

Group Homes

A group home is a community-based, long-term facility in which juveniles are allowed extensive contact with the community, such as attending school or holding a job. Group homes of many different kinds gained popularity as an intervention for juvenile offenders ever since Father Flanagan established his famous Boys Town in 1917. Group homes (which include halfway houses) are used by a number of youth-related public welfare agencies, including juvenile justice, child welfare, and mental health (Ryan et al. 2008). Each home typically serves 5 to 15 clients, who are placed there as result of a court order or through interactions with public welfare agencies. Group homes are considered less restrictive than juvenile detention centers but more restrictive than family foster care placements. They are generally staff-secured as opposed to locked facilities, and there are generally fewer restraints on how youth can interact with the community (Curtis, Alexander, and Lunghofer 2001).

Lack of a Standard Definition

Group homes typically fall under the category of residential group care. Although there are differences between group homes and other types of residential care (such as residential treatment centers), the research literature provides few clear differentiations between the different types of placements used for juveniles and at-risk youth (Curtis, Alexander, and Lunghofer 2001). In the 2008 Juvenile Residential Facilities Census, over 100 facilities self-identified as both residential treatment centers and group homes (the group home/residential treatment center combination was the most common facility type combination; [Hockenberry, Sickmund, and Sladky 2011]). A lack of standardized definitions and the variability in program characteristics makes it problematic when trying to generalize findings from evaluation research.

Target Population

Youth may be placed in a group for a variety of reasons, including parental abuse or neglect, behavioral problems, and delinquent behavior. Youth in group homes are likely to be older (15–17 years old), male, minority, have a range of emotional/behavioral issues, and have had prior involvement with the juvenile justice system (Ryan et al. 2008).

Characteristics of Group Homes

The Juvenile Residential Facility Census, a biennial survey conducted by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), found that more than 660 facilities identified themselves as group homes. Group homes constituted 27 percent of all reporting facilities and held 10 percent of juvenile offenders in placement on the census date (Hockenberry, Sickmund, and Sladky 2011). Group homes and residential treatment centers (RTCs) outnumbered all other types of facilities included on the survey (though this finding may be misleading, as residential facilities are asked to

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self-report which type of facility they are and the survey does not provide definitions to differentiate between the various facility types listed, including RTCs, detention centers, training schools, group homes, ranch/wilderness camps, boot camps, reception or diagnostic centers, and runaway and homeless shelters).

The number of residents held in facilities that self-identified as group homes varied. Most (64 percent) reported currently holding 10 or fewer residents, and 31 reported currently holding 11 to 50 residents in the facility. About one-third of group homes reported being at their standard bed capacity; less than 1 percent reported being over capacity of their standard beds. Security features also varied across group homes. Thirteen percent reported using one or more confinement features, such as locked doors or gates, to restrict youth. Among group homes, 1 in 5 reported they had locked doors or gates to confine youth (Hockenberry, Sickmund, and Sladky 2011).

The dominant treatment approach being used in therapeutic group homes today is the Teaching Family Model, which was developed at the University of Kansas in the 1960s and replicated at Boys Town in the early 1970s (Phillips et al. 1974). This model relies heavily on structural behavior interventions and highly trained staff. Other group homes rely more on individual psychotherapy and group interaction (Satcher 1999).

Group homes generally do not provide academic instruction, but rather youth will continue to attend public schools during placement. The homes may have one set of “house parents” or a rotating staff. Some therapeutic or treatment group homes also employ specially trained staff to assist youth with emotional and behavioral difficulties. Although youth are supervised by staff 24 hours a day, staff members are usually not residents of the home.

Outcome Evidence

Studies suggest that adolescents placed in therapeutic group homes do experience positive effects on their behavior *while they are in homes*, but there is little, if any, evidence to suggest that treatment outcomes are sustained over time (Kirigin et al. 1982). A 1990 study by Chamernlain compared delinquent youth in specialized foster care to youth placed in group care. At the 2-year follow up, he found that more youth in group care had been reincarcerated. A recent study by Ryan and colleagues (2008) used propensity score matching to examine the relationship between group home placements in the child welfare system and the risk of delinquency. The results showed that the relative risk of delinquency for youth with at least one group home placement was almost 2 ½ times greater compared with youth in foster care settings.

Overall, there is little research to support the overall effectiveness of group homes, and the research available does have several limitations. One explanation for the disappointing long-term outcomes of therapeutic group homes may be the psychological profiles of their clients. Group homes are frequently seen as the “last stop” before secure detention, and the youth referred to them often suffer from serious mental or behavioral problems that have prevented successful placement in foster care (Satcher 1999). To increase the likelihood of long-term positive effects, it is important for group homes to be seen as only one step in a continuum of care – a continuum that emphasizes sustained treatment after discharge from the home (Lipsey and Howell 2004).

In addition, many researchers believe that small group settings that encourage fraternization among delinquents may actually promote disruptive and deviant behavior (Dishion et al. 1996). Association with deviant peers within a group home setting could increase antisocial attitudes and problem behaviors, leading to a variety of negative outcomes for youth through adolescence and into adulthood.

Additional rigorous research is needed to determine the effectiveness of group homes to address problem behaviors of youth and reduce risks of delinquency, and the possible deleterious effects of placement with deviant peers.

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