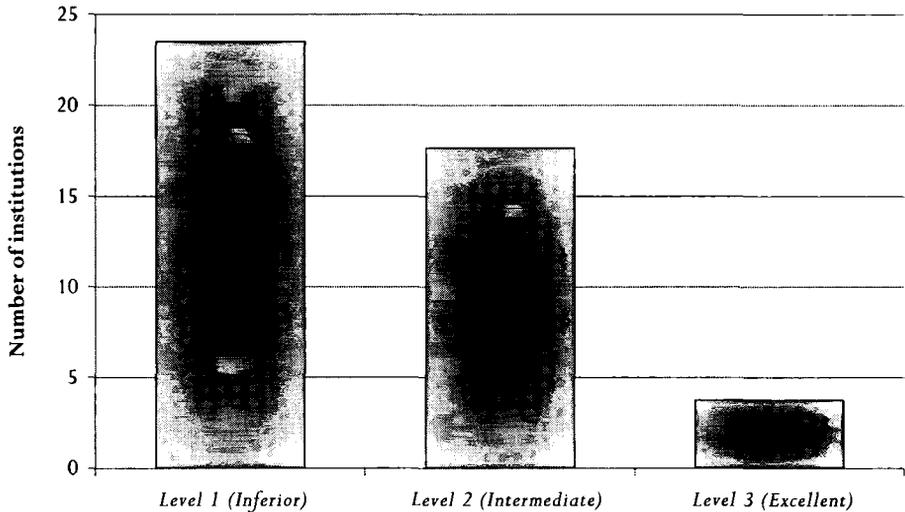


Chart 3. *Organization Quality of Institution (Q-org)*



Trends

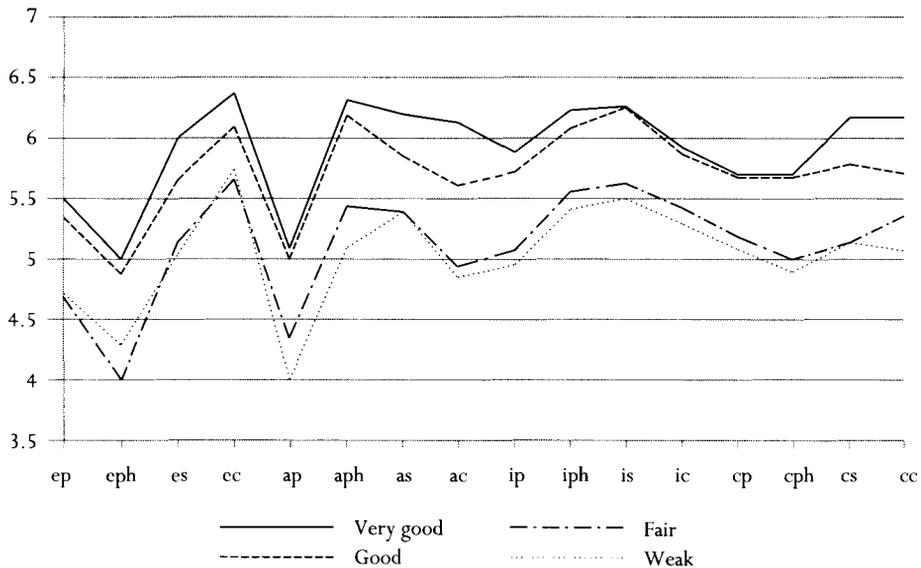
No institution was evaluated lower than the midpoint (3.5) of either the Q-res or Q-org scales. None of the 16 subsets in the Q-res scale was evaluated lower than the midpoint (3.5).

However, only 12 (26%) of institutions were on the top two levels ('very good' or 'good') of the residents' and staff members' evaluations of the quality of life, while 34 (74%) were evaluated on the bottom two levels (fair or weak) [See chart 2] Similarly, only 4 (9%) institutions came out at the top level ('very good') of the experts' and staff members' evaluations of the organizational quality the of institution, while 18 (39%) institutions were scored at level 2 ('intermediate'), and 24(52%) institutions at level one ('inferior'). [See chart 3] These findings indicate that, within the range of 1.0-7.0 on the scale (shown from 3.5), only a minority of institutions earn a high QOILM ranking.

Relative importance of each subset in the QoIL

An analysis was carried out to determine the relative importance of each subsystem or group of subsystems to the residents' overall evaluation of the quality of life. Profile Analysis⁽¹⁾ of the four levels revealed no significant differences [$F(45,90=0,95)$; NS]. As is evident from chart 4, the four levels differ in the extent of Q-res as measured by averages, but not in the structure of the profiles. This finding will be discussed later in this paper.

Chart 4. Q-res by Levels



Discussion

The experts' and staff members' perception of the organizational quality of an institution for youngsters can be described by a general measure, the Q-org. In this study the Q-org distinguished three distinct levels of organizational quality. The residents' and staff members' perception of the quality of life for residents in an institution for young people can be described by a general measure, the Q-res. In this study the Q-res distinguished four distinct levels of the quality of life in these institutions. The finding that no Q-res rankings were lower than the midpoint of the scale suggests that residents do not face seriously substandard conditions in any of the institutions. However, the clustering toward the low end of the 3.5-7 range in both the Q-res and the Q-org indicates that there is significant room for improvement.

Assessing the quality of institutional care is a complicated process. The focus is usually on variables which are selected by the dictates of a psychological and/or sociological theory. However, there is no certainty that such theories actually describe real life (within institutions or outside). It is true that single content indicators point to the relative rank of the respondents; so do scales of achievements, measures of intelligence, assessments of personality and so on. However, the concept of care implies an aggregate of balanced attention directed towards the person as a whole; this wholeness is difficult to capture with the traditional instruments. The QoILM and its parent, the SQLM, attempt to approach this problem from a Facet Theoretical point of view. This means that the SQIM theory assumes certain functions/needs

which, as hypothesized, are the necessary constituents of a human system, notwithstanding the psychological or sociological theory that describes it. A given theoretical statement is just one additional item in a Facet, to be or not to be empirically validated. In the case of institutional care, this means that the QoILM assesses the respondent's subjective and general evaluation of the subsystem (cell) and consequently of the system as a whole. The institutions were ranked according to the score-values given by the respondents. Thus the relative height of the score was regarded as the measure of the rank. However, Quality of Life not only has a quantitative aspect, measured by the scores, but also (and perhaps principally) a qualitative aspect which can be described by its structure. The profile structures (Chart 4) are shown using profile analysis based on conventional statistics.¹³⁾ The structure of the Q-res profiles at different levels is similar, and the difference between the overall Q-res levels is not connected with the score of specific Q-res subsystems. The respondents' overall evaluations of the quality of life appear not to be based on their evaluation of the quality of a specific subsystem or group of subsystems; the profile of the subsystems appears to be determined by the experience of living in a residential institution - not by specific aspects of institutional life. A possible interpretation of this finding is that residents evaluate life in an institution by the *Gestalt*: institutions are ranked as high or low Q-res because of the individual respondent's *overall* life experience. It should be noted that the profile structure does not necessarily reflect the structure of the quality of life. This aspect, which may very well differ among different organizational settings, will be presented in a forthcoming paper.

No single profile structure dominates either perceptions of the quality of life or the organizational quality of an institution (not shown). The institutions examined in this study range from large to 'family-like', urban to rural, and 'regular' to 'treatment-oriented'.

These factors were each carefully considered by program designers and founders. However, none influenced the experts', staff members' or the resident's perceptions of quality. It appears that specific factors usually considered in program development and funding do not determine the quality of life.

This finding could be supported by studies of youth programs in other settings. For example, it has been found that the factors usually considered by researchers, policy-makers and financiers (e.g. organizational type, strategy and focus) do not determine the success of inner-city neighbourhood youth organizations, while many aspects of the *process* of adolescent development and the *interaction* between organizations and their adolescent target group were apparent in all successful organizations (they all establish a safe environment, listen to the youngsters, offer opportunities, provide real responsibilities and real work, maintain clear rules and discipline, and focus on the future) (McLaughlin, Irby, & Langman, 1994).

As illustrated by chart 4, there are no significant structural differences between the profiles of the four quality of life levels. On each level three subsystems - expression in the personality field (ep), adaptation in the personality field (ap) and expression in the physical field (eph) - received relatively low scores. The other subsystems also tend to show their respective loci in a similar fashion. While there are differential evaluations of the subsystems within each level, the profile holds a dominant similarity.

It may be possible to arrive at some generalizations. It seems that residents evaluate their self actualization, their physical activity and their personal recreation as relatively low irrespective of the actual quality of life. The very fact that residents are away from their families may restrict their sense of self actualization, confine their perception of physical activity (freedom) and place them in a situation where personal recreation (relaxation) is reduced.

The assessment of the quality of life by the QoILM is also an assessment of the effectiveness of an action system (here the residents' life and the institution as an organization), since goal attainment within the system is included in the 'expressive' function, its adaptation to the environment is included in the 'adaptive' function, its internal processes are included in the 'integrative' function, and its strength and stability are included in the 'conservative' function. We consider the quality of life of an action system to be an all-encompassing indicator of the AS's effectiveness.

Within institutions, staff and youngsters are expected to form relationships, perform activities and engage in constructive (therapeutic/rehabilitative) interactions, all of which require a degree of motivation from the different actors involved. This level of motivation effects the depth of relationships and the level of resident participation in organizational activities and, by extension, the extent of a resident's cognitive, emotional and behavioural change and growth (outcomes). Participation in and motivation with respect to the institution's transactions can be considered confluent variables in creating a change-inducing environment (Wozner, 1990). Both can be developed and maintained by two variables: agreement with institutional goals, and a positive (rewarding) Contingency Contracting Process (CCP) (Wozner, 1990). Even if some members (residents and staff) do not initially agree with the goals of their institutions, tangible and symbolic rewards (positive CCP) will increase the members' participation and motivation, and will eventually lead them to embody institutional norms. The extent to which residents experience a high degree of motivation and participate in institutional activities can be measured by their reported quality of life. It is unlikely that in a poorly motivated non-participant institutional environment residents evaluate their quality of life as high.

Conclusion

The evaluation of institutions by the QoILM is intended to provide a general assessment of an institution or a number of institutions. The comprehensive nature of the QoILM also permits the comparison and ranking of institutions (out-of-home settings). The comparison of profile structures allows more detailed scrutiny of settings and also the establishment of hypotheses concerning institutional care. Further study is needed to examine possible *quality of life structure* differences among settings with different *organizational structures*.

The study reported here was carried out in Hebrew; all the material still needs to be translated. We hope to be able to do this in the near future and thus make it available to interested parties elsewhere.

Authors' note

The Authors wish to thank Thaddeus Ferber for his helpful comments and for his editorial work.

The research for this paper was sponsored by the Service for Children and Adolescents of the Israel Ministry for Labour and Welfare and by A.S.I. The editorial work was funded by The Forum for Youth Issues of the Bob Shapell School of Social Work and ELEM-Youth in Distress.

Notes

- 1 Partial order scab gram analysis (POSA) or the more specific partial order scalogram analysis by base coordinates (POSAC) is a multivariate data analysis technique for processing and graphically depicting non-metric data. Specifically, POSAC is used for scaling individuals by the smallest number of scales logically consistent with the complexity of the data (Shye 1985). It is characterized by its focus on order relations that exist among objects, where the objects, in most usages, are the score profiles of individual subjects to be scaled.' (International Encyclopedia of Education, 2nd Ed. 1994.4308A316). For a more in depth understanding of this technique see. Shye, S. *Multiple Scaling. The Theory and Application of Partial Order Scalogram Analysis* North-Holland, Amsterdam-New York-Oxford, 1985. (This program is now available in New Statistics, SYSTAT, 1997. SPSS Inc. LTS.)
- 2 Profile Analysis is a special application of MANOVA in which several dependent variables are measured all on the same scale. The major question to be answered by PA is whether profiles of groups differ on a set of measures. (Tabachnick, B.C. and Fidell, L.D., 1979, *Using Multivariate Statistics*, Harder Colleens College Publishers)
- 3 In a forthcoming paper we hope to present a facet theory based structural analysis.

References

- Belknap, I. (1956). *The Human Problems of a State Mental Hospital*. New York, NY: McGraw Hill.
- Bettelheim, B. (1950). *Love Is Not Enough: The Treatment of Emotionally Disturbed Children*. New York, NY: Free Press.
- Cataldo, N.F., & Risley, T.R. (1974). Evaluation of Living Environments: The Manifest Description of Ward Activities. In P.O. Davidson, F.W. Clark & L.A. Hannerlync Eds.), *Evaluation of Behavioral Programs in Community Residential and School Settings*. Campaign, IL: Research Press.
- Clemmer, D. (1940). *The Prison Community*. Boston, MA: The Christopher Publishing House.
- Foucault, M. (1973). *Madness and Civilization: A History of Insanity in the Age of Reason*. New York, NY: Vintage Books.
- Foucault, M. (1975). *The Birth of the Clinic: An Archaeology of Human Perception*. (A.M. Sheridan Smith, Trans.) New York, NY: Vintage Books.
- Foucault, M. (1979). *Discipline and Punish: The Birth of the Prison*. (A. Sheridan, Trans.) New York, NY: Vintage Books.

- Goffman, E. (1961). *Asylums: Essays on the Social Situations of Mental Patients and Other Inmates*. New York, NY: Doubleday.
- International Encyclopedia of Education*, 2nd Ed. 1994:4308-4316.
- McLaughlin, M., Irby, M, & Langman, J. (1994). *Urban Sanctuaries*. San Francisco, CA: Jossey Bass.
- Moos, R.H. (1974). *Evaluating Treatment Environments: A Social Ecological Approach*. New York, NY: Wiley & Sons.
- Moos, R.H. (1975). *Evaluating Correctional and Community Settings*. New York, NY: Wiley & Sons.
- Moos, R.R. (1979). *Evaluating Educational Environments*. San Francisco, CA: JosseyBass.
- Redl, F. & Wineman, D (1951). *Children Who Hate*. New York, NY: Free Press.
- Sarry, R. & Selo, E. (1974). Evaluation Process and Outcome in Juvenile Corrections: Musing on a Grim Tale. In P.O. Davidson, F.W. Clark, & L.A. Hamerlynck Eds.), *Evaluation of Behavioral Programs in Community, Residential, and School Settings*. Campaign, IL: Research Press.
- Shye, S. (1979). *A Systemic Facet-Theoretical Approach to the Study of Quality of Life*. Jerusalem, Israel: Institute of Applied Social Research.
- Shye, S. (1985a). *Multiple Scaling: The Theory and Application of Partial Order Scalogram Analysis*. Amsterdam: North Holland.
- Shye, S. (1985b). Nonmetric multivariate model for behavioral action Systems. In D. Cantor (ed.) *Facet Theory: Approaches to Social Research*. New York: Springer.
- Shye, S. (1989). The Systemic Life Quality Model: A Basis for Urban Renewal. *Social Indicators Research*, 21, 343-368.
- Stanton, A.H. & Schwartz, M.S. (1954). *The Mental Hospital*. New York, NY: Basic Books.
- Wolins, M. & Wozner, Y. (1982). *Revitalizing Residential Settings*. San Francisco, CA: Jossey Bass.
- Wolins, M., Wozner, Y. & Shye, S. (1980). Rejuvenating the Asylum: A Field Study. *Social Work Research and Abstracts*, 16, 17-25.
- Wozner, Y. (1982). Assessing the Quality of Internat Life. *Human Relations*, 35, 1059-1072.
- Wozner, Y. (1990). *People Care in Institutions: A Conceptual Scheme and its Application*. New York, NY: Haworth Press.
- Wozner, Y., Golan, M., Arad, Davidson, B. & Dekel, B. (forthcoming). Aspects of disagreement between staff members and residents - evaluation of the quality of life in institutions.