Shelter Care

Shelter Care provides nonsecure, residential placement to both delinquent juveniles and children temporarily in need of services. Youths can be placed in shelter care if they are awaiting adjudication, if they are unable to return home immediately, or if they are waiting to be placed in a more structured residential home. In general, youths are placed in shelter care when they are in some form of a crisis situation or in a state of transition. According to a 1999 evaluation of a short-term shelter for adolescents whose families were in crisis, the majority (62 percent) of youth were eventually reunited with their families, while 35 percent went to live in other noninstitutional settings (Teare 1999).

Characteristics of Shelter Care

Shelter homes vary widely in terms of the services they provide and the residents they serve. For example, some long-term shelter homes can hold a youth for 1 year or longer, while emergency shelters limit stays to 30 days or fewer (Koehn et al. 2011). Depending on the shelter, a youth can receive a service plan and assessment, medical screenings, individual and group counseling, in-house education, and access to food and recreational programming (Hicks–Coolick, Burnside–Eaton, and Peters 2003). Some youths receive aftercare follow-up or job training/placement services. Shelters generally provide a structured daily schedule and intense staff–resident interaction and allow limited outside visitors. According to the Residential Census of Juvenile Facilities of 2006, most surveyed shelters are privately held and about half hold 10 or fewer youths at a time.

Some locales use shelter care to hold preadjudicated youths as an alternative to more secure detention (Mogulescu and Caro 2008). This is common in cases of youths who have committed status offenses and is in line with the Juvenile Justice Delinquency Prevention Act's Deinstitutionalization of Status Offenders requirement. The requirement states that holding a youth in secured custody for a status offense (e.g., drinking, truancy, running away) is generally against Federal statutes (with some exceptions).

Youths who enter a shelter may be suffering from abuse, neglect, or mental health disorders or have prior involvement with the criminal justice system (Litrownik 1999). Thus, many youths in shelters are likely to have emotional and behavioral problems as well as other special needs and concerns (Votta and Manion 2003). While shelters may provide some form of stability and assistance to youths, they may also be plagued by problems such as bullying, theft of private property, and overcrowding (Dalton and Pakenham 2002).

Outcome Evidence

A 2006 evaluation of a Managing Youth in Short-Term Care program, which trains emergency shelter staff, found positive outcomes for shelter-wide incidents such as incorrigible behavior and violence against other youth (Barth 2007) when the program was implemented. The program was developed by the Girls and Boys Town National Resource and Training Center and was adapted from the Teaching Social Skills to Youth curriculum (Dowd and Tierney 1992). The program concentrates on enhancing interaction between youth and staff and on daily teaching of social skills through a therapeutic teaching method. According to the evaluation, the total combined incident rate (violence, injury, runaway, etc.) declined from 1.81 incidents per youth each month before implementation to 1.25 incidents per youth postimplementation, a statistically significant difference. Responding to behavior incidents (e.g., use of restraint, seclusion) showed the greatest significant decrease (40 percent). However, runaway incidents significantly (attempt or running away) increased over time.

A 2006 study of homeless and runaway youth showed that emergency shelter services can be useful in preventing future substance use (alcohol and illegal drugs) in residents postdischarge. Youths using emergency shelter and crisis services in the Missouri, Iowa, Nebraska, Kansas Runaway and Youth Services Network were found to have decreased substance use 6 weeks and 3 and 6 months after their discharge date (Pollio 2006). All State networks provided similar emergency shelter and crisis services, including short-term basic shelter, crisis support, and counseling.

These two evaluations show that shelter care can potentially have positive effects on the recidivism of juveniles, but more research should be carried out in regard to which programs work best for different populations in a shelter care setting.

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