

Hope in Child and Youth Care: An Ecological Perspective

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A thesis submitted to the Department of Child & Youth Study
in partial fulfillment
of the requirements for the degree of
Master of Arts (Child and Youth Study)

June 12, 2006

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ISBN: 978-0-494-34578-8

Our file Notre référence

ISBN: 978-0-494-34578-8

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ACKNOWLEDGEMENT

I would like to be able to acknowledge and give thanks for all of the guidance, hard work, generosity, and dedication of my Thesis Advisor, Dr. Michael Fitzgerald, in helping me realize one of my dreams in my career as a Child and Youth Care Worker. His gifted thesis idea, suggesting the topic of hope, a part of his ongoing research, struck a meaningful chord for me. As well, I would like to thank the other members of my thesis committee, Dr. Carmel French and Dr. Deborah Norris, both of who supported my ideas and encouraged my work in regards to this study. Finally, I would like to thank all of the youth and staff participants in this study for sharing all of their experience and expertise in order to help make a difference.

DEDICATION

I would like to be able to thank my partner, Diana, who travelled a long road with me over the last few years, for all of her support. As well, I would like to thank all of the staff and youth that I have been privileged to meet over my years as a Child and Youth Care Worker. In our journeys together, you have allowed me to share a piece of your lives and you have taught me many things. I hope I made some of you smile. I dedicate this work to all of you.

ABSTRACT

Hope involves having a direction in life, combined with external support and internal spirit, which enables people to move forward on a diversity of personal life long dreams. Too often, challenging life circumstances, contexts, labelling, and expectations lead to hopelessness and its consequences, such as a loss of dreams or life purpose. Child and Youth Care practice is based upon caring relationships that occur within the very life context in which children and youth exist and uses an ecological perspective. Parallel 'marginalizing journeys' can develop within youth-serving programmes that co-join to create an atmosphere of hopelessness, to the detriment of the youth, the workers, and the organization (i.e., 'burnout' or 'delinquency'). Given that youth services look to promote youths' sense of security, self-worth, efficacy, and optimism, and that organizations and staff should also be equally secure and healthy, there is a critical need to better understand factors surrounding the role of hope and its impact upon daily Child and Youth Care practice.

Other studies generally look at one group's experiences of hope or hopelessness but little is known about how two highly interactive groups impact each other's level of hope. Through the use of qualitative methodology this study looked to discover pertinent themes and concepts aimed at a better understanding of the dynamics surrounding the role of hope and its interactive effect upon daily Child and Youth Care practice. Focus group discussions were, respectively, held with youth and youth care staff connected with residential and/or community-based youth service programmes. Qualitative analysis of the focus group discussions resulted in the identification of four major categories, *Generating Hope*, *Elements and Sources of Hope*, *Dynamics and Patterns of*

Hope, and *Generating Hope*, and three principal influences, *Relationships and Activities*, *Tensions*, and *Peer Support* upon the daily states of hope and hopelessness, on the part of participant staff and youth. Recommendations for staff, youth, and other key stakeholders are offered to promote the development and maintenance of hope for all participants within youth care programmes, settings, and daily supportive interactions.

A Window of Hope

** Note: Jason is a pseudonym to protect the identity of the youth.*

Jason could always make someone smile. He teased the older girls relentlessly and played hard with staff whether the activity was swimming, running, football, or catch. He loved to go camping. When he didn't like something he would always let you know that he didn't 'appeeshilate' that, throwing around big words and thrusting his chest out to look older and wiser than his twelve years. He had a big heart but already carried a burden of worry that no one his age should have to bear.

Why is Jason so special when he sounds like so many other youth in care whose lives have been interrupted by loss? One particular story comes to mind. Jason loved to release his hurt by pulling someone into a power struggle over any number of seemingly simple yet inflexible programme rules. Jason never liked going to bed earlier than some of the older residents, not wanting to miss a single moment of what was going on. He kept his curtains open at night and after lights out or at bed check we would sometimes find him staring out his window. Staff's automatic assumption was that he was 'flashing' the nearby girl's residence in a common game we had seen played many times before by other youth. We would shut his curtain only minutes later to find that he would have it wide open again. Jason would get angry at our insistence that he keep his curtain closed and sometimes staff even had Jason move to another bedroom where he couldn't access the curtain nor have a view of the other residences. This struggle continued for well over a week when suddenly Jason's mature and angry presence crumbled. He cried, and it was from within those tears that we at last understood that without a window, or with curtains closed, how was he to ever feel the presence of his

deceased father coming to him by the light of the stars and the moon? How was he to commune with his dad? He had never even been taken to see his father's gravestone.

This was one of Jason's windows of hope and spiritual connection. It makes me wonder if we sometimes forget to open ourselves to shared meanings and close the window on hope. I wish that in a small way this thesis keeps vital a memory of Jason's connection to the world and his belief in hope.

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Chapter I

INTRODUCTION

Statement of the Problem

Although certain professions are beginning to investigate the role of hope in such areas as psychology, nursing, and education, little inquiry to date exists about the role of hope and spirituality in Child and Youth Care. As outlined in recent research (Jevne & Williams, 1998; Lasson, 2002; Ungar, 2001), hope involves having a direction in life, combined with external support and internal central spirit, that enables people to move forward on a diversity of personal life long dreams. Too often, however, a person's dreams become lost within challenging life circumstances and contexts, or due to societal labelling and negative expectations that lead to hopelessness and its consequences (i.e., loss of dreams and life purpose, burnout, 'delinquency'). Child and Youth Care practice is based upon caring and relationships that occur in the very life context that children and youth exist. Research in Child and Youth Care practice (Waller, 2001; Taylor, 2003; Magnuson & Burger, 2002; Elsdon & Priest, 2001; Krueger, 2000) continues to highlight and develop an ecological perspective regarding the interactive and reciprocal effects between child and youth workers and the youth they serve, and between groups and their settings and environments (community or residentially-based youth care and support programmes). Within this dynamic involvement, a key concern emerges when parallel 'marginalizing journeys' develop within youth-serving programmes that co-join to create an atmosphere of hopelessness and despair, to the detriment of the youth, the workers, and the organization. Given the fundamental principle and intention of youth service to promote and increase, among

other things, the youth's sense of security, self-worth, efficacy, and optimism about the future, and for youth service organizations and their workers to be equally secure, healthy, and positively inclined toward the present and future, there is a critical need to better understand factors surrounding the role of hope and its impact upon daily Child and Youth Care practice.

Purpose and Aim

The purpose of this study is to explore the reciprocal meanings and experiences of hope and spirituality in the daily lives of residential and community-based programs' youth and Youth Care practitioners. In doing so, the research looks to increase knowledge within the Child and Youth Care field related to the conceptualizations of hope, the role and influence of hope (including the consequences of hopelessness), the sources of hope, and the interactive effects of hope in daily relationships among youth and youth care workers within youth serving environments. Knowledge gained from this study will be useful in determining what kinds of supports, services, and practices might best engender hope within youth service programmes, and in assisting youth care preparatory programmes in conceptualizing and placing themes and practices of hope in their education and training of future youth service workers.

Research Questions

- 1) How do youth and youth care workers perceive their daily living/work environments and their mutual interactions in terms of meeting their sense of wellbeing, meaning, and purpose in life?
- 2) How is the term 'hope' conceptualized by youth and youth care workers, respectively, and what, if any, other terms do they relate to 'hope'?

- 3) How do Youth Care practitioners and the youth they serve perceive the meaning, role, and place of hope in their daily lives and shared interactions?
- 4) What factors influence the development and presence of hope in the daily lives of youth in care and Youth Care practitioners?
- 5) What sources do youth and youth workers look to for hope in their daily lives?
- 6) What supports, resources, or Child and Youth Care practices are needed to cultivate hope within youth-serving services and programmes?

Definitions and Terms

For the purpose of this research the following definitions and terms will be utilized:

Youth – a person between the ages of 13 – 24, inclusive.

Resident – a youth who has been admitted to a local out of home, residential placement.

Member – a voluntary participant in a non-residential, community-based, Halifax, Nova Scotia programme serving youth with heightened needs such as mental illness and housing. The youth play a highly contributing role in programme development and peer support.

Staff – a Child and Youth Care practitioner in Nova Scotia. (See below for *Child and Youth Care practitioner*).

Clubhouse – an international programme model in which persons with mental illnesses self manage their own organization (e.g., administration, research, support groups, recreation, meals) while rebuilding support networks and independence. Members are supported with reintegrating into their community, and pursuing such goals such as returning to school or finding gainful employment.

Residential Programme or Group Home – a Greater Halifax based live-in facility that serves to provide out of home youth with basic shelter, protect youth from harm and facilitate the socio-emotional growth of youth who are experiencing difficulties in their lives.

Youth Shelter – a residential programme for youth ages 16 to 24, inclusive, that provides a safe place to stay while youth work with the programme's community case managers to reconnect with their community supports and services. The programme assists youth in pursuing such goals as independent living (in stable, affordable housing), employment, and/or further education.

Child and Youth Care practitioner – a professionally trained caregiver (commonly through a community college diploma or university degree in child and youth care programmes) who directly cares for children and youth in a variety of home and community settings (e.g., residential treatment centres, children's mental health centres, hospitals, schools, detention centres, and youth justice programmes). Child and Youth care practitioners attend to basic daily living needs, and through relationships and recognition of individual strengths, provide emotional support, and facilitate personal growth and development of youth in care.

Reciprocal interaction – is the process of mutual impact between individuals, individuals and their environments, and system-to-system interactive effects.

Homeless youth – a youth who no longer resides in the family home nor in a child welfare, residential setting and is in an unsafe and temporary living situation. This definition includes youth who have been out of home for 24 hours or more and are unsure where they will go next (McCall, 1992).

Chapter II

LITERATURE REVIEW

Hope in Child and Youth Care: An Ecological Perspective

Literature has developed that furthers our understanding of hope as a dynamic expression of emotion, meaning, and purpose that emanates from our human spiritual centres, and that critically examines the role of hope for both health care practitioners and those they serve through their respective programmes and services (Parse, 1999). Such literature examines not only the contextual layers surrounding us from a spiritual and hope-based discourse, but also addresses the many positive and negative, self and societal-influenced, internal, ecologically layered, schemas that effect hope. Jevne and Williams (1998), liken these contextual layers to the concentric shells of a Russian wooden doll that have evolved around our soul. According to the authors, however, too often family, school, expert professionals, and society push for what is expected of individuals and diminish or hide the evolution of our true 'authentic selves', thus diminishing hope (Jevne & Williams, 1998).

Uri Bronfenbrenner (as cited in Pellegrini and Bjorklund, 1998) is considered an early proponent and developer of Ecological Theory, which focuses on both the individual and on the context, whereby the social environment of childhood is viewed as consisting of interdependent, nested parts or systems. Children and youth grow up in multiple systems of influence across time: microsystems (immediate surroundings, family, school, peer group), macrosystems (culture, values, beliefs, and laws of society that influence government and community organization), mesosystems (the relationship and communication between microsystems), and exosystems (not directly experienced,

but influential such as parent workplace or government institutions) (Pellegrini & Bjorklund, 1998). Jevne and Williams (1998) have reconceptualized Bronfenbrenner's theory, understanding that as we age, we constantly assimilate internal narratives that result from our interactions with broader contexts or systems of influence. These narratives of lived experience and perception become 'Russian doll'-like layers of mental representations (schemas) that parallel or mirror our developmental exposure to the different micro and macrosystems.

Child and youth care professionals, who work with youth, families, and other professionals in a variety of contexts, are recognized for the highly interactive and mutually affecting nature of their daily contact with youth, and for the development of personalized relationships that evolve within varied settings and reflect an ongoing process of 'reciprocal interaction' (Maier, 2004). Bronfenbrenner's Ecological Theory also describes 'reciprocal interaction' as the process of relational bi-directionality between individuals and their environments, as well as system-to-system interactive effects, with the operative concept being *bi-directionality*, due to the imperative nature of the shared influence upon one another that naturally and critically occurs between youth and youth-supporting staff (Waller, 2001).

Hughes (2000) defines hope as a fundamental product of spiritual practices. Spiritual practices are not exclusively religious practices but instead are the activities and processes that people engage in to reflect on life, meaning, and connectedness, in order to attach to ever widening collectives (i.e., family, neighbourhood, community, society). Spiritual practices, and thus hope, are critical to assist youth in developing their sense of belonging, interdependence, generosity, independence, and mastery (Hughes, 2000). The promotion of resiliency, and the ability to bounce back from adversity, also

requires hope (Bowman, 1999). Jevne and William's (1998) 'authentic selves' then are our most inner resilient, spiritual, and hopeful selves that have become hidden by layers of societal narratives and expectations. While some attention, at least thematically, has been given to identifying and describing the interactive effects (emotional, psychological, behavioural, relational, developmental) of youth care work (Maier, 2004; Fewster, 1991; Brendtro & Larson, 2004; Krueger, 2000), only recently has the compelling dimension of spirituality been considered and applied to child and youth care practice (Scott, 2003; Bosacki, 2001; Jackson & Monteux, 2003), while the complementary topic of the interactive and reciprocal natures of spirit and hope, within a shared ecological context, remains relatively unexplored.

Views of Hope

Philosophers, theologians, and scholars have pondered about hope since time immemorial. Kant, in the 18th century, spoke didactically of 'hope for happiness' as evolving from worthy and moral conduct. To this day many tomes and inspirational publications offer words of guidance and 'hope' as sources of support given the increasing complexity of our modern daily lives. Recently, however, research in such areas as health and human development have cited not only the therapeutic benefits of hope within our human experience, but also the 'essential' nature of hope to our human functioning, well-being, and existence itself (Pilkington, 1999).

Godfrey (as cited in Pilkington, 1999) and Bloch (as cited in Pilkington, 1999) have both attempted to frame the scope and meaning of hope in human experience. Bloch's philosophy of hope speaks of a psychological process of the 'not-yet-conscious' approaching the 'not-yet-become' (as cited in Pilkington, 1999). Bloch, known for his

1986 volumes, *The Principle of Hope* (as cited in Halpin, 2001), likened hope to an utopia, a daydream projected into the future; however, Bloch (as cited in Halpin, 2001) also realistically envisioned hope as a dream that seeks present day concrete function and human action in the political form of socialism (i.e., to advocate against government overregulation that devalues, demoralizes, and diminishes trust, feelings of competency, and professionalism, of less traditional professions such as teachers.)

Godfrey (as cited in Pilkington, 1999 and Halpin, 2001), author of *A Philosophy of Human Hope* (1987), proposed that there were two kinds of hope: *ultimate hope* and *absolute hope*. In Godfrey's view, hope is a positive state, an openness of spirit, which is not based solely on looking ahead, but involves, also, active living, engagement, and being in the here and now.

Godfrey (as cited in Pilkington, 1999) describes *Ultimate hope* as a need to have movement towards the desirable and possible, if difficult to obtain. *Ultimate hope* recognizes that there are likely to be challenges and obstacles to overcome, and thus involves not merely empty optimism or false hope, but critical reflection about current circumstances (Halpin, 2001). Hope has a creative role in the development of imaginative solutions to life's barriers, thus encouraging outward vitality and openness towards one's environment and people within that context. Without hope there can be no planning, as hope becomes the impetus for experimentation, making choices, and taking risks (Halpin, 2001).

Absolute hope is a state of being with a future orientation, an openness of spirit and positive orientation to the world, and a sense of underlying good in society (Halpin, 2001). Halpin (2001), however, does make a distinction between his understanding of *ultimate hope* and 'optimism'. Optimism presents more as a, "...mood that misses the

ambiguity of the world, with the result that it fails to consider seriously its negative features” (Halpin, 2001, p.401). A state of optimism lacks the critical reflective nature of ultimate hope, and may give rise to insensitive and callous behaviour towards others, diminishing relationships by its ‘blindness’ (Halpin, 2001). Hope involves fellowship, sharing of thoughts, reciprocity, humility, patience, and deep faith and belief (Pilkington, 1999). Despair is the nemesis of *absolute hope* and leads to a cynical belief in the status quo (Halpin, 2001).

David Halpin (2001) also draws upon ideas from neurophysiologist, Lionel Tiger, who believes that, “...hope is not only necessary for individual people in their various enterprises, it is also an essential vitamin for social processes. If everybody awoke each day to announce ‘It’s hopeless’, there would soon be no plausible tomorrow and no continuous social arrangements” (as cited in Halpin, 2001 p. 398).

Extending philosophical conceptualizations of hope, qualitative and quantitative examinations of hope have furthered our understandings of underlying processes that impact its development. Ronna Jevne and Donna Reilly Williams (1998) critically examined hope, professional caregivers, and burnout in an Alberta Teacher’s Study conducted by the Educational Psychology Department of the University of Alberta (1992). From their research, the authors view hope as the ability to re-seek the *possible* and the *imagined*, “...for it is only through your imagination that you will open yourself to the possibilities of life” (Jevne & Williams, 1998, p.142). Hope, in their view, is based upon fulfillment of dreams, whereas hopelessness and its consequences occur when dreams are shattered (Jevne & Williams, 1998).

Snyder, Feldman, Shorey, and Rand (2002), represent part of a small group of researchers who have directed attention towards understanding hope in children and

youth, propose that hope is best understood as not a passive emotional occurrence but rather as an active process of individual goal pursuit. Snyder et al. (2002), also construct hope in dynamic terms, viewing it as a reciprocally derived sense of *agency* (i.e., goal-directed determination – ‘willpower’) and *pathways* (i.e., planning to meet goals – ‘waypower’). According to Snyder et al. (2002), goals are ‘hoped-for’ outcomes that are achieved by behavioural actions. Pathways are cognitive plans or thinking of routes to achieve goals with alternate plans for when barriers are encountered. “Agency cognitions are the thoughts that fuel the goal pursuit engine...” (Snyder, Feldman, Shorey & Rand, 2002, p.299) with thoughts such as, ‘I think I can...’ or ‘I should be able to...’ both initiating and motivating movement along the planned pathways to achieve the outcomes. Pathways and agency influence one another reciprocally. A person’s ‘global hope’ is their perception that they will be able to generate adequate pathway and agency thinking. While someone may have an overall high sense of global hope, they may have low ‘life domain-specific’ hopes. At the most direct level, while some people may have high global and life domain hope, they may still have low ‘goal-specific’ hope. Snyder et al. (2002) provide an example where a student may have high global hope, high academic domain specific hope, yet have low goal-specific hope towards one subject, mathematics. All hierarchies of hope domains can influence each other and are developmentally sensitive. Failing at a goal-specific domain or at a number of goals may affect life-domain hopes, in turn leading to decreased global-domain hope levels. Since younger children do not have the same number of life-domain experiences an adolescent would have to draw from, they do not have as many life-domain hope experiences to generalize to new life domain goals. Accordingly, if a young adolescent already has low

global hope, he or she may generalize that low hope into new life domains even though they have no record to base their beliefs on (Snyder et al., 2002).

Rosemary Parse (1999), in *Hope: An International Human Becoming Experience*, notes that little research exists on hope outside of an illness perspective and even less research exists that examines hope in children. Parse's theory of hope proposes that hope needs to be understood as a holistic human experience rather than only as a coping mechanism. In addition to seeking evidence of hope through quantitative assessments, expressions of human hope need to be gathered and qualitatively analyzed/organized in order to derive the inner meanings and shared themes of these experiences (Cutcliffe and Herth, 2002). Parse (1999) found several distinct experiences of hope around the world:

- “Hope is the envisioning of nurturing engagements while inventing possibilities” (Baumann, 1999, p.206). ‘Envisioning’ is about being able to visualize one’s world as generally structured and good. ‘Nurturing engagements’ signifies memories of helping, loving connections as well as those struggles to be close to others. ‘Inventing possibilities’ speaks to moving beyond with creative imagination to make something present that wasn’t there before (Baumann, 1999).
- “Hope is picturing attainment in persisting amid the arduous, while trusting in potentiality” (Cody and Filler, 1999, p.221.) ‘Picturing attainment’ compares to envisioning success, even yearning for what is not yet, while possibly living in deprivation. ‘Persisting amid the arduous’ refers to perseverance in the face of difficulty and ‘trusting in

potentiality' means believing in tomorrow, having faith and knowing it can be done (Cody and Filler, 1999).

- "Hope is envisioning possibilities amid disheartenment, as close alliances with isolating turmoil surface in inventive endeavouring" (Bunkers, 1999, p.244). 'Envisioning possibilities amid disheartenment' expresses the belief in considering tomorrow's opportunities while realizing there will be discouragement, contrasting the ideal with the actual. 'Close alliances with isolating turmoil' speaks to the paradoxical rhythm of feeling close to others while at the same time feeling alone i.e., dealing with mental illness while being with other mental health consumers. 'Inventive endeavouring' depicts resilient pushing forward with others toward new opportunities even if one is unsure of what is next (Bunkers, 1999).

Accordingly, Rosemary Parse and her colleagues (1999) view hope as existing somewhere in the midst of many different paradoxes of *relationship* (closeness yet aloneness), *belief* (certainty versus uncertainty), *truth* (contrasting the ideal with the actual), and *possibilities* (something out of nothing), while being an experience connected to quality of life.

While many scholars (Pilkington, 1999; Jevne & Williams, 1998; Snyder et al., 2002; Cutcliffe & Herth, 2002; Halpin, 2001; Parse 1999) have helped to broaden the conceptualization of hope through their varied perspectives (e.g., theological, philosophical, cognitive behavioural, dream fulfillment, and lived paradoxical experience), it is apparent that hope shares meaning with other closely related concepts such as 'spirituality'.

Hope-Related Spirituality

Blankstein and Guetzloe, (2000) define 'hope' as a sustaining life force (spirit) that provides meaning, reason, and direction in one's existence. Similarly, Bosacki (2001) views hope and spirituality as a lifelong search for meaning and purpose through which we endeavour to make sense of ourselves and the world by creating our own stories and playing out their parts in our lives. While spirituality may contain religious components, these may not be a defining part in all persons' lives. According to Bosacki (2001), spirituality is constructed through '*relationality*', both inter-personal (self's relation to the world and others) and intra-personal (self's relation to inner voice to allow construction and reconstruction of story). Through relationality we develop a connectedness to ourselves and the world around us, as well as building a genuine understanding of peoples' kindness and goodness (Bosacki, 2001).

Bosacki also envisions spirituality in more encompassing, non-traditional, and less threatening pursuits. She believes that spirituality is about the connection to one's inner self, strength, beauty, and creativity, as well as a connection to the world. Spirituality involves the rhythm and flow of activities that makes us feel in connection and synchrony with our inner and outer worlds. For example, art, music, drama, sitting in self reflection, quiet contemplation, meditation, yoga, walking, sports, camping or anything that lets us commune with thoughts, experience feelings, or leaves us refreshed and replenished afterwards can be considered a spiritual pursuit (Bosacki, 2001). However, not everyone has the same definition or conception of spirituality and, as with all human constructions, it evolves and develops along different pathways. Bosacki (2001) contends that spiritual development is a lifelong path and that an adult's

understanding of the concept of spirituality may be quite different than that of a youth or a child.

Scott (2003) has extensively studied spirituality in children and youth and directly references how the UN Convention on Rights of the Child (1991) and the Association for Child and Youth Care Competencies for Professional Child and Youth Practice (2001) both identify spiritual development as part of the lives of youth. According to Scott (2003), spirituality is not synonymous with speaking about “God”, per se, but is defined as *relational consciousness* in children through the use of three sensitivities: awareness, mystery, and value. Scott (2003) argues that much of what is proposed for children’s spirituality is quite likely based on adult notions of reflecting on past, present, and future experiences. Children themselves, on the other hand, live more in present time encountering events that inspire them with *awe* (wide emotional ranges) and *wonder* (curiosity), viewed through a lens of innocence and mystery. Although children likely do experience flashes of “vision”, defined by Scott (2003) as being connected to more than their own identity and personal space, they are often unable to convey any sense of that meaning. While certain features of children’s spiritual growth do reflect elements of normative perceptual development, Scott’s work lends itself to such intriguing questions as: how might the relative presence or absence of awe-inspiring (hopeful) experiences in childhood and early adolescence influence the making of meanings and pursuit of dreams in later life?

Scott (2003) emphasizes that spirituality should not be viewed separately from other developmental processes considering how influenced it is by the development of self-narrative through dialogue, connection, and shared creation of meaning. In this regard, Bosacki (2001) notes how reciprocal influence of social narratives occurs within

key youth settings such as schools, where significant adults and youth co-construct meaning and knowledge at times by stereotyped cultural ‘scripts’.

Spirituality is derived from an openness to explore our experiences and inner meanings as we encounter the mysteries and wonders of life and the world (Scott, 2003). Spiritual yearnings build beliefs and worldviews, and ultimately drive and motivate behaviour. As such, there is growing recognition (Jevne & Williams 1998; Bertolino & Thompson 1999; Ungar, 2001; Elsdon & Priest 2001; Lasson, 2002) that child and youth care workers, and others who support youth, need to be aware of the development of hopeless, self-marginalizing stories both in themselves and within the children and youth with whom they work, as well as understanding how to inspire hope.

Inspiring Hope

Snyder et al. (2002) outline that the presence of chaos, instability, and unpredictability in the world of a young child will diminish his/her development of hope. In this regard, Snyder et al. (2002) have identified a strong relationship between perceived lack of control and depression, which may occur because the development of hopeful thinking is disrupted: “Development of hope is sequential and builds upon initial stages of achievement; interruptions at any stage can compromise the formation of hope” (Snyder et al., 2002, p.304). Interruptions can result from an accumulation of life losses (e.g., related to death, relocation, or the demise of friendships and other significant relationships), illness, abuse, and trauma. However, interruptions (to the development of an individual’s level of hope) can also subtly occur, over greater periods of time, as a result of ever-present cultural stereotypes that negatively impinge upon our views and dreams of ourselves as we age (Bosacki, 2001; Scott, 2003). These views and

dreams are co-created between significant adults (e.g., parents, teachers, youth care workers, social workers) and the children and youth for whom they care. In these significant relationships there is an inherent risk that the adult's beliefs (shaped by powerful societal institutions) may help in the construction of negative self-narratives, or lack of spiritual meaning or purpose, for a child as they enter early adolescence. This void of positive narrative or dreams will greatly impact the development of hope in later adolescence and adulthood (Bosacki, 2001; Scott, 2003).

Jevne and Williams (1998) also speak of the need to recognize and maintain a balance of identities and dreams. According to these and other authors, a frequent human belief is that one is made up of only a sole character whose core embodies all of our shattered dreams and losses (Jevne & Williams, 1998; Bowman, 1999; Van Dierendonck, Garssen & Visser, 2002; Yiu-Kee & Tang, 1995). In this limited conceptualization, our hoped-for identity is often then tempered and kept hidden (as with the layered Russian doll containing consecutively smaller dolls nested within) by the views and labels with which society imbues us. Jevne and Williams (1998) contend that at a younger age, there are many characters deep in the centre of our being who inspire creativity and hope; however, as we approach and enter adulthood, societal expectations to narrowly focus on career choice or professional occupation may lead us to conceal our earlier dreams, resulting in a one-dimensional persona (or solitary dream) and we become increasingly prone to the phenomenon of "burn out" (diminished hope, lack of meaning in life, reduced energy).

Jevne and Williams (1998) and Choudari (2002) passionately express that children and youth are less powerful and more vulnerable to believing they are the sum accumulation of labels and 'toxic language' (Hughes, 2000) emanating from the

negative assessment of significant others and society at large. If youth have affirmative experiences, they build a resilient and positive spiritual core; however, if children and youth are so-labeled 'ill', 'disordered', 'bad', 'delinquent', 'stupid', or negatively otherwise, those personas conceal, unbalance or displace their central spirits. Jevne and Williams (1998) and Scott (2003) share the view that restoring hope becomes a process of rediscovering and revealing one's original core spirit so that one's *many* authentic beings (i.e., the 'astronaut', the 'scientist', the 'mechanic', the 'artist', the 'storyteller', the 'dreamer' – each symbolizing earlier life aspirations and dreams) that represent awe, wonder, meaning, inspiration, and motivation, might once again be recognized. Herth (1998) contends that hope is found in relationship, inclusion, meaningful involvement, curiosity and imagination, playfulness, humour, and success. Hope, as stated by Jevne and Williams (1998), Hughes (2000) and Snyder et al. (2002), evolves from being allowed the control to foster and pursue many varied creative activities and dreams in a safe and predictable world. According to Bosacki (2001) and Ungar (2001), achievement in many diverse activities allows for an incremental building of hope, allowing positive, spiritual conceptions of oneself, connections to significant others, and positive 'life scripts' rather than the adopting of negative labels. As youth workers, not only is it necessary to understand how to inspire hope but it is also necessary to be aware of hopelessness and its consequences.

Hopelessness

Jevne and Williams (1998) are first to point out in, *When Dreams Don't Work: Professional Caregivers and Burnout*, that burnout is not necessarily an experience exclusive to the adult career professional. They emphasize that children and youth are

similarly vulnerable to burnout as they experience loss of their authentic selves, dreams, and expectations, often eclipsed by the beliefs and expectations of significant adult caregivers and societal institutions:

The quality of interaction between an individual and his or her social context is a major contributor to health [burnout]... Hopelessness is then understood to be a result of a deteriorating relationship with one's social context [marginalization].

It is not a mental state but rather a *belief* about external possibilities and is highly interactive (Davidman & Schellenberg, 1999).

The impact of the reciprocally interactive processes of burnout in caregivers and youth within the same setting (e.g., social, educational, or healthcare) may produce a number of adverse outcomes, including increased instability, acting out or undermining behaviour, high turnover, absenteeism and running away, or a climate of 'hopelessness' that is difficult to overcome. Adolescents react to uncertain futures by abandoning hope, just as adults do; however, where youth are concerned, this hopelessness often leads to higher levels of risk-taking behaviour (Bolland, 2003).

Garfat (as cited in McElwee, 2001) also directs concern toward how organizational practices may contribute to worker marginalization and hopelessness:

...they [Child and Youth Care Workers] frequently began with an experience of wanting to help and to be of value but over the years they were told they were unimportant, told what to do, told they didn't know what they were doing, were discounted, assigned to insignificance, etc. Additionally supervision has consisted of criticism, correction and control. Not support and caring. (p. 7)

The outcome of the interaction between systemic (organizational) hopelessness and the concurrent loss of hope within youth and youth care workers may well be the corrosion

of not only the health and wellbeing of these stakeholders but of the essential principles and goals of quality youth care service. It is this interaction or reciprocity of hope and hopelessness that needs to be further explored.

Youth and Youth Worker Reciprocity

Mark Krueger (2000) speaks of central themes in child and youth care work, emphasizing that when care giving and care receiving become mutual processes, a nurturing human connection is formed. This process, however, takes time, patience, and persistence, with a strong focus on key themes such as: being there for youth, workers discovering self, understanding how feelings/issues impact work, and ability to care for one another by creating a supportive and caring environment for *both* workers and youth. Krueger (2000) states there needs to be an awareness that the patterns that care workers create for one another are interconnected with the patterns of care they create for the children/youth.

As Magnuson and Burger (2002) propose, there may well exist a parallel process of ‘thwarted development’ between youth care workers and the youth they care for. Mann-Feder (2002) also explores how workers may mirror, with teammates and management, actions that recreate their struggles with their clients. Both worker and youth uncertainty about their futures due to constant change or instability (i.e., youth placement ‘drift’ - multiple placements or moves) (Penzerro, 2003) may lead to mutual disillusionment and depleting of their hopeful spirits:

“If we don’t have hope, they won’t have hope” and likely over time, vice versa (Hughes, 2000, ¶28). Youth end up in child welfare, young offender, educational, and mental health systems’ residential, special education, or inpatient programmes often as a last

resort. They are labelled as social outcasts and become a part of a subculture that reinforces the belief that they do not belong in relationships within normal spheres of society (Lasson, 2002). Likewise, caregivers and programmes within these systems may view themselves as the services of last resort or feel blamed and incompetent while endeavouring to help fill the cracks in a faulty system. Reed, Lally, and Quiett (2002), apply the term “battered agency syndrome”, to encompasses the aforementioned feelings, and stress the sense of hopelessness felt by an agency’s workers who feel disconnected, unsupported, and blamed by peers, while seeing little progress result from their efforts within the underprivileged community. Workers and youth are often exposed to build-up of systemic hopelessness in ‘toxic’ working/living climates in which they feel a lack of control to make necessary change (Penzerro, 2003; Reed et al., 2002; Taylor, 2003).

Notwithstanding, recent study emphasizes the resilient nature of youth, families, educators, and youth workers (among others), given increased focus on multi-disciplinary approaches to care giving, as well preventative measures to diminish ‘burnout’ within/between these groups (Reed et al., 2002). As mentioned earlier, the promotion of resiliency, the ability to bounce back from adversity, requires hope (Bowman, 1999). The value of hope cannot be understated and therefore it is vital that workers know what practices, supports, and services engender such hope.

Practice, Supports, and Services

Practice

Scott (2003) suggests that youth workers might foster stronger links to imagination and creativity, containing spiritual overtones, in order to better understand

and experience how spirituality, or the ability to transcend experience and meaning beyond identity, evolves in child development. Toward this end, Maier (2004) encourages activities that promote creativity and provide connection, curiosity, meaning, movement, ‘rhythmicity’, and ‘flow’ in the youth – youth worker relationship. *Rhythmicity* and *flow* here refer to the synchronization of an individual’s internal rhythm to the rhythm of the context around them – for a Child and Youth worker to seek moments of being ‘in tune’ (mutually aware and compatible) with a youth with whom they are engaged (e.g., walking, laughing, and talking together, playing ball, tag, or engaging in other playful experiences) (Maier, 2004).

Snyder et al. (2002) note that ‘low-hope’ youth often experience great difficulty establishing meaningful goals, due to felt lack of control and subsequent development of apathy in their lives. ‘High-hope’ youth, on the other hand, often adopt approach-oriented (as opposed to avoidant-oriented) behaviour. Accordingly adolescents should be supported in developing multiple, simple pathways with large goals broken into achievable small steps – in other words, ‘waypower’ (Snyder et al., 2002).

According to Snyder et al. (2002), in order to develop *agency* or ‘willpower’ in youth, it is important to examine which of the identified goals are significant and personally meaningful. If a goal does not leave the youth feeling energized, add to his/her sense of wellbeing, or reflects only other’s expectations, the goal should be dropped since it is neither challenging nor achievable (Snyder et al., 2002). As Snyder et al. assert, youth benefit from being taught to self-monitor, self reflect, and challenge negative self thinking; however, although it is often the case that ‘low-hope’ youth have not acquired the motivation or skill to reframe or replace these negative thoughts with more flexible, realistic, positive statements. In this context Snyder et al. (2002) talk of

the reciprocity of 'willpower' and 'waypower' as components of building mutual hope and resiliency in youth and youth care workers.

Hanney and Kozłowska (2002) state children and youth in care often possess less-developed verbal abilities. Additionally, any *new* skills they might acquire that would ordinarily allow them to better articulate who they are and what they have experienced, are greatly diminished due to the significant effects of stress in their lives. Regaining control and making sense of their lives' losses and traumas is a formidable process. Therefore, creating tasks that allow youth to regain mastery and control, while they are in a fragile state, is essential. Art, music, movies, play, recreation, and storytelling each may serve as vehicles that build upon the natural curiosities and creative tendencies of children (and youth) seeking safe, alternative avenues to communicate, interact, and rebuild story and identity, while maintaining control and experiencing spontaneity, pleasure, and imagination (Hanney & Kozłowska, 2002; Herth, 1998).

Of further vital importance is the need to critically examine those messages which communicate to youth in care that they are marginalized or labelled as social outcasts, while goals of positive youth work rather strive to promote cultural reintegration, real community interaction, outreach, and meaningful, healthy connections with others. Youth who are negatively labelled increasingly risk the development of defensive attitudes and behaviours that provide them with a sense of personal worth, and an approach to coping with the problem-saturated identity others have given to them. Marginalizing dialogue and blame directed toward youth only moves the quest for *self* and *other* understanding away from a *strengths* and *caring-based* model of child and youth work (versus a problem-saturated, pathological model). Recognition that youth,

like caregivers, may be considered ‘burned out’ because of a loss of ‘willpower’ and ‘waypower’ to achieve meaningful dreams, may better conceptualize the loss of hope that can occur in everyone. (Lasson, 2002; Ungar, 2001).

In examining the literature on hope, Cody and Filler (1999) and Herth (1998) describe several hope-inspiring strategies and themes: fostering *interconnectedness* with others (relationship); encouraging use of personal attributes such as patience, resiliency, playfulness, humour, and courage; teaching the use of *cognitive strategies*, such as positive mental imagery and visioning, reframing, and emphasizing potential; use of *attainable goals* with *small successes*; finding *energizing* moments, such as an inspiring starlit night, music, or movies; promoting *affirmation of worth* where individuality is accepted, valued, listened to, and recognized; and using *hope objects*, inanimate items that have special meaning in a person’s life, such as toys, awards, and pictures, art, and letters or cards.

Supports

For Child and Youth Care practitioners, Reinsilber (2002) makes the point that supervisors need to become evermore aware of their leadership role as it influences the well-being of frontline Child and Youth workers. The author suggests the following as conducive to promoting a healthy workplace and workplace personnel: *Caring for the caregiver*, i.e., helping workers have fun, while normalizing their reactions to problems as realistic thoughts to abnormal events. As Reinsilber (2002) states, “It is important to remember that saving the world is tough” (p. 35), an acknowledgement which may assist supervisors to be vigilant in noting diminished workers spirit and motivation in their workers, and for youth service providers to recognize that the work they contribute,

while significant, plays its role in the larger picture of the youth's life, inviting a larger conceptualization or envisioning of their involvement with youth. Reinsilber (2002) also emphasizes that workers need *encouragement and recognition* when they are doing the 'right' things, as well as the kind of *supportive feedback* they would look to direct youth in care. Additionally, *staff should be trusted*: when managers have hired and trained good people, they should trust that the workers can make their own good decisions. In turn, youth staff would more likely trust their organization (Reinsilber, 2002; Luthans, 2002). Such a dynamic of hope and empowerment is reflected in the youth-youth worker relationship. As the trust of the organization in its workers recognizes and strengthens the youth staff (and its relative absence tends to dispirit and deplete), so too does the trust of the staff toward youth (as one contributor toward youths' sense of hope and personal efficacy) play a major role in helping youth retain and develop their central spirits, hopes, and dreams (Elsdon and Priest, 2001).

Services

Youth expect genuineness and transparency from programme workers, just as coworkers expect these qualities in themselves. The philosophy, policies, goals, outcomes, rules, and physical surroundings within a programme also need to be perceived as congruent with observed actions, interactions, and interventions (i.e., follow the adage of 'we do what we say and say what we do') (Taylor, 2003). Congruence also relates to such areas as interpretation of verbal and non-verbal communication within and without group interactions, voice and rights, and inclusiveness versus cliques in worker-youth, worker-worker, and youth-youth relationships. Congruence can also include areas related to multidisciplinary and agency

collaboration, or ideal versus real programme effects due to budget constraints and staffing ability. Less powerful stakeholders (workers and youth) continuously assimilate environmental information and cues in order to judge whether or not discrepancies exist between perceived and expected programme outcomes. This, in turn, dictates behaviour, emotions, trust, and communication. In short, if the youth-serving programme does not meet or fulfill the expectations and needs of either the youth worker staff or the youth, this becomes part of the ecological dynamic and atmosphere, with direct implications for the health and spiritedness of both youth and youth serving staff (Taylor, 2003). Of perhaps even more pressing concern, however, is when conditions and actions within youth programmes might serve to oppress hope in either group (youth or youth worker), however, with clear and committed interest in the particular welfare of youth (Alschuler, 1986; Mills, 2003; Ungar, 2001).

Summary

Jevne and Williams (1998) suggest that hope may not so much reflect external status or condition, as the authentic, inner dreams of one's spiritual centre. Reciprocal interactions in the closeness between Child and Youth Care workers and youth provide indication of parallels and similarities of *processes* (disempowerment and marginalization), *experiences* (feeling hopeless and discardable), and *outcomes* ('burnout' and 'delinquency') (McElwee, 2001; Krueger, 2000; Elsdon & Priest, 2001; Magnuson & Burger, 2002; Mann-Feder, 2002; Stebnicki, 2000; Ungar, 2001), thus giving value to interactive effects of hope and its presence in the day to day involvements between youth and youth serving staff within various youth programme settings.

CHAPTER III

METHODOLOGY

Qualitative Research

Qualitative research provides a form of inquiry open to multiple methodological approaches and devoted to an interpretive, naturalistic understanding of human experience (Denzin & Lincoln, 1994). Both Denzin and Lincoln (1994), and Bogdan and Biklen (1998), emphasize that qualitative research seeks understanding of processes and meanings, related to participant perspectives, recognizing context, subjectivity, point of view, and the profoundness of narrative that surrounds everyday experience (Denzin & Lincoln, 1994). Such research is considered richly descriptive of individual lives, settings, and experiences (Bogdan & Biklen, 1998). Fitzgerald (1994) and Bogdan and Biklen (1998) highlight that qualitative researchers inductively analyse their data concurrent with data gathering. Key words and phrases are systematically grouped and conceptually abstracted into clustered themes that are eventually saturated and collapsed into conceptual categories, which descriptively connect the data.

According to Denzin and Lincoln (1994), a qualitative researcher's perspective and approach is based upon a combination of one's ontology, epistemology, and methodology, comprised of a basic set of beliefs that guide one's actions. A researcher approaches the world with a set of ideas and beliefs (ontology), which result in a set of questions (epistemology), in turn examined using a specific approach (methodology). Both the researchers and informants participating in the study reflect many cultural influences, including gender, class, race, ethnicity, socioeconomic status, and politics. As such, the notion of any one truth pertaining to the experience of a phenomenon is unrecognized, except as according to the phenomenal perception of the individual.

Given the varied contexts, cultural pressures, and personal histories of human experience, there exist multiple constructed realities or points of view (Denzin & Lincoln, 1994). This recognition of context, culture, and human interaction is the basis of a qualitative research paradigm.

Bogdan and Biklen (1998) emphasize, however, that for qualitative research to be viewed as *trustworthy* and with *minimum bias*, the research must be seen as *credible*, *transferable*, *dependable*, and *confirmable*. To capture accurate participant perspectives, stakeholders involved in the research process (including the research participants themselves) are often asked to verify audio or video material transcripts, and researcher notes and memos that begin to draw interpretations of the transcribed discussions (Bogdan and Biklen, 1998; Fitzgerald, 1994). Researcher memos are used to note patterns, processes, and themes among participant statements concurrent with data gathering. Memos also document the researcher's own personal reflections and tentative ideas about the meaning and increasing organization of the data. In qualitative research, researchers attempt to bracket or suspend their own worldviews, prejudices, and opinions in order to allow multiple possibilities and shared symbolic meanings (Fitzgerald, 1994). Data collection, with concurrent analysis, continues until there is no new information coming forward from participant's comments, or, in other words, the data is viewed as comprehensive and saturated (Fitzgerald, 1994).

Qualitative research, then, is a particular gathering of realities, grounded in recorded and transcribed statements, actions, or images, and verifiable by all stakeholders, that provides richness and depth of the findings (Bodgen & Biklen, 1998). While qualitative samples are often small-sized and purposefully selected in order to be representative and saturate the data, qualitative research is still considered to be

transferable and *generalizable* to other research studies. Even though any form of knowledge is subject to differing contexts, experiences, and meanings, it is the *fit* or *comparability* of the problem to the other similar situations, not the demographic composition of the different studies' research samples, that is considered for generalizability. (Bogdan & Biklen, 1998; Morse, 1999).

Focus Groups

Gibbs (1997) and Kitzinger (1999) outlined that a focus group was a collective and interactive activity of shared discussion on a matter of central concern to the research. Focus groups attempt to gather participants' attitudes, feelings, beliefs, and lived experiences in a more natural group context, so that a range of viewpoints and emotions may be expressed:

Focus groups are a form of group interviewing but it is important to distinguish between the two. Group interviewing involves interviewing a number of people at the same time, the emphasis being on questions and responses between the researcher and participants. Focus groups however rely on interaction with the group...(Gibbs, 1997).

Focus groups provide an opportunity for participants to exchange thoughts using everyday language, and are particularly beneficial in providing a collective voice for less powerful stakeholders. Focus groups may also provide an opportunity for participants to be more involved in decision-making and change, valued as experts, and empowered to work collaboratively with more influential groups, such as researchers, and other professional experts:

Such a method is especially appropriate when working with particularly disempowered patient populations who are often reluctant to give negative feedback or may feel that any problems result from their own inadequacies” (Kitzinger, 1999). Participants are able to act as co-researchers, and the synergy of relating experiences through natural dialogue sometimes enables research to move forward in unique directions (Kitzinger, 1999). More conventional data collection [survey] relies on direct structured questions that appeal to reason; however, the less structured dynamics of a focus group allow for subcultural or group norms to be more readily examined because both emotional and reasoned content emerge as participants reach a shared consensus or struggled with dissent (Kitzinger, 1999).

Focus groups do have their limitations however. Gibbs (1997) stated that the researcher has less control over the data that is produced because of the unstructured nature of the methodology. Meanings and personal experience have to be viewed in context, as the participants belong to a particular culture, and participants may be prone to delivering statements that are a result of group effect. Focus groups may also be inappropriate if the research is probing into sensitive topics and the participants are all from one setting where confidentiality may be compromised (Kitzinger, 1999). This study’s focus group discussions were tape recorded and transcribed, along with memos that the facilitator took to help accurately portray the data. While focus groups provide a rich and useful source of data, particular facets of the participants’ dialogue may need to be followed up in more detail (Kitzinger, 1999; Gibbs, 1997). It is here that a researcher might seek out select number of individual participants for one-on-one interviews, based

upon those participants' particular knowledge or view of the topic (thus allowing for further detail, variation, and confirmation of the data).

Interviewing

Britten (2000) described individual research interviews as conducive to drawing forth informants' points of view of their lived experience, emotions, and understandings of the world. Qualitative interviews can be used alone or as a follow-up to other methodologies (e.g., focus groups interviews) in order to increase the depth and richness of the overall data. The aim is to go below the surface of the topic being discussed in order to explore what people say in as much detail and range as possible. This approach uncovers new ideas that were not anticipated by the researcher (Britten, 2000). While highly structured interviews with predetermined and strictly adhered to questions are often used to access quantitative data (e.g., categorical responses), qualitative interviews typically utilize unstructured or semi-structured interviews, guided by a protocol or schedule of open-ended questions, flexibly designed to elicit data relevant to the topic (Britten, 2000). This research study employed the latter approach using focus group questions that were audio taped for its gathering of data (see Appendix D), along with participant demographic/ commentary surveys (see Appendix E). In the present study, the quantity, depth, and richness of the data derived from the focus group discussions was deemed sufficient and robust enough to serve as the soul source of data collection.

Sample

Twenty-three youth participated in 4 focus groups, consisting of 15 females and 8 males who ranged in age from 14 to 24 years old, drawn from local, organized, and established residential and community-based programmes for youth. The youth were

referred by community or health service professionals or self-referred, or were placed in the residential youth setting as a result of issues of child protection and welfare, under the authority of the Child and Family Services Act of Nova Scotia (1990). The selection of older youth was based on the greater likelihood that adolescents within this age range, relative to those younger, might possess accumulated life experiences, and breadth of perspective and reflection, to more so respond to the comparatively abstract concept as “hope” as a feature of their daily and ongoing lives. The youth within this sample were coping with, among the following issues, socio-emotional or behavioural problems, academic difficulties, past or ongoing concerns with justice, family struggles, and physical/mental illness or disability. The participant youth were educationally involved in either traditional school settings (e.g., high school, college, or university) or non-traditional community-based, educational preparation and/or career-training through home schooling, agency/service, or distance/correspondence programming, such as the Flexible Learning and Education Centres (FLEC), the Phoenix Learning and Employment Centre (PLEC), and various adult education centres. Some of the youth had experienced homelessness. Many youth within the sample group had varying degrees of supports in their lives, ranging from the very few to only the moderate, among family members and peers, community-based community helping professionals and their respective programmes, or residential group home resources. Youth-serving programmes in the local Halifax, Nova Scotia area serve a diverse cultural background among youth.

Seventeen staff participated in 2 focus groups, consisting of 11 females and 6 males who ranged in age from their early twenties to over fifty years old. Seventy percent of the Child and Youth Care workers were aged 25 to 29 years old. All of the

youth care workers, except for one, had a post-secondary diploma or degree. Seventy percent of the focus group Child and Youth Care workers in this sample were educated with a college diploma or baccalaureate university degree in some area of human services (e.g., child and youth care, social work, counselling, therapeutic recreation, criminal justice). The rest of the workers had an unaffiliated undergraduate degree with some experience in youth-based organizations. In this sample, many of the participant staff had moved through organizational ranks starting as casual/part-time staff before becoming full time staff, and approximately 60 percent of the participants currently worked in 1 or more youth service organizations because of a lack of full time employment. Participant Child and Youth Care workers had also received training in Crisis and Suicide Intervention, along with First Aid and Cardio-Pulmonary Resuscitation.

Procedures and Data Gathering

The sources of data for this research study were residential and community-based youth programmes in the Halifax Regional Municipality, Nova Scotia, which served male and female adolescents and young adults (here termed "youth", between the ages of 14 to 24, inclusive), staffed by Child and Youth Care Workers. Approval to conduct research and speak to the youth and youth work staff regarding their potential involvement in this study was first sought through contact with the Nova Scotia Department of Community Services. A research proposal was submitted to the Department's Director of Policy Support and Evaluation for review, and was approved on March 14, 2005 (see attached copy, Appendix H). Next, agency approval to speak to the youth and youth work staff regarding their potential involvement in the study was

sought through a Letter of Permission followed by telephone contact (see Appendix A) to respective Executive Directors, and their Supervisors. Upon permission of the Agencies/Programmes, information sessions were held both for youth and youth staff, during which Letters of Invitation to participate (see Appendix B) were given to individual youth and staff and all questions were addressed as to participation in the research. All participants were assured of matters of confidentiality, voluntary participation, the right to withdraw at any time without consequence, anonymity, and of the safe storage and destruction (i.e., erasure, shredding) of all data upon completion of the thesis.

Staff and youth who decided to participate in the study were each asked to sign a Letter of Informed Consent (see Appendix C), that included the awareness that they might be asked for a follow-up individual interview to help increase the richness of data being gathered. Participant youth aged sixteen and under were required to have their guardians fully informed of the study. A letter of invitation (Appendix B) and an informed consent letter outlining the research's purpose, proposed activity, benefits, risks, and safeguards were sent to notify parents or guardians of the research, and permission was sought for the involvement of the interested youth participants (see Appendix C). All youth focus group participants, ages 16 years and younger, received their guardian's permission to be involved in this study. Staff and youth were consulted in order to organize suitable dates and times for the above-mentioned meetings.

The number of focus groups that occurred was five, three youth and two staff focus groups, respectively. Focus groups were held in accessible settings, either based on-site, in local youth-serving facilities or in a university nursing seminar room. All youth participants were paid ten dollars per hour, consistent with the local youth serving

agency policies. Each focus group utilized a semi-structured interview format (see Appendix D) and participants completed a demographic survey (see Appendix E). All focus groups were audio taped (with permission of the participants) to ensure the accuracy and retention of the data. Every effort was made to make all participants feel welcome, comfortable, and safe in a respectful, non-threatening, non-judgemental environment (i.e., group norms were established at the beginning of each of the focus group discussions, involving such features as turn-taking and use of respectful language). Interviews were facilitated in a manner that encouraged each person to speak and share his/her individual perspective, with assurance that all contributions were equally valued. All respondents were reminded that information they shared was confidential (except for disclosures of abuse, or harm to self or others, which did not occur). The researcher extended full attention to all discussants, continually exploring for further information and clarification of meaning, and took memo notes solely for the purpose of accurate data collection and later recollection of the context of comments. All informants received full recognition and thanks for their participation (along with financial remuneration).

While the researcher did know a small number of the youth involved in a particular focus group discussion, the research topic was not discussed in any particular detail in advance of the meeting. These youth were involved in the community-based, non-residential, voluntary program where the researcher was employed, where members were free to choose their level of involvement and participation in any activity without repercussion (i.e., Laing House. See Appendix F). The existing, trusting relationships already established with this small number of youth were viewed by the researcher as an asset to the establishing of open and relaxed dialogue. Notwithstanding, it was

recognized that certain youth might attempt to provide data in order to satisfy the researcher. Every effort was made to encourage all participant youth to provide independent thinking and no effort was made to elicit perspectives from any participant to align with the views of the researcher or other participating youth.

No individual interviews were found to be necessary after the analysis of the focus groups sessions. The researcher and co-analyst found the staff and youth focus groups' richness and depth of material to be sufficient. Phoenix Youth programs respectfully declined this researcher's request to talk to their staff and youth about participating in this study, already feeling overcommitted to a number of research requests that they were already honouring.

Data Analysis

The process of data analysis occurred concurrently with data collection (Bogdan & Biklen, 1998; Glesne, 1999). While questions used in the first focus group generated initial audio taped material to be transcribed, this researcher immediately began to make memos. Such memos contained comments that reflected the researcher's initial thoughts and feelings, and developing impressions of recurring patterns and similar statements. The memos also reflected information that could not be collected by audiotaping (i.e., participant body language, nonverbal communication, group dynamics, tone and atmosphere of the context) so as to better understand the phenomenon. As more focus groups occurred, this researcher created lengthier memos by carefully rereading all of the current data, as well as utilizing earlier memo thinking, impressions, and observations. The memos became summaries of the data while also incorporating the researcher's reflections on issues that had arisen in the interviews as "...they related to

larger theoretical, methodological, and substantive issues” (Bogdan & Biklen, 1998, p.161). The memos contained a free flow of deductive and intuitive ideas that remained open to new perspectives and new thoughts (Glesne, 1999).

As ideas and themes began to emerge, this researcher had the opportunity to test some of the findings in further interviews with informants. Newer questions that narrowed the focus of the interviews became more apparent as the data was compared with the literature and with interviewees (Bogdan & Biklen, 1998; Glesne, 1999). Connections were made by using metaphors and analogies to other settings with the researcher always constantly asking, “...what does this remind me of” (Bogdan & Biklen, 1998, p.166). Bogdan & Biklen (1998) and Glesne (1999) also suggested being creative with data analysis by utilizing charts, tree diagrams, and drawings, in order to give a visual perspective to the investigation. This researcher utilized a process of ‘sticky note’ memo organization. Glesne (1999) suggested having a hand held recorder so that any ideas, no matter where they occurred, could be retained. This researcher kept a larger sticky note pad near by to quickly record any unique thoughts. Data collection stopped when no new sources had yielded any new information or themes. The data that was collected seemed to generate no new questions - the data was saturated (Glesne, 1999).

Bogdan & Biklen (1998) outlined the development of coding procedures that commenced with the initially transcribed data and extend to further accumulated data. Within this procedure, this researcher and his co-analyst (thesis advisor) looked for words, phrases, patterns, and ways of thinking, events, and topics that the data covered in order to be able to group and organize the into shared ‘families’, ‘clusters’, and ‘themes’ that represented contexts, participants’ views and definitions of concepts,

people, and organizations, or processes and changes in things over time. Increasingly, the coding of the data moved from simple organization of information to greater conceptualization of theme and meaning, eventually subsuming and gathering the data into broader descriptive categories (Glesne, 1999). The use of two coders was employed in order to enhance the *trustworthiness* and *credibility* of the analysis, as was the use of triangulation, or multiple data collection methods and sources (e.g., CYC net discussions, informal conversations with secondary informants), sampling of the research literature, and the feedback of the study informants, professional colleagues, and other stakeholders in the research topic (Glesne, 1999; Patton, 1987).

The possibility of study bias resulting from the researcher being a staff member at one of the sample sources and already known to certain potential youth participants at Laing House (see Appendix F), was endeavoured to be minimized by the provision of 'equal voice' to all participants in the focus groups, as study 'co-researchers', consultation with the youth participants for confirmation of the collected data, and ongoing encouragement in the focus groups, for youth to express their individual thinking, without fear of any penalty or repercussion. Data analysis occurred with a co-coder, or co-analyst, in order to minimize any researcher bias and employed theoretical sampling of the literature to enhance the density and depth of emerging themes and conceptualizations within the analysis.

Ethics

Key ethical considerations in the research involved:

- *Transparency regarding the nature and purpose of the study.* All agencies, workers, youth, and their families/guardians were fully informed regarding

all features of the research project. All participants received a Letter of Invitation (see Appendix B), and were involved in face-to-face question and answer meetings before choosing to participate in the study. All participants and stakeholders (e.g., agencies, parents, and guardians) were also informed of the approval of this study by the Mount Saint Vincent University Research Ethics Board (UREB) with detailed contact information to consult with the student researcher, the Thesis Supervisor, and/or the UREB Chairperson, about any questions related to the research.

- *Informed Consent.* All participants and necessary guardians were informed of their right to voluntarily withdraw from the research at any time and this release was signed before starting the interview process (see Appendix C).
- *Privacy.* Participant anonymity and confidentiality was emphasized throughout the study. Transcripts of the interviews were coded to protect participant identities, and were stored in a safe place during the research. Participants were informed that the data would be destroyed once the thesis is complete. All material was only used for research and education purposes. Participants and stakeholders were informed that once the research was complete, results would be disseminated in the form of a bound Master's thesis, with copies to the university library, thesis advisor, researcher, Nova Scotia Department of Community Services, and each agency involved in the study.
- *Level of Risk or Harm.* The possible harm of participation in this study was considered to be minimal with involvement in the research likely posing no

greater threat those generally being encountered in everyday life. Youth were informed that during the focus group discussions (or individual interviews), strong feelings might arise regarding experiences of hope and hopelessness. The facilitator assured all involved that he was available to provide immediate support, and would access any other significant adults, staff (or peers) they might request. Participants were told that they were allowed to take a break or withdraw, at any time, from discussions they felt negatively affected their personal sense of integrity or well-being. The researcher was also available to all study participants following the focus groups. Participants were also told, that any disclosure of harm, abuse, or impropriety as delineated under the Nova Scotia, Children and Family Services Act (1990) was required to be reported to appropriate authorities. No such disclosures of harm, abuse, or impropriety occurred during the focus groups and nor did anyone become upset or feel the need to leave the focus group or seek immediate support.

Chapter IV

RESULTS

The data in this chapter is presented ecologically, endeavouring to reflect the voices of youth and youth-serving staff, both in their interactive relationships with one another and with other significant persons in the context of daily youth care. While each of these unique relationships exists inside its immediate environment, such as the group home or the family, it is additionally nested within broader, equally influential social spheres such as the youth serving agency, schools, hospitals, and community-based programs. Further yet, these personal relationships are embedded in even broader community contexts, and affected by wider societal, cultural, and political influences. As these ecological linkages were indicated or spoken to directly within the research interviews, the study findings are organized and presented according to four major categories yielded through the qualitative analysis of the respective child and youth are worker and youth focus group transcripts: *Program Context and Routine, Elements and Sources of Hope, Dynamics and Patterns of Hope, and Generating Hope*. The chapter begins with an outline of the constitution of the various focus groups, including background demographic information.

QUESTIONNAIRE RESULTS

Youth Questionnaires

Twenty-three youth participated in 4 focus groups, consisting of 15 females and 8 males who ranged in age from 14 to 24 years old. All but two youth were 15 years and older with the majority 15 to 18 years old. Most of the youth had been with their

program less than 5 years, 50 percent less than 2 years, and 30 percent less than one year. Nearly 100 percent of the youth had 2 or more placements (or services that they had been involved with) and almost 45 percent had been involved with 5 or more programs. One young person stated they had been in 11 residential placements. Seventy percent of the youth had less than a high school education while two had completed post-secondary schooling at a college or university level.

The youth were asked to respond with individual comments regarding concerns within the youth care system that had impacted their level of hope, and interestingly all youth focus group participants responded within a similar thematic range. Since the individual results in the youth questionnaires were remarkably similar to the focus group findings, the concern of possible group effects limiting the scope and range of the results was not considered to be an issue. Consequently, both the questionnaire and focus group results will be reported together.

In listing activities that the youth regularly involved themselves with and identified as increasing their hope, all spoke of healthy passions such as artistic pursuits (i.e., music, reading, writing, drawing, and painting), sports (i.e., basketball, skateboarding, and exercising), recreation (i.e., movies, games, and hanging out with friends), and spiritual endeavours (i.e., nature, walks, and meditation). Of note, no youth spoke of either attending church or use of the Internet as sources of hope, nor were higher risk activities such as alcohol or substance use mentioned.

Staff Questionnaires

Seventeen staff participated in 2 focus groups, consisting of 11 females and 6 males who ranged in age from their early twenties to over fifty years old. Seventy

percent of the child and youth care workers were aged 25 to 29 years old. All of the youth care workers, except for one, had a post-secondary diploma or degree, with 30 percent of them having 2 post-secondary qualifications. No one had a graduate level degree. Seventy percent of the workers had human services training with approximately 40 percent having specific post-secondary training in Child and Youth Care or Child and Youth Study. Of the focus group participants, 2 were Child and Youth Care students on their field training placements, 60 percent had less than five years experience, and approximately 25 percent of the staff had 5 to 10 years experience in the Child and Youth Care field. Many of the workers had moved through organizational ranks starting as casual/part-time staff before becoming full time staff, and approximately 60 percent of the participants worked in 1 or more youth service organizations because of a lack of full time employment. Less than 25 percent stated that they belonged to the Nova Scotia Child and Youth Care Workers Association (or were unaware of whether their organization had an agency membership).

As with the youth questionnaire results, the individual comments written by the Child and Youth Care Workers regarding issues in youth care that impacted their levels of hope, none were uniquely different from the categorized themes found in the focus group results. In keeping with the reportage of the youth focus group results, then, the staff questionnaires and focus group interviews will be discussed together.

PROGRAM CONTEXT AND ROUTINE

Youth Program or Service Context and Routine

In Care Precipitating Factors

Youth participants identified a variety of background circumstances and contributing factors influencing the reasons why children or youth initially come into care within the child welfare system. Among these, the need for protection, stabilization, and individual support, with such matters as health and personal behaviour, figured prominently, accompanied by recognition that of a range precipitating conditions, with varied responsibility, may be at play in the cases of individual children and their families. For the focus group youth, however, their own experiences of such upset and disruption in their lives, involving the loss of family, friends, and community connections, amid uncertainty and emotional upheaval, were cited early in their discussion as a source affecting their sense of *hope* within their out of home circumstances. In particular, one youth connected her sense of early hope while in care to her deep desire to return home, while another youth noted that her sense of hope, also to return home, was negatively affected by her perception of her social service worker as unaccommodating:

It could be running, it could be drugs, it can be abuse, it can be physical harm to yourself ... there are many reasons for why kids have to be in care. There's a person I know that's in care because their parents couldn't handle them. It wasn't because of the parents, it was because of the individuals themselves. Sometimes the parents don't have [the] means to take care of a child... they don't have the financial support, they don't have the mental support. There are not only kids in care because their parents are abusing them, there are another variety of reasons, too.

I just think hope means that you want it to happen, I mean you WANT IT; you want to move home, you hope to move home. Yeah, especially when your social worker tells you, you can't move back home!

Residential youth also commented on their early self-consciousness and dispiritedness with being stigmatized their by peers and society as 'system kids', and, as such, principally responsible for their own misfortune and circumstances:

That's just like when we say we live in a group home ... we get looked at [with], "What did you do?" (Group nods). You know there are a bigger variety of reasons and people don't know about them ... that's when it becomes stereotyping.

Environmental Effects and Group Home Environment

Youth identified a number of environmental elements within their respective programs and placements that they felt affected their sense of daily hope and well-being. Among these, the structure and décor, as well as the openness and freedom within a particular building figured prominently in determining their various levels of hope. For most youth, their experience of program environments had been unpleasant, restrictive, and, in the case of those placed in secure treatment, highly discouraging, mentally and emotionally:

We had rats in one place I was in and we couldn't even bring people over. (second youth) We had spiders. (third youth) We had a lot of bugs. (fourth youth) We had a lot of holes in the walls.

The [program] doesn't even have windows ... (second youth) Oh, and in the outpatient, the table is made of cardboard because it is broken. They didn't get a new one, so they just cut a template of cardboard and put it on.

They have to unlock the doors to let you get from one part of the building into another ...(second youth) yeah I hated that ... when you want to eat supper and your meals you had to go outside and walk around. That just makes you feel like shit.

It makes you so depressed, (second youth) I cried, I cried myself to sleep every night. (third youth) I never cried, but I never needed a smoke so bad.

While some programs were acknowledged as having made effort to enhance their interior decoration, some felt that the initiative was overdone or misconceived:

They painted it all those funky colours. We were cranky and we didn't want something bright and cheery so it just pissed us off more. [Laughter at the big rainbows painted everywhere]. Yeah, these stupid friggin' walls, they were too bright and way too over the top.

In the main, however, youth seemed to feel most enlivened and connected to programs that they identified more home-like, with optimal space and safety, in the least institutional setting.

As the youth considered their group home environments, they not only reflected on physical space, but on the atmosphere within such facilities (e.g., friendly or threatening, warm or unwelcoming staff or peer group). Concerns were expressed regarding insensitive staff presentation, intimidating peer attitudes, and risky peer behaviour, along with impressions of whether their particular facility was institutional, dated, or 'cold' in character:

You go there the first day and it's like the girls have an attitude. You think things are going to be bad and you think, 'I don't want to go there.

I was in a group home [for] a day and a half. Then I packed myself and moved back to the hospital. To get in [to the group home] I had to bleach my hair (normally pink or green) and take out my lip ring. The guy [staff] was like, 'You should be so glad to be here', and he made me feel I should be so grateful that I was just given a roof over my head, I was like given this list of chores that I was to do each day and I just crawled into bed and cried. I was like just a good kid who was sick.

Residential Daily Routines and Inter-Program Differences

Youth spoke of their daily activities and routines, related to the structure and policies within their respective programs. All youth were expected to be attending a school or prevocational program, working, or seeking employment. While meals were generally unmentioned, after supper (evening) quiet-time was cited, not always as a welcome, period during which to complete homework, occupy themselves independently, or simply relax. Free time for telephone calls or going out with friends was available either

before dinner or after quiet hour, if there was no evening recreational activity, and bedtime occurred by age:

I go to school, come back, eat a snack, and watch TV ... usually Drew Carey, it's a good show. [Then] I eat supper and do quiet time, which is stupid.

We have supper at around five o'clock, six o'clock, and then do quiet time. We have to have quiet time done before 10:30 and then we have chore. We do chores and if we don't do chores we get two dollars taken off the day.

You get up, you shower, you get dressed, you eat, and you go to school, [You] come back, you have supper, have quiet time, and you go to bed ... (nervous laugh).

Although many of the daily routines were quite similar within and between residential programs, some variation did exist (e.g., later bedtimes), creating small sources of envy and tension between youth of different residences.

Focus group youth from the community-based day program, on the other hand, and in accordance with the fundamentally different structure and activity of their service, spoke more of the opportunities they experienced for involvement both within and outside of their program:

There's 'Youthspeak' - that's where we usually end up going to schools, local schools, and we talk to the youth about mental illness. We ask them about what a mental illness is, we get feedback and we correct them. We basically talk to them about mental... (second youth) hospital outreach ... (third youth) job search ... (second youth) we go on the house camping trip.

For these youth, rules, expectations, and consequences within their youth-oriented program were far less intrusive than the experiences of youth in residential care.

Residential Program Expectations, Youth Program Compliance & Commitment

Residential youth members became quite animated in their descriptions of program-based rules, expectations, and consequences. While youth identified these and outcomes policies as largely consistent across residential settings (with slight variation

in terminology), they differed widely in their individual responses to living by them in their programs. Some youth spoke of such rules and expectations in a more acquiescent and accepting manner, while others strongly objected to their being intrusive and limiting, and others still directly cited program rules as something to rebel at:

We are not even allowed in each other's rooms. (second youth) No, we get grounded. (third youth) I think we should be able to if we have permission ... (second youth) or at least if the door's open ... (first youth) I think it is stupid that you are not allowed having your friends in your room (followed by several 'yeahs' within the group).

You get 50 cents deducted for each chore you don't do, and major room clean and laundry are 2 bucks each!

Yeah, I was always on phases at the [program]. (second youth) I was on a shutdown and then a time out at [same program]. (third youth) I was there for two months and there wasn't a day that I wasn't on phases at the [same program] ... phase 3! (fourth youth) we had shut down because I tried to start a riot outside the house!

(Note: 'Phase' level refers to differing grounding restrictions with varying provisions for regaining privileges. 'Grounded' refers to not being able to leave the program premises over prescribed times. 'Shutdown' refers to a group loss of privileges and 'Time Out' is refers to being sent to another residential program for a respite.)

In contrast, the community program youth characterized the expectations and rules of their program as relatively straightforward and undemanding, designed less so to address personal and social behaviour in program context, and more so to support the youth in developing self-chosen and self-directed goals in a safe and respectful atmosphere.

Program Mandate Issues

Finally, as residential youth gave consideration (often negatively and with diminished hope) to the circumstances and impact of their being in government care, and to their experiences of residential care structure and regulation, they also reflected on the

broad and daunting mandate of the child welfare system itself, as well as their respective programs. Youth wondered how they or others could be adequately served (especially in terms of pressing emotional, psychological, or behavioural needs) within such comprehensive and overtaxed services attempting to meet the needs of each youth. One youth suggested that residential programs should be fashioned to house and support youth with more homogenous concerns:

I mean, youth in care will actually have a sense of hope if [say] people that have self esteem issues are in one group home, if people [who] have anger management issues are in another group home. What happens is you get one group home that has one person who has anger problems, one that has depression, one that has social anxiety, and one person that has posttraumatic stress disorder. You put them all together, all it does is they all clash and that's when you lose the hope. What I'm saying [is] that they'd get what they need by having the proper program around it.

Staff Program or Service Context and Routine

Group Home Environment

As with many of the residential youth, group home staff cited that their first or early impressions of a particular program's environment, including its physical setting, sensed atmosphere, and perceived interaction between individuals, often influenced the state of their emotional well-being, attachment to the program, and optimism toward their work and the youth they serve. As one staff member expressed, being part of a welcoming, warm, supportive, and genuinely caring team of staff is hope building:

I know, as a student that actually played a really big role for me coming to this particular facility. I was very apprehensive and very scared simply because it's a crisis centre and, not being in the field before, it was a little frightening. But, when I came in and I met the team, [saw] their interactions, the way they treat each other and interact with the youth... the way they opened their arms to me as a student, who knew nothing. It gave me a great deal of hope to think [that] there's a facility out there where they genuinely care. These youth are desperate. They're, you know, in a bad way. But, this team comes together as one and creates a really awesome atmosphere

... it really instilled a lot of realistic hope for me. Just to be part of the team, just to see how they work.

Residential Daily Routines, Residential Program Expectations, and Youth Compliance

Child and Youth Care Worker staff similarly identified and concurred with the everyday residential routines as outlined by the youth focus group participants, noting however that summer and weekend programming differed from that offered during the regular school weekday (e.g., less fully structured day trips or camping, designed to be leisure, life skill, and therapeutically based). Residential staff commented that during their day shifts, when youth were out of the program area, they often involved themselves with contacting social workers and teachers (for example to maintain communication regarding particular issues in youths' lives or to set up case planning meetings), as well as writing daily shift communication logs and resident case notes. Staff stated that youth worker team meetings, usually occurring once a week, also provided a forum to discuss issues related to administration / programming, team functioning, and the status / well-being of the residential youth. In terms of their daily contacts with youth, and the nature of their youth worker roles, staff made particular mention of their efforts to assist youth with identified areas of need as well as to provide an overall environment of emotional support, consistency, and security for the youth residents:

We have set supper times... 5:00 o'clock is suppertime and [then] there're chores. 6:00 o'clock to 7:00 is like a quiet hour where they kind of take time to themselves, let staff do up the notes, get ready for overlap with the next shift coming on... then [they] usually they do a program, from like 7:00 to about 8:30 and then they kind of get settled for bed.

Yeah, [youth] and I did a stop smoking session ... there're different topics we do like anger management, grief and bereavement ... self-esteem, stuff like that. Their school

is pretty much the same... we started last year that at 3:00 when they get home from school we check in with them with their school work, and they have to let us know what they have ... before the TV gets turned on. The TV gets turned off at 4:00 so that allows time for staff to help them. There were some kids that we had to, you know, sit down with them because they couldn't do it on their own, so that helped out quite a bit with [their] grades this year.

We try to provide predictability, which will provide a sense of safety.

Staff expressed that daily routines with youth are usually followed closely, with refusal by certain youth to comply with program expectations, by established and measured consequences for the youth based on the nature and severity of the youths' attitudes and behaviours (e.g., fines, grounding, respite involving temporary removal to another youth serving facility):

And if the behaviour is such that we deem that they're unsafe for that young person or some other person within the facility, it might go as far as finding a respite for that young person for a period of time. We stabilized the current group, but also it gives the young person time to reflect on how his behaviour is subject to consequence.

In all, staff members conveyed a positive sense of professional confidence, comfort, and understanding of their respective program rules and expectations. Despite the challenge, at times, of maintaining such rules and expectations, these seemed in their view to offer both themselves and the residential youth a familiar, secure, and equally applied framework for daily living and interaction within the residential context. Accordingly, staff tended to welcome regular, known rules and regulations as generally supportive and mutually benefiting.

Environmental Effects and Program Mandate Issues

Staff commented on their frustration and discouragement in having to constantly address matters of behaviour with resident youth. While staff expressed understanding of the particular and often heightened needs of their residential youth (e.g., for

individual attention) they felt that, regrettably, those youth who less dramatically conveyed such needs, were too often less considered by themselves (or other helping individuals) and left to suffer acting out attitudes and actions of their highly behavioural peers. From this perspective, staff acknowledged the wide variety of youth within residential care, with varying backgrounds and current needs. Staff noted that, notwithstanding residence rules and expectations, the daily timbre and atmosphere within the residential environment tended to be most influenced by the above mentioned, urgent and demonstrative demands / behaviours of some of the youth residents. Accordingly, they empathized with those youth who experienced this upset and discord within a group home as painfully reminiscent of their family environment:

They may see another youth getting all of our attention and they'll act out too because any attention is what they want, you know ... Those [quieter] kids aren't really attended to because you're so busy trying to deal with you know, the more outspoken, loud, negative behaviour until you step aside and say, oh my God, like this youth is so quiet.

Some will just withdraw, and just kind of be quiet, you know. [They] won't hang around a lot, it really depends.

It reminds them of Mom and Dad fighting, or the kids (siblings) are fighting.

As youth focus group participants had identified the diffuse therapeutic mandates of residential programs as a source concern, staff also commented that their program's length of stay and defined purpose created problematic issues. Many programs have a stated period of time for youth to be in their facility (e.g., 6 - 8 weeks for a crisis program to stabilize and assess a youth's needs, up to 12 months for a medium length treatment oriented programs, and longer term placement programs.). From the perspective of several staff members, when program length mandates were adhered to for purposes of discharge planning, the possibility notably increased for certain

disconnection to occur with other parts of the youth service system. For these staff, discharging youth before other placement beds or resources were available elsewhere in the child welfare system might well result in a particular youth being moved more often than necessary or to resources located far from their original community. In the view of staff, a further negative consequence of poor (mandate related) discharge planning was the increased risk of recidivism, involving youth seeking to return to their home communities and unsuccessful placements or being discharged from care owing to a particular facility's resources being unsuited or unable to meet the a youth's needs:

It used to be six to eight weeks and now our mandate is kind of changed ... it's more focused on having a young person have a placement rather than the mandate of the short-term, to ensure that nobody goes without a placement [who needs a crisis bed]. We [now] see kids for three or four months.

It seems to be now that we have [a secure treatment centre] that it's either like we're stabilizing them to a long-term placement or they destabilize to the point that they go to [the secure treatment centre].

One drawback is we go through a period where new youth to the facility appear to adapt, appear hopeful, take part in programming and then all of a sudden we hit that bell curve because things aren't moving for them... their hopelessness [returns] in terms of where they're going.

Well, I think that working in a crises stabilization setting, it's difficult because we have recidivism. We have a lot of youth that come back to our program and do not have hope for the program, do not have hope for them in the program.

Staff additionally shared their view that the gender composition of any residential program greatly affects how youth and staff interact, as well as both the atmosphere and special considerations/issues that arise within the setting. Staff noted that while their youth care training involved awareness of everyday youth development, including issues of gender, sexuality, and intimacy, such matters as adolescent dating and sexual relations were complicated issues they only faced more directly once employed and working with youth. Staff cited crisis stabilization needs within a

short-term group home setting, the transition of youth between residential programs, to home, or out of care, as challenging issues affected by the intimate emotional or sexual attachments between residential youth. Staff observed that, at times, running away from a residence or unsafe sex between youth may reflect deeper needs on the parts of those youth involved, as well as the relative lack of influence the staff have in such peer relationships:

You have to be supervising continually.

One thing that stands out is that we're a co-ed facility. The teenage growth of becoming involved with another peer of a different gender, or any different feelings... is on going. We, as a program, wouldn't facilitate [such relationships] due to the fact that often times the youth are only here for short periods of time. [Doing so] probably would, I guess, increase the likelihood of attachment issues with these peers [and] prevent a clean transition to wherever they are going to billet next.

Although staff participants considered their work with youth to involve serving as positive adult mentors, they recognized that certain youth were more readily influenced by other peers or by media representations that the youth found appealing to their developing sense of identity:

Lots of youth that come in here do not have a positive role model in their life and I think that as a youth care worker, that is one of our priority things... to exhibit to them that there are adults in their life that do these (healthy) things. They do care, and they do want good things to happen for the youth, whereas they may not have felt that before, or experienced it, ... [however] I think they're very TV based a lot of times.

For staff members, developing an effective and responsive role in their daily interactions with youth, while contending with such issues as broadly encompassing and changing program mandates, youth behavioural demands, and the limits of their own influence over the lives of the youth for whom they genuinely care, presents an ongoing challenge, and the source of degrees or 'states' of hope and hopelessness in their personal and professional experiences. In this regard, both youth and youth worker focus group

participants, identified elements and sources of hope and hopelessness in their respective contexts, as outlined in the following second major category, *Elements and Sources of Hope*.

ELEMENTS AND SOURCES OF HOPE

All sources of hope and hopelessness contribute towards an individual's feelings of satisfaction and success or frustration and disappointment. Likewise, each source has a varied, partial, or cumulative contribution, over time, towards conditions of hope or hopelessness.

Youth Characterizations of Hope

Sources of Hopelessness

Although the youth expressed facing many challenges, there was almost an equal balance of hopefulness and hopelessness articulated. The youth spoke of hopelessness existing where key supports were lost or within relationships they found to be insensitive and devoid of helpful communication:

Sometimes it will be really bad. Like they will pull the phone cord out...(second youth) Yeah, just when you are getting ready to say goodbye... (third youth) and its time to go now and like one of our staff is like if you are five minutes late for bed then you have to go to bed five minutes earlier ... Group: there are a few of them [staff] like that.

One of the big things that takes away hope or makes you feel that you are stuck is the doctors. I've only had one doctor my entire 10 years of being treated for this that had any interest in me that I could see, [otherwise] you walk in there and 'oh, I see you've taken your meds, ok, your blood work is ok, see you later 'bye!

What's the point, nobody cares, they're just going to kick me out on the street because I cut [self harm] then it just kinda gives you no hope at all.

Lack of empowerment, not being listened to, loss of direction or dreams, and depersonalization were also major concerns that built a sense of despair for these youth:

No, they [workers] never do, they're right, we're wrong, they're the adults, they're the ones that make the decisions for us.

You have no credibility in there [hospital] ... I mean I turn 19 in like 14 days and still I get like treated like a child... when you are with the [hospital] you can't sit there and make any decisions for yourself.

Mine [hopes] haven't changed a lot - except I thought I was going to be one of those kids that grows up with an awesome family and stuff - and that dream was shattered!

You move on to the [adult inpatient system] and they are like 'alright, you're here and you'll be gone for a while but you'll be back just like everyone else for the next sixty years and then you will die just take your pills and go away'.

They treat their own kids much better than they treat you here [foster home].

People really aren't informed about group homes ... it's like you're labelled! You're less than normal!

Sources of Hope

Interviewed youth spoke of hope, most basically, in terms of the experience of safe and secure structures and stabilized conditions of daily living:

Our house is gorgeous, it's very well laid out, its huge ... actually it needs to be painted because it's all yellow and puke green ... when you have a big house and it's clean and it's safe. Yeah, [and] the groups of people in them ... when I lived in a place in Spry field I swear it was in a ghetto, it was the ghettoest ... to get it, it was a place it had no decorations and it was failing apart, it just brought my hope down.

Yeah, creating a safe space fosters hope... [and] the other people in the program whether they are smiling, touching, joking, whether there is a group cohesiveness. Yeah, structure, and direction, and hope.

The youth repeatedly expressed how positive peer and staff supports, often involving significant, trusting relationships built their hope. In the minds of these youth, these

genuine relationships were based upon a sense of openness, honesty, and recognition of their potential as individuals:

She [worker] trusted me enough... She let me learn on my own. She let me figure out for myself that yeah it was not good for me.

She was the only one who ever believed in me and she said you can do good you have to start trusting people and I was such an asshole [but] not to her! There are some things that you [staff] do have to follow or else you can lose your job, but be yourself

That gave me hope right then ... He actually sat down with me and talked to me like I was a real person and told me things were going to get better.

Youth emphasized their need to be viewed as valued, recognized, and collaborative players in a neutral relationship that acknowledged and included their concerns about the quality of their lived experience in their respective programs. In particular, youth cited such respectful and inclusive relationships as being empowering to their sense of day-to-day efficacy and hope within their everyday and longer-range circumstances:

You get to work together [with staff and peers], you get satisfaction, [no one] went behind your back, you got to speak about your thoughts, and your opinions.

You get treated like you are an equal at [our program], like you are an adult and you know what you want and you know what you are doing and you are respected for that.

Yeah, it empowers you because you have some say and control in your treatment, yeah that's hopeful if you can feel like you are a part of what's going on?

Community program youth spoke frequently about peer support, describing the program's philosophy as a mutual process of care giving and care receiving amongst staff and youth. The youth conveyed that their own expertise and lived experience was highly regarded by staff and other youth within the program. While the youth participants from the residential programs also expressed a strong desire for reciprocated peer support, or an acknowledgement by staff of their ideas and capabilities, and not just

be the recipients of care, they only cited one particularly meaningful example. The residential youth referred to the recent publication of "The Voice", a community sponsored endeavour that had allowed youth from programs across the region to collaboratively express their individual and collective opinions related to being in care:

This magazine ['The Voice']...getting to be able to sit around with a whole bunch of people and have everybody listen to what you're saying...hearing a lot people say things that you've been through.

Yeah, but at the same time, myself, one of the reasons I like [program name] is that there are people there to talk to that understand what you are going through like, like the other youth there who know because they have been there themselves - I mean you can ask anyone --- like 'oh yeah, I had that happen or what medication are you taking?' You know you get the sense of, you know, that I'm not the only one.

You get treated like you are an equal at [program name], like you are an adult and you know what you want and you know what you are doing and you are respected for that.

Finally, focus group youth conveyed that within their experiences, hope was contained within the dreams, that were as yet, unattained. Such dreams resided in education, employment, or the yearning to eventually leave care and live independently, and most poignantly the desire to feel normal again:

Just to let us grow and expand an experienced on our own but still have that support and everything...just to be treated as a human being.

When I was younger I just used to look forward to dropping school and doing drugs but now I want to go to university and I want to get a good job.

My dream before [program name] was to go to a place with a lot of people and not freak out. ...and now I'm totally past that and now I'd like to own my own business so my dreams have gone from here to there.

Features of Hope

Youth spoke of key characteristics they associated with the concept of hope.

Among these, they cited elements of desire, forgiveness, betrayal, pride, and love. Each

of these seemed to involve a deeper and particularly acute or sensitive emotional construct:

Hope means that you want it to happen ... I mean you WANT IT, you want to move home, you hope to move home.

After so long of trying to hope ... trying to believe something is going to change, it turns around and its like what was the sense of it because now I was up here and now I'm down here at rock bottom.

Hope is love ... (another youth) forgiveness... something that you're very happy and proud of.

Some youth viewed hope as involving forward looking and future embracing possibilities, as others regarded hope as a source of motivation, opportunity, and ultimately strength, resiliency, purpose, and survival. Many youth also likened hope to being the summation of all of their dreams, greater than all of it's goal derived elements of employment, education, health, and living independently out of care:

It [hope] gives me something to work for ... a reason to do good in your program ... (second youth) gives us strength to carry on ... (third youth) encourages you. I guess pretty much that hope is like a crutch that they use in life to keep you going.

When I think of hope, I think of purpose, like I want to find my purpose, what I was meant to do, what is going on with me.

My dreams have just got bigger and better ... everyone told me to aim for the sky... always believe in yourself even though it gets really difficult at times. You know when things aren't going as planned, but you know you get back on your feet with support.

For certain youth the conditions of their life's disappointments, losses, and upsets resulted in their expressing their view of hope as only being a false reality, an alluring yet unreliable, deceptive, stream of disillusionment, based upon a trail of lies, Many of these focus group participants highlighted how such a tragic vision of hope, amidst such a journey of heartfelt weariness, only resulted in their escaping into risk taking and risky extremes of behaviour:

I think that it [hope] is an excuse that things aren't always going to be like this that you just use it as a way out ... (another youth) it's a tease.

Hope means you are setting yourself up for disappointment because especially in the system for youth in care your told one thing so you get your hopes up... (another youth) and then you get the other thing.

I had no hope when I was on the streets too for about a year... everything pointed towards drugs and that was my hope.

Some of the youth, however, hope was embraced as a spiritual element deeply embedded within their soul, closely associated with nature and regeneration. These youth participants spoke of visions of renewal, spiritual rebirth, faith, sustainment, stillness and quietude, where communing with the natural outdoors countered their periods of despair and hopelessness:

Finding a spiritual path that is connected to the seasons, rhythms of nature and the cycles of the moon, things that are so tangible real, gives me hope ... the spiritual path I have chosen gives me a greater sense of control over my life ... if I'm feeling really discombobulated then I can meditate or just put on a CD, light some candles, burn some incense and relax.

I go see the fuzzy ducklings in the spring everyday ... it's like renewal of your energy ... You feel happy and motivated to do something positive with your life ... (second youth) I'd like to think the same thing, surrounding myself with friends, being with nature, I really enjoyed that this summer, that's what's given me hope.

Lastly, many of the youth consistently described hope as being strongly associated with supports, close friends, caring family, and helpful worker relationships. Yet out of all of the possible supports, the focus group youth highlighted how important program peers were to them. Repeatedly, the youth mentioned that only in the safety and comfort of their compatriots did they truly know that they were understood because of all of the shared and similar experiences that made each youth feel more normal, connected, and accepted:

You'd get outside and you go hang out with friends, (another youth) yeah just to be outside ... (third youth) uhhh, my friends give me hope.

I think hope for me is having a lot of supports, family, friends ... without the friends I have now and the new friends I have made [in the program] I don't know where I'd be.

Hope Effecting Factors

Many of the youth participants spoke about transitions as being one of the most significant hope affecting factors. They identified numerous examples of transitions: peer group turnover due to discharges and admissions, their own goodbyes and welcomings to other programs, movement from the child to the adult system (and the coinciding loss of worker connections), and changes to their guardianship status (i.e., voluntary to temporary to permanent care). The focus group youth attached great significance to each of these transitions, attempting to convey in their discussion how impactful these events had been for them. The youth stated that not only did these changes signify a loss of relationships (i.e., family, friends, staff, and peers) and stability (i.e., frequent moves or changes in peer group), but also meant the loss of more nurturing and supportive times (i.e., moving to a more indifferent adult system, expected to be 'grown up', yet still never having fully savoured their adolescence). As well, the youth described their travels as distancing them from their roots (i.e., home and community), leaving them struggling to accept no longer being viewed as normal (i.e., normal health to illness, youth to group home delinquent):

When somebody's been living there for a while it becomes their house.

This is the first time I've been in a group home and so it's probably different for me ... well it's like they've been here for a long time and what happens if I go from temporary care to permanent care and everything else.

I would get up at four o'clock in the morning and someone would give me cookies and ice cream, sooo like when I went to the adult system and it was like, 'no the kitchen is closed'... it was like this whole new world ... even in the [children's hospital] I was treated like a person or at least like a child, which I was ... then when I

was in the adult system I wasn't even a person and it was like, 'no, no, you have to take this' or you would get a needle.

Youth group participants conveyed how their hope was greatly affected by other peoples' attitudes and behaviours. Many of the youth felt that the personal gains they had made were quickly undermined by youth who were new to the program and presented as not caring about themselves or those around them. The youth described these peers as coming home intoxicated, causing damage to the building, stealing peoples possessions, and threatening or intimidating others. The focus group youth commented on how quickly these other youth were able to destabilize a program, with staff even needing the assistance of the police. Focus group participants also addressed the perceived attitudes of some of the staff, citing how a few of the workers plainly did not believe in them, which only increased their own fragile character's misgivings of immense self-doubt. The youth stated when they felt that the adults had given up on them, and they were already so close to giving up on themselves, that this was a recipe for no uncertain desperation, despondency, and high-risk behaviour. Ultimately, the youth described how such a pervasive, negative, program attitude, only acted as a contagion for hopelessness. The youth participants recognized that one group's level of hope within a program could readily affect all others - staff were not immune to the effects of such hopelessness, especially if such a toxic environment remained unchecked:

You get the ones who actually want to be here and this place is good for them, and then you get the stupid ones who come in, who just don't care, and start beating up everything ... (another youth) yeah, they destroy all the shit you've worked for in the group home ... it puts it [your hope] down.

Yeah, you get some people in here that just don't care whether [they're] here or not and they just go out and they get wasted every day and they just really don't care... they try to bring you down.

They are just looking for a chance to get you down right away and the thing is like calling a code or whatever, and giving you an injection and throwing you, I mean throwing me in the TQ [quiet room] ... it's just such a negative experience.

You reach the point where you just don't care, you just want to go back to the drugs (Group) Yeah ... (another participant) especially when you have people who don't believe in you ... (a third participant) because you don't, in a sense, believe in yourself

When some person is upset, everyone is upset, when one person is sad everyone is sad, when one person is happy everyone is happy, you know what I mean, so if you are hanging around with people who are doing drugs ... (another youth) constantly in trouble ... it brings everybody down ... it just depends on who you are hanging out with, if you are only hanging out with people who are setting bad examples for you, where are you going to be sending yourself?

Hopefulness and hopelessness are contagious ... (second youth) yeah, and if someone believes in you, you are going to believe in yourself to a certain degree ... but if you are in a situation where its like everyone is so negative, especially staff, or anyone like that, that is in a position of authority, then I think that dampens your spirits.

Some of the youth expressed how concerned they were that the care giving system had only built a false sense of hope. Many of these youth had already heard too many failed promises, wishing to be able to leave care and return home to a better life, yet inevitably becoming dulled to such fleeting moments of hope filled expectation. Eventually, such false hopes resulted in greater entrenchment of hopelessness. These youth commented on how they only found that their dreams were dashed again and again with no apparent way to control the emotional rollercoaster. Adding to these feelings of powerlessness, the youth also described how program rules frequently changed from shift to shift, seemingly to suit different staff needs. The youth felt this further undermined their need for consistency and stability, and desire for return of control to their personal lives. While at other times, the focus group youth mentioned that they felt that they were doing well, staying away from other peer pressures, and trying to maintain their focus on their positive gains and goals, outside workers and

youth work staff would frequently disappoint them by lumping them in with all of the acting out youth who had already lost their hope:

When I first started at [my program] I was told I would be going home in two months ... I got my hopes up so much ... but then they told me I would not be going home until this September, like a year later ... and then I got my hopes up again and then it turns out I've been there for two years now.

You want to actually believe in something so much and you want to hope that what's being told to you and what you believe in...(another participant) and it's completely out of our control ... Why people that are supposed to care for you but aren't there themselves for you, sets you up for failure.

The rules change whenever they [staff] want to ... (another youth) Yeah, every one of them has a different set of rules and you don't know whether you are doing it right or you are doing it wrong ...one minute you are allowed then next minute you are not.

When you live in a group home it really really is a good idea to not become friends with the people that you live with because you get into a lot more trouble that way. A lot of people come in drunk and you get real cranky because its like 'why do they have to be so stupid?' and they are taking all their drunkenness out on you and it's so annoying. I always felt that if one person did something wrong we were all being punished for it, so then everyone was always frustrated, so its just like everybody's attitudes effected everyone who was there.

Although the youth participants spoke a great deal about factors that negatively affected their level of hope, they were also able to converse about the many and varied social and recreational activities that brought them great joy. What's more, some of the youth talked of significant experiences they had with staff, where the youth workers stood by them, believed in them, and gave them support in pursuit of their goals:

The group home has arranged things for me that keep me busy, like yoga classes and they have bought me art supplies, and they take us to a [fitness centre] ... I never really used to do my homework, but now that I actually have a time that I have to do my homework [staff supported], I've been getting better grades... (another youth) Yeah! The staff help you get on social assistance, help you with your resume.

I can meditate or I can just put on a CD and light some candles and put on some incense and relax, and there are other things that are a part of my spiritual path, but that's given me a lot of hope.

Staff Characterizations of Hope

Features of Hope

Staff identified that they needed to have realistic, positive, and future focussed views towards their work with youth, their organization, and other professionals in the care giving system. They believed that this was necessary in order to maintain their level of hope. Specifically the workers spoke of attempting to develop change-oriented personal belief systems, where seeing possibilities, having dreams and goals, and maintaining motivation helped to translate those possibilities into clear forward directions that resulted in achievements and success, thus fostering their own sense of self efficacy:

Hope for me in the workplace is reality. You have to really look at their [youth] reality to establish realistic expectations for them that will give them some hope.

I think it's learning how to measure your successes.

It's pretty vital to have hope to be able to be outside of the present situation that we're sometimes in at work. I don't think that you can be in this field for a long period of time if you don't have hope ... whether it's hope for changes within systems that we have here or outside of here ... I think that you need to have that in order to keep moving forward, otherwise you'd become focused on what you don't have.

Looking forward, like looking for good things no matter what the present looks like.

Hope to me is a positive outlook on life. Trying to get rid of your cynicism, your sense of 'What am I doing?'... 'Where am I going?'... a sense of waking up to, no matter what the day looks like, something good is going to come of it, it's going to keep you moving ahead.

I don't think you can have hope without having a set of 'these are the things that I wanted to accomplish'.

I'd say feeling a sense of effectiveness, that's a big one especially doing this kind of work. Knowing that at least some of what you're doing is being effective.

The focus group staff continued to talk of time based features when they highlighted how strong a role they believed that resiliency played for the youth and themselves in helping to maintain any hopes they had. The staff spoke about health, determination, and belief in self, challenges, and survival, but always as concepts that were gestating or developmental, in the moment, intermittent, or deferred. Staff expressed how hope might not always be visibly present, only surfacing after managing certain challenges, realizing their achievements in retrospect, or temporarily emerging because of a good day:

Hope is resiliency ... survival. Many of these youth, given all they've been through might have a struggle, but they're such survivors.

Sometimes it's not until they leave the program that they kind of realize the impact that we've had or they've had on their life. When they're here, they're thinking 'I don't want to be here', trying to do everything the staff tells you, but once they leave and they can think about it, I think they see that they actually achieved and they had hope.

I think hope, in my everyday life ... it's more in the future. At work, it's more, day-to-day, minute-to-minute ... I hope I go in, everyone's happy, and we all have a great day.

Lastly, staff highlighted hope being coupled to positive relationships where trust, openness to confide in others, kindness, mutual success, and exchanging of values were appreciated. Staff expressed how their level of hope was inextricably linked to their relationship with youth. Levels of hope moved in concert, affecting one another's levels. Staff had to have enough hope for both themselves, as well as the youth in their care.

The staff felt that they had to be the source of hope for the youth in their program:

I think they have it deep inside of them but a lot of them don't portray that hope. They see themselves as living in residential care, [and] it can't get any worse, right? They usually have to hit rock bottom before they can start going up. Their emotions are all, you know, they cut their finger and the world's over. You know, it's very dramatic and sometimes we have to have enough hope for both us and them.

You're not really focussed on yourself, kind of focussed on somebody else, trying to make them have success in their life, make something out of their life.

As staff, it's like my job for the whole 12 hours I'm there to remain hopeful for the kids. I can't go in and say, your life is going to suck, you know, you're going to be dead by 20, or a prostitute. You have to go in and say, 'you can finish school', 'you can get back with your family', 'you can get a job'... you have to stay that way and just kind of hope you can.

Her [youth] hope is going down and we're trying to stay positive... if she does [return from AWOL], what are we going to do? Slowly, our [hope] is going down too. [However], if she comes back and she says, 'Yes, I want to make a change', 'these are my goals and I'll work on them', then our hope goes [back] up too.

Hope Effecting Factors

Staff focus groups conveyed that the environment and atmosphere of the program was probably the most notable indicator of the overall level of hope within the youth center. They stated how easily hope fluctuated and how sensitive it was to their perceptions of interdisciplinary relationships, the lack of system resources and exhaustion, as well as their personal ownership for successful youth outcomes:

These youth are desperate but this team comes together as one and creates a really awesome atmosphere, so it really instilled a lot of realistic hope for me. Just to be part of the team, just to see how they work.

If you have a group of adults that are all cynical and don't have hope, then the youth is going to pick up on that... (second staff) The program's going to be a miserable place to be.

We're putting all this time and effort into these kids, [and] are we getting anything back? Do we see it having an effect? There's times when I go in there, [and] I think why am I here? Other times I'm there and I'm like, I am so happy that I am here with these kids. It just depends, you know.

No adult [community worker] steps up and says I'll be willing to take him or her and the agency can't seem to figure out what to do next [plan of care], so... that makes the kids [hopeless] as well.

Sometimes we get the cases where they [outside workers] become too involved and then you have to say, 'you need to step back'...that's where it's crossing the boundaries and stuff like that.

Sources of Hope

As with the youth focus groups, the staff identified supports as one of their most valuable sources of hope. Staff identified their supports as coworkers, supervisors, and regular team meetings, in order to keep a better perspective on the challenging and demanding work:

You can't go to work like that [believing youths' abusive comments]. You've got to have somebody to laugh with and check yourself with or you're going to just become sour and burnout.

Working at a crisis centre, when you have continual crises, [hope] deteriorates if you don't have the support ... we'll come together as a team and that will be a new found support.

The workers highlighted relationships and connections as imperative. Focus group staff regarded relationship building as the foundation of their work with connections and associations to colleagues, youth and their families, and collaborative links with community agency partnerships to share ideas and commonalities. Connection increases hope for the staff because they state it decreases their isolation within the system:

She was actually my first shift [partner] and she was very realistic. She said you're going to feel like a broken record, always like repeating the same things, but when you do see the girls do [well] and realize that you are helping them, it's all worth it. So I was very hopeful coming in.

If I could see that a youth had support and maybe the parents are actually calling, coming, showing interest, and putting out a big effort, that affects my level of hope a lot ... and then the opposite is true, for a kid that's totally disconnected.

They [management] would have different trainings available to all of the organizations so then you could also share experiences of limitations that they were experiencing or successes that they were experiencing as well.

I think if we really sat down and started to look at the resources within the community, it's quite broad. Plus the members that sit on our Board, and community members. We have funders such as the Royal Bank, Investor's Group that are now taking a great interest in [our agency] and certainly that is going to provide more resources within our organization ... (Interviewer) So being less isolated? ... (Group) Yes.

Participant staff noted how their relationships with the youth also seemed to vicariously build their own level of hope - seeing the youth becoming empowered, witnessing positive youth change, and knowing that youth were responding to the supports they were being offered was identified as being immensely gratifying and often evaporated the feelings of hopelessness staff had over the difficult struggles they all endured to achieve such successes, now matter how small:

It always helps when you see the youth change or do well and see them grow and move on.

We have to accept that there are small intimate moments that the light bulb goes on. The child that brings back the receipt when he would have stolen the money right up until this point ... those are the things that I try to focus on.

Staff focus group participants discussed how self-care, positive work philosophy and approaches to practice were all necessary in helping to maintain their hope. Self-care involved reflective practice, being able to vent to their peers, debriefing, knowing one's limits, and learning to balance idealism with realism. The youth workers defined self-care as also involving professional development, increasing personal knowledge, and sharing worker experiences. Staff stated that work philosophy and practice approaches always needed to address being solution focussed, build upon youth positives, and be able to reframe difficult situations as a way to increase positive staff energy:

I don't always see the griping as totally negative. I think that's a sharing and a venting is very necessary.

Debrief [with a co-worker] and get it all out of your system ... there could be some positives that come back to you in the feedback situation and maybe that's all you need to regroup for the next shift...If you're not diligent and self-aware in reassessing yourself and just checking yourself, you're going to just become sour and burnout.

We'll have trainings that involve new strategies or interventions that we can use with the youth and that for me creates new hope because I'm going to try these new interventions and see how these work.

I think also in team meeting there's debriefing and solution focussed or there's griping, and you're going to notice it in team meeting, you know ... are you solution focussed?

Staff also highlighted how important for them it was that their opinions and expertise be recognized and for other professionals to respect their work with youth. They conveyed how respect and recognition included multidisciplinary regard, open communication and inclusion, while also identifying how, at times, even their own agencies did not respond to their ideas, nor recognize their expertise, and collective experience:

I think that, like I said before, [you need] the association, you know, to have a stronger voice and have our field more recognized as being a professional, you know, a career.

I think sometimes dealing with therapists, [or] mental health people, our insight, our observations are not seen as credible. ...(second staff) They're not taking us seriously ... (third staff) there's no connection [by community professionals] in terms of them [youth] living with us and our [child and youth care worker] participation in what is going on.

You can go to the agency or to the management and as a [staff] group, you all say this is what works... [management response] okay... see you later. [Staff group, 6 months later] No, no, it's still not working ... grounding this kid is not working! Can we do something else yet? [management response] No, not yet ... (staff) That gets [really] irritating.

Finally, the youth care workers mentioned the need for a positive, structured, creative, and home-like work environment as a necessity. The staff felt that a program that makes everyone feel like they belong, fosters hope:

I think the routine of everything, cleanliness like the kids doing their chores, doing activities, everybody working together. When we as a team, staff and kids, when we hit our bottom of hopelessness, the place was a mess, there was no routine, everything just went to hell, like no structure, no one could hold any of the kids

accountable, they didn't care, we didn't care, and it just got to a real ... (second staff)
Rut ... (third staff) Slumpy rut, yeah.

Sources of Hopelessness

The focus group staff described a number of broad areas that they felt were sources of hopelessness:

All workers identified the number one issue as lack of resources and funding (or unbalanced funding priorities). According to staff, funding constraints meant that empty residential program beds must be filled as quickly as possible. They stated how frequently the first available youth referral was taken whether or not there was any concern that the program could meet the youth's identified needs. Staff spoke of feeling that there was a lack of communication guidelines or general protocols within the care giving system to better address the matching of youth needs to program capabilities:

Yeah, a lot of the problems come from no money. You know, it's not that administration doesn't want us to be... you know, have a second staff for eight hours of the day, it's just that there's no money for it.

You feel that the agency is setting them up to fail just because there's no other options...we have nothing else to do, like we have nowhere else to put this kid, so we'll just do this and then we'll just wait for him to crumble and then we'll figure something else out... like, whoa, I don't get that.

It just feels like you're doing exactly what has been happening and that this [perpetuation of placement breakdowns] is what part of the problem is.

I really get hopelessness when I hear in a staff meeting, like well we have two empty beds, this kid is not really suited for the program and yet we have to fill the bed.

Standards, like some general standards. I think there's lots of things that go on, passing the kids around from home to home, there's no communication between the agencies and the different houses, the kids end up in houses where they just don't care ... and you know, we just pick them up and move them to another one!

The system issues have all begun to collapse into one, as staff noted how frequently their youth had difficulties accessing services they were entitled to. The staff stated that some

youth have fallen through the system cracks for so long that the opportunities for early intervention have been missed. The workers, yet again, addressed funding and resources as the primary issue, where not only social services, but also health and education areas have become overwhelmed, resulting in disconnected communication and planning across all of the care giving sectors:

We've had more issue with placement of a youth into a school setting being here because it's short-term, temporary so schools don't want to make an effort ... this never land that the youth has found himself in, they're being alienated from school because they don't have a school to go to.

There's probably some that should have been in care a long time ago, that have come too late and that's when you see the hopelessness of ... uhmm, this youth is probably going to be the same way for a long time.

To some extent, the staff felt that society as a whole was becoming accustomed to a 'quick fix' approach to all problems. The workers felt that without the support of a whole community's effort, (public and professional), simply placing youth in care to be 'fixed' or 'cured' only shifted the blame to another area without creating any effective systemic collaboration. The staff stated they felt very hopeless at times to effect any systemic change when they were so isolated. Between having weak or politically immature provincial and national Child and Youth Care Worker Associations and also having little professional recognition or view by other disciplines of competency, the focus group participants stated how demoralized they had become:

I've had friends when I was growing that were worse than [youth in our care] yet their parents still stuck with them and didn't give up. I totally agree, yes, I'm definitely needed, you know, [some youth] need to be placed, but others it almost feels like in our society, it's an easy way out.

It's [provincial child and youth care worker association] development and I think that it's been a long-standing association, however ... (second staff) it has been lacking over a number of years and we're I guess trying to re-establish.

There's a scale, and on the scale we're on the bottom ... (second staff) Something like baby sitters, I've been referred to as a high-priced babysitter and a not very good one. The school will sometimes call and say how come you can't control this kid? [jokingly] It's only because they won't let me tie them up. But they will expect that you can stop them from smoking in the bathroom or from fighting at school. So you're not even good at being a baby sitter.

Focus group participants wanted staff ability and efficacy highlighted as another area for concern. Workers in the focus groups felt that their abilities were always questioned, that they were set up for failure, unable to manage youth who were unsuitable for the program's capacity, which in turn led to a process of self blame and doubt, as well as feelings of powerless and hopelessness:

Our insights, our observations ... to a certain point are not seen as credible.

This kid is not really suited for the program and yet we have to fill the bed. Because you know ... (second staff) they set us up to fail.

I think sometimes lack of agency's involvement too. When you've called the social worker, the social worker is not calling back, you know, you're trying to advocate for these kids and some of them just don't seem to [care]

What are we doing? Are we making a difference? What can we do different? Do we see it having an effect?

Another thing that comes into place very much is the recidivism so you get children coming back that know how it actually works. And when the new youths suddenly realize that in many ways our hands are tied, they get very much used to the program and that's when they start falling off.

The staff identified how aware they were that the Child and Youth Care field had a high staff turnover and burnout rate amongst its workers, however they still entered the field with high hopes and dreams of making a big difference, only to feel disparaged that they had to greatly temper their idealism and possibly lose sight of their original visions of their role:

The life span of a youth care worker is like five years, that's what ... (second staff) we were always told [at the college].

Coming into this [profession] you have these big high hopes that you're going to change the world and stuff. I think the more you spend... you come back to enter reality and realize that, you're not going to change everybody's life. If they walk away with one value that they've gotten from you, then you've made a difference. Because otherwise you're going to drive yourself crazy, you know.

The administration is all about policies and procedures, boundaries, know your limits, can't pass your limits. These kids only have a very select few people in their life that they open up to, that they get close to and, they want to be able to trust you, they want to be able to talk to you ... but then you're hearing from administration, don't get too close, you're not respecting the boundaries. So, you get confused. You're like, what's my role here?

Finally, the focus group participants felt that a portion of the problem surrounding worker hopelessness related to education, training, and experience - some workers just never seemed to be able to professionally evolve and effectively put theory into practice. As well, stated how how concerned they were over colleagues who had become completely desensitized to the youth's presenting behaviour, issues, and needs:

They [co-workers] can't move beyond that stage of continually consequencing, trying to make an impact on the child from a behaviour model and that's where I've seen many youth care workers start to become cynical, stuck in doing 'to' [youth], instead of moving 'together' and 'with' [youth].

You become immune to it, you know. You sit there, you have a bowl of soup thrown in your face and you just sit there. How can you not ... (second staff) express your emotions ... Well, then you become immune to it and you're tolerating it.

Youth focussed concerns

The focus group staff conveyed that one of their most pressing concerns for the youth was a lack of coordinated youth care plans, where poor transitions left the staff feeling that the youth they were supposed to be helping were being cut adrift, directionless in the system, only to slip into further difficulties:

They're [youth] kept here for a bed, but there's no real plan ... there's no family involvement, not just immediate but foster. We're [child welfare workers] going to put him here and see what happens ...(second staff) [or] the agency [child welfare] is almost done being involved, the kid's slipping now and you're worried that the kid is

16, 17 ...they're almost out of care, the adults have already given up and so what's next? That feels hopeless.

As the staff acknowledged that some youth were hopelessly lost or in aimlessly wandering within the system, they recognized that the youth were becoming hardened and distrustful of any adult overtures of support. Many youth were simply more connected to and influenced by their peers. Staff expressed that when programs seemed to be having no effect, the 'unreachable' youth were discharged leaving the staff feeling even more hopeless, labelling themselves as failures:

I think that working in a crisis stabilization setting, it's difficult because we have recidivism. We have a lot of youth that come back and do not have hope for the program... then the peer interaction is much stronger an influence than us.

We've had to discharge [youth] because we can't have this [behaviour] and it just feels like then you're doing exactly what has been happening [all along] and that this is what part of the problem is.

DYNAMICS AND PATTERNS OF HOPE

Youth Sources of Service/Program Tensions

Staff - Youth Tension

The youth spoke of a variety of tensions between themselves and the Child and Youth Care staff that affected how they viewed the youth caring system. Some of their comments, while drawing from a limited and small number of relationships with staff, have nonetheless greatly affected their levels of hope. In particular, grievances with staff regarding matters of fairness, consistency and lack of youth input dramatically lessened their everyday motivation and investment in their respective programs:

I always felt that if one person did something wrong we were all being punished for it, so then everyone was always frustrated. It's just like everybody's attitudes affected everyone who was there.

I think it is stupid that you are not allowed having your friends in your room [general 'yeahs'].

The rules can change, slightly, like you can make an agreement on something and sometimes ... (another participant) it depends who's working ... (another participant) yes, but as for the chores, quiet time, and stuff it's definitely, no. It doesn't change.

In the minds of many participant youth, communication issues created a constant source of stress. Youth stated that what they were often told by workers seemed to be misleading or lacking in honesty. Other youth stated that they had experienced feeling bribed or pressured to behave more appropriately in their residential programs. Many youth expressed how they felt disregarded by staff, infantilized, or impersonalized:

I was told I would be going home in two months and I got my hopes up ... then they told me I would not be going home until this September, like a year later, and I got my hopes up again ... and it turns out I've been there for two years now.

Yeah, they try to bribe you, when they are the ones that are making it worse, and then they try to give you things to make it better.

They [social workers] were going to send me to that [secure program] if I kept running away ... they [social workers] were going to send me to Maine [for treatment].

My main complaint is that they [inpatient staff] don't even try to talk to you about it [illness], they never even give you a chance to come there and recover... they are just looking for a chance to get you down right away, like calling a code, giving you an injection and throwing you in the TQ [isolation] room for three days... it's just such a negative experience.

I mean I turn nineteen in like fourteen days and still I get like treated like a child ... its like they [staff] can tell you what you need to do or what you have to do and you can't sit there and make any decisions for yourself.

In the [children's system] I was treated like a person or at least like a child, which I was, then when I was in the adult system I wasn't even a person.

Participant youth expressed that staff attitude and mood regularly played a significant role in determining their daily experiences of hope. Youth remarked that depending on the daily disposition of staff, they at times, felt disrespected, controlled, and treated unequally. On those days, where youth perceived staff to be ill of mood, they felt they were even more so than usual, expected by staff to be 'grateful' and 'appreciative' of their residential care:

It's the same way, if the staff are in a bad mood ... then we [youth] all are usually cranky.

The staff at [voluntary program] are not there to boss you around or to tell you what you are doing right or what you are doing wrong, whereas at [other involuntary programs] or something like that, they're there to boss you around.

The guy [group home staff] was like 'you should be so glad to be here' and he made me feel I should be so grateful that I was just given a roof over my head. I was given this list of chores that I was to do each day and I just crawled into bed and cried.

In contrast to negative staff-youth tensions that undermine their daily sense of hope, youth highlighted that positive staff-youth tensions, involving at times, certain confrontation or vigorous personal challenge and vital interpersonal exchange with staff, has provided for them, a sense of enhanced security, support, and opportunity for change and growth in their lives:

All the staff around here ... (another participant interjecting) staff rock ... (another participant) staff are awesome ... yes so long as you respect them they will respect you right back, so there is no problems.

It didn't mean anything to me [being constantly grounded], I was just a little asshole ... like staff would go 'hey, what's up' and I'd go 'fuck you'.

Staff are really good that way at [our group home], you can talk to them about anything ... they are a really good support.

It's 'cos you get to work together [one on one with staff] you get satisfaction, there weren't people that went behind your back, you got to speak about your thoughts, your opinions.

Self Tension

Focus group youth additionally identified how self-tensions or internal pressures were often generated due to high personal standards or expectations, as well as unrealistic beliefs or overly ambitious dreams that resulted in anxiety and frustration in their day-to-day lives. Youth spoke of comparing themselves at times, to both other peers within their programs, as well as peers they had known before they came into care. In this context the youth conveyed their thoughts concerning being overly hopeful or desirous of improvement in their lives, fearing relapse in their conditions or circumstances and of feeling the 'train of life' departing the station without them - all of which contribute to a sense of stress and dispiritedness in their lives:

You want to actually believe in something so much... so then it sets you up for failure ... the next thing you know is that you end up going back to the things that you've known all of your life and that can make it even worse ... it could be running, it could be drugs, it can be abuse, it can be physical harm to yourself

You reach the point where you just don't care ... you don't in a sense believe in yourself to deal with your problems.

This is the first time I've been in a group home and it's like they've [group home peers] been here for a long time. What happens if I go from temporary care to permanent care and everything else?

The more that you relapse [mental illness] the less hope you have. You feel that no matter how much you do, this thing is going to come out and get you every year, that's really hard.

Peer - Peer Group Tensions

Youth commented on the large number of persons in the small physical space of the residential program, the often-involuntary status of their program admissions, and the complicated peer dynamics and tensions within their program settings. A few residents created the most havoc within the program exhibiting both direct and

duplicitous behaviour. The youth cited how, with residents who were committed to moving forward in their lives, worried that their personal gains would be undermined, as they feared being ostracized within their peer group by the residents who did not feel attached or committed to the program. In particular, personal space and safe boundaries with peers were highlighted by the youth as being difficult to maintain, especially when having to share a room. Some youth recognized that there was only so much that they could do to help other peers before there own energy and focus was lost. True friendships and trust were difficult to build. All these served to generate tensions that decreased their level of hope:

You get the ones who actually want to be here and this place is good for them and then you get the stupid ones who come in who just don't care and start beating up everything... when somebody's been living there for a while it becomes their house.

Yeah, stealing and lying, manipulating, ganging up on people ... every program you go to you always have that one person will be your good buddy but when other people are not around, you're not it.

If you were trying to quit smoking, quit dope or drinking or something... if you are and then you have people who are trying to come into the house smoking dope and drinking, saying 'come do this with us', it's kind of hard to say no after you've been using for so long ... You're trying to get away from it but then there's this person who's trying to get you back into it and you're not going to say no.

Sometimes it's a good thing and sometimes it's a bad thing like when you are getting along but when you are fighting, someone could steal something of yours when you share a room.

You have to sort of separate yourself or distance yourself from things, like you might think that you want to help everybody but you sort of have to respect your own mood and your own energy.

When you live in a group home it really really is a good idea to not become friends with the people that you live with because you get into a lot more trouble that way.

Internal and External Agency Tensions

Participant youth described how program differences within an agency also played a role in developing tensions in their daily lives, especially when an agency had multiple programs or residential settings. The youth discussed how they compared fairness of rules, staff control, structure and safety, relationships and supports, sometimes in order to make sense of some of their difficult experiences. The youth described their involvement with multiple services as stressful as these were viewed as not coordinating well with one another:

It's a 24 hour grounding from the time you get home ... (second youth) ours is two days and if they have suspicion that you are under the influence of anything then it is a three day... (first youth) ours is four

Our house is never on shutdown... (second youth) I was always on phases at [group home] ... (third youth) I was on a shutdown and then a time out at [group home].

The thing is that what they do [acting out behaviour] is acceptable because they don't get kicked out but what you did to cut yourself [self harm] got you kicked out is absolutely ridiculous [since they were placed there to get help for their self harming].

There are two programs that I am chiefly involved in, one is the [program name 1] and the other is [program name 2] and the two don't work hand in hand.

System - Cultural Tension (influences on youth)

The youth shared their experiences of discrimination and stigmatization related to living in residential care. Such experiences had originated from hurtful assumptions, reactions and remarks from friends, family, workers, schoolteachers, and members of the general community. Youth noted that being in care involved the perception by themselves, and others, of being second-class citizens. For the youth, such lowered status was exemplified through being left out of decision making, involving their in care planning, and with feeling generally marginalized within mainstream society:

Just because you're in care you get treated differently and made fun of.

When we say we live in a group home we get looked at, oh, well 'WHAT DID YOU DO!' ... [Group] yeah!

People really aren't informed about group homes ... (second person) yeah, they think you are bad person, you're less than normal, like you got something wrong in the head with you.

If you could notice there's a lot of hierarchy then you know there's not much hope there [in the program].

They're [workers] right? We're [youth] wrong ... they're the adults, they're the ones that make the decisions for us.

Staff Sources of Service/Program Tensions

Staff - Youth Tension

Staff reflected with openness, that inherent tensions between staff and youth may have already existed at the point of their first meeting. As staff outlined, many of the youth were in their programs involuntarily and have had problems with building trusting relationships with adults, especially with those inconsistent with their commitment. From the perspective of the staff, they felt that some of the youth may be looking for someone to be a parent or surrogate figure to them, which for staff involves problematic matters of transference and counter transference issues associated with such relationships:

Ninety percent of the time when they [the youth] come into our facilities [they] didn't choose to come here. This [our program] is not something that they wanted for themselves. It was not something that they aspired to, I'm sure.

It takes a long time I think for some of them to realize, okay, she's, this is who she is, you know, and even then they're very wary, they're very skeptical, and you just... and that's also a sign of hopelessness because you wonder how long do I have to... how much do I have to show this kid to show them that we care, that we're here, that we listen, you know?

They understand that we have good intentions and we want to maybe fill a position even though you know we can't, like whether it's a parental type position or not, a real support... you know... you can do certain things, but you can't be the parent that they need.

They'll look at you and they're like well, you're not Mom or you're not my Dad, and you know, that's frustrating some times.

Nonetheless, in their helping roles with youth, staff spoke of their daily challenges in reaching out to youth who may have lost considerable hope and connection to others in their lives. The perceived unwillingness of certain youth to engage with their overtures for support left many workers feeling frustrated and powerless:

If you're dealing with behaviours continually, it becomes a little more difficult to focus on positives and hopefulness with the young person.

Certainly [workers] being stuck in stages with 'doing to' [constantly consequencing and power struggling with youth] and the youth being stuck in that sense of anger, frustration, and non-compliance reverses what we want to do to them.

It's pretty bad when a youth can see the staff sitting there tolerating it because that's all you can do, because there's nothing else you can do. They [youth] can sense that and they become frustrated with you, as well as for themselves, because they have to live in an environment like that.

They [youth] get stuck...'Ground me all you want ... I hate my parents, I hate my workers, I'm just going to go hang out [downtown]'... then there's that feeling of hopelessness, they don't have anything they're working towards, so it's hard for us to find something to give them to come back to us, whether it's to stop running or to go school.

Staff articulated that their experiences of daily struggle to maintain and set appropriate limits with youth was the source of considerable frustration and physical emotional exhaustion. Staff, while recognizing and appreciating the positive features of normative development, such as increased individuation, autonomy, and personal choice in matters of interest and association (including from fashion to sexual identity and sexual intimacy) nonetheless identified these very elements as the context for dispiriting experiences with youth. Staff, while wishing to be able extend an understanding attitude

to 'normative' tensions that arose during shift, felt burdened by pressures to prioritize other shift expectations such as maintaining the program routines:

For the culture of the young people today, some of our restrictions for them, where they certainly [want to] use their music to de-escalate ... we do not permit them to bring in their CD's or ghetto boxes... so this can often become problematic.

Certainly recognizing their [youth] moral development, the ages that we're getting them, it's self-gratification that they need.

We're a co-ed facility and the on-going teenage growth of becoming involved with another peer of a different gender, or any different feelings that he may have, there are on-going behaviours that we as a program wouldn't facilitate, due to the fact that the youth are only here for short periods of time.

We have a lot of youth that [repeatedly] come back to our program and do not have hope for the program, do not have hope for themselves, and then the peer interaction is much stronger an influence than for us.

Parent - Worker Youth Tension

Staff expressed a deep frustration with the frequent lack of parental involvement.

They described the parents and youth workers as having such infrequent contact that they felt like they were never on the same team, with the same vision, plan, or agreed upon approach. According to the workers, with the parents being so removed from the day-to-day issues, it was easy to generalize a lack of positive parental intention and negatively stereotype their behaviour. The workers described this tension, in turn, leading to parents and workers blaming one another for their inability to make changes in the youth's behaviour or maintain control. The workers also spoke of how the parents (and other involved people) may simply not know the policies and limitations faced by Child and Youth Care Workers and so may become frustrated at the youth worker's perceived lack of ability:

The parents, more than the agency, I guess, are very much 'Can you fix this and send it home?... 'We'll continue to do our drugs and fight and whatever else that drove the kid to this in the first place'... and then you've got to fix this kid and then oh my god, that's where they're going back to... and the parents call and give you hell because you've done this or you've done that... you know, this isn't what they would have done.

Self Tension

The staff reported a sense of constant internal tension and self-doubt concerning their perceived ineffectualness to create dramatic changes or at times, create any change at all. The workers also spoke of how they felt that they helped to perpetuate systemic flaws, incapable of stemming the tide of so many placement failures that leave youth endlessly wandering hopelessly from program to program setting:

It's just that frustration ... that, (sigh) what are we doing" Are we making a difference? What can we do different?

You know that this is the problem because they've been discharged from other places, and you feel like you're giving up ... it just feels like you're doing exactly what has already been happening (perpetuating placement failures].

Workers said that relationship boundaries were a struggle for them when interacting with the youth in their care. They conveyed how difficult it was to remain human, warm, and caring, yet have to make professional, detached decisions, often in the heat of a moment. Relationships could cloud good judgement. The youth workers felt that having to wear a number of hats, simultaneously play a number of roles (i.e., parent, worker, disciplinarian, clinician, or self), was a difficult task to juggle, even with experience and the most ideal of circumstances with the youth:

Uhhm, it's very hard not to let your emotions sometimes get in the way or dictate the decisions that you make. Sometimes because of that you do make a decision that

afterwards, you're like, oh, I shouldn't have done that or I shouldn't have said that ... but yeah, it can be tough.

Sometimes I am totally myself ... this is me, what you see is what you get, I'm like this with my friends, I'm like it with my family, you know, I'm silly, and I'm down on the floor and playing games. Other times I'm the worker and I have to discipline ... I have to do whatever ... and at times you're the nurturer.

Staff - Staff Tension

The staff talked about how complicated it was to work with cynical colleagues, wanting to support them but also not wanting to become overwhelmed by their negative energy. In a similar fashion, the focus group members expressed how they could also become very frustrated with colleagues who did not pull their weight on shift. Other staff spoke of struggling with how decisions were made or who made them. Staff highlighted that they were often faced with difficulties that they had to resolve immediately on shift, that they were the closest to the issues at hand and therefore should be able to make more of their own decisions rather than relying on a team meeting or supervision that was still far off on the horizon. The hierarchy involved in decision-making made many staff feel that they lacked some of the autonomy they needed:

Well, if you have a group of adults [staff coworkers] that are all cynical and don't have hope, then the youth is going to pick up on that and ... (second staff) the program's going to be a miserable place to be.

The thing that causes me any kind of stress with other staff members is when they don't pull their weight and you have to do the rest. You have to make up for it.

You never knew how to react, so when you knew that you were coming on shift, you were always waiting for something to happen because you knew it was going to happen. If it happened in the day, she'd have a good night. If she had a good day, she'd have a bad night. Like, you just, you just never knew.

The group [team/manager] makes all the decisions and sometimes you make some of them, but I like to make a lot of them. Then the agency wants to make some damn decisions too ... I really just want to be allowed to make them all.

The focus group youth workers described how full time staff have often worked together for many years, partnered on the same shifts for lengthy periods of time, especially if a schedule rotation remained in place for an extended interval. Workers expressed how full time staff could even become closest of friends and allies making it difficult for part time staff to work synchronously with them. Staff also noted that as strong partners and allies, these workers could become too strong a force within their team or organization and eventually might be perceived as bullies needing to be separated:

Our group is just four full-timers and we have a really, really strong group where we all feel the same about what we're doing here. Because you're so close with these people, you see them all the time, this is part of your life, these are your friends, your comrades, and you go through a lot of stuff together.

(interviewer) Is there ever a sense that the team has become too strong?

(first staff) Yes.

(interviewer) So they [management] need to make a change because they feel this team's got a [strong] voice?

(first staff) Yeah, that's what happened last year ... certain voices [management] don't want to hear that voice ... (second staff) Yeah, sometimes we're bullies too.

Casual and Part time staffing practices by most agencies have also created coworker tensions. Focus group members explained that the casual staff persons were booked for shifts quite regularly but were not always aware of the approach the team was taking with certain youth or the youth themselves were unfamiliar with the temporary staff. The focus group participants described how many of the casual staff worked in a number of agencies in order to cumulatively access 'full time' employment and therefore were not always reliably available:

At the same time not to you know pinpoint casuals [part time staff] or anything like that but because they're not there all the time they might not do things the way the

team would do. They might make different decisions that might come back to bite us later, you know.

In the same way, you get frustrated if the casual comes in and they haven't been in for three months, and then ... (second staff) they don't know what's going on ... You know, the kids don't know them and it's hard for them as well because they're trying to help out.

Internal Agency Tension

Once again, the participant staff clearly identified their need for more autonomy and flexibility while on shift. However, the staff stated that they felt that their clinical ideas were often unheard or sometimes dismissed by agency management or the clinical team. Staff shared that to a large extent, a lot of the shift management and youth intervention ideas seemed to emanate from the 'office' workers who may have forgotten what it was like to be on the frontline:

Well, it's hard for you working with the youth like '24/7' and then you have the administration, the Agency... 'well no, you need to do this'. But you're seeing the ramifications of that decision, you know.

And you can go to the agency or sometimes you can go to management and say as a group, this is what works.

'Okay, see you later'. [feeling ignored by management].

'No, no, it's still not working', and we're six months into this and grounding this kid is not working. 'Can we do something else yet?'

'No, not yet' [response from management]. That gets irritating!

Our team has been together for so long and I think we know each other so good. I think sometimes a division is put in between our team from administration... 'these people say that you're not doing your job'. People [coworkers] have started to talk and finding out they're [management] telling me the same thing ... yet that [not doing our job] is not happening.

They're [management] saying well, we should do this, and this, and this. And then you're like 'we tried that'.

You know, administration is all about policies and procedures, boundaries, [and] know your limits. These kids only have a few people that they open up to. They want to be able to trust you, to be able to talk to you, but then you're hearing from

administration, don't get too close, you're not respecting the boundaries. So, you get confused. You're like, 'what's my role here'?

External Agency Tension

The biggest concern voiced by all of the workers was that too often, the external agencies, such as Children's Aid or Community Services, did not have a clear direction in mind for the youth who were being placed in their facility. Several staff stated they believed that the youth were placed in the first open bed whether the program was suitable for the youth's needs and left without a plan until the placement for the youth erupted into a crisis:

You feel that the agency [children's aid / social services] is setting them up to fail just because there are no other options. We [children's aid] have nowhere else to put this kid, so we'll just do this and then we'll just wait for him to crumble and then figure something else out. ...I don't get that.

You get the feeling they're [youth] kept here for a bed, but there's no real plan ... even when you question them about their [plan of care], like, well, 'I don't know'. We're going to put him here and see what happens.

Multidisciplinary Professional Tension

Most of the participant staff agreed that Child and Youth Care Work was undervalued, lacking credibility with other professionals who also worked with youth. Like the youth who felt stigmatized for living in group homes, staff also felt that they were marginalized and at the bottom of a professional hierarchy. Staff did convey that not all of the feedback from other professionals reflected upon whom they were as workers, in fact, many other professionals, such as child welfare Social Workers, were also overwhelmed by their caseloads and had also become hopeless and apathetic to so many diverse demands:

I think sometimes professionally dealing with therapists, mental health people, our insights, our observations...to a certain point, are not seen as credible.

There's a scale [of professions], and on the scale we're on the bottom and we know what rolls downhill, so it seems like that is always coming to us.

I think they've [child welfare social workers] become apathetic, they're also managing thirty people ... thirty people and we're managing one, or we're watching 'Billy' deteriorate and that person has to prioritize. But that's difficult to watch because their apathy is contagious.

System - Cultural Tension

The staff expressed how youth, partly because of involuntary placement status, had far too small an involvement in both individual and broader level systemic decision-making. Moreover, the workers recognized that they too lacked a strong voice for effecting change within the care giving sector, partly because of a weaker provincial Child and Youth Care Worker association but also as a result of feeling that different agencies or professionals in other sectors were working in isolation of one another. Workers commented that the other care giving sectors in working remotely from one another often passed along the youth and their difficulties only to withdraw a great deal of their support to the Child and Youth Care staff and the youth when a 'safe' placement was found. Staff felt that the pattern of quietly leaving youth in limbo in placement after placement often could continue until it was too late for effective transition planning to the adult support system thus leaving many youth failing between the cracks. Many staff stated that most of the public and other professionals have a very simplistic and narrow view of what their role with youth involves, only admiring our tenacity and tolerance rather than acknowledging our skills and training:

People are doing things to them [youth] and they don't have a choice to live here or not.

The Nova Scotia Child and Youth Care Worker's Association has been lacking over a number of years and we're, I guess, trying to re-establish.

We've had more issues with placement of a youth into a school setting because it's short-term [group home]. This 'never land' that the youth has found himself in, they're being alienated from school because they don't have a school to go to.

Lack of [child welfare] agency's involvement too. When you've called the social worker, the social worker is not calling back, you know, you're trying to advocate for these kids... some of them just don't seem to [care].

Frustration realizing that what is happening is probably not in the best interests of the youth a lot of the times. Or in terms of timing, they're here [in our program] and the social worker can't move them on but they should have been moved.

The kid's slipping now, they're almost out of care, the adults have already given up and so what's next? That feels kind of hopeless.

A lot of times we hear, I don't know how you [youth workers] can do it. You are very brave to be in this field, you must have a lot of 'patience'... [versus skills and training].

Finally, some of the focus group staff felt strongly that certain youth should not be in residential care, that the system was being overused as a Band-Aid, a convenient remedy for complex social issues. Youth may be becoming victims of society's desire for quick fixes, where they get passed along in isolation to the next service or profession to be labelled then 'cured':

I totally agree, yes, I'm [Youth Worker] definitely needed, you know, [some youth] need to be placed [in care], but for others it almost feels like in our society, just like it's an easy way out [child welfare system].

Patterns of Hope

Interactive Patterns of Hope and Mood

Participant staff noted how reciprocal and contagious mood, attitudes, and levels of hope were within their programs. The workers perceived the levels of hope between staff and youth as being linked together with hope and hopelessness rising and falling in

unison. Staff also noted that both youth and themselves seemed to experience a similar dispiriting and isolating journey within the social service system - dreams and hopes were slowly tempered and diminished over time, moving from bigger notions of impact and change to their worlds, while a more and more tarnished and realistic view of their situations and capacities arose. Although, staff felt that dreams and hopes seemed to steadily diminish, they believed that hope could quickly rebound, suggesting that hope was a more resilient construct than hopelessness:

Well, if you have a group of adults that are all cynical and don't have hope, then the youth is going to pick up on that and...(second staff) the programs going to be a miserable place to be.

I think that when you have a youth who is extremely hopeful and a youth care worker who's extremely hopeful, it tends to create a new energy even on other youth or youth care workers ... and just the opposite can occur.

(interviewer) What kind of similarities or differences or patterns in hope do you see between the staff and youth together? ... (staff) I think they go up and down at the same time.

We've talked about the naiveness of a new person [staff] coming in with hopes that are unrealistic as well sometimes youth can have unrealistic hopes and dreams ... they're [the youth] the same with our dreams for changes and big impacts. Same world.

The youth focus group participants also felt that staff and youth's hope and mood were undeniably linked. Hope and hopelessness waxed and waned together with success fostering mutual hope. Just as two way communication between staff and youth were necessary for a strong relationship, so was the reciprocity of hope:

They [staff] really have a part in it [building hope] so they really feel like they can't help you, so it really changes how they feel and it hurts them [staff] (third youth) it's kind of mutual, yeah.

Someone that cares for you and wants you to get off drugs and stuff like that if they were hoping and hoping for you to get off them and you don't do it then there's no point in them hoping.

It's the same way, if the staff are in a bad mood ... (second youth) then we all are usually cranky.

I think it [two way communication] would build their [staff] hope too, that we [youth] would actually feel comfortable to talk to them and work out our things.

Features Effecting Staff Dynamics

The focus group youth workers expressed that a number of areas were critical to maintaining positive team functioning: Communication was cited as being essential, however each individual had their own responsibility to take care of their physical health, leave their negativity outside of the program, and ensure they practiced effective and reflective self care:

Communication definitely is a factor that plays on good and bad feelings. If you have poor communication, you're going to feel frustrated. You have a sense of doing your own thing rather than being part of a team, if communication is not there.

If your team mate seems, um, withdrawn, not quite what you're used to, often just checking in, giving them support can certainly bring somebody's spirits up and change how they're going to approach the shift.

I'm lucky because the support people that I work with give me feedback, that's the most important thing to me is feedback or direction.

Working with people that have done self-care that come to the, um, shift with humour, laughter, a sense of focus as to how the shift is going to look, how we're going to maintain it, identifying the possible areas of concern, what could go wrong, how we're going to work as a team... not only are you impacting who you're working with, but all the youth on the unit. Because they are as intuitive as we are when it comes to, 'there's something up with this worker'.

Staff expressed that they were aware of and empathized with both the youths' past difficult experiences and current circumstances, however they spoke of not wanting to rescue or impose their own dreams and expectations. Staff stated that they had to learn how to make their own dreams and hopes for success with youth more realistic,

that what youth primarily needed was a sense of support and not to be left feeling alone in the world, so their dreams and hopes could foster:

I learned very quickly that it was more about me and my belief and value systems versus the reality of the youths,

I think it's becoming realistic, how to measure your successes ... coming from a privileged background, it's not appropriate for me to impose going through university and graduating ... life wasn't imposed on me ... it may not be their dream.

Our kids don't really have anyone who has a care for them. They don't really have anyone that's even calling them... (second staff) I think they all stuck right in the muck a lot of them with no light... (first staff) [but] I think they have dreams.

Workers also identified humour as a very important feature that helped foster positive staff dynamics. Humour could simply be jokes aimed at co-workers or mildly inappropriate wit that poked fun at some of the workers more difficult challenges of working with certain youth:

That's what you do to make fun of the [staff] person that doesn't do the chores. Well, that's what I do. Make fun of them, and I'm one of the ones that doesn't do the chores and people make fun of me for it all the time.

They [youth] might get an hour of TV, maybe an hour phone depending on how they're feeling or how we observe them to be miraculously healed [lots of laughing]... (interviewer) Do you guys put on a different 'hat' when you come into work? (Second staff) Put on our hunter hats... (third staff) Yeah. (lots of laughter).

Finally, workers stated that they felt drawn to move into other professions, that Child and Youth Care Work was only a stepping-stone to another career. However, they also conveyed how deeply this affected them and how hard a decision this was to make because of the relationships they would lose by choosing another vocational path.

I think it's [youth worker training] a very good stepping stone for a career ... but the relationships that you build with team and the kids, it's hard to make a career change and move on.

Compassion Fatigue

It was a comment made by the focus group youth that most eloquently addressed how taxing it was to truly support and care another individual who was experiencing difficulties. The youth felt that the task of being such a support does have the possibility of overwhelming already fragile or hope diminished persons:

Well it's not hard to sit there and just listen and that inspires hope in people to just listen and that's not something that's a taxing part of faith... (second youth) well but *real* genuine concern and *real* genuine encouragement ... it wears you down.

However, as we will see, the reciprocal and contagious energy of hope, proper supports, and relationships may be able to turn around the 'burnout' or compassion fatigue process.

GENERATING HOPE

Suggestions for Generating Hope

Youth Suggestions for Promoting Hope

Interviewed youth offered thoughtful suggestions for the fostering of renewed hope in their lives. They poignantly expressed their need for positive and ongoing supports that recognized and respected them as valued and developing individuals. In terms of such supports, youth emphasized their desire for close, one on one relationships with caring staff who offered patience, faith, and belief in their capabilities as growing, changing human beings. In the minds of the interviewed youth these relationships would be based upon open and honest communication, and mutuality reflected in staff view of them as equal participants in the process. In particular, youth highlighted that hope for them was generated through personalized relationships with at least one genuine and

understanding individual who assisted in the normalizing of their circumstances and experiences:

I can tell you one thing they [staff] care and they want to see you do good because you have so much potential. If someone believes in you, you are going to believe in yourself to a certain degree.

What really gives me hope is that my doctor really listens to me... I don't ask for their permission and we don't disagree on anything, we go in and we discuss it. They listen and it's a perfect relationship.

When people sit down and communicate with you and ask you your opinions, like actually working more 1-on-1 that they'd be more interested because nobody knows what is going to work for me.

I think it all leads back to equality ... the chance to act like a person, just to let us grow and expand on our own but still have that support ... just to be treated as a human being

I think that's the thing too, be who you [staff] are...yes, there are some standards and there are some things that you do have to follow or else you can lose your job but be yourself

It's like just that one person can give somebody else hope in their life... it can just take one person to change everything [in the background a few nods and uh huhs]

My therapist makes me feel really hopeful because no matter what issue that I am having or whatever it makes me feel, I am normal 'cos in the end its just like normal shit that other normal people would be having as an issue as well.

Youth, in identifying environmental factors that enhanced their sense of hopefulness reflected upon the welcome and desired nature of particular structures, support, activities, and routines and their wish for safe, inviting, non-institutional programs and residents. These factors involved everything from clean, uncluttered physical spaces, to warm supportive atmospheres and attitudes that supported their daily activities, such as doing homework to their developing goals and dreams in life:

You don't want anything too institutional ... (second youth) If I get depressed or I'm having a really hard time just having a messy and really disordered [place] ... it's bad... (third youth) I'm definitely going with decor ... yeah, the environment.

The group home has arranged things for me that keep me busy... yoga classes and they have bought me art supplies, they take us to [a recreation centre]...yeah, and also, I never really used to do my homework, but now that I actually have a time that I have to do my homework, I've been getting better grades.

I'm going to school everyday and I'm getting A's and B's and I used to fail. But, I'm speaking to MLA's [politicians], I'm in high school, taking family studies, child studies, and law... and after that I'm taking social work and law.

I don't think my dreams have changed but my ability, my supports that I have in place have changed my level of hope of getting there.

She gave me this little exercise about thinking about what I wanted to do in the future, like goal sheets and goals for myself and helping me that way ... and I thought that was really good of her to give me that so that I would have hope.

In speaking of their positive experiences of peer support as sources of motivation and hope, interviewed youth communicated their desire for greater opportunities to have recognized by staff and bring to such peer relationships the value of their acquired knowledge, experience, and insights:

You also realize that you were there at one point too, so you can appreciate that you've been where they [peers] are on the road and that they'll be alright.

One of the reasons I like [program name] is that there are people there to talk to that understand what you are going through ... I mean you can ask anyone, like 'oh yeah, I had that happen' or 'what medication are you taking?' You get the sense that [you're] not the only one.

You get treated like you are an equal at [program name], like you are an adult and you know what you want and you know what you are doing and you are respected for that.

Getting to be able to sit around with a whole bunch of people and have everybody listen to what you're saying, hearing a lot of people say things that you've been through ... (interviewer) so being a Part of the magazine 'The Voice' really gave you lots of hope? ... (first youth) yeah.

Staff Suggestions for Promoting Hope

For their part, staff particularly focussed on the notion of collaboration, both collaboration within an organization, and resources within the community at large, as desirable for promoting hope. Staff strongly felt that resources, training, and experiences could be shared to construct a more integrated and holistic approach to working with youth, as well as strong connections and relationships with the larger community. Staff noted that in connecting and collaborating with the community, staff and youth were left feeling less isolated and marginalized within their own programs:

I think something that promotes hope is having more open communication amongst all the different levels in the system, from the coordinators to the, you know, branch of executive director to external community services. And it's again with all the agencies...were working together!

They would have different trainings available to all of the organizations so then you could also share experiences of limitations or successes.

We have a liaison officer that's present on the unit, talks about society in many, many situations ... spends time with the youth. She has secured many organizations such as [theatre], [art college], many opportunities to open the doors to youth to experience their world differently. Start to look at resources within the community, to provide more resources within our organization.

Staff conveyed their view that education and training were pivotal to enhancing hope. For staff, education involved the widest range of stakeholders and helping practitioners. In the view of staff, education of the public was critical to countering established stigma and misperceptions of youth care programs and services. Furthermore, in the view of staff, professional development opportunities, whether it was at team meetings, conferences, continuing post-secondary education were essential to enhancing the preparation and effectiveness of workers to collaboratively address the daily challenges and requirements of their work with youth:

We've even tried to bring them [police] in to some of our trainings that we've had so that maybe they can see a little more into what we are trying to focus on with the kids, what direction we're trying to go in with them.

More [public] education about what it is, you know, to be living in a residential type of facility,

I think everyone from administration should, at least once a month should go and do an overnight shift to just to be refreshed on what it's like to spend 12 hours in a house with a kid in crisis.

We'll come together as a team and that will be a new found support or we'll have trainings that involve new strategies or interventions that we can use with the youth and that for me creates new hope because I'm going to go in and I'm going to try these new interventions and see how these work.

Participant staff suggested that one of the key functions that workers had to address in their work with youth in their care was the promotion of realistic goal setting, while refocusing their own lofty expectations to envision success in the everyday achievements, however modest, of the adolescents:

We would like to facilitate the development of hope in the young person. I think that a youth worker [should] exhibit to them [youth] that there are adults in their life that do care, and do want good things to happen, whereas they may not have felt that before.

I think it's becoming realistic ...([second staff]) I think it's learning how to measure your successes.

Yeah, you're not going to change everybody's life, I mean if you make one small [difference]... you know, if they walk away with one value that they've gotten from you, then you've made a difference.

I think understanding our limitations to the youth within the system and what our role is.

I'd say feeling a sense of effectiveness, that's a big one especially doing this kind of work ... knowing that at least some of what you're doing is being effective.

Staff expressed their need to think more positively about the nature and experience of their work in order to maintain and generate hope. Staff extended the need to think more positively beyond their work, to their lives in general. They expressed that

the development of an attitude and view towards life that was hopeful, empathetic towards others, and personally self challenging and fulfilling, contained for them ingredients that would enhance not only their well being but the quality of their interactions with colleagues and youth. While for workers, thinking more positively in their lives did not negate the need or appropriateness of critical feedback at work, they generally shared a need for the 'positives' to outweigh the 'negatives':

I was going to say just thinking positively, trying to do things, make positive choices, always trying to better yourself physically, academically, um, you know, being kind to people, you know, wanting good things for other people in your life.

I think you know you have to balance those positives and challenges or even have more positives otherwise it will just be [feedback] focusing on, 'they're [coworkers] not good at doing certain tasks'.

As did the youth, the staff emphasized the importance of atmosphere and the physical environment in generating hope. Staff suggested the promotion of worker and peer group energy that exuded warmth, welcoming, and caring. Staff further highlighted the need for undamaged and non-institutional programs. Finally, the workers cited the importance of structure and routine since, without consistency, a chaotic and unpredictable environment, in their view, left everyone feeling demoralized and apathetic:

This team comes together as one and creates a really awesome atmosphere so it instilled a lot of realistic hope for me.

I think certainly the spirit somebody brings to a shift and a team can affect [hope].

Go from an institutional-like place to more of a home environment. When you walk in and you see the kids sitting there watching TV, comfortable, you get a different feeling than going into a place that has white walls, white floor, fluorescent lighting and, you know?

When we as a team, staff and kids, hit our bottom of hopelessness, the place was a mess and there was no routine, everything just went to hell, no structure, no one could hold any of the kids accountable ... they didn't care, we didn't care.

Overall findings of the research indicate on the part of both interviewed youth and staff, a deep and abiding need for hope within their daily lives and shared experiences. Staff and youth viewed hope and hopelessness as having many diverse features, such as emotional qualities like desire, betrayal, loss, and love, or time based notions such as gestating, developing, looking forward, direction, and dreams. As well, many participants viewed hope through a lens of resiliency, survival, motivation, determination, and purpose. Others, identified renewal of hope with simple, creative, recreational activities, nature, faith, and a deeper spirituality. Most staff and youth participants believed that hope or hopelessness was contagious in a program or organization, and to better understand hope's dynamics, hope or hopelessness was perceived to be reciprocal in nature as both staff and youth journeyed through similar yet parallel marginalizing and isolating experiences.

Together, staff and youth identified a range of sources for such hope as well as challenges, barriers, and stressors they experienced in their development and maintenance of hope. For the youth, relationship issues, such as transparency, genuineness, caring, support, mutuality of communication, inclusiveness in decision-making, trust, empowerment, and collaboration were vital to determining their level of hope. As well, programs that focussed on the promotion and enhancement of peer support, where youth received full recognition of their potential to help one another and have their knowledge, experience, and insights valued in all areas of the program were described by many youth as fundamental to building and maintaining hope. Hope was greatly affected by uncertainty, change, transitions, along with day-to-day tensions

in relationships with family, workers, and peers, as well as the stigma of being a 'delinquent' youth in care.

For the staff, interagency and community collaboration, supportive co-worker relationships, open communication, team and professional association supports, self-care, upholding a positive mindset, determining realistic expectations of success, and ongoing personal and public education were cited as crucial in maintaining and generating hope. Worker hopelessness emanated from a sense of isolation, where staff felt they lacked credibility or multidisciplinary regard, also experiencing their own stigmatization in being viewed as mere 'babysitters'. As well, the workers expressed feeling a lack of efficacy to support necessary changes to the system in order to intervene earlier and prevent so many of their youth from drifting directionless from placement to placement. Staff felt overwhelmed at times in attempting to manage so many stressors and tensions in their day-to-day work. Juggling simultaneous roles, such as parent, worker, teacher, counsellor, colleague, friend, disciplinarian, clinician, or self, as they interacted with the positive and negative expectations of other stakeholders (i.e., family, youth, coworkers, managers, students, and other professionals) was exhausting and demanding on the spirit. While staff spoke of the emotional demands on their personal being, having to constantly have enough hope for both themselves and the youth, they expressed a dispirited resignation and fatigue, feeling that they give and give but what do they see in return, or what really changes. Both staff and youth identified elements of everyday interaction of setting and environment that affected their sense of hope and hopelessness, including daily attitudes of staff and peers, perceptions of caring, welcoming, and humanizing program atmospheres, consistency of structure and routines

that promote success with daily goals and dreams, and the degree of homelike, (versus institutional), environment.

Chapter V.

DISCUSSION and IMPLICATIONS

By far the greater proportion of research on the topic of hope within the context of human development, care, helping, health, and wellness is being conducted by professions other than Child and Youth Care such as, nursing, social work, and education. Notwithstanding the relative lack of research into hope with Child and Youth Care, interviewed participants, both youth and staff, conveyed passionate, deep, and reflective thinking on the topic which relates directly to the broader research literature on hope and contains direct implications for the Child and Youth Care field. The discussion and implications chapter is organized according to the research questions guiding the overall study.

Research Question 1. How do youth and youth care workers perceive their daily living/work environments and their mutual interactions in terms of meeting their sense of wellbeing, meaning, and purpose in life?

Staff Perspectives

Staff focus group members emphasized in their comments, the importance and significance that a positive, mutual and dynamic process of personal interactions with co-workers and youth played in generating an atmosphere of hope in their programs. In doing so, they conveyed the critical nature and effect of these interactions upon their daily sense of wellbeing, spirit, optimism, and efficacy within their work context. Staff also viewed these relationships as valued and essential assets and components of their

youth care work in its principles and philosophy of human development and support. As such, staff perspectives on their daily personal interactions reflected the ideals and challenges of human service and youth care itself outlined within youth care literature and research (Krueger 2000; Bertonlino & Thompson 1999; McWhirter, McWhirter, McWhirter & McWhirter, 2004). Regrettably, participant staff found that their daily affect, mood, and motivation toward work and their helping role was more often than not, negatively affected by a combination of their work settings, organizations, other professionals, and the community. This negative affect is noted by Davidman & Schellenburg (1999) who describe hopelessness as a deterioration of both the relationship with one's social context (marginalization) and a belief in possibilities about future efficacy. Staff, in a way, may have been expressing what many youth also remarked upon – believe in us and we will believe in ourselves. Furthermore, the workers statements confirmed Magnuson and Burger's (2002) research, highlighting how their career path experiences seemed to have discernible parallels to youths' stated experiences of marginalization, as both journeyed and evolved in their specific care giving contexts (i.e., certain residential, child welfare, and mental health programs). All focus group participants described residential or inpatients care as stigmatizing, distancing, and disconnecting from society.

Staff tended to focus, perhaps as a reflection of the daily pressure and demands of their work, more so on sources of stress, impactful events or ongoing dynamics that depleted their sense of hope, namely such contributing factors as Bolland (2003), Penzerro (2003), and Taylor (2003) have identified, including constant program flux and instability, and incongruencies between youth's needs and program mandates that the latter of which often functioned with overwhelmed resources and capabilities. As these

authors note, constant change and instability, along with discrepancies between what programs say they do and what they are actually capable of doing, may result in highly disheartened and demoralized staff. Significantly, workers stated that they felt unheard or even dismissed by their agencies. Staff highlighted two such issues, the over reliance on casual staffing, and the inherent high turnover rate within this group, as well as organizational practices of splitting apart long term, experienced shift partners who vocalize perceived program weaknesses. Penzerro (2003), Reed et al. (2002), Garfat (2001), and Taylor (2003) each speak to this critical issue, namely workers feeling unheard and powerless to make change, in their workplace settings.

Finally, participant youth workers shared how delicate and difficult a task it was, to simultaneously juggle their multiple roles with youth and others within their work context (e.g., parent, professional, friend, mentor, counsellor, co-worker). For the staff, each stakeholder, including the youth, seemed to expect a somewhat different approach in their relationship with staff members, based upon the role they perceived or demanded of the youth workers. These concurrent role expectations speak to one of the many paradoxical tensions that Parse and colleagues (1999) state are central to the complex relational dynamics that affect the hopeful atmosphere of a program.

Given the aforementioned sources of dispirited and depleted hope in staff, the implication for agencies of devaluing and underutilizing staff contributions to the workplace are significant. Further, agencies risk, by not addressing staff input to help resolve issues of, constant program states of instability and flux (casual staff turnover, timing of resident admissions / discharges, youth recidivism and disruptive behaviour), and program mandates that are overwhelmed (demand for beds to be filled, complex youth treatment needs, program capabilities, length of stay, resources for plans of care),

the continued marginalization of staff (and inherent linked patterns of care with the youth), the further depletion of everyone's hope. As well, staff need support and training to better manage stressful day-to-day paradoxical tensions, in their interactions with youth, as these tensions embody simultaneous truths or seeming contradictions that may not be resolvable by traditional approaches.

Youth Perspective

Paralleling staff perspectives, youth participants also strongly believed that their daily relationships with staff and fellow youth contributed significantly to the atmosphere and shared sense of hope or hopelessness existing within their program context. For the youth, levels of hope tended to wax and wane with staff according to successes and achievements and losses and failures. Such mutual impact and reciprocity between staff and youth, as cited by the youth, strongly reflected the inextricable and contingent nature of these critical relationships upon their sense of daily hope, for better or worse, and supports Davidman & Schellenburg's (1999) hypothesis that caring relationships, positive and supportive social contexts, and belief in possibilities (i.e. successes) all become necessary factors for increasing hope.

As with staff, however, the youth focussed on many stressors that diminished their hope, most likely as a result of having to adjust and live in difficult environments where there was so little personal space, clear boundaries between people, especially peers, and frequent periods of instability. These stressors, not too surprisingly, were very similar to pressures identified by staff, such as programs that are in constant states of flux (disruptive peer behaviour, irregular casual staff faces, and overly diffuse peer group turnover), along with program incongruencies and lack of transparency in worker

interactions (staff genuineness, workers over-enforcing rules / playing peer favourites, lack of decision making input). The youth's stated experiences corroborate Taylor (2003), Ungar (2001), Jevne and Williams (1998), Bolland (2003), and Penzerro (2003) who speak of loss of hope as occurring when people lose sight of their dreams, and lack a sense of self-efficacy. Ungar (2001), in particular, points to the potential for mislabelling otherwise dispirited and frustrated youth, as being delinquent, rather than recognizing they are similarly fatigued and burned out like some staff. The youth essentially felt that they had lost sight of personal dreams, hope, and control over their lives.

The youth also support staff and Krueger's (2000) observations that by losing their sense of connection to their communities, either because of residential placement or mental illness, they felt ostracized and stigmatized by society, leaving them feeling dejected, hopeless, and marginalized. Patterns of care that adult communities create for themselves get recreated with the youth.

Voluntary community day program youth spoke a great deal about the same disenfranchising experiences they had endured in many of their other programs, (current and past), however, they expressed a lot higher level of hope in the community day program because of a much greater congruency between the program's philosophy of being a youth centred and youth led organization that valued and respected their ideas, and where program changes did occur in response to their input. The youth talked about the community program as having a strong peer support model where youth helped each other, were recognized for their own experience and expertise and were not simply the recipients of supports. This supports Krueger's (2000) statement, that where care giving and care receiving have become mutual processes, nurturing relationships are formed.

The community day program youth felt less isolated, more linked to the community, and were reviving or rebuilding their dreams, goals, and hope. Although, residential youth described very little peer support opportunities, any experience had been well received, and highlighted as very empowering and hope building.

The implication of so many detractors offsetting youth's need for caring, supportive, and mutually communicative relationships with workers is greatly increased hopelessness within youth, that in combination with staffs' own depleted sense of hope may potentially result in a 'burned out' program. In this regard, youth benefit significantly from program consistency and stability, congruency and genuineness of worker interactions ('we do what we say and we say what we do'), workers and programs that more include youth in decision making, and the development of peer support environments where care giving and care receiving become mutually enlivening processes. Youth need to have their potential to help themselves and others be recognized. Programs that support a model of youth as only being passive recipients of caring and support, with staff doing most of the work, may well experience difficulty in sustaining energy, motivation, and hope in their respective settings.

Research Question 2. How is the term ‘hope’ conceptualized by youth and youth care workers, respectively, and what, if any, other terms do they relate to ‘hope’?

Staff Perspective

Staff views of hope, as they involve seeing possibilities and having goals and dreams, coincided closely with Snyder et al’s (2002) two described requirements of hope, namely, the motivation to pursue those dreams (willpower) and a sense of direction (waypower). In other terms, staff communicated their desire to seek, maintain, and have supported, hope in their lives. As such, staff tended to conceptualize hope not simply as an abstract or ideal but rather as an intricately connected feature of their relationships and supports, as well as safe, inclusive connections to co-workers, agency, other professionals, the community, and homelike program environments. In a sense, hope was viewed as a condition or state of enhanced resiliency that required, over time, acquisition and sustainment, confirming research by Herth (1998), Hughes (2000), Jevne and Williams (1998), Ungar (2001), Snyder et al. (2002), and Bosacki (2001).

Staff spoke of the tension they experienced balancing their idealism with realism, moments of certainty with those of uncertainty, and feelings of being alone while connected to a team and a network of support, which concurs with Parse et al’s (1999) identification of the many paradoxes closely intertwined within the human experience of hope and hopelessness. Despite their somewhat lowered sense of optimism and vision of possibility, related to their helping endeavours and expectations of successful outcomes, staff, nonetheless, expressed they maintain sufficient hope for both themselves and the youth to continue their commitment to their work within the youth service delivery system. Accordingly, staff, in a manner, challenge themselves to be self caring and

reflective in their mindfulness towards generating and maintaining hope in their youth care practice. While mention is made in the literature of certain management and supervision practices which endeavour to promote and enhance the wellbeing of frontline staff (Mann Feder, 2000; Reinsilber, 2002), little or no mention is made in the literature of staff generated approaches undertaken on their own behalf to foster the development of hope. More so, staff expressed how they felt that they no longer knew what was expected of them in their roles as care givers (i.e., loss of waypower). These feelings of inadequacy closely match the research by Penzerro (2003), Reed et al. (2002), who speak of the fallout of self doubt as a part of the battered agency syndrome, along with Jevne and Williams (1998), who talk of the layers of blame and expectation that obscure worker dreams and idealism that may lead to burned out and apathetic staff. Fitzgerald (2005), conveyed how youth work was not only physically demanding but also taxing upon the spirit, soul, and levels of hope for all of the workers in their day-to-day youth care settings.

In their comments, staff spoke of the nature of hopelessness to both themselves and the youth with whom they work, as an incremental process involving a slow deterioration of their dreams and sense of purpose and direction. Staff views coincided with Jevne and Williams (1998) and Snyder et al (2002). Staff did note, nonetheless, that a renewed sense of hope might occur quite spontaneously and quickly. Simple things, such as one small success, something encouraging that one person said, or the beginnings of a close relationship were identified as being capable of reigniting a person's long 'lost' hope. As Snyder et al (2002) comment, this sense of quickened and heightened hope may well be associated with concurrent successes across a range of life

domains (e.g., academic, employment, family, independence). It seems that a resilient hope can be developed through a diversity of successful activities.

Staff comments on their need to seek and maintain hope within their everyday work relationships and settings contain several key implications: foremost, individual dreams need to be actively nurtured, over time, through the promotion and recognition of smaller successes in as many diverse life and work domain areas as possible. Agency supports for workers need to collaboratively help identify and address the many sources of (dialectical and paradoxical) tensions, pressure and expectation that detract staff from their day to day work so that the youth workers and the youth in care feel that their dreams, motivation, and direction are again uncovered.

Youth Perspective

The focus group youth tended to view hope in more dichotomous terms. For these youth, hope existed either as an ideal toward which their dreams and aspirations were directed (e.g., rap star, NBA basketball player) or a positive, in the moment experience (e.g., seeing a puppy, completing a drawing). In this regard, younger participants, perhaps related to their relative lack of accumulated experiences and maturity were more given to perceive and construe the meaning of hope in more immediate terms (i.e., day-to-day experiences) whereas, older youth, in keeping with Snyder et al (2002), tended to conceptualize hope in greater terms of being goal directed, delayed, and evolving over time.

As did the workers, the youth also spoke of paradoxical tensions (Parse et al, 1999) existing within their experience of the complex nature of hope. The youth described having many relationships and supports, yet felt alone in the world with their

issues. They also expressed expectations of growing up and moving on with their lives, yet still felt treated like children, and finally they were told they had a voice for choices and decisions yet experienced involuntary placements. Within this, the inherent implication, through their comments, clearly express their desire for unique and creative opportunities through which to develop their dreams and successes, have increasing input into matters related to their evolving self independence and autonomy, while not feeling disconnected and infantilized.

Research Question 3. How do Youth Care practitioners and the youth they serve perceive the meaning, role, and place of hope in their daily lives and shared interactions?

Staff Perspective

The staffs' perspectives regarding the meaning and role of hope in their lives tended to reflect much broader consideration and scope than the perspectives of the youth. This may in part be due to the fact that staff were given to regularly reflecting upon their responsibilities towards their work and the youth within their care. Relatively speaking, staff drew upon overall greater life experiences and maturity than the youth in their care. As such, the staff conveyed much broader meaning to hope, dreams, and goals. Hope not only was a resource for themselves but a tool for realistic promotion of expectations or reframing of misgivings and doubts, in order to create change and renewal in the lives of youth they served, yet support 'pragmatic' staff attitudes (Snyder et al, 2002) of their transformational dreams. Consistent with literature outlining the valued qualities of benefits of interpersonal helping relationships (Bosacki, 2001; Snyder

et al, 2002; Herth, 1998; Parse et al, 1998), staff and youth repeatedly commented that their sense of hope was closely associated and found within caring, and communicative relationships, that over time, increased self-efficacy and overall quality of life for all involved. For staff, not only did hope play a significant role in their relationships and external dialogue, (communication with others), but also hope in their self-identity and internal dialogue. In terms of the latter, workers spoke of their self-care and reflective practices undertaken to better understand their own authentic selves, and to ensure that worker expectations did not mask or replace the fragile dreams of youth in care. In this regard, Jevne and Williams (1998) have highlighted how dreams can easily be buried by significant others' expectations, feeling that the task of revealing one's true authentic self and hope were strongly linked.

Overall, staff made less mention of hands on activities, creativity, and imagination as inspiring their hope, however they did recognize the role of hopelessness in their experiences of 'burnout' or 'compassion fatigue' that Jevne and Williams (1998), Davidman & Schellenberg (1999) speak about. Simply put, staff felt overwhelmed at time, and unable to manage the many responsibilities they carry. In this regard, staff highlighted how refreshing and hope renewing it was for them to have opportunities for collaboration with colleagues from other organizations during workshops and conference gatherings. Analogous to the need expressed by youth for peer support opportunities, workers conveyed their own need for ongoing, creative, professional development where workers from complementary services can share their ideas and resources (Halpin, 2001; Krueger, 2002).

The principal implications stemming from the above staff discussion involves the need for workers to have more regular opportunities for peer exchange and support

through professional development activities or other social and educational forums. Furthermore, staff may well benefit from increased support and guidance with their development of self-care and reflective practices to meet the ongoing demands of youth care work. Both agencies and educational institutions may play a useful role in the preparation of students and workers in such hope enhancing areas, especially those who may have entered the field from more general post-secondary backgrounds.

Youth Perspective

While some youth reflected multidimensional dreams fuelled by a broadened concept and application of hope in their lives, certain youth expressed more uni-dimensional and lowered concepts and applications of hope (i.e., only desiring getting better or leaving residential care). Such views of hope and hopelessness follow what a number of researchers have identified, namely Jevne and Williams (1998), Bowman (1999), Van Dierendonck (2002), and Yiu-Kee and Tang (1995). Hope to the youth meant multifaceted dreams, relationships, community connection, and success. Hopelessness was about disconnection, lack of support, failure, and a diminished vision of a positive future.

Provided that youth tend to develop and reflect greater hopefulness on the basis of broadened views of their own capabilities and sense of support from and connection to caring others, youth serving programs and youth workers might look to creating a variety of community connected activities designed to build success and promote positive relationships.

Research Question 4. What factors influence the development and presence of hope in the daily lives of youth in care and Youth Care practitioners?

Staff Perspective

Participant staff spoke first and foremost of the critical significance that work based relationships with youth, fellow staff and other stakeholders within the youth service system had upon their daily sense of hope, investment, and motivation within their youth care practices within the context. The existence of peer support was clearly a valued, even necessary asset, whereas sources of tension (dialectic and paradoxical) significantly detract from their states of optimism and spiritedness. Additionally, such factors as poor care planning, ineffectual collaborations with families, teachers, and other outside workers, staff and youth feeling demoralized (resulting from criticism and stigmatization), and the lowering of initial helping ideals (Fitzgerald, 1994), often contribute to deflated experiences of daily hope in their youth employments.

Staff cited the need for supportive, constructive, transparent supervision, and team / peer feedback, in order to deal more clearly and directly with inter-relational strains and stressors as they may develop in the course of their youth care work. In other words, staff are looking for genuine, honest, respectful dialogue that informs and educates within a mutually supportive atmosphere and working context.

Youth Perspective

Focus group youth similarly cited the principle influence of daily interpersonal relationships with staff and peers as the main contributing factor to their states of hope and hopelessness. Youth shared that while they often had many supports, they often felt

alone and isolated even when their main supports encouraged them to see new possibilities. The discrepancy, as Parse et al. (1999) note, between their frustrated and unsuccessful past experiences and the potential for actual change and improvement left many youth feeling that any hope was only a false hope. Given this context, additional stressors identified by the focus group youth, including ongoing change and instability, parent / staff loyalty binds, labels of delinquency, and 'toxic' program environments, reflected similar stressors identified Lasson (2002), Penzerro (2003), Ungar (2001), Taylor (2003), and Reed et al. (2002), and deepened their sense of hopelessness within their daily living experiences.

Youth clearly desire support in identifying, understanding, and acquiring skills to be able to effectively manage the various inherent and emergent in-program pressures that occur within their respective programs.

Research Questions 5 and 6. What sources do youth and youth workers look to for hope in their daily lives? What generates hope? What supports, resources, or Child and Youth Care practices are needed to cultivate hope within youth-serving services and programmes? **

*(** The format for the above questions combine staff and youth perspectives given their virtually identical responses in terms of their suggestions.)*

Participant youth conveyed that they currently find hope within staff-provided activities, (e.g., swimming, art, basketball, frisbee, yoga, walks), that allow them to experience success, communicate and interact in different ways, rebuild their internal stories of failure, and re-experience enjoyment, imaginative play, and developmentally promoting challenges. In this regard, the research of Maier (2004), Hanney & Kozłowska (2002) and Herth's (1998) similarly suggests that hope is built through activities because they promote creativity, connection, and rhythm with others. Staff likewise located hope in these same shared activities.

Staff and youth additionally cited their shared sense of hope as residing within a number of vital "C" constructs: *Communication* (two-way, equal, or less hierarchical), *Cooperation* and *Collaboration* (multidisciplinary acceptance, welcoming and openness from programs / colleagues), *Connection* (genuine, transparent, trusting, relationships and also to the community), *Caring* (focussing on self care and reflection, and reciprocal care-giving and receiving), *Control* (regenerating empowerment and efficacy in order to be heard and be impactful), *Change* (facilitating successful goals and dreams in order to make a positive difference), and *Creativity* (increasing knowledge for self and others in order to create imaginative and unique solutions, and engage in playful activities).

While staff and youth gave no specific mention of local resources or programs that specifically provided them with ‘hope’, each spoke of peer support opportunities such as workshops, conferences, friendly gatherings, strengthened associations and networks, as conducive to generating hope and connection and allowing the sharing of experiences and expertise within their lives. Such shared activities and peer networks were viewed, by both staff and youth, as promoting dialogue, self reflection, and education of selves and the community, in order to allow workers and youth to share and ‘restory’ (reframe) personal narratives of lived experience, and challenge their status quo in order to help them regain a sense of control and efficacy (Fitzgerald, 1996; Ungar, 2001). As well, these activities and networks helped to build supportive interpersonal connections through care giving and care receiving (Krueger, 2000).

Accordingly, it would seem that both workers and youth need to engage in regular supportive dialogue with each other and other stakeholders in the community, in a way that is meaningful and enjoyable and leads to a heightened sense of empowerment while fostering mutual care giving and care receiving. Such dialogue should reflect positive, strengths based communication rather than problem saturated discourse.

In summary, three major factors play a role in building and maintaining or detracting and lessening hope:

- Caring, supportive, communicative, genuine, and inclusive relationships and connections, involved in a diversity of creative activities connected to the community, that foster dreams and success are critical to building and maintaining hope.

- Tensions (dialectical and paradoxical) deteriorate or destabilize an individual's social context and without being identified and addressed will greatly diminish hope. Such tensions might be addressed through constructive outer dialogue and problem solving by all involved stakeholders, or through an inner dialogue of reflection and mindfulness (Gover, 2002).
- Peer support that involves mutuality of care giving and care receiving between staff-youth, youth-youth, and staff-staff greatly increase hope. Programs that support a model of youth as only passive recipients of care will have difficulty sustaining hope in their settings. Staff, as well, need to make sure they practice self-care and seek their own opportunities to dialogue and exchange ideas with other colleagues.

Chapter VI

LIMITATIONS AND RECOMMENDATIONS

Limitations of the Research

1. Research findings are limited to those opinions offered by the youth care staff and youth focus group participants. Although themes that arose from this research were very consistent across all of the focus group contributors, there may be other groups of staff and youth who differ in their views about hope and its role in youth residential and community day programs.
2. Group effects involving such behaviour as manipulation, conformity, or certain silencing of group members, remained a concern throughout the research study. The focus group facilitator, making his best endeavour to elicit the views of all group participants and to encourage the active participation of each person, offset effects of this kind.
3. Given that the researcher is a current staff member of the community day program accessed for the purpose of this study, he may be particularly familiar or known to the program and volunteer participants within this study. To offset potential researcher bias in this regard the analysis of data, its interpretation and eventual discussion was undertaken with the full participation of a co-analyst, namely the student researcher's supervisor.
4. The community day program staff utilized within the study was at the time of the research in a particularly active period of staff transition. Staff vacancies and illnesses resulted in too few staff being available to form a meaningful focus group. It was

deemed that the other two staff focus groups would be sufficient to provide richness and depth of data.

5. Phoenix Youth Programs were unable to participate in this study due to already being overextended by ongoing research commitments.

Recommendations for Future Research

1. Future research may wish to rigorously address more specific areas that affect hope (e.g., education, training, government policies, residential environment).
2. Future research may wish to examine peer support in order to develop more effective models of care giving and care receiving for staff and youth in residential programs. A participatory action research approach that involves youth could produce unique and valuable results.
3. Potential research may wish to study the tensions and stressors that affect hope. How can we identify and better manage such pressures in order to reduce burnout of workers and organizations that are overwhelmed?
4. Research possibilities exist in examining the parallel and interactive patterns that affect hope between staff and youth on their journeys within the care giving system. How can similar marginalizing experiences be changed to counter a steady erosion of hope?
5. Cross-disciplinary examinations of hope may yield interesting results on how perceptions of other professionals' work with youth could lead to better collaborations and practice amongst all of the fields. In this day, where resources are scarce and the demand for efficient case management is prioritized, such research would be of great value.

6. Future research might investigate hope across multiple environments. Hope does not evolve in a vacuum. Workers and youth have different daily and long term experiences of hope across many different settings.

All stakeholders need to be involved in regular reassessment of key program processes and interpersonal interactions in order to endeavour to foster optimal Peer Support, Communication (reciprocal), Cooperation/Collaboration (multidisciplinary acceptance, warmth and openness), Connection (to genuine, transparent, supportive, caring relationships and community involvement, education, and awareness), Caring (self care, reflection, mutual care giving, and care receiving), Control (inclusive decision making, hearing each other's stories and lived experience, empowerment, and self-efficacy), Change (fostering successful goals and dreams), and Creativity (increase knowledge to create imaginative solutions) so that hope is built and maintained for both youth and workers.

Recommendations for Education and Training Programs

1. That Child and Youth Care training programs examine relationship-based interactions between youth in care and youth care workers with regard to patterns of similarity in youth worker and youth experiences of hope in the youth service system.
2. That Child and Youth Care Workers receive theoretical and practice based education in peer support models that are specifically designed to foster hope in residential and community based programs.
3. That Child and Youth Care Workers be educated to understand and effectively respond to elements and behaviour of burnout, (with respect to diminuation of hope,

motivation, and dreams), among youth, youth care staff, and within youth worker services.

4. That ongoing training and lifelong associations be promoted and creatively developed, such as, on-line/internet discussion lists (e.g., www.cyc-net.org), e-newsletters, professional association website education, and agency / local / provincial / national / international collaborations on courses, workshops and conferences, to foster connection and regular exchange between youth care providers and youth themselves.
5. That Child and Youth Care Workers have training and hands-on experience in reflective practices involving self-care and mindfulness everyday youth care challenges and the maintenance of optimism, positiveness, and hope. (Practical mindfulness strategies such as regularly taking the time to do nothing, meditating for a moment by listening to the quietest sound you can hear, just observe without commenting or judging, or rather than watching the television, go for a walk and be soothed by its rhythm).

Recommendations for Employers and Supervisors

1. That employers form local / regional professional development committees aimed at creating regular settings and opportunities for professional training and peer support in keeping with workers expressed desire for much vital, hope building, creative knowledge acquisition.
2. That supervisors receive specific designed to understand and effectively respond to the everyday work related tensions affecting their staff members.
3. That agencies recognize and utilize the expertise of long-term stable, staff, shift partnerships by valuing and sustaining such professional pairings. That organizations

focus on casual / part time staffing and scheduling in order to address short and long-term residential stability concerns.

4. That larger organizations endeavour to best offer flexibility of movement and career development within their programs.

5. That agencies make available open dialogue, 'town forums' with staff, youth, and management in which the voicing of and listening to one another's stories is welcomed, supported, and embraced without prejudice.

6. That agencies optimally support staff autonomy and professional judgement that upholds the agency's mandate, policies, and best practice in order to reduce perceptions of hierarchy and increase levels of hope.

7. That agencies best endeavour to pursue interagency and community partnerships that contribute to a sense of shared purpose and service, and that enliven the exchange of information, knowledge, and practice among professional colleagues.

8. That agencies support their staff in strengthening and participating in their provincial association's activities and duties.

Recommendations for Child and Youth Care Workers

1. That Child and Youth Care Workers become attuned and mindful to their daily stressful and encouraging experiences and states of hope.

2. That Child and Youth Care Workers find sources of hope to restore and replenish their own conditions of hopefulness (e.g., humour, painting, writing, running or swimming, listening to music, camping, taking a course, finding time to relax).

3. That Child and Youth Care Workers look for opportunities in daily interactions with youth that build hope providing relationships, inquire into youth states of hope, and

generate hope offering activities (e.g., going for a walk with a youth, one-on-one basketball, art or musical activity, watching an inspiring movie or documentary).

4. That Child and Youth Care Workers look for ways for promoting hope amongst fellow staff and by extension the agency itself (e.g., in-house mini conferences, retreats, social nights, humour, competition).

Recommendations for Youth

1. That youth be supported in becoming more attuned to their perceptions of hope and hopelessness in their lives.

2. That youth be provided support to identify and express felt sense of hope and hopelessness in their lives.

3. That youth be supported in recognizing positive sources of hope and ways to constructively seek out such sources in order to rebuild their hope (e.g., taking a walk, window shopping, skateboarding, painting, journaling, playing a board or video game, watching an inspiring movie, joining other peers / staff in a game of basketball or going camping, being with nature, exercising, meditating, yoga).

4. That youth be offered and allowed to experience a diversity of hope building activities that foster interpersonal / community connection and success (e.g., art at the art gallery, recreation at the community gym, music making at a studio).

Recommendations for the Government

1. That governments provide for necessary funding for post-secondary training in order to train skilled Child and Youth Care Workers.
2. As they are involved, that governments provide youth service organizations with funding for employment salary, benefits, and working conditions that foster commitment, investment, and positive attitude in employees as well as clients they serve.
3. That provincial Child and Youth Care Associations be provided government support and full legislative recognition similar to other youth serving professions who are self-regulatory and who rely on Child and Youth Care Worker services.
4. That provincial governments create local, youth advisory boards (who are remunerated for consultation on ongoing and new youth care service initiatives), drawn from youth currently in youth service programs as those most vitally affected by government policies and decisions.

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APPENDICES

Appendix A
Letters of Permission

Mount Saint Vincent University, 457-6382 (michael.fitzgerald@msvu.ca). In addition, the (Acting) Chair of the UREB, Dr. Anthony Davis, may be reached at 457-6350 (anthony.davis@msvu.ca).

Thank you for taking the time to consider my request. I will be in contact with you to discuss the possibility of your agency participating in this study.

Respectfully,

Mark Smith

Student, M.A. (Candidate)

In addition, the (Acting) Chair of the UREB, Dr. Anthony Davis, may be reached at 457-6350 (anthony.davis@msvu.ca).

Thank you for taking the time to consider my request. I will be in contact with you to discuss the possibility of your participation in the research and to arrange a time to talk with both staff and residents.

Respectfully,

Mark Smith

Student, M.A. (Candidate)

Appendix B
Letters of Invitation

Appendix B

Letter of Invitation (Staff)

Dear Staff Member,

My name is Mark Smith. I have worked as a Child and Youth Care Practitioner for 17 years and I am currently enrolled as a graduate student in the Master of Arts, Child and Youth Study programme at Mount Saint Vincent University. I am presently involved in a supervised research project as part of my graduate thesis entitled “Experiences of Hope in Child and Youth Care: An Ecological Perspective”.

This research endeavours to explore the role of ‘hope’, amongst Child and Youth Care workers and the youth they serve in various youth care settings and programmes. Such a study not only examines an increasingly recognized feature of Child and Youth Care practice as it affects the atmosphere and agency of youth programmes and those within them, but also has significance for Youth Care worker preparation and training in the human service field.

In this context, I would appreciate being able to meet with any interested youth worker staff and youth within your programme(s) to seek volunteers to discuss their views and perspectives related to the topic area. Each of these discussions, in the form of a focus group, will last approximately one to one and a half hours and will be audio-taped (with participant permission) with all ethical considerations related to matters of voluntary participation, confidentiality, anonymity, right to withdraw without consequence, emotional support (if needed), duty to report any disclosure of abuse, and safe storage and destruction of data upon thesis completion fully addressed with prospective study informants. A follow-up interview may also be requested, but

Letter of Invitation (Guardian)

Dear Parent or Guardian,

My name is Mark Smith. I have worked as a Child and Youth Care Practitioner for 17 years and I am currently enrolled as a graduate student in the Master of Arts, Child and Youth Study programme at Mount Saint Vincent University. I am presently involved in a supervised research project as part of my graduate thesis entitled “Experiences of Hope in Child and Youth Care: An Ecological Perspective”.

This research endeavours to explore the role of ‘hope’, amongst Child and Youth Care workers and the youth they serve in various youth care settings and programmes. Such a study not only examines an increasingly recognized feature of Child and Youth Care practice as it affects the atmosphere and agency of youth programmes and those within them, but also has significance for Youth Care worker preparation and training in the human service field.

In this context, I would appreciate being able to meet with your child and his/her peers within your programme(s) to seek volunteers to discuss their views and perspectives related to the topic area. Each of these discussions, in the form of a focus group, will last approximately one to one and a half hours and will be audio-taped (with participant permission) with all ethical considerations related to matters of voluntary participation, confidentiality, anonymity, right to withdraw without consequence, emotional support (if needed), duty to report any disclosure of abuse, and safe storage and destruction of data upon thesis completion fully addressed with prospective study informants. A follow-up interview may also be requested, but commitment for this is not required at this time. If you choose to allow your child to participate, they will receive a

Letter of Invitation (Youth)

Dear Youth,

My name is Mark Smith. I have worked as a Child and Youth Care practitioner for 17 years and I am currently enrolled as a graduate student in the Child and Youth Study programme at Mount Saint Vincent University. I am currently involved in a research project that looks at “Experiences of Hope in Youth Care”. This research looks to explore the role of ‘hope’ amongst staff and the youth they serve in various youth care settings and programmes. Such a study not only examines an important aspect of Child and Youth Care worker practice as it affects the atmosphere and energy of youth programmes and youth within them, but also has significance for staff preparation and training in the human service field.

I would appreciate being able to meet with yourself and peers to discuss your views and perspectives related to the topic area. Each of these discussions, in the form of a focus group, will last approximately one to one and a half hours and will be audio-taped (with participant permission) with all ethical considerations related to matters of voluntary participation, confidentiality, anonymity, right to withdraw without consequence, emotional support (if needed), duty to report any disclosure of abuse, and safe storage and destruction of data upon thesis completion fully addressed with prospective study informants. A follow-up interview may also be requested, but commitment for this is not required at this time. I also hope to be meeting with staff within your programme in a separate focus group to also hear their perspectives on ‘hope’. If you choose to participate, you will receive a small financial gift (ten dollars

Appendix C
Letters of Informed Consent

Appendix C

Letter of Informed Consent (Youth)

I, _____, have been fully informed of the nature
(please print)

of my participation in the study entitled "Experiences of Hope in Child and Youth Care".

I understand that my participation in this research project will be entirely voluntary, anonymous, confidential, and will include the right to withdraw at any time without consequence, and also includes the assurance of proper storage and destruction of data upon thesis completion. During the focus group discussions (or individual interviews), strong feelings might arise regarding experiences of hope and hopelessness. In order to minimize risk, the facilitator will assure all involved that he is available to provide immediate support, as well as access to any other significant adults, staff (or peers) that participants might request. Participants who wish to do so will be allowed to take a break or withdraw, at any time, from discussions that they feel negatively affect their personal sense of integrity or well-being. The researcher will also be available to all study participants following the group and individual discussions. Participants will be told, however, that any disclosure of harm, abuse, or impropriety as delineated under the Nova Scotia Children and Family Services Act (1990) is required to be reported to appropriate authorities. Individual interviews will occur following the completion of the focus group sessions for the purpose of gathering further ideas which would enhance the richness and depth of the study's data. At this time, approximately 2-3 youth (out of approximately 16-20 youth involved in focus group discussions) will be invited to

participate in individual interviews. If I am one of the youth who is asked for an individual interview, my participation will once again be solely based upon my expressed willingness to be further voluntarily involved in the research. I may also decline the interview without any consequence. All focus group and individual interviews will be audio-taped (with permission of the participants) to ensure the accuracy and retention of the data. I understand also that this research has the approval of the Mount Saint Vincent University Research Ethics Board (UREB), Mount Saint Vincent University, Halifax, Nova Scotia. If I have any questions, I may freely direct them to Mark Smith, student researcher, at 473-770, Dr. Michael Fitzgerald, Thesis Supervisor, at 457-6382, or Dr. Anthony Davis, (Acting) Chair of the University Research Ethics Board (UREB), at 457-6350 (anthony.davis@msvu.ca). A copy of the finished report will be made available for participants to view.

I have read the information provided above. I understand that by signing below that I am agreeing to participate in this research study.

Name _____ (please print)

Signature _____

Date _____

Note: A copy of this consent form will be given to you.

Letter of Informed Consent (Guardian)

I, _____, have been fully informed of the nature

(please print)

of my participation in the study entitled "Experiences of Hope in Child and Youth Care".

I understand that my child's participation in this research project will be entirely voluntary, anonymous, confidential, and will include the right to withdraw at any time without consequence, and also includes the assurance of proper storage and destruction of data upon thesis completion. During the focus group discussions (or individual interviews), strong feelings might arise regarding experiences of hope and hopelessness. In order to minimize risk, the facilitator will assure all involved that he is available to provide immediate support, as well as access to any other significant adults, staff (or peers) they might request. Participants who wish to do so will be allowed to take a break or withdraw, at any time, from discussions they feel negatively affect their personal sense of integrity or well-being. The researcher will also be available to all study participants following the group and individual discussions. Participants will be told, however, that any disclosure of harm, abuse, or impropriety as delineated under the Nova Scotia Children and Family Services Act (1990) is required to be reported to appropriate authorities. Individual interviews will occur following the completion of the focus group sessions for the purpose of gathering further ideas which would enhance the richness and depth of the study's data. At this time, approximately 2-3 youth (out of approximately 16-20 youth involved in focus group discussions) will be invited to participate in individual interviews. If your child is one of the youth who is asked for an individual interview, his/her participation will once again be solely based upon his/her

expressed willingness to be further voluntarily involved in the research. He/She may also decline the interview without any consequence. All focus group and individual interviews will be audio-taped, with permission of the participants, to ensure the accuracy and retention of the data. I understand also that this research has the approval of the Mount Saint Vincent University Research Ethics Board (UREB), Mount Saint Vincent University, Halifax, Nova Scotia. If I, or my child, have any questions, I may freely direct them to Mark Smith, student researcher, at 473-770, Dr. Michael Fitzgerald, Thesis Supervisor, at 457-6382, or Dr. Anthony Davis, (Acting) Chair of the University Research Ethics Board (UREB), at 457-6350 (anthony.davis@msvu.ca). A copy of the finished report will be made available for participants to view.

I have read the information provided above. I understand that by signing below that I am agreeing to my child participating in this research study.

Name _____ (please print)

Signature _____

Date _____

Note: A copy of this consent form will be given to you.

Letter of Informed Consent (Staff)

I, _____, have been fully informed of the nature
(please print)

of my participation in the study entitled "Experiences of Hope in Child and Youth Care".

I understand that my participation in this research project will be entirely voluntary, anonymous, confidential, and will include the right to withdraw at any time without consequence, and also includes the assurance of proper storage and destruction of data upon thesis completion. During the focus group discussions (or individual interviews), strong feelings might arise regarding experiences of hope and hopelessness. In order to minimize risk, the facilitator will assure all involved that he is available to provide immediate support, as well as access to any other significant adults, staff (or peers) participants might request. Participants who wish to do so will be allowed to take a break or withdraw, at any time, from discussions that they feel negatively affect their personal sense of integrity or well-being. The researcher will also be available to all study participants following the group and individual discussions. Participants will be told, however, that any disclosure of harm, abuse, or impropriety as delineated under the Nova Scotia Children and Family Services Act (1990) is required to be reported to appropriate authorities. Individual interviews will occur following the completion of the focus group sessions for the purpose of gathering further ideas which would enhance the richness and depth to the study's data. At this time, approximately 2-3 staff (out of approximately 16-20 staff involved in focus group discussions) will be invited to

participate in individual interviews. If I am one of the staff who is asked for an individual interview, my participation will once again be solely based upon my expressed willingness to be further voluntarily involved in the research. I may also decline the interview without consequence. All focus group and individual interviews will be audio-taped (with permission of the participants) to ensure the accuracy and retention of the data. I understand also that this research has the approval of the Mount Saint Vincent University Research Ethics Board (UREB), Mount Saint Vincent University, Halifax, Nova Scotia. If I have any questions, I may freely direct them to Mark Smith, student researcher, at 473-770, Dr. Michael Fitzgerald, Thesis Supervisor, at 457-6382, or Dr. Anthony Davis, (Acting) Chair of the University Research Ethics Board (UREB), may be reached at 457-6350 (anthony.davis@msvu.ca). A copy of the finished report will be made available for participants to view.

I have read the information provided above. I understand that by signing below that I am agreeing to participate in this research study.

Name _____ (please print)

Signature _____

Date _____

Note: A copy of this consent form will be given to you.

Appendix D
Sample Focus Group Questions

Appendix D

Sample Focus Group Questions (Staff)

1. If you were to describe to me a typical day here at the (*name of facility*), what would it look like (e.g., activities, daily routines, interactions, events, meetings)?
2. Tell me about the kinds of things that might affect how you feel about yourself and your daily work in this programme, as you interact with other staff and youth.
3. Describe for me, if you would, what the word/ concept 'hope' means to you in terms of your everyday living and life in general.
4. What other terms come to mind when you think of 'hope' (e.g., 'inspiration', 'motivation', 'spirituality')?
5. Tell me, if you would, what hope means to you in terms of your daily work in this setting or others you may have worked in?
6. What role, if any, do you feel hope plays for youth in residential or other youth-based programmes?
7. Are there particular conditions, activities, or interactions with others that you feel influence hope in your work?
8. From what services or organizations do you derive hope in your everyday youth practice?
9. What influences most the level of hope (or lack of it) that you experience in your youth care work?
10. How, if at all, might you see the level of hope in staff and the level of hope in youth, influence the overall sense of hope within a programme?
11. How have your career expectations changed, if at all, since graduating and entering this field of Child and Youth Care work? And how has your level of hope, in any way, changed over time in your youth care practice?
12. What indicators (signs) might you cite as examples of the presence (or lack, thereof) of hope in a youth care programme?
13. What, if any, similarities or differences do you see in the presence or absence

of hope experienced by staff and youth together in shared programme settings?

14. Are there particular practices, conditions, attitudes, or behaviours at the organizational or systemic level (broader community) that serve to either promote or diminish hope in youth serving programmes?

Sample Focus Group Questions (Youth)

1. If you were to describe to me a typical day here at the (*name of facility*), what would it look like (e.g., activities, daily routines, interactions, events, meetings)?
2. Tell me about the kinds of things that might affect how you feel about yourself and your daily work in this programme as you interact with other staff and youth.
3. Describe for me, if you would, what the word/concept 'hope' means to you in terms of your everyday living and life in general.
4. What other terms come to mind when you think of 'hope' (e.g., 'inspiration', 'motivation', 'spirituality')?
5. Can you tell me some more about what hope means to you in your personal daily life, in this or other programmes that you have been in?
6. What role, if any, do you feel hope plays for you in this or other youth-based programmes you have been in?
7. Are there particular activities that you feel influences your level of hope (or lack of)? Further, are there particular interactions with others, or conditions, behaviours, attitudes, that influences your hope or absence of it?
8. How might you see your interactions with staff, peers, family, and school as affecting your overall sense of hope?
9. How might you see the physical setting of the programme affecting your level of hope?
10. Are there particular services or programmes you remember that have strongly affected your level of hope and why?
11. What, if any, similarities or differences do you see in the presence or absence of hope experienced by staff and youth together in shared programme settings?
12. What indicators (signs) within a programme do you notice that indicate the presence or absence of hope?
13. How do you feel your personal dreams or goals have changed, if at all, since coming to this, or other programmes, with which you have been involved?

Appendix E
Demographic Surveys

Appendix E
Demographic Survey (Staff)

Gender: Male ____ Female ____

Age: ____ 20-24 years old ____ 25-29 ____ 30-34 ____ 35-39 ____ 40-44 ____ 45-49 ____ 50+

Education: ____ High School

____ College

____ University

Highest Secondary/ Post-Secondary Level:

Diploma (Title) _____

Degree (Title) _____

Specialized Training:

Years of employment as a Child and Youth Care practitioner? _____ years

Number of organizations have you worked for during your career? _____ organizations

Number of current employments: ____ 1 ____ 2 ____ 3

Are you or have you been employed as a ____ casual ____ part time ____ contract

____ full time ____ self employed ____ consultant?

Are you a member of a professional association?

_____ (Name)

How long with the association? _____ months _____ years

Commentary

What kinds of things or activities that you do make you feel hopeful, or maintain hope, about as a Child and Youth Care Worker?

What kinds of things make you feel less hopeful, even hopeless, as a Youth Worker?

Demographic Survey (Youth)

- 1) Gender: ____ Male ____ Female
- 2) Age ____ years old
- 3) Length of time/involvement in your current placement or programme: ____
months ____ year(s)
- 4) Number of programmes or placements you have been involved with?
____ 1 ____ 2 ____ 3 ____ 4 ____ 5 (or more)
- 5) Are you currently attending school? ____ Yes ____ No
- 6) What grade/level have you completed in school?
Grade level ____
High school graduation or GED ____
College (programme) ____
University (programme) ____

Commentary

Are there things that Youth Worker staff, or other helping professionals (for example, social workers, teachers, doctors, psychiatrists) do that give you hope?

Are there things that Youth Worker staff, or other helping professionals (for example, social workers, teachers, doctors, psychiatrists) do to make you feel discouraged and less hopeful at times?

What kinds of activities or sources of inspiration provide you with hope? (please check and feel free to provide a comment or example)

Art, music, creative activities ()

Sports, Recreational activities ()

Going for a walk or a hike ()

Playing cards or a game with a peer or staff ()

Going to church ()

Reading a book or drawing ()

Seeing a movie ()

Writing a letter, email, story or passage in your diary ()

Exercise, Meditation, Relaxation, Yoga ()

Other(s) For example, lying on your back and looking at the stars; feeling like you've accomplished something:

Appendix F

Sample Sources

Appendix F

Sample Sources

Laing House

Laing House is a community support day centre for young adults, ages 17-24, who are living with psychosis or mood disorders. Launched with private funding, it opened early in 2001 in a Victorian house in downtown Halifax. Laing House seeks to reduce the isolation experienced by these young adults, and to address their needs in relation to finding a place to live, returning to school, seeking employment, and re-establishing a peer group. More than one hundred young people have found their way to Laing House. We start with a belief that young people have an array of talents and strengths which, when supported, point them towards recovery. They are invited to participate – as members of Laing House – in a welcoming, respectful and collaborative environment. Involvement is voluntary and referrals can come from the young person, a family member, community agency, or a mental health professional. To our knowledge, there is no similar facility in Canada (Laing House, 2002, Greetings from Laing House and its family support group, ¶2-3).

Phoenix Centre for Youth

Phoenix Youth Programmes is a non-profit, community based organization located in Halifax, Nova Scotia, Canada offering at-risk and homeless youth, ages sixteen to twenty-four, the opportunity to break the cycle of homelessness and find a path from the street. Since its inception in 1984 we have developed an

extensive variety of programmes and services to address the individual needs of each client.

The primary innovative feature of the Association is the continuum of care that is provided throughout our seven programmes which includes: prevention, crisis assistance, emergency shelter, long-term supportive and structured living, independent living, personal skill development, education, health services, and after care services (Phoenix Youth Programmes, 2003, About us, ¶1-2).

*Association for the Development of Children's Residential Facilities (ADCRF) **

The Association for the Development of Children's Residential Facilities is a non-profit, community based organization. The Association was formed in response to a perceived need by child caring agencies in Halifax-Dartmouth area for a facility to serve children and youth ages 12 to 16 with emotional and behavioural problems. Youth were typically clients of a Children's Aid Society or the Department of Community Services (ADCRF, 2004, About us, ¶1-2).

* organization now known as *Homebridge Youth Society*

Chisholm Youth Services

Chisholm Youth Services is a community-based seven-bed residential treatment programme for young women between the ages of twelve and eighteen.

[Comprised of Chisholm House (ages 12-15, approximately) and Barnett House (ages 16-18, approximately)]. The programme is designed to provide [security and support for the ongoing development of its resident youth, each of whom has been placed in residential care under the Children and Family Services Act of Nova Scotia, 1990.] Individual case-management is created with the young

women in the programme focusing on a holistic approach to residential treatment (Chisholm Treatment Centre, 2004, Agencies, Chisholm Treatment Centre, Nova Scotia, Canada, ¶1).

Appendix G
Sample of Coding

Appendix G

Sample of Coding

67=(4)	DYNAMICS AND PATTERNS OF HOPE
68=(4 1)	YOUTH SOURCES OF PROGRAM - SERVICE TENSIONS
69=(4 1 1)	HOUSEHOLD ACCOMODATION
70=(4 1 1 14)	lack of personal privacy
71=(4 1 1 16)	sharing personal space
72=(4 1 10)	YOUTH COMMITMENT
73=(4 1 10 11)	Youth Program Attachment / Loyalty
74=(4 1 231)	GROUP EFFECTS
75=(4 1 231 10)	Current Resident Compliment Effects
76=(4 1 231 13)	Others Moods Effects
77=(4 1 231 44)	others behavioural effects
78=(4 1 231 46)	peer effects on personal hope
79=(4 1 231 47)	personal gains undermined effects on hope
80=(4 1 231 48)	others attitudes effects on hope
81=(4 1 231 230)	avoiding group home friendships
82=(4 1 231 231)	negative group attitude effects
83=(4 1 236)	SYSTEM - CULTURAL TENSION
84=(4 1 236 67)	feeling stereotyped as increased source of hopelessness
85=(4 1 236 68)	feeling ashamed as increased source of hopelessness
86=(4 1 236 69)	feeling labelled - stereotyped as increased source of hopelessness
87=(4 1 236 82)	hierarchy as increased source of hopelessness
88=(4 1 236 119)	low status hierarchy in care as source of increased hopelessness
89=(4 1 236 120)	ageism as source of increased hopelessness
90=(4 1 236 129)	school stereotyping as increased source of hopelessness
91=(4 1 236 186)	voluntary / involuntary program involvement effects on hope
92=(4 1 236 217)	lack of program - organization coordination as increased source of hopelessness
93=(4 1 238)	STAFF - YOUTH TENSION
94=(4 1 238 2)	Youth Grievance
95=(4 1 238 55)	group home experience as increased source of hopelessness
96=(4 1 238 56)	foster home experience as increased source of hopelessness
97=(4 1 238 61)	program structure and freedoms as increased source of hopelessness
98=(4 1 238 62)	feeling unwelcome in care as increased source of hopelessness
99=(4 1 238 94)	Program Rules
100=(4 1 238 118)	staff miscommunication as source of increased hopelessness

101=(4 1 238 121) lack of honest communication as source of increased hopelessness
102=(4 1 238 142) worker manipulation as increased source of hopelessness
103=(4 1 238 177) personal space / boundaries as effecting mood
104=(4 1 238 181) staff approach / style / presentation effects on youth
105=(4 1 238 182) staff attitude as increased source of hopelessness
106=(4 1 238 187) feeling treated harshly as increased source of hopelessness
107=(4 1 238 190) lack of empowerment as increased source of hopelessness
108=(4 1 238 216) depersonalization of youth as increased source of hopelessness
109=(4 1 238 221) feeling infantilized as adult as increased source of hopelessness
110=(4 1 238 227) experiencing staff - program inconsistency
111=(4 1 238 228) experiencing staff as presumptuous as increased source of hopelessness
112=(4 1 238 229) experiencing staff as controlling as increased source of hopelessness
113=(4 1 238 232) perceiving staff unfairness as increased source of hopelessness
114=(4 1 239) PEER - PEER TENSION
115=(4 1 239 42) differences in youth personal commitment
116=(4 1 239 43) youth program attachment
117=(4 1 239 44) others behavioural effects
118=(4 1 239 46) peer effects on personal hope
119=(4 1 239 47) personal gains undermined effects on hope
120=(4 1 239 98) duplicitous behaviour effects on mood
121=(4 1 239 99) privacy as group living issue
122=(4 1 239 177) personal space / boundaries as effecting mood
123=(4 1 239 179) peer apathy effects on mood / hope
124=(4 1 239 180) peer trust effects
125=(4 1 239 231) negative group attitude effects
126=(4 1 240) SELF TENSION
127=(4 1 240 114) images of hopelessness
128=(4 1 240 167) relapse or sickness as increased source of hopelessness
*would this not be similar to the code of 'loss of personal gains as
source of diminished hope' - its about loss, not being able to move
forward and therefore not being able to look forward
129=(4 1 241) AGENCY TENSION
130=(4 1 241 6) Differences between Residences / Programs
131=(4 1 241 17) Program Differences
132=(4 1 241 214) program inconsistency as source of increased hopelessness
133=(4 1 242) EXTERNAL AGENCY TENSION
134=(4 1 242 217) lack of program - organization coordination as increased source of hopelessness
135=(4 1 245) + - MUTUAL HOUSEHOLD RESPECT
136=(4 1 245 12) Staff / Youth Shared Respect

137=(4 1 245 15) feeling disrespected by others
138=(4 1 245 18) lack of respect towards staff
139=(4 1 245 37) positive youth attitude towards staff
140=(4 1 246) + - PERSPECTIVES ON STAFF
141=(4 1 246 9) Pos. Youth Attitude towards Staff
142=(4 1 247) TRANSITION EFFECTS
143=(4 1 247 8) Youth Transition Effects
144=(4 1 247 45) youth transition effects (changing group)
145=(4 1 247 127) youth transition affecting hope
146=(4 1 247 143) fear of in care relocation - displacement as increased source of hopelessness
147=(4 1 247 188) negative effects of system transition on hope
*transition could be from child to adult system or family to child
welfare or community services to mental health or to justice
148=(4 1 248) STAFF UNFAIRNESS
149=(4 1 248 2) Youth Grievance
150=(4 1 248 94) Program Rules
151=(4 1 248 95) Staff Consistency
152=(4 1 248 96) Unfair treatment by staff
153=(4 1 248 134) fearing potential worker consequences
154=(4 1 248 227) experiencing staff - program inconsistency
155=(4 2) PATTERNS OF HOPE YOUTH VIEW
156=(4 2 71) STAFF UNDERSTANDING YOUTH
157=(4 2 71 75) similar staff experience as source of hope
158=(4 2 210) COMPASSION FATIGUE
159=(4 2 210 210) empathy genuineness encouragement as taxing
160=(4 2 244) INTERACTIVE PATTERNS OF HOPE
161=(4 2 244 78) mutual effects of staff / youth hope
162=(4 2 244 85) feeling shared strength with staff as source of hope
163=(4 2 244 97) mutual mood effects
164=(4 2 244 133) reciprocal effect of peers on hope
165=(4 2 244 150) staff / youth shared communication as source of mutual hope
166=(4 2 244 154) staff / youth reciprocal hope
167=(4 2 244 155) vicarious hope (success fosters mutual hope)
168=(4 3) STAFF SOURCES OF SERVICE - PROGRAM TENSION
169=(4 3 5) GROUP EFFECT
170=(4 3 5 5) coed group home relationships

171=(4 3 162) + - MUTUAL HOUSEHOLD RESPECT
172=(4 3 162 161) negative staff view of youth
173=(4 3 227) SELF TENSION
174=(4 3 227 143) youth work limitations to meet all needs as increased source of hopelessness
175=(4 3 227 145) understanding youth work limitations as increased source of hope
176=(4 3 227 202) attitude on self spirituality
*painting drawing yoga
*'having a touch of it [spirituality] to do the job'
177=(4 3 227 209) lack of perceived staff efficacy as increased source of hopelessness
178=(4 3 227 211) hopelessness as being in a rut
179=(4 3 227 212) staff self doubts as increased source of hopelessness
180=(4 3 227 226) varying staff roles
181=(4 3 238) EXTERNAL AGENCY TENSIONS
182=(4 3 238 148) outside worker apathy as increased source of hopelessness
183=(4 3 238 236) unclear uncoordinated plans as increased source of hopelessness
184=(4 3 238 237) placement limbo as increased source of hopelessness
185=(4 3 238 238) lack of options - resources as increased source of hopelessness
186=(4 3 242) PARENT - WORKER - YOUTH TENSION
187=(4 3 242 241) parental relinquishment of responsibility as increased source of hopelessness
188=(4 3 242 242) lack of worker - parent agreement as increased source of hopelessness
189=(4 3 317) INFLUENCES ON YOUTH
190=(4 3 317 54) negative influences on youth
*i.e., media, peers
191=(4 3 317 71) staff role model for youth
192=(4 3 319) TEAM - COWORKER TENSIONS
193=(4 3 319 108) coworker cynicism as increased source of hopelessness
194=(4 3 319 128) staff group immobility as increased source of hopelessness
;;GCM1 194 Memo for node (4 3 319 128)
*group immobility related to group stage theory
195=(4 3 319 136) staff rescuing youth
196=(4 3 319 167) staff dealing with uncertainty - unpredictability
197=(4 3 319 170) staff sources of tension
;;GCM1 197 Memo for node (4 3 319 170)
*casual staff stressors, full time staff frustration with casuals, yet
full time empathy for casual staff stressors because of agency
expectations for commitment yet not enough shifts for casuals to live
independently, therefore they work at other organizations, which then
also impacts full time staff team.
198=(4 3 319 171) staff decision making

199=(4 3 319 177) full time team cohesiveness
200=(4 3 319 178) full time team as coworkers
201=(4 3 319 179) full time team as friends
202=(4 3 319 180) casual staffing drawbacks
203=(4 3 319 186) strength of staff team
∴GCM1 203 Memo for node (4 3 319 186)
*positive team voice and negative team voice
204=(4 3 320) STAFF - YOUTH TENSIONS
∴GCM1 204 Memo for node (4 3 320)
205=(4 3 320 5) coed group home relationships
206=(4 3 320 15) youth program commitment
207=(4 3 320 18) sources of youth tension
208=(4 3 320 55) youth egocentricity
209=(4 3 320 57) involuntary care as increased source of hopelessness
210=(4 3 320 79) staff imposing behaviours on youth as source of increased hopelessness
∴GCM1 210 Memo for node (4 3 320 79)
*staff doing with or being in the moment increases hope vs doing to or
doing for
211=(4 3 320 80) external consequences - control as increased source of hopelessness
212=(4 3 320 86) focus on behavioural control as increased source of hopelessness (for youth)
213=(4 3 320 110) negative youth attitude - behavioural effects on staff hope
214=(4 3 320 116) lack of youth commitment as increased source of hopelessness
215=(4 3 320 135) staff - youth sources of tension
216=(4 3 320 141) CYW multiple role expectation as increased source of hopelessness
∴GCM1 216 Memo for node (4 3 320 141)
*parent, compassionate stranger, professional worker, nurturer
can't be all to everyone - having permission to talk about this, to
acknowledge and normalize - acknowledge the nature and dimension of CYW
multiple roles , multiple expectations and tensions can be limiting and
debilitating
217=(4 3 320 143) youth work limitations to meet all needs as increased source of hopelessness
218=(4 3 320 161) negative staff view of youth
219=(4 3 320 165) staff limit setting (for youth)
220=(4 3 320 166) negative effects of youth unpredictability
221=(4 3 320 167) staff dealing with uncertainty - unpredictability
222=(4 3 320 168) staff - youth source of tensions
∴GCM1 222 Memo for node (4 3 320 168)
*residential involuntary placement issues
youth seeing that staff hands are tied having no ability to manage with one youth
223=(4 3 320 174) staff powerlessness
224=(4 3 320 175) staff frustration
225=(4 3 320 209) lack of perceived staff efficacy as increased source of hopelessness
226=(4 3 320 219) staff need for foothold with youth
227=(4 3 320 222) limits of staff efficacy as increased source of hopelessness

228=(4 3 320 223) limits of staff efficacy
229=(4 3 320 224) outside shared staff - youth experiences as increased source of hope
;;GCM1 229 Memo for node (4 3 320 224)
positive change and perspective from change of setting
230=(4 3 320 225) outside setting as neutral
;;GCM1 230 Memo for node (4 3 320 225)
Here staff tension is neutralized
Both have to rely on one another
Tension and pressure expectations
231=(4 3 320 227) staff - youth humanness
232=(4 3 320 228) staff - youth trust issues
233=(4 3 320 229) staff conveyance of commitment to youth
234=(4 3 321) AGENCY TENSIONS
235=(4 3 321 89) unified agency philosophy - approaches as increased source of hope
236=(4 3 321 129) institutional environment as increased source of hopelessness
237=(4 3 321 141) CYW multiple role expectation as increased source of hopelessness
;;GCM1 237 Memo for node (4 3 321 141)
parent, compassionate stranger, professional worker, nurturer
can't be all to everyone - having permission to talk about this, to
acknowledge and normalize - acknowledge the nature and dimension of CYW
multiple roles , multiple expectations and tensions can be limiting and
debilitating
238=(4 3 321 145) understanding youth work limitations as increased source of hope
239=(4 3 321 169) staff - management tensions
240=(4 3 321 170) staff sources of tension
;;GCM1 240 Memo for node (4 3 321 170)
casual staff stressors, full time staff frustration with casuals, yet
full time empathy for casual staff stressors because of agency
expectations for commitment yet not enough shifts for casuals to live
independently, therefore they work at other organizations, which then
also impacts full time staff team.
241=(4 3 321 171) staff decision making
242=(4 3 321 172) agency policy impact (on staff)
243=(4 3 321 173) staff desire for autonomy - flexibility
244=(4 3 321 176) staff as lacking voice
245=(4 3 321 184) agency staffing approaches
;;GCM1 245 Memo for node (4 3 321 184)
use of casual staff, splitting up full time shift partnerships
246=(4 3 321 185) agency - staff miscommunication
247=(4 3 321 210) staff sense of immobility as increased source of hopelessness
;;GCM1 247 Memo for node (4 3 321 210)
immobility with youth, immobility with agency to make changes or have
successful interventions
248=(4 3 321 220) staff - agency sources of tension

;;GCM1 248 Memo for node (4 3 321 220)
agency not respecting staff skills, or lived experience 24/7 with the
youth, expectation to be caring/human yet be professional and detached (
boundaries).
249=(4 3 321 221) lack of worker recognition
;;GCM1 249 Memo for node (4 3 321 221)
by agency, by other professionals
250=(4 3 322) MULTIDISCIPLINARY TENSIONS
251=(4 3 322 92) weak provincial cyc association as source of increased hopelessness
252=(4 3 322 147) increasing professional and public awareness of CYW role as increased
source of hope
253=(4 3 322 152) outside worker respect as increased source of hope
;;GCM1 253 Memo for node (4 3 322 152)
however the respect is limited to a simplistic narrow view of youth work.
so a paradox to work with as a CYW is how other professionals are both in awe of our
patience, our stick to itness and at the same time not knowing anything
about our approach, skills, experience or training
254=(4 3 322 152 1) lack of worker acknowledgement - respect as increased source of
hopelessness
255=(4 3 322 154) lack of multidisciplinary inclusion as increased source of hopelessness
256=(4 3 322 167) staff dealing with uncertainty - unpredictability
257=(4 3 322 221) lack of worker recognition
;;GCM1 257 Memo for node (4 3 322 221)
by agency, by other professionals
258=(4 3 322 235) unified adult - professional effort as increased source of hope
259=(4 3 322 285) narrow views of cycw by other professions
260=(4 3 323) SYSTEM TENSIONS
261=(4 3 323 43) hopelessness as focus on resource poverty
262=(4 3 323 57) involuntary care as increased source of hopelessness
263=(4 3 323 59) frequency of transitions as increased source of hopelessness
264=(4 3 323 60) lack of placement stability as increased source of hopelessness
265=(4 3 323 92) weak provincial cyc association as source of increased hopelessness
266=(4 3 323 100) lack of resources as increased source of hopelessness
267=(4 3 323 138) staff system frustration as increased source of hopelessness
268=(4 3 323 141) CYW multiple role expectation as increased source of hopelessness
;;GCM1 268 Memo for node (4 3 323 141)
parent, compassionate stranger, professional worker, nurturer
can't be all to everyone - having permission to talk about this, to
acknowledge and normalize - acknowledge the nature and dimension of CYW
multiple roles , multiple expectations and tensions can be limiting and
debilitating
269=(4 3 323 144) open system communication as increased source of hope
;;GCM1 269 Memo for node (4 3 323 144)

from SW's to coordinators, managers, exec direc, external comm. services
etc.
270=(4 3 323 146) lack of role clarity as increased source of hopelessness
271=(4 3 323 147) increasing professional and public awareness of CYW role as increased source of hope
272=(4 3 323 149) system segmentation as increased source of hopelessness
273=(4 3 323 150) system gaps as increased source of hopelessness
274=(4 3 323 151) lack of system coordination as increased source of hopelessness
275=(4 3 323 153) simplistic - narrow - generic view by other of CYW characteristics as increased source of hopelessness
;GCM1 275 Memo for node (4 3 323 153)
paradox CYW feels hopeful yet hopeless at other workers respect for our
humanness skills (patience, caring, stick to itness, etc.) while those
terms match most people and do not acknowledge our skills training and
experience.
276=(4 3 323 213) lack of system support as increased source of hopelessness
277=(4 3 323 214) transition from youth service as increased source of hopelessness
::GCM1 277 Memo for node (4 3 323 214)
moving from child welfare to adult system
278=(4 3 323 226) varying staff roles
279=(4 3 323 236) unclear uncoordinated plans as increased source of hopelessness
280=(4 3 323 237) placement limbo as increased source of hopelessness
281=(4 3 323 238) lack of options - resources as increased source of hopelessness
282=(4 3 323 239) system immobility as increased source of hopelessness
283=(4 3 323 240) convenient remedy culture as increased source of hopelessness
284=(4 3 323 245) child welfare as needed
::GCM1 284 Memo for node (4 3 323 245)
having to say it out loud 'child welfare' needed, yet community not very
accepting or collaborative
285=(4 3 323 246) child welfare as convenient remedy as increased source of hopelessness
::GCM1 285 Memo for node (4 3 323 246)
286=(4 7) PATTERNS OF HOPE STAFF VIEW
::GCM1 286 Memo for node (4 7)
287=(4 7 267) FACTORS EFFECTING STAFF DYNAMICS
288=(4 7 267 266) cyc coworker relationship valued
289=(4 7 315) FEATURES EFFECTING STAFF DYNAMICS
290=(4 7 315 19) coworker communication
291=(4 7 315 20) coworker self care
292=(4 7 315 21) coworker debriefing
293=(4 7 315 22) coworker self reflection
294=(4 7 315 23) coworker shift evaluation
295=(4 7 315 24) coworker support (increases worker spirits)

296=(4 7 315 46) staff separation of personal biases
297=(4 7 315 47) staff tempering imposing behaviour
298=(4 7 315 124) staff group warmth - openness- acceptance - caring as source of increased hope (for student cyc)
299=(4 7 315 159) staff levity
300=(4 7 315 160) program differences
301=(4 7 315 181) coworker monitoring
302=(4 7 315 182) coworker feedback
303=(4 7 315 183) coworker approachability
304=(4 7 316) STAFF AWARENESS - UNDERSTANDING OF YOUTH
305=(4 7 316 48) staff awareness of individual youth realities
306=(4 7 316 50) staff acknowledging youth's lived experience
307=(4 7 316 51) worker sense of youth's aloneness (within many supports)
308=(4 7 316 52) staff generational relatedness
309=(4 7 316 53) staff understanding of youth
310=(4 7 318) INTERACTIVE PATTERNS OF HOPE - HOPELESSNESS
311=(4 7 318 109) negative effects of staff cynicism (for youth)
312=(4 7 318 123) positive staff energy increases youth hope
313=(4 7 318 133) mutual staff - youth hope
314=(4 7 318 134) parallel hope transitions (staff and youth)
315=(4 7 318 139) parallel staff - youth frustration as increased source of hopelessness
316=(4 7 318 258) staff youth hopefulness - hopelessness linked
;;GCM1 316 Memo for node (4 7 318 258)
no direct quote, however, staff acknowledged affirmatively to this
Researchers summation of focus group statements
317=(4 7 318 280) staff - youth hope as parallel
318=(4 7 318 282) morale and hope linked
319=(4 7 318 294) hope impacted ecologically

Appendix H

Department of Community Services Approval