A Cross-sectional Survey of Adolescents’ Perceptions of their Relationships with Nonparental Caregivers in Group Home Settings: An Attachment Perspective

By

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ABSTRACT

A CROSS-SECTIONAL SURVEY OF ADOLESCENTS’ PERCEPTIONS OF THEIR RELATIONSHIPS WITH NONPARENTAL CAREGIVERS IN GROUP HOME SETTINGS: AN ATTACHMENT PERSPECTIVE

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This thesis is an investigation of adolescents’ perceptions of their relationships with staff members working in their group home. Past research has found the majority of youth who have lived in care often experience greater hardships later in life compared to those youth in the normative population (Schmid et al., 2008). Resiliency promoting factors such as long-term positive relationships with nonparental caregivers have shown to protect some youth in care from future adversities (Masten, 2000). A cross-sectional exploratory survey was conducted using a convenience sample of 17 adolescents (Male n= 9) currently living in group home settings in Southern Ontario. Youth reported that they best got along with staff who made them laugh, had similar interests, were caring and consistent. Youth reported that positive relationships with staff are developed through continual interactions, open communication and trust. Reasons as to why relationships with staff are difficult were also reported by youth.
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Chapter One: Introduction

According to Bowlby’s theory of attachment, as a child develops he or she will develop an internal working model of relationships in response to the relationship and attachment he or she has with the primary caregiver (Bowlby, 1980). Internal working models are cognitive maps that allow humans to store, process and manipulate information relevant to their environment regarding relationships. When presented with a potential or experienced situation with another person, an individual must retrieve relevant information regarding past experiences with others to guide his or her response. Bowlby’s concept of internal working model of relationships provides an individual with basic mental representations concerning the availability of and treatment by others in past experiences/relationships. When accessed, these mental representations of the self and others (positive or negative) influence an individual’s present ability to think of, create and manage relationships (Atwood, 2006). The type of internal working model of relationships that a child develops has implications for future psychosocial development.

Due to the combination of growing up in a challenging environment that often includes abuse and/or neglect and being separated from a primary caregiver, the attachment representations and thereby internal working models of relationships of children in the care of child welfare agencies are predominantly insecure (Zegers et al., 2006). This insecure attachment developed from negative past experiences in close relationships can affect how a child growing up in care thinks of, creates and manages positive relationships in the present. Along with insecure attachment and negative internal working models, research has demonstrated that living in care frequently is frequently correlated with negative long-term outcomes, such as mental health problems.
Despite serious threats to development, some children and adolescents who have grown up in care have been classified as resilient as they have become well-adjusted adults (Flynn & Biro, 1998; Flynn, Ghazal, Legault, Vandermeulen et al., 2004). In further studies, researchers have found that a positive and stable relationship with a caregiver is significantly correlated with better psychological adjustment overall (Legault, Anawati & Flynn, 2006). Once built, a positive relationship with a supportive adult is the strongest predictor of positive adaptation and resilience in children in care (Griffin, et al., 1999; Legault, Anawati & Flynn, 2006; Lynskey & Fergusson, 1997; Masten & Powell, 2003). These findings have encouraged researchers and practitioners to further explore the concept of resilience and attachment as it relates to this vulnerable population.

Within the continuum of child welfare, children living in foster or adoptive families often fare better than their peers living in group care. For example, children who have grown up in foster or adoptive families often experience less mental health problems later in life (Schmid et al., 2008) and have less involvement with the judicial system than those who have grown up in group care (Curtis, Alexander, & Lunghofer, 2001; Ryan et al. 2008). Also, children and adolescents who have lived in foster care consistently expressed greater satisfaction with their caregivers and living arrangements when compared to those who have lived in group care settings (Wilson & Conroy, 1999). These differences between populations have encouraged researchers to examine relational experiences within each of these groups of children and adolescents separately (Berrick, Courtney & Barth, 1993; Zegers et al., 2006). In addition, investigators have recognized the lack of research exploring the perceptions of those currently living in care.
(Manso, Rauktis & Boyd, 2008; Moses, 2000). The majority of research in the field of child welfare has been focused on the views of social workers and foster parents, as well as retrospective accounts of in care experiences from youth that have aged out of the system (Hyde & Kammerer, 2006). There seems to be limited accounts from youth presently living in care.

In an effort to mitigate this research gap, the purpose of this study was to explore the relationships between adolescents and staff members in group home settings by obtaining qualitative reports from adolescents currently living in care. To understand the relational experiences of these adolescents, interview questions focused on four relational processes related to attachment; proximity, security, communication and trust. Through these reports I hoped to gain a richer understanding of relationships that adolescents living in group home settings have with nonparental caregivers.

Resiliency

The concept of ‘risk’ is usually defined as a potential of loss or misfortune (Engle, Castle & Menon, 1996). Risks are identified as specific situations or issues that may increase the probability of a specific adverse outcome occurring (Bender & Losel, 1997; Engle, Castle & Menon, 1996). Risks have been examined in many domains such as ecology, medicine, and finances. As the fields of psychology and sociology have grown in the past century, the concept of risk has extended into the realm of psychosocial development.

In the field of child development, risk factors have been defined as individual or environmental hazards that may increase a child’s vulnerability to negative developmental outcomes, such as psychopathology (Masten & Obradovic, 2006). These
risk factors can create stress or tension in children as they interact with their environment. This stress influences the child’s ability to manage other stressors in his or her environment putting the child at an elevated risk for negative outcomes (Masten & Obradovic, 2006). By examining the etiology of mental health problems in children, several individual and environmental risk factors have been identified. Individual level characteristics such as low birth weight and physical disabilities have been found to place an individual at an elevated risk for future maladaptation (Masten, 2006). Environmental risk factors such as family poverty, inadequate schooling and neighbourhood violence have also been identified as potentially increasing a child’s vulnerability to future problems (Sameroff et al., 1993). Risk factors not only increase the likelihood of developing a future problem, they also influence the severity and duration of the problem (Engle, Castle & Menon, 1996). Examining risk factors in high risk populations has allowed professionals to focus attention on those who are at the greatest risk of future problems.

In risk and vulnerability research in the 1970s, researchers recognized that populations of children living in poor and unstable family environments were at an elevated risk for developing destructive behaviours in adolescence (Werner, 1982). Further investigation found that even though the majority of children living in poor environments experienced problems later in life, a large percentage did not (Werner, 1982). It was found that specific groups of children and adolescents were well adjusted despite their ‘high risk’ environment. These findings encouraged researchers to examine different responses to adversity, specifically the difference between “resilient” and “nonresilient” populations (Werner, 1982). Resilience has been conceptualized in many
It is most commonly defined as a two factor construct that first involves exposure to threat or adversity, followed by positive adjustment after exposure (Masten & Obradovic, 2006). Through the examination of resilient populations researchers have been able to identify individual and environmental factors that appear to promote resiliency. Protective factors have been defined as characteristics or circumstances that resist or buffer potential threats to individual development (Masten, 2006; Rutter, 1985). Protective factors are a function of inherited and learned qualities (through socialization) that allow an individual to appropriately deal with his or her emotions after experiencing environmental stress (Masten & Reed, 2002). Similar to risk factors, protective factors can be viewed at individual and environmental levels. Individual level characteristics include strong cognitive abilities, an easy temperament and a positive self-view. Environmental level characteristics include close relationships with caregivers, favourable socioeconomic status and participation in pro-social activities, such as clubs or sports (Masten, 2006). These characteristics and environments have all been found to potentially work as protective factors for individuals who are faced with adversity (Engle, Castle & Menon, 1996; Masten, 2006).

Through the identification and examination of risk factors, researchers have been able to pinpoint specific populations who are deemed ‘high-risk’ or vulnerable for future problems. Due to a lack of protective factors (and/or abundance of risk factors), those who are deemed high risk populations have a higher vulnerability to problems in the future. Professionals and practitioners have found this approach to be advantageous for prevention and intervention programs developed to reduce the incidence of psychopathology (Engle, Castle & Menon, 1996). In conjunction with these findings,
investigators have identified factors that *resist* vulnerability in these high-risk populations. By encouraging the growth of protective factors, parents and professionals may be able to reduce the likelihood that children growing up in inadequate environments will develop future problems. Early learning programs, organized sports, and parental training and support programs are all examples of programs that can reduce the likelihood of future mental health problems in children. In 2000, Masten noted that one of the best documented protective factor found in resilient children is a strong bond to a competent and caring adult. This bond is often formed with a primary caregiver. In order to further understand this bond and the protective system that it provides, the relationship between a child and his or her primary caregiver should be further examined.

**Attachment Perspectives**

*Early Attachment*

Noted for his research on the relationship between infant and caregiver, Bowlby has been recognized as the father of the attachment perspective. Through the integration of evolutionary, psychoanalytic, behavioural and cognitive perspectives, Bowlby and colleagues developed Attachment Theory to illustrate the kinds of bonds developed between an infant and his or her caregiver (Bowlby, 1969). In theory, the biological aim of attachment is survival whereas the psychological aim of attachment is a sense of security (Schafer, 2007). Both the biological and psychological aims of attachment are influenced and met by close proximity to the caregiver. Through this close proximity, an infant begins to develop emotionally and socially. Bowlby (1969) has emphasized the caregiver's significant role in easing anxiety during the infant's phase of complete dependency. Through interactions with the primary caregiver an infant develops specific
expectations concerning the caregiver’s ability to protect, support and respond to his or her needs. These expectations are embodied in distinct responses from the child onto the external world (Moses, 2000). Using Bowlby’s theoretical underpinnings, Ainsworth and colleagues (1978) developed an experimental procedure used to observe and assess an infant’s response to his or her primary caregiver. Through a structured series of separation and reunion encounters, an infant’s reaction to his or her mother is used to classify the infant as having either secure, avoidant, ambivalent or disorganized attachment styles (Ainsworth et al., 1978; Rosenstein & Horowitz, 1996). From these classifications researchers have been able to distinguish response patterns correlated with each attachment style, along with specific cognitive, behavioural and social corollaries. A securely attached infant will seek comfort and contact with his or her primary caregiver upon reunion. Contrary to this behaviour, an insecurely attached infant responds to the reunion by ignoring the caregiver or failing to be comforted by the caregiver after requesting contact (Ainsworth et al., 1978). It is through these early interactions that the infant’s attachment style begins to develop, ultimately leading to a more global view of relationships.

During repeated interactions with a primary caregiver, an infant begins to develop an internal working model of relationships based upon his or her attachment style. This model provides an infant with mental representations concerning the availability of the caregiver which in turn, influences his or her view of the self (Bowlby, 1980). If the primary caregiver is viewed as reliable and available in times of distress, the infant will trust and seek comfort from the caregiver, thus viewing the self as worthy of care (Atwool, 2006). The infant will develop a secure internal working model. An
inconsistent or rejecting primary caregiver is viewed as unavailable and unreliable in times of distress (Atwool, 2006). The infant may develop feelings of mistrust and insecurity, and he or she may not regularly seek comfort from the primary caregiver (Ainsworth et al., 1978). The infant may develop an insecure working model, negatively influencing his or her view of the self and primary caregiver. In response to the mental representations concerning the self and the primary caregiver, an infant may develop specific behavioural strategies to maintain proximity and receive attention from his or her primary caregiver (Atwool, 2006; Rosenstein & Horowitz, 1996). Those with secure internal working models recognize their responsive and sensitive caregivers. Emotions are regulated as the infant consistently expects support and security from the primary caregiver. The infant is able to explore his or her world freely, as he or she trusts his or her primary caregiver will be there in times of need.

An infant who has developed an avoidant attachment style in response to a rejecting or unresponsive caregiver will utilize minimizing strategies to avoid repeated experiences of rejection. De-activating and over-regulating affective responses reduces the probability that the caregiver will reject the infant, thereby increasing proximity to the caregiver (Atwool, 2006).

An inconsistent or unreliable caregiver may influence the development of an ambivalent attachment style in his or her infant (Ainsworth et al., 1978). An ambivalent infant will utilize maximizing strategies to ensure proximity and attention from the primary caregiver (Atwool, 2006). By amplifying affective responses in distressing situations, the infant will increase the probability that his or her caregiver will be
accessible and responsive, but is not often comforted by the caregiver’s attempts to soothe him or her (Ainsworth et al., 1978).

An infant who is classified as having a disorganized attachment style in response to a frightening or dangerous caregiver is often lacking coherent strategies to maintain proximity and receive attention from the primary caregiver. Conflicting emotions arise as the infant seeks comfort from the caregiver, who is also the source of threat (Atwool, 2006). These attachment styles to the primary caregiver set the foundation for future social interactions.

Table 1

<table>
<thead>
<tr>
<th>Secure Attachment</th>
<th>Ambivalent Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Reliable and consistent caregiver</td>
<td>- Inconsistent or unreliable caregiver</td>
</tr>
<tr>
<td>- Infant learns to regulate emotions as he/she consistently expects support and security from caregiver.</td>
<td>- Infant utilizes maximizing strategies to ensure proximity and attention</td>
</tr>
<tr>
<td>Avoidant Attachment</td>
<td>Disorganized Attachment</td>
</tr>
<tr>
<td>- Rejecting or unresponsive caregiver</td>
<td>- Frightening or dangerous caregiver</td>
</tr>
<tr>
<td>- Infant utilizes minimizing strategies to avoid future rejection</td>
<td>- Infant is unable to develop coherent strategies to ensure proximity and attention from the caregiver who is also the source of threat.</td>
</tr>
</tbody>
</table>

As the child ages, what began as a specific mental representation concerning the relationship with a primary caregiver becomes a more abstract and generalized representation of the self and the social world (Bowlby, 1980). Along with mental representations of relationships, strategies developed and used to minimize or maximize proximity and attention from the primary caregiver during infancy may now be employed in other social relationships. It is these mental representations and behavioural strategies
that influence an individual’s ability to understand, create and manage other social relationships (Atwood, 2006). In 1985, Main and colleagues described internal working models as having schematic properties. As a child experiences new social interactions, he or she assimilates this new information into pre-existing representations. If these previous representations were developed through a secure attachment to the caregiver, a child is more likely to classify a current or future social interaction as a positive experience, placing the experience in the same schema (Main, Kaplan & Cassidy, 1985). The more social interactions the child experiences, the stronger his or her perceptions of the self and others become. It is through Bowlby's (1980) concept of internal working models of relationships that researchers and professionals can examine the long term impact of early attachment experiences.

**Attachment in Adolescence**

Adolescence is often defined as a major transition period in a person’s life. This period is not only marked by physical changes as a child matures, but it is also a crucial developmental stage with regard to emotional, cognitive and behavioural systems. With the increasing desire to be autonomous, adolescents undergo many developmental transformations that influence the attachment system. Adolescence is one of the first times that it is possible to examine the attachment system and attachment organization both within and beyond the family (Hesse, 1999). Up until this point in development, attachment has most often been defined as a connection and/or process between an infant/child and parent. However during adolescence, ideas regarding attachment and relationships with primary caregivers that were developed during infancy and childhood now emerge in other social relationships. It is necessary to examine some of the
emotional and cognitive changes that an adolescent experiences to understand why attachment organization adapts during adolescence.

Individuals experience many emotional changes as they enter into adolescence. Driving some of these changes is the need and desire to become less dependent on primary caregivers, in hopes of becoming a self-sufficient adult (Cassidy & Shaver, 2008). Adolescents work to increase autonomy and individuation by spending less physical time in the presence of caregivers, and more time in the presence of friends and peers (Ryan & Lynch, 1989). During this period, adolescents are consistently battling habitual processes developed in infancy and childhood, as these processes now threaten the adolescent’s efforts to establish autonomy (Allen & Land 1999). The desire for proximity to the caregiver in infancy and childhood as a means for security, comfort and emotional dependency is now transferred to friends, peers and romantic partners. It is through this transference of attachment related cognitions and behaviours that researchers are able to see patterns of attachment in relationships outside of the primary attachment relationship to the caregiver. Similarly to infants and children, adolescents require the support and space to explore their surrounding worlds. Being securely attached to a primary caregiver in adolescence allows the adolescent to explore his or her world freely while knowing that his or her primary caregiver is there for support and help in times of stress (Laursen & Collins, 2004). The internal working model that the adolescent has previously formed regarding attachment may influence the adolescent's exploratory systems. Adolescents can now use relationship maintaining behaviours during conflict. They are able to logically think about conflicts with primary caregivers and adapt behaviours and cognitions to come to mutually beneficial outcomes (Cassidy & Shaver,
The ability to reflect and modify thoughts and behaviours creates more of a goal-corrected partnership between an adolescent and his or her primary caregiver as both parties work to maintain the relationship (Cassidy & Shaver, 2008). These relationship-maintaining behaviours and skills are necessary when forming and managing social relationships outside the family.

Cognitively, an adolescent is able to differentiate the self and others, allowing him or herself establish a more consistent view of the self that is separate from the view of others (Erikson, 1968). It is through this combination of self and other views, that an attachment pattern in relationships can be examined. Secure attachment patterns are defined by positive self and positive other models. Adolescents with a history of secure attachment present themselves as confident, outgoing and self-reliant (Allen & Land, 1999; Bowlby, 1973). It has been also shown that securely attached infants and children subsequently have stronger and healthier relationships in adolescence and adulthood compared to infants and children who were insecurely attached (Atwool, 2006; Main, Kaplan & Cassidy, 1985; Rosenstein & Horowitz, 1996). Preoccupied/ambivalent attachment patterns are defined by a negative self model and a positive other model. Adolescents with a history of preoccupied/ambivalent attachment may present themselves as clingy and over emotional (Atwool, 2006). They may become preoccupied with relationships, which may drive others away as they consistently fear rejection. Dismissing/avoidant patterns are defined by a positive self model and a negative other model. Those with previous dismissing/avoidant attachment may appear sullen and withdrawn from others (Allen & Land, 1999). Little value is placed on relationships, as past experiences have proven that others are rejecting and untrustworthy (Allen & Land,
Fearful/disorganized patterns are defined by negative self and other models (Bartholomew, 1990). Those with a history of fearful/disorganized attachment representations present themselves as fearful and reactive (Atwool, 2006). Others are viewed as frightening and dangerous, creating unstable relationships.

Table 2

**Summary of Attachment in Adolescence (Self and Other Views)**

<table>
<thead>
<tr>
<th>Secure Attachment</th>
<th>Preoccupied/Ambivalent Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Positive view of self and others</td>
<td>- Negative view of self, Positive view of others</td>
</tr>
<tr>
<td>- Present themselves as confident and self-reliant and</td>
<td>- Present themselves as clingy and over emotional</td>
</tr>
<tr>
<td>- Stronger relationships with others</td>
<td>- Become preoccupied with relationships as they fear rejection</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Dismissing/Avoidant Attachment</td>
<td>Disorganized/Fearful Attachment</td>
</tr>
<tr>
<td>- Positive view of self, Negative view of others</td>
<td>- Negative view of self, Negative view of others</td>
</tr>
<tr>
<td>- Present themselves as sullen and withdrawn from others</td>
<td>- Present themselves as fearful and reactive</td>
</tr>
<tr>
<td>- Little value is placed on relationships as they have</td>
<td></td>
</tr>
<tr>
<td>consistently been rejected in the past</td>
<td>- People are viewed as frightening and dangerous, unstable relationships are formed.</td>
</tr>
</tbody>
</table>

Adolescents who have insecure attachment representations have difficulty in several dimensions related to attachment behaviours. For example, feeling insecure in oneself and others may influence the adolescent’s ability to explore his or her world freely. This can impede the strengthening of personal strengths and abilities. Also, ineffective communication patterns between the caregiver and adolescent make it difficult to seek support in times of stress. Disagreements between adolescent and attachment figures may be perceived as threats, activating fight and/or flight responses to conflict (Cassidy & Shaver, 2008). These responses further shut down attachment systems, obstructing necessary communication needed to build a secure relationship. Understanding
Attachment patterns as a potential risk factor can help practitioners identify attachment as influencing specific social, behavioural and mental health problems

Attachment and Mental Health

Children, adolescents and adults with previous insecure attachments have been found to be at an elevated risk for mental health problems (Hyde & Kammerer, 2008). Numerous studies have indicated that insecure attachment/internal working models are correlated with many mental health conditions including depression, anxiety, conduct disorders, attention-deficit hyperactivity disorder and learning disabilities (Brown & Wright, 2001; Hyde & Kammerer, 2008; Legault, Anawati & Flynn, 2006). As an example, an adolescent who has developed a negative model of the self and others is at higher risk of internalizing disorders. A negative self model influences an adolescent to view him or herself as unworthy of love and support from others. A negative other model influences an adolescent to view others as unreliable and rejecting. The combination of these models may cause the adolescent to internalize negative thoughts, and not seek the comfort of others when upset or stressed. Internalizing negative thoughts puts an adolescent at a higher risk of internalizing disorders such as depression and anxiety (Cassidy & Shaver, 2008). Not only can the mental representations that an individual has developed put him or her at an elevated risk for future mental health problems, behavioural responses that have been adopted to assure that his or her basic needs are met by caregivers may create future problems in social relationships. Mechanisms that may have been adaptive as an infant or child may now be considered maladaptive in adolescence. For example, a child who developed in relation to a caregiver who was inconsistently available may have an anxious/ambivalent attachment pattern. Children
with this pattern sometimes lack the ability to control their behaviours or have patience to delay gratification, as they are consistently worried about being rejected. The outward manifestation of behaviours and problems puts these children at a higher risk of externalizing disorders such as conduct disorder and attention-deficit hyperactivity disorder (Cassidy & Shaver, 2008). An adolescent with an externalizing disorder transfers negative emotions, thoughts and frustrations to the outside world, as he or she has difficulty regulating emotions internally. Insecure attachment does not necessarily in itself determine maladaptive development. The insecure attachment may, however, predispose a child or adolescent to specific mental representations of the self and the world which could lead to future problems within relationships (Zegers et al., 2006).

A basic tenet of the attachment theory is that one’s attachment representations remain stable over time; yet research has yielded mixed results. Most longitudinal studies examining attachment in infancy and later attachment in adulthood have found strong retention rates in the attachment classification of the participants (Hamilton, 2000; Waters, Hamilton, & Weinfield, 2000). However, those whose attachment classification did change were those that had experienced significant life events. Even though internal working models are inclined to be stable, research has demonstrated that significant change can occur (Atwool, 2006). As a risk factor for psychopathology, it is beneficial to know that insecure attachment patterns can be challenged and altered into a more secure attachment pattern. Researchers examining resilience have found that a stable caring relationship can be an effective way to challenge poor internal working models (Hesse, 1999; Main et al., 1985). Through repeated interactions in this stable and caring relationship, the once insecurely attached individual is able to develop feelings of trust.
and security in others. These feelings of trust and security influence the individual to gain a more positive view of the self and others. Through this positive relationship, previously poor internal working models are challenged and readjusted to parallel those working models that are securely attached. This 'earned' secure attachment may present itself differently than those who have always been securely attached, yet it is still associated with more positive outcomes compared to those individuals with insecure attachment representations (Main et al., 1985). The ability to become securely attached brings hope to those individuals who may have developed negative internal working models as a child and those who may be at risk for future mental health problems. In order to best utilize these findings on resilience and attachment, it is important to focus on those who are at the greatest risk for having poor internal working modes.

A particular population that is often at an elevated risk for developing poor internal working models are those who are living in the care of child welfare agencies. Researchers in child welfare have frequently used attachment perspectives to better understand the children and adolescents that are being served by child welfare agencies. With the majority of children in care having experienced some sort of abuse, neglect or separation from primary caregivers, the attachment system is often negatively affected (Hinshaw-Fuselier et al., 2004; Noonan & Burke, 2005). A damaged attachment system puts those living in care at high risk for future mental health, behavioural and emotional problems (Cassidy & Shaver, 2008; Hyde & Kammerer, 2009; Legault, Anawati & Flynn, 2006). In order to build resilience in this population, it is imperative to understand the challenges that this vulnerable population endures once attachment systems have been corrupted.
Previous Research in Child Welfare

As dependent citizens, children throughout history have been viewed as possessions treated with little or no regard. Beginning in the nineteenth century, an increasing concern of producing moral and educated citizens emerged in society. With the hope of creating educated and industrious adults, philanthropists and religious organizations began to focus their attention on abandoned and homeless children. These children were placed in orphanages, industrial schools and later family homes that mirror today's foster homes. By the twentieth century, federal and provincial governments accepted responsibility for public welfare, which included those services provided to families and children in need. The social welfare movement exploded during the great depression when the study of child development and the pressure for children's rights gained momentum (Rosen, 1999). Children, who were poor, abused and orphaned and those who suffered from emotional and cognitive impairments, were identified as disadvantaged, thus requiring assistance from governmental agencies. Today in North America, Child Welfare agencies govern matters that pertain to protecting and enhancing the wellbeing of children.

The majority of infants and children who are taken into the care of child welfare agencies in North America have been apprehended by the government due to protection issues (Noonan & Burke, 2005). Approximately 2% of infants or children who enter into care have lost their parent(s) due to death and 3% of infants or children have been given up for adoption willingly by mothers (National Adoption Information, 2004; Noonan & Burke, 2005). This leaves approximately 95% of infants and children entering care in response to parental and environmental issues. Research in the field of resilience has
identified that the most significant threats to development are those that challenge basic protective systems, such as the attachment system. With 95% of infants or children in care having experienced some sort of maltreatment, it is not surprising that this system has been compromised (Eagle, 1994; USDHHS, 2007). Along with the experience of maltreatment, separating a child from his or her primary caregiver can be a traumatic experience, putting the child at an elevated risk of future problems (Caye et al., 1996).

The majority of research conducted in child welfare has found that living in care is primarily associated with negative long-term outcomes (Shirk & Stangler, 2004; Schmid et al., 2008). In adulthood, individuals who have lived in care have a higher prevalence of homelessness (Park, Metraux, & Culhane, 2005), substance abuse (McDonald et al., 1996), criminal activity (Massinga & Pecora, 2004) and mental health problems (Shirk & Stangler, 2004) than those individuals who have not grown up in care. These findings have encouraged professionals working with this vulnerable population to develop a system that aims to offset or diminish the effects of previous adverse experiences. For example, after being apprehended into the care of child welfare agencies, social workers consult with the child's primary families to help establish a safe and loving environment for the child upon reunification. The goal of reuniting the child and his or her primary caregiver is often the number one priority of the agency, yet it is a goal that is not consistently achieved (Rosen, 1999). This leaves many children in need of care from child welfare agencies. If unable to return to their original home, other long-term and permanent placements are sought.

As of March 2009, there were 17,844 children living in the care of Children's Aid Societies in Ontario. Over half of these children and adolescents have been placed in a
family-like environment (Ontario Association of Children's Aid Societies, 2009). Foster homes are generally organized to have one or two primary caregivers caring for one or more children. These homes are generally considered the best placement option for children awaiting reunification with primary caregivers or awaiting adoption (Barth, 2002; Freundlich & Avery, 2005). Being placed in this environment gives a child an opportunity to form a positive, stable relationship with a caring adult, hopefully repairing previously disrupted attachment systems. A number of children living in the care of child welfare agencies do not have the opportunity to be placed in a family-like environment. As of 2009, 15.6% of children living in care of child welfare agencies were living in group home settings (Ontario Association of Children's Aid Societies, 2009). A group home is a community based residence that provides housing and services for individuals with high needs. Group homes were developed as a result of the trend toward the deinstitutionalization of people with physical and mental disabilities. Within the realm of child welfare, group home settings are considered to be an alternative placement option for children who cannot live in traditional foster family homes (Hyde & Kammerer, 2008). Children and adolescents placed in group homes are often coming into care with more challenges than those placed in foster or adoptive care. To meet the needs of the individuals they serve, group homes usually house between 6 to 9 youth, and are run by a team of staff members in a community based setting. Within the social service continuum of care, group homes are less restrictive than in-patient psychiatric clinics, residential and detention centers, but more restrictive than family foster care (Handwerk, Friman, Mott & Stairs, 1998). Adolescents in care often find themselves in this type of setting as it is often difficult to place older children in foster home settings (Barth, 2002; Freundlich &
Avery, 2005). On average, children residing in group homes are older than the average child in care, with approximately 81% of the children being over the age of 13 years (Ontario Association of Children’s Aid Societies, 2009). While many of these adolescents were apprehended from their primary caregivers at a younger age and have grown up in the care of Children’s Aid Societies, some entered the care system as adolescents due to parent-child conflict at home and/or conflict with the law. Up to 96% of adolescents in group home settings experience some sort of emotional, behavioural or developmental problem. This statistic is in comparison to 57% of adolescents in foster care and 15% of the general population within this age range (Schmid et al., 2008). Also, adolescents living in group homes have greater involvement in the juvenile justice system compared to adolescents in foster homes, adopted families and adolescents with no previous involvement in child welfare agencies (Curtis, Alexander, & Lunghofer, 2001; Ryan et al. 2008). It has been found that adolescents who enter group home placements are two-and-a-half times more likely to enter the juvenile-justice system for the first time relative to those served in foster-home settings (Ryan et al. 2008). This statistic may be influenced by the practise of group home staff calling the police as a behaviour management strategy (Finlay, 2007). In 2007, the Child’s Advocate Report found that 47.2% of youth in the study who were living in group care reported that staff had called the police on them in the past due to their negative behaviours (Finlay, 2007). Using the police as a means to help manage behaviours may put the youth in group care at an elevated risk of entering the juvenile-justice system.

Compared to those in foster care, individuals living in group homes not only come into the group home requiring more support, they also require more support on a
day to day basis while coping with the range of physical and emotional instabilities associated with group care living (Hyde & Kammerer, 2008; Shirk & Saiz, 1992). In order to effectively manage these past and present instabilities and reduce the prevalence of future mental health problems often experienced by those who have lived in care, positive and stable relationships may be needed. Staff members working in group homes can possibly provide a stable and caring relationship, which can help overcome past attachment disruptions and encourage the growth of healthy behaviours and cognitions regarding attachment in present and future relationships. However, institutional barriers in the design and operation of a group home often impede the formation of relationships. These barriers make it difficult for those living in group care to make new positive relationships that may ultimately challenge previous insecure working models. For example, staff and resident turnover and placement instability have been identified as problems that deter the formation of long-term positive relationships (Hyde & Kammerer, 2008; Kools, 1997). In 2003, the Partnership for Children and Families Project found that the majority of direct care workers are moderately or highly emotionally exhausted. This often leads to short term employment and quick staff turnover. Also, with the large amount of staff required to operate a group home, part time and casual relief workers are often called upon to fill shifts. These workers frequently work between several group homes, making it difficult to form stable relationships. Along with staff turnover and instability, adolescents frequently experience placement moves. On average children in care experience four placements (Finlay, 2007; Ryan et al. 2008). This number represents a very uneven distribution as many children only have one placement (for those in foster or adopted families) and some have up to 25 (for those in group homes and institutions)
(Finlay, 2007). If a relationship is built with a staff member at the previous house, it is often ended when the child or adolescent is moved to a new residence. With all residents experiencing the same instability, it is often difficult to form long term relationships with peers as well. In general, structural barriers in group homes hinder the opportunity for children and adolescents in group homes to develop new and positive attachment relationships. These barriers are intrinsic to the nature of a group homes and are difficult to change, but they can be challenged.

Study Rationale

Children and adolescents who are living in the care of child welfare agencies have experienced extreme threats to attachment systems and have a high prevalence of emotional, behavioural and social problems (Fitzharris, 1985; Hyde & Kammerer, 2008; Shirk & Stangler, 2004). By building resiliency-promoting factors, children and adolescents who live in care will be able to effectively cope with past, current and future adverse experiences. Masten (2000) noted that the best documented protective factor in resilient children is a strong bond to a competent and caring adult. Even though this bond is often formed with a primary caregiver; it does not necessarily have to be with the primary caregiver. Any consistent, caring adult can help a child develop skills to successfully deal with adverse situations and encourage the growth of resiliency over time. Masten's claims are supported by studies that have identified "resilient" children and adolescents who have grown up in care. Legault and colleagues (2006) examined resiliency-promoting factors of children who have lived in the care of child welfare agencies. It was found that a positive relationship with a caregiver was significantly correlated with less internalizing and externalizing behaviours as well as a better
psychological adjustment overall. Despite the challenges associated with building relationships with children/adolescents in care, once built, a positive relationship with a supportive adult is the strongest predictor of resilience (Griffin et al., 1999; Legault, Anawati & Flynn, 2006; Lynskey & Fergusson, 1997; Masten & Powell, 2003). Studies of resiliency and attachment are found throughout child welfare, and have been focused on relationships and relationship building tactics between child/adolescent and nonfamilial caregivers (Manso, Rautkis & Boyd, 2008; Moses, 2000). From these studies, researchers have identified a need for more research in the following areas.

After examining literature pertaining to placement instability, Hyde and Kammerer (2006) concluded that even though numerous studies included interviews with social workers and foster parents, few had included direct communication with children and adolescents who have lived in out-of-home placements. Several studies have concluded that the perspectives of the children and adolescents in care are largely absent in the child welfare literature (Chambers, Zielewski, & Malm, 2008; Freundlich & Avery, 2005; Hyde & Kammerer, 2008; Kools, 1997; Spencer, 2007). When exploring literature that examines the perspectives of children and adolescents in care it was found that the majority of qualitative studies focused on the views of foster and/or adopted children and adolescents living in family-like environments. Children and adolescents who were living in foster care consistently express greater satisfaction with their caregivers and living arrangements compared to those living in group care settings (Wilson & Conroy, 1999). With a larger adult-to-child ratio and rotating schedules, children in group homes have expressed a difficult time forming close relationships with caregivers (Wilson & Conroy, 1999). The attachment representations of children and adolescents living in group homes
should be examined separately from those living in foster and adopted families, as the nature of the homes and relationships are vastly different.

Not only can the relationship between a child/adolescent and caring adult offer feelings of security and trust in others, the relationship can also be used as a therapeutic tool for healing past and present emotional turmoil. Research examining the concept of 'therapeutic alliance' has found that the quality of therapeutic alliance (the relationship between the therapist and the institutionalized adolescent) is one of the most important predictors of treatment success in both outpatient psychotherapy and residential treatment (Horvath & Symonds, 1991). Manso, Rautkis and Boyd (2008) examined the perceptions and expectations of relationships between residents and staff in residential settings. The perspectives of 11 youth participating in a therapeutic wilderness residential program were examined. Through their qualitative reports, it was evident how important a relationship with a caring and helping adult is to the youth participating in the program. This relationship was viewed as the most critical component of the treatment. The relationship between adolescent and staff was found to be therapeutic in nature, with adolescents emphasizing the importance of positive relationships with child and youth workers while coping with psychological, emotional and behavioural problems (Manso, Rautkis & Boyd, 2008). Even though this relationship has been defined as a protective factor and an important predictor of treatment success, what this relationship looks like from the adolescents’ perspective is under represented in research. Gaining the perspectives of those experiencing the relationship can further describe important qualities and characteristics that define therapeutic or healing relationships. Several studies have indicated that a nonconfrontational and nurturing approach is vital to
establish alliance (Oetzel & Scherer, 2003; Russell & Phillips-Miller, 2002). Other studies have suggested consistency and commitment are the best ways to develop this relationship (Manso, Rautkis & Boyd, 2008; Moses, 2000). In order to further understand this relationship, dialogue with those experiencing the relationship is still needed.

The intricacies of this staff-adolescent relationship, how it is formed, managed and utilized, should be further examined. To understand the relational experiences of adolescents living in care, the project was focused on four relational processes related to attachment: proximity, security, communication and trust. Attachment to a primary caregiver is originally influenced by physical and emotional closeness. Proximity to an attachment figure influences how much time is spent with the caregiver, which subsequently affects feelings of security (Cassidy & Shaver, 2008). The amount of time an adolescent spends (or wants to spend) with a nonparental caregiver may influence his or her feelings regarding the relationship. Due to the dynamics of a group home, caregivers are in the house on a scheduled rotation, which reduces the amount of time that the adolescent will have with each caregiver. Adolescents were questioned about the advantages and disadvantages of less physical proximity to specific caregivers and how this impacts their relationships with nonparental caregivers. Adolescents were also questioned about the benefits and downsides of having multiple caregivers.

Feeling secure in a relationship is an important feeling during adolescence as it allows an adolescent to explore his or her world freely knowing that caregivers are there for support and help if needed. During this time of exploration, adolescents require a secure base for emotional support during times of stress (Allen & Land, 1999). Feeling secure in a home and the relationships one has may strongly influence the adolescent’s
exploratory systems, which subsequently affects the adolescent's ability to increase personal competencies. Adolescents were questioned about their feelings of security while living in their group home. The researcher examined felt security in the relationships that the adolescents have with nonparental caregivers in their group home, focusing on the type and amount of support they receive from their nonparental caregivers.

Hill and colleagues (2003) stated that communication within a family must be reciprocal and synchronized for optimal attachment relationships. Being able to effectively communicate with a caregiver is necessary to build and manage that relationship. As the adolescent ages and works to create more of an independent life, open and flexible communication is needed to continuously re-negotiate terms and expectations within that family unit (Allen & Land, 1999). Due to past experiences, adolescents living in care often have a difficult time communicating their thoughts and feelings effectively. Adolescents were questioned about their communication patterns with staff members while living in a group home. The researcher examined how adolescents open lines of communication with staff members in their group homes and reasons why communication between adolescents and staff members break down.

Finally, the adolescents' abilities to trust others and be trusted were examined. This characteristic is defined by the degree of positive thoughts one holds towards another and whether or not the other can be relied on in times of need (Collins & Repinsky, 1994). Trust is developed through continual responsiveness to the adolescent's needs (Collins & Repinsky, 1994). Individuals who have experienced disruptions to the attachment system, such as those living in care, often have a difficult time trusting other
people. Past experiences have made it difficult to rely on people in times of need, and seek comfort when needed. The process of developing trust in a relationship is perhaps one of the most important ways to conquer previously insecure working models. When an individual trusts another, he or she feels more secure in that relationship. With feelings of security comes the desire to explore and build personal competencies knowing that there is someone there for support if needed. Adolescents were questioned about their feelings of trust towards nonparental caregivers working in their group home. The importance of trust, ways to build trust with nonparental caregivers and experiences that deter the development of a trusting relationship with nonparental caregivers were examined.

A cross sectional survey design was used to explore the relationships between adolescents and staff members in group home settings. Both quantitative and qualitative data were collected to better understand the perceptions and experiences of those currently living in care. The objectives of the study were as follows:

1) Explore how adolescents in group homes perceive the roles and responsibilities of staff members who work in their group home.

2) Explore how adolescents in group homes perceive the relationships they have with staff members working in their group home.

3) Explore the attachment patterns of adolescents living in group home settings.

4) Explore possible relationships between the attachment patterns of adolescents in group homes and perceptions of their relationships with staff members working in their group home.

Advancing the understanding of positive and negative experiences that youth who are living in group home settings have in their relationships with staff members may inform
best practices in the child welfare system. The thoughts and opinions gathered from adolescents currently experiencing adolescent-staff relationships in group home settings can provide information to staff members working in these homes. This information can provide staff members with useful tactics to build and manage positive relationships with adolescents living in group home settings. This knowledge can also influence how staff members themselves view and approach relationships with adolescents. Child and youth workers in group homes can use these findings to form more positive relationships with this population. These relationships can then be used as therapeutic tool to encourage the growth of resiliency-promoting factors, thereby helping adolescents cope with past, present and future adverse experiences.

**Chapter Two: Methodology**

**Recruitment and Procedure**

Participants were recruited from Pioneer Youth Services. Pioneer Youth Services is a privately-owned and operated residential treatment program for children and youth with emotional, behavioural, mental health and developmental needs. The organization operates eight individual group homes in the Kitchener-Waterloo region. Each group home is licensed and supervised by the Ministry of Children and Youth Services and is governed by the regulations set forth by the Ontario Child and Family Services Act. Agency approval was obtained from the Director of Pioneer Youth Services as well as the Team Supervisor of each group home. Ethics approval was obtained from the University of Guelph’s Research Ethics board in accordance to the Tri-Council Policy statement governing research on human participants. Please refer to the Research Ethics section to read about this process.
To participate in the project, adolescents were between the ages of 13 and 18 years old during the interview and were currently living in a group home setting for more than three months. It was assumed that youth who had been separated from primary caregivers and who had been living in group homes for more than 3 months would be able to provide crucial insight into how youth in care perceive relationships with nonparental caregivers. Adolescents were expected to verbally articulate their experiences with staff members to the interviewer, therefore adolescents who had been diagnosed with severe developmental delays were not eligible to participate in the study. This information was obtained from the Team Supervisor of each group home and confirmed by the adolescent’s social worker, as they were most familiar with the adolescents’ developmental needs.

The student researcher held an information session at each residence within Pioneer Youth Services that housed adolescents who met inclusion criteria. These sessions were arranged by the Team Supervisors of each group home. The student researcher met with the adolescents at the group home during a weekly resident meeting. Refer to Appendix A to view Information Session script read to the potential participants. At the end of the information session, all adolescents who were interested in participating in the study met with the researcher in a separate room. At this time, the name and phone number of the adolescent’s social worker through their respected Children's Aid Society (or legal guardian) were collected. The student researcher contacted the social worker/legal guardian of the adolescents who had shown interest in participating in the study to collect verbal or written consent for the youth to participate. In total, 29 potential participants attended the information sessions. Of these potential participants, 21 showed
interest in participating in the study. Two potential participants did not meet inclusion criteria (due to age) and were not eligible to participate in the study. The social worker/legal guardian of one potential participant refused to give consent due to extenuating circumstances in the youth’s personal life which could have led to skewed results. One participant left her program prior to the interview process and was unable to participate in the study.

Data Collection

After receiving consent from the adolescent’s legal guardian, the student researcher met all potential participants at his or her group home in a one-to-one meeting. Prior to beginning the interview, the researcher disclosed the full purpose of the study to the potential participant and answered any questions he or she had. The researcher read the consent form to the potential participant and signed consent was collected. Refer to Appendix B for Participant’s Consent Form. The questionnaire was verbally administered to the participant by the student researcher. The questionnaire included 35 questions and took approximately 20 minutes to complete. The questionnaire included demographic questions focusing on the participant’s time in care, general questions about the participant’s satisfaction with their current placement and relationships, the Adolescent Relationship Scales Questionnaire (A-RSQ) (Scharfe, 2002) and the Adolescent-Relationship Questionnaire (ARQ) (Scharfe & Bartholomew, 1995). Refer to Appendix C for Demographic Questionnaire.

Adolescent Relationship Scales Questionnaire. The A-RSQ (Scharfe, 2002) is the revised version of the RSQ (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994). The RSQ was constructed using Bartholomew’s (1990) two-dimensional model of
attachment and is used to assess underlying attachment dimensions in close relationships. This model incorporates Bowlby's view that during interactions with attachment figures, an individual develops a view of the self and others in relationships (Bowlby, 1969). The combination of the self model and the other model represent general expectations of the worthiness of the self and availability of others (Bartholomew, 1990). The A-RSQ was used to measure the four attachment patterns (secure, dismissing, preoccupied, and fearful) as well as two attachment dimensions (self-model and other-model) of the participants. Participants were asked to rate a series of 17 statements regarding their relationship with others (Refer to Appendix D). Scores were used to reflect the degree of security, fearfulness, preoccupiedness and dismissingness of each participant. With these scores, the underlying attachment dimensions of the self model other model were calculated.

Adolescent-Relationship Questionnaire. The A-RQ (Scharfe & Bartholomew, 1995) uses the same underlying dimensions of the A-RSQ, but can be used to categorize participants into one of four prototypical attachment patterns. Each participant was read four short paragraphs that described feelings and behaviours associated with each of the prototypical attachment patterns (Refer to Appendix F). The participant was asked to select the pattern that best described him or herself, as well as rate how closely each pattern corresponded to him or herself on a 7-point Likert scale (1 being not at all like me, 7 being very much like me). These ratings provided a profile of the participant’s attachment feelings and behaviours.

After completing the questionnaire, the interview portion of the study began. The interview was semi-structured and focused on the relationships that adolescents had with
current and past staff members working at their group homes. Refer to Appendix G for interview guide. The length of the interviews varied between 20 and 40 minutes. Interviews were audio-taped and transcription occurred after every interview. Participants’ names and the names of staff members were not included in the transcriptions. Participants were given a unique ID code, and all staff members’ names were replaced with the word (staff) to further provide confidentiality. The executive director of the agency worked with the research team to assure that no single voice could be heard or identified in the presented final results. Each participant was given a Thank You letter and gift card to a local establishment. Refer to Appendix H for Thank You letter.

Data Analysis

Data were analyzed in two sections to explore all four objectives of the study. Section One includes the analysis of demographic information and attachment scores to describe the sample. The results from the A-RSQ were used to determine an average score for each attachment pattern for all participants. The self model dimension was calculated with the following equation: Self Model= (Secure Scale + Dismissing Scale) MINUS (Fearful Scale + Preoccupied Scale). The other model dimension was calculated with the following equation: Other Model= (Secure Scale + Preoccupied Scale) MINUS (Fearful Scale + Dismissive Scale). Refer to Appendix E to view which questions were used to score each attachment pattern. With the A-RQ, the highest of the four attachment pattern ratings was used to classify the participant into one of the attachment categories. Because it was possible for participants to give two or more attachment patterns similar ratings, the participant was also given a forced choice paragraph (selecting one
attachment pattern) in addition to the Likert rating scale. Scharfe & Bartholomew (1995) recognized that it would be possible for participants to rate two or more attachment patterns similarly using the Likert scale, therefore the forced choice paragraph was added to attain a clearer picture of the attachment pattern. This forced choice question was used as the attachment pattern if there were discrepant results. Results from both measures were compared to see if participants’ attachment patterns matched. After identifying the attachment patterns of the youth, questionnaires were separated based on “Securely Attached Youth” and “Insecurely Attached Youth” to explore differences between the groups. Two participants who had discrepant attachment patterns (one measure stated securely attached and the other stated insecurely attached) were not included in this part of the analysis. Independent sample t-tests were used to explore differences between the two groups. It was hypothesized that those youth who are securely attached would have experienced less placements while living in care and would have been at their current placement longer than insecurely attached peers. It was also hypothesized that securely attached youth would be more satisfied with their placements and be more satisfied with their relationships with staff compared to insecurely attached youth.

Section Two includes the analysis of the interview data. Interview data were analyzed using Thematic Content Analysis. Thematic Analysis involves a set of techniques used to identify, analyze and report themes within a set of data (Braun & Clark, 2006). Thematic Content Analysis allowed the researcher to objectively identify a list of salient themes based on the commonality and quantity of themes reported by participants. This descriptive presentation of qualitative data was used to highlight specific patterns in reported data and increase confidentiality surrounding participants’
personal opinions. Memoing was used while coding to help the researcher recognize and remove subjective biases, as well as help organize and conceptualize objective results.

Seventeen interview transcripts were coded. The first phase of coding involved the researcher familiarizing herself with the data. Reading and re-reading the data served as a good way to become fully immersed in the data and begin to generate initial ideas for codes. Initial codes were generated across the entire data set. These codes were recognized as preliminary codes and were modified as the analysis progressed. During the second phase of coding, codes that represented similar thoughts, ideas or feelings between three or more participants were placed within a code bank. The researcher chose to only include thoughts, ideas and feelings that were common between three or more participants to assure that no single voice of her participants could be recognized. Only these codes were used to re-evaluate the entire data set. This process was repeated one more time, removing codes that did not represent common reports or themes from three or more participants. In the third phase of coding, codes were collated into potential themes based on similarities. Each potential theme was re-examined to assure it best represented the codes that were clustered. Definitions and names for each theme were constantly refined until a clear definition of each theme was created. Themes were then presented based on their relation to one another to help organize the story of the relationships between staff members and adolescents in group home settings from the adolescents’ perspective. Differences and similarities between the perceptions of relationships between securely attached youth and insecurely attached youth were examined. It was hypothesized that youth who were securely attached would describe their relationships with nonparental caregivers more positively overall. Based on basic
principles of attachment, it was also hypothesized that those youth who were securely attached would be more likely to enjoy spending time with staff, feel more secure in their relationships with staff, communicate better with staff and trust staff more compared to those youth who were insecurely attached. Theoretical saturation was considered to be met when the repetition of themes became evident and no new codes were being identified. Software program MAXQDA 10, designed for analyzing qualitative data, was used to evaluate the collected interview data.

Research Ethics

In accordance to the University of Guelph’s research guidelines, research studies involving human participants must be approved by Research Ethics Board (REB) to ensure the rights and welfare of those involved are protected. Children and youth, especially those who are living in care, are deemed a vulnerable population. The REB, researcher and agency worked together to assure that the youth participating in the study were protected. Due to the high risk nature of the population, the process of receiving ethics approval from the University of Guelph was a difficult challenge. The following section will outline some of the challenges and questions that were raised surrounding the proposed study and discuss some of the reasoning behind the changes and decisions made.

One of the first concerns that the REB raised regarding the proposed study was surrounding the age of the participants. As inclusion criteria stated, participants needed to be between the ages of 13 and 18 during the time of the study. As minors, this population is deemed more high risk than those over the age of majority. It was suggested that using participants who were over the age 18 would be less of a risk. After thoroughly
considering increasing the age of participation to include those only over the age of 18 years, this researcher did not believe this would fully answer all questions regarding the relationships that youth have while living in group homes. Many youth in care “age out” of the system when they turn 18 and move out of their group homes to live independently. Putting this constraint on the sample would have limited the collected perspectives of relationships to retrospective accounts. Several studies have previously examined relationships that youth have with staff members in group home settings by using retrospective accounts from those who have aged out of care. For this study, it was important that youth were still living in care to examine the current state of their relationships with staff members. This could not be achieved by sampling those who were over the age of 18 and most likely living independently now.

To further support this argument, the researcher provided information to the REB about the recent review of the Child and Family Services Act. The Child and Family Services Act is a key piece of legislation that governs many of the province’s programs and services for children and youth. This legislation requires a review of the Act every five years, which helps to provide feedback on the evolving needs of children and youth, families, communities and service partners across Ontario. The 2010 review was completed on March 31, 2010. Section 1.5 of the review focuses on Stability, Consistency and Strong Relationships. Many youth being interviewed by the Ministry of Children and Youth Services suggested that the Ministry focus on the relationships that young people in care have. This could then give insight on how the Ministry could help them form consistent and lasting relationships throughout their time in care and as they transition out of care. It is important to understand these relationships as they are
occurring in the current system, not just retrospective accounts of past relationships. With this information, the researchers and REB agreed that it was important that the participants were currently living in a group home and thus be between the ages of 13 and 18 during the time of the study.

The researcher proposed to conduct interviews at the group homes of the participants. The reasons as to why interviews were suggested to take place in the participants’ homes are as follows:

a) Many of the participants in the study had limited “access time” restricting them from being out in the community for the duration of the interview. This access time is put into place by the agency to protect those youth who have behavioural, emotional and cognitive challenges from finding themselves in unsafe situations in the community.

b) Interviewing the participant in his or her group home kept the participant in his or her natural environment. This may have alleviated any anxieties about meeting in a public place.

c) The executive director of the agency and supervisors of each group home suggested that interviewing the participants at their home would be the best option as they felt more comfortable knowing where the youth they care for were and whom they were with (as any parent or caregiver would).

Due to this proposed interview location, the REB raised questions surrounding the confidentiality and privacy of those participating. If participants were to be interviewed in their own home, staff members working in the home would know who did or did not participate in the study. The REB was concerned that this knowledge may influence the
provision of care that the youth receive. The following information was provided to the REB to justify how the confidentiality of each participant could not be given due to the structure of a group home.

a) If the participants did have enough “access time” and were to meet the researcher in the community, they would still be required to tell staff members where they were going and whom they would be with (as this information is recorded in each youth’s daily log). This would not have dealt with the REB’s concern of keeping the participants’ involvement in the study confidential from staff members.

b) Setting up interviews with the participants would have identified their participation in the study as all incoming and outgoing phone calls into the group home are answered /dialed and supervised by staff members. This would not have dealt with the REB’s concern of keeping the participants’ involvement in the study confidential from staff members.

To further support these arguments, a letter from the executive director of the agency supporting the proposed study was given to the REB. This letter outlined how it would not be feasible to avoid staff knowing which youth participated in the study due to community access, scheduling, and the participants will to tell them of their participation. Having the full support from the agency that the researcher proposed to work with, strengthened the argument regarding the location of the interview.

If confidentiality could not be met, the REB was concerned how the researcher could assure that the provision of care that the youth receive would not change based on their participation or refusal of participation. This concern specifically had to do with
how the staff members in each group home would react to those youth participating in the study. To ease the anxieties that the staff members may have had, the researcher provided each house with an information letter outlining the study. This letter outlined the process and goal of the study. The staff members were given access to the questions being asked to each youth, as well as told that no identifying information would be included in the final report. It was believed that if the staff knew and understood the goal of the study they would feel more comfortable with the youth they care for to participate. The researcher also outlined to the REB that each staff member is mandated by the Family and Children’s Act to provide specific services and a specific level of care to the youth. If these needs were not met by a staff member on shift, the youth in the study had several other staff in the group home to approach for support until this matter could be fixed. The executive director and the supervisors of each group home agreed that it was highly unlikely that the staff would treat the youth differently based solely on their participation (or refusal of participation). Having this support from the agency regarding this issue also helped strengthened the argument.

Even though the identities of those who participated in the study could not be protected, the researcher worked to keep what each participant reported confidential in several ways.

a) Names of the participants and staff members were removed from the transcripts and results to avoid identifying those involved.

b) To provide further confidentiality, thematic content analysis was used to analyze results. Themes reported by three or more youth were only used to assure that no single voice would be identified.
c) The director of the agency worked with the researcher to assure no participants or staff members could be identified in the final thesis. Working closely with the REB to ensure the rights and welfare of those involved in the study were protected was an important part of this study. Including the professional insights from those working with Pioneer Youth Services helped strengthen the proposed study and including their perspectives during the application for ethics approval helped the process.

Chapter Three: Results

Sample Characteristics and Attachment Results

Seventeen youth participated in the study (Male n=9), from five houses within the agency (Table 3). The majority of participants entered into care between the ages of six and 12 years and were deemed Crown Wards by the Court. Two youth had been arrested and involved with the law prior to entering into care, while nine youth reported to have been arrested and involved with the law after entering into care. Even though the majority of youth have experienced more than eight placement changes during their time in care, 82% of the participants had been living in their current group home for more than one year.

Table 3

Sample Characteristics

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<th>Age (m, sd)</th>
<th>Gender (n, %)</th>
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</tr>
<tr>
<td>Between 6 and 12 yrs</td>
<td>9</td>
<td>52.9</td>
</tr>
<tr>
<td>Older than 12 yrs</td>
<td>4</td>
<td>23.5</td>
</tr>
<tr>
<td>Legal wardship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TCA</td>
<td>1</td>
<td>5.9</td>
</tr>
<tr>
<td>Society Ward</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Crown with access</td>
<td>15</td>
<td>88.2</td>
</tr>
<tr>
<td>Crown with no access</td>
<td>1</td>
<td>5.9</td>
</tr>
<tr>
<td>Number of placements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two or less</td>
<td>3</td>
<td>17.6</td>
</tr>
<tr>
<td>Three to five</td>
<td>2</td>
<td>11.8</td>
</tr>
<tr>
<td>Six to eight</td>
<td>4</td>
<td>23.5</td>
</tr>
<tr>
<td>more than eight</td>
<td>8</td>
<td>47.1</td>
</tr>
<tr>
<td>Length at current placement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three to six months</td>
<td>1</td>
<td>5.9</td>
</tr>
<tr>
<td>Six months to 1 year</td>
<td>2</td>
<td>11.8</td>
</tr>
<tr>
<td>More than one year</td>
<td>14</td>
<td>82.4</td>
</tr>
<tr>
<td>Conflict with the law prior to care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
<td>11.8</td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>88.2</td>
</tr>
</tbody>
</table>
Conflict with the law after in care

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>9</td>
<td>52.9</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>47.1</td>
</tr>
</tbody>
</table>

_TCA: Temporary Care Agreement_

On a 5-point Likert scale, youth reported a moderate amount of satisfaction with their current placement. Youth stated that it was somewhat important to have good relationships with the staff members working in their group home and reported a moderate amount of satisfaction with these relationships. (Table 4)

Table 4

_Placement and Relationship Ratings (m, sd)_

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Std. Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction with current placement</td>
<td>3.4</td>
<td>1.24</td>
</tr>
<tr>
<td>Satisfaction with relationships with staff</td>
<td>3.9</td>
<td>1.05</td>
</tr>
<tr>
<td>Importance of relationships with staff</td>
<td>3.8</td>
<td>1.33</td>
</tr>
</tbody>
</table>

According to the two-dimensional model of attachment all participants reported scores of 0 or above on the Self Model. These positive scores on the Self Model axis represent the degree of positive views that the participants held of their self while in relationships. Seven participants reported scores of 0 or above (ranging between 0 and 14) while ten participants reported scores of -1 and below (ranging between -2 and -13) on the Other Model. Positive scores on the Other Model axis represented the degree of
positive views that the participants held of others while in relationships. Negative scores on the Other Model axis represented the degree of negative views that the participants held of others while in relationships. The views that the participants held of themselves and others (positive or negative) can be used to help determine the degree to which they display characteristics and behaviours associated with Bowlby’s four attachment patterns in close relationships. According to these results, seven participants (41%) displayed characteristics and behaviours associated with a secure attachment pattern while ten participants (59%) displayed characteristics and behaviours associated with a dismissive attachment pattern. With the self-report rating system, seven participants rated the paragraph describing a typical secure attachment pattern the highest. When the participants were asked to choose the one pattern that best described him or her, five participants chose the pattern describing a typical secure attachment while six chose the pattern describing a typical fearful attachment. (Table 3)

Table 5

<table>
<thead>
<tr>
<th>Attachment Results by Measure (n, %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable</td>
</tr>
<tr>
<td>A-RQ (rated)</td>
</tr>
<tr>
<td>Secure</td>
</tr>
<tr>
<td>Fearful</td>
</tr>
<tr>
<td>Preoccupied</td>
</tr>
<tr>
<td>Dismissive</td>
</tr>
<tr>
<td>A-RQ (forced)</td>
</tr>
<tr>
<td>Secure</td>
</tr>
<tr>
<td>Fearful</td>
</tr>
</tbody>
</table>
The majority of participants’ results were similar between both measures when examining whether or not the participant displayed secure or insecure attachment tendencies. In the cases of discrepant results on the ARQ (between the forced choice of attachment pattern and the rated attachment pattern), the forced choice was used as the pattern most accurately describing the participant’s thoughts and behaviours regarding attachment because they personally chose what description best suited them. For example, if a participant rated the paragraph describing a preoccupied attachment the highest, but then chose the secure attachment pattern as most similar to them, they were classified as having a “secure” attachment pattern. Thirteen participants ranked and chose the same attachment pattern on both questions of the ARQ, while 4 participants had
discrepant results (with their forced choice being rated the 2\textsuperscript{nd} highest in the Likert scale ratings). When comparing results from both measures, ten participants had insecure attachment patterns on both measures, five participants had secure attachment patterns on both measures and two participants had discrepant results (with a secure pattern result on one measure and an insecure pattern result on the other).

**Youth Perceptions of Staff Members**

*Roles and Responsibilities of Staff Members*

The first objective of the study was to explore how the youth in the study perceived the staff members working in their group homes. The two most commonly reported job roles and responsibilities of staff members included providing resources (such as food, clothes) and helping youth with problems. (Table 4)

Table 6

*Reported Job Roles and Responsibilities of Staff Members (n, %)*

<table>
<thead>
<tr>
<th>Role</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide resources</td>
<td>9</td>
<td>52.9</td>
</tr>
<tr>
<td>Help with problems</td>
<td>9</td>
<td>52.9</td>
</tr>
<tr>
<td>Watch/Protect from injury</td>
<td>7</td>
<td>41.2</td>
</tr>
<tr>
<td>Teach youth</td>
<td>7</td>
<td>41.2</td>
</tr>
<tr>
<td>Care for the youth</td>
<td>6</td>
<td>35.3</td>
</tr>
<tr>
<td>Be a parental figure</td>
<td>6</td>
<td>35.3</td>
</tr>
</tbody>
</table>

**Youths’ Perceptions on Relationships**
The second objective of the study was to explore adolescents’ perceptions of their relationships with staff members. Two overarching themes were identified. The presentation of these themes include subthemes to help organize how youth in group homes perceive their relationships with staff members. The main theme of Relationship Barriers includes structural, interpersonal and individual barriers that youth reported to impede positive relationships with staff members working in their group homes. The main theme of Relationship Building includes personality traits of staff that youth most desire as well as activities that youth enjoy doing with staff members. This theme also includes the subtheme Relationship Processes of Attachment that integrates youths’ perceptions about proximity to nonparental caregiver, feelings of security, communication and trust. Advice from youth to new staff regarding ways to build positive relationships with youth is also included in this section.

Relationship Barriers

Structural barriers refer to difficulties inherent to the structure and organization of the institution that support the youth. These barriers are influenced by the structure of the institution and can have an effect on the formation and continuation of positive relationships with nonparental caregivers. The structural barriers that were most reported included moving into new placements, lack of one-to-one time to build relationships, and inconsistency within the staffing team.

With 70.6% of the participants having reported experiencing five or more placements since entering care, the process and experience of moving between and within agencies was discussed. In total, 10 participants spoke of challenges they had when moving into their current group home. Most difficulties revolved around feeling
uncomfortable, meeting new people and getting used to the new program. Those youth who reported struggles felt that more attention and forced interaction with staff and residents may have made this transition a bit easier. When one participant was asked what she would do if she was a staff member working at her group home and a new girl moved into the house, she reported “I would welcome her and show her around and introduce her to everyone. I would celebrate her coming. Like with a party. It would make her feel special and welcome” (301).

Eight participants reported that they would like to spend more time with staff members. Staff were seen as unavailable in times of need due to them being too busy, or having to “deal” with other residents. Of these eight participants, four participants noted that the amount of time and attention they had previously received from their one to one worker was missed. One youth spoke often of a close relationship that she had previously had with her one-to-one worker (who she no longer had for funding and behavioural reasons). She reported missing this relationship and now having to spend more time alone.

“Like maybe you don’t really like to go out for a walk in the winter by yourself, its cold and you are going somewhere to do something you don’t wanna go. It was nice to have someone to walk with. So I kinda just miss having [staff] there. So now I do spend most of the time doing things on my own. When I do get time with [staff] I do really enjoy it” (104).

Four participants also commented on the amount of paperwork/administrative tasks that staff complete while on shift. Paperwork was seen as a relationship barrier as it impeded the staff from socializing with the youth. One youth reported that he wanted to spend more time with staff members, but often had to go out alone. “If staff members are unable
to go then I have to go by myself. I’d rather the staff come, but half the time they can’t because they have paperwork” (101).

Six participants reported that there are often inconsistent rules between staff members. Participants were able to identify which staff “enforce rules” and which staff “let things slide”. Participants stated that inconsistency between staff members made them frustrated and/or anxious. For example, one youth reported that “It pisses me off when some staff enforce the rules and are stricter than others. It makes me wanna have an issue sometimes” (302). The inconsistency of rules and expectations can be a structural and organizational barrier that stems from a lack of team cohesion and communication. These inconsistencies within the team of staff can then influence the relationships that the youth form with the staff. When asked for words of advice for future staff members, one participant noted the importance of communication among a staffing team. “Communicate well with the other staff. Write down what the kids are and aren’t allowed to do so all the staff know the same stuff” (105).

Interpersonal Barriers refers to difficulties within the relationships youth have with nonparental caregivers that deter the formation and continuation of a positive relationship. The interpersonal barriers most often reported by youth included witnessing and feeling unequal treatment in their relationships with staff members (in which the youth reported to be at a disadvantage compared to other youth in the group home) and personality differences between staff and youth.

Eleven youth reported that they felt they were treated differently than other residents living in their group home. These youth spoke of “staff favourites” and feeling bad about themselves when being treated differently. Witnessing unequal treatment of
residents by staff members working in their group home put stress on the relationships that the youth have with staff members. For example, one youth became a bit upset reliving a past experience where favouritism was perceived.

“Like when we don’t go to school or come home sick even when we are sick we have to spend the whole night in our room. Like one time (resident) was sick and the staff brought him downstairs and hung out with him all night instead of him staying in his room. That really pissed me off. When I am on sick program I am stuck in my room all day” (401).

Nine youth spoke of staff members or “types” of staff members with whom they did not enjoy spending time. Some of these differences were often personality differences between the staff and the youth. These differences made it difficult for youth to build a positive relationship with specific staff members. Staff members that raised their voices or yelled were identified by five participants as staff members whom they do not get along with at their homes. One youth advised staff “Don’t yell at us. If you were trying to make yourself heard, you should just wait until it is quieter then you would be heard” (201). Other personality traits and qualities included being “too loud” and “too quiet” and staff who were “mean” and “didn’t care”.

*Individual barriers* refer to difficulties within the youth, their behaviours and/or mindsets that deter the formation and continuation of positive relationships with staff members. The individual barriers that were most often reported by the youth included issues coping with broken or damaged relationships, avoidance of building relationships and misinterpretation of jobs roles and responsibilities of staff.

Twelve participants reported that they had felt let down or lost trust in relationships due to nonparental caregivers breaking promises, lying to them or hurting
them at one point in their relationship. Six of these youth reported that they could rebuild this relationship through time, while six youth reported that this relationship could not be fixed. These six youth had quite rigid opinions of this relationship and could not generate ways to build this relationship into a positive relationship. Two of the six participants who reported having these stable opinions were able to attribute these negative feelings to gender or cultural differences between themselves and the staff in question. Two of the six participants who reported having these stable opinions were able to deduce these negative feelings to similarities in and reminders to past relationships with caregivers. For example, one youth compared some staff to the failed relationships he had with his father. “I would never like them. I gave them all a chance. Like I gave my dad a chance, he didn’t do shit and let me down. So I don’t care about him anymore” (401)

Eight youth reported that they missed a specific positive relationship with a staff member. The ending of this relationship brought on feelings of sadness, often leaving the youth feeling that relationships are impermanent. With the expectation that any positive relationship they form will eventually end, youth are perhaps more skeptical to put effort into building the relationship in the first place. One youth reported that he was so used to people leaving him, which could make him hesitant to build new relationships. “The one thing I’ve learned in foster care and group homes is that people don’t really stick around; you will always end up alone again” (501). This withdrawal from or avoidance of building relationships with staff was reported by five youth. These youth admitted that they would like to spend less time overall with staff members. The youth that reported avoiding staff reported spending a lot of time alone in their rooms or out in the community. One youth explained that the reason that youth in care may have a difficult
time forming relationships or be hesitant to form relationships with staff is due to their past relationships. “Sometimes the kids don’t want to or don’t seek the need to be close to the staff. Most of the kids living here have been hurt by people who are close to them, so I think they have just learned to like not get close” (105).

Five youth reported that staff only work in their group home because it was “just a job” that provided them with financial benefits. Those youth who reported that staff only came to work for the job often had a more difficult time engaging in positive relationships with said staff. One youth reported that “the bad staff are the ones who don’t listen, the ones who don’t care. They will just come into work to get paid and they don’t really care about us” (104). Another participant noted that “no resident wants to be known as a job” (103) which could hinder the relationship. She also advised staff that they should “be there for us and not just because you are done at 9 o’clock, like go in there and have fun with us”.

*Relationship Building*

Youth reported different types of staff they felt most close to and things they enjoyed doing during their time with staff. Youth were asked to give “words of advice” to new staff members entering the field of child welfare. This advice was used as a way to explore desirable traits that youth wanted in a staff member and how the youth believe staff should act in order to build positive relationships.

*Types of Staff Members*

All 17 participants reported that their favourite staff members were funny and/or made them laugh. This was the only unanimous result in any question in the study. Twelve youth reported the nonparental caregivers they felt closest to were nice or caring.
Some things they did to show they cared include: thinking about the youth when they were off shift, consoling them when they were sad, enforcing the rules, and having patience with them. The concept of “caring” was spoken of a lot by youth in the study.

One youth reported that a staff member cared about them due to her actions after her shift is done.

“She isn’t that type of staff that would go home at the end of the night and forget about everything and be like ‘oh just a day at work’. She will think about us and like go home and make us a birthday cake if someone’s birthday is coming up, and do stuff like that” (103).

Another youth, who had a particularly difficult time speaking of positive relationships with staff, noted that it was staff that were the strictest and enforced the rules that cared the most. “If they get us in trouble and follow the rules it means they care. If they make us follow the rules they care. Half the staff don’t care what we do, so they don’t even try and make us follow the rules” (501).

Nine participants reported that they felt closer to staff with which they shared common interests and enjoyed spending more time with the staff who they felt were most similar. One youth reported that she got along so well with her one-to-one worker because “personality wise we are a lot alike” (103). Several youth reported that some staff member may not actually share the same interests, but participate because they know it is something that the youth like. “They don’t really have similar interests to me... But they still talk to me about it and seem interested” (105) and “She doesn’t really like that stuff, but she does it cause I like it” (101).

Eight youth reported that they got along best with staff that were most consistent. Consistency in rules and treatment of youth was seen as a highly desirable trait for staff
members working in group homes. One youth described her favourite staff as follows.

“She is consistent with her rules, like she wouldn’t change it up every other day or whatever. She is fair to everyone. She would never be like ‘you can do this but you can’t’. She doesn’t really have favourites, although I think I am her favourite she doesn’t really show it” (103).

One youth had described several staff members who she got along with very well. When asked what was similar between this group of staff, she replied “They are all very consistent. That’s the one thing that’s really important to me. Like if I am going to do something, I need to know that every single one of those staff are going to react the same way” (104). This consistency in rules and treatment of youth brings feelings of stability and structure that youth in care often need. Even those youth who had difficulty following or respecting stricter rules reported that consistency was necessary. For example, one youth advised new staff to “not be as strict, but if [you] are going to be strict make sure [you] do it evenly with everyone in the house” (405).

Six female participants and two male participants stated they would prefer to have female staff on shift because they found it easier to talk to females or had more in common with females. Female participants reported that they felt most comfortable talking to females about “girl problems”, and that they would only speak to a male staff member about these issues if they felt comfortable with him. One youth reported that she felt most comfortable with females because “Well the girl staff are like girls and I am a girl so I dunno, it’s easier sometimes. The boy staff, they would be like umm, they would say like go to a girl staff if I asked them something they didn’t know or understand my problem” (301).
Five participants reported getting along best with staff who were “open” staff members. These staff members were often called more “real” and also engaged the youth into aspects of their lives.

“Like she doesn’t hide her like life from work. Like she does keep it separate but she doesn’t make it like seem like that’s a whole different world. Like if I was to ever ask her a question about something, she could relate to it without giving like all the details so you can still kinda feel close to her. It’s always uncomfortable when you come in and know that all these people know so much stuff about you but you know nothing about them” (202).

Lastly, four male participants stated that feeling respected by a staff member helps them build relationships with specific staff members. One youth reported that even though he understood all staff had different personalities, respect was an important quality to have. “Well you can’t really choose what staff comes to the door. Like some staff are a little bit more stubborn than others, but it’s still good as long as they treat everybody with respect. It doesn’t matter how grumpy they are as long as they treat you with respect” (203) Table 7.

Table 7

<table>
<thead>
<tr>
<th>Characteristics and qualities of staff desired by youth (n, %)</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funny/Makes me laugh</td>
<td>17</td>
<td>100%</td>
</tr>
<tr>
<td>Caring</td>
<td>12</td>
<td>71%</td>
</tr>
<tr>
<td>Common Interests</td>
<td>9</td>
<td>53%</td>
</tr>
<tr>
<td>Consistent/Fair</td>
<td>8</td>
<td>47%</td>
</tr>
<tr>
<td>Female</td>
<td>8</td>
<td>47%</td>
</tr>
<tr>
<td>Open</td>
<td>5</td>
<td>29%</td>
</tr>
</tbody>
</table>
Socializing with Staff Members

Youth reported a variety of activities that they enjoyed doing with staff members. Eight youth reported that when spending time with staff, they enjoyed doing something active such as going to the gym or playing outside. Being active and playing sports with staff was specifically important to the male residents who reported this was a good time to talk and open up with staff. Seven youth reported they enjoyed going out to eat with staff members and five youth reported that they liked shopping with staff members.

When discussing social time with staff, seven youth noted that they enjoyed alone time or “one-to-one” time with staff as opposed to group outings. It was the one-to-one time with staff that was emphasized as times the youth opened up the most to staff members and felt the most special.

Words of Advice

Several youth recognized the difficult nature of this job, and advised new staff about the downsides of the job and ways to make it easier. One youth reported that an effort should be put into the job to assure making better connections with youth, as she often felt staff only worked with her ‘at her worst’.

“Umm I dunno, it’s not an easy job. Umm I would say they have to put like effort in. They really have to try and spend time with the kids and get to know them at the right kinda level. Yeah, just really making the effort. A lot of times I don’t think staff make the effort, and so like the only time they really spend time talking with you is if there is a problem and they have to spend time to help you work out the problem” (104).
The most common advice given to new staff members was to be nice, to be fun and to spend time with the youth. “I would tell them to be funny and be themselves. Do fun things. And make sure you talk to the kids and be nice and friendly” (303) and “Just be nice to the kids. Umm work only if you want to work. Cause if you don’t want to be here you are just going to be rude to us” (403). As one eloquent youth stated, staff members should try to remain as open minded as possible with youth, and remain nonjudgmental in order to form positive relationships.

“I would tell them to like listen to what the residents have to say, and like don’t judge us. Like if one person is a thief, like don’t judge us. There may be a reason that that happened in our past that made us like that, like our pasts bring us to be who we are. Sometimes we have shitty pasts and it makes us do poor choices and poor things and stuff and like makes us not bad people but just do bad things sometimes. But sometimes it makes us stronger and we are like able to grow up more from our pasts and kinda look back and be like ‘why was I even doing that’. So you gotta just listen and not judge them. We are not that bad of people” (103).

Relational Processes and Attachment

Four relational processes related to attachment were examined in this study. Youths’ perspectives regarding proximity (time available and spent with staff), security, communication and trust with nonparental caregivers were explored. These relational processes were chosen as they each influence the building of positive relationships.

Proximity

The amount of time the youth spend (or want to spend) with nonparental caregivers can influence the relationships these youth form while living in group care. Ten youth spoke of the importance of time and the length of relationships that they had
with specific staff members. These youth reported that they felt closest to staff that: a) they saw the most frequently b) had worked at their group home the longest and c) and those they spent the most one-to-one time. For example, one youth reported that she preferred staff she knew (and that knew her) the best on shift.

“I have a closer relationship to the ones that work here the most. I just don’t like when a brand new staff comes in and I don’t know them and they don’t know me and sometimes they don’t understand the way I am, so they find that I am being rude or something when I am not. It’s just cause the other ones are more used to me and stuff” (202).

Those youth who emphasized time and length of relationships with staff reported that they often trusted these staff members the most and that they sought out those staff members they knew the longest when they wanted to talk and/or needed help with problems. When asked who she would go to if she had a problem with something, one participant reported “I would pick (staff) because I have more experience with them, like maybe I knew them longer and talked to them more” (301). Eight youth reported that they would like to spend more time with staff members overall. One youth reported that the more time she spent with the staff, the more support she would receive, “Cause then I have more time to talk to them and tell them what I need. I could tell them things I need to get done and they could help me more” (301).

Twelve participants reported they enjoyed having multiple staff members working at their group home and enjoyed having several staff members on shift at all times. Youth enjoyed having more staff on shift for numerous reasons. Some of these reasons included: a) there was always someone to do something with or take them out b) there was always someone to talk to (and the selection of whom to talk to) if a problem arose c) there was
always someone around to give attention/affection if desired and d) there were more
people to ‘control’ and bring structure to their house. One youth reported that

“it’s good that there is a lot of staff in a way, because if
there is a problem, like if I have a problem with another
staff, then I know that there is like two or three other
people I can go talk to. So at least I can like have an option
of who I can go talk to, not like in a foster home. So I can
pick who I get to talk to about things” (104).

Another participant noted that she enjoyed having multiple staff on shift because there
are more people to give her attention. “It’s fun because I get more hugs! When you
exhaust the supply of hugs in one staff, you can just move on to the next! Some of their
supplies are like only one hug. So the more staff the more hugs. I like hugs.” (105). Even
some of the more reclusive youth of the study, who did not often speak of going to staff
for emotional support, reported they enjoyed multiple staff members on shift to watch
after or protect them. “There is people here all the time to protect me and keep me safe”
(404).

Youth also reported that they enjoyed having multiple caregivers on the staffing
team at their group home in general. The main reasons youth stated they enjoyed having
so many caregivers was that they were able to meet new people and learn new things
from a wider variety of people. “If one of the staff is sick then a new person comes in and
we would get to know them. It’s exciting when you get to see a new person. I learn a lot
from them. It’s fun meeting new people” (203).

Security

Feelings of security in one’s environment and relationships are important when
developing positive relationships. Youth spoke of both physical and emotional
security/safety when discussing their placements and their relationships with staff
members. Feeling physically safe is defined as having an environment that is free of threats to one’s physical wellbeing. Five participants reported that they felt physically safe all the time, and seven participants reported that they felt safe some of the time. When exploring reasons when they did not feel safe, all seven participants stated that they felt unsafe when other residents were having “issues”, as they were afraid they would either be hurt or their belongings would be damaged by the resident having the “issue”. One participant noted:

“Me, myself I am safe. I just don’t trust my stuff because umm I have had one of the residents who lived here take things from my room which was a disappointment because like all I have here is my stuff so it’s kind of hard to trust that my stuff is safe in here. But the fact that we do have buzzers and that a lot of our stuff is tagged with our name it’s a lot easier but for me, if I feel unsafe, no, definitely not” (202).

Seven participants spoke of physical restraints that are used to prevent injury to residents and staff at their group home, with only three youth reporting they had personally been involved in a restraint. All three had mixed views as to whether or not they were helpful in those situations. One youth reported that she felt unsafe because of her own behaviours. She also recognized that during these times when she was being “unsafe” she needed to be put into a restraint and then could work out the issue after with staff.

“I usually feel very upset and sometimes unsafe. I feel very mad at myself. Staff try to talk to me after but I get really more angry and upset so I push them away and run away. It’s easier to talk about it later and I feel better when we talk then. We would talk about my feelings and how I felt during that time” (303).
Three participants spoke of feeling unsafe in their group home at one time or another due to staff. These situations were all different and infrequent; thereby do not best represent the experience of youth living in group care.

Emotional security is being defined as the feeling of safety to one’s personal wellbeing and knowing that there are available resources if needed. Eleven youth reported that staff members were there to emotionally help them when they were in need. One participant reported she felt safe because she knew there were people around to help her. “They told me that they were all around and they could be anywhere where I need help whenever I needed it” (301). Seven of these youth spoke of staff being there to comfort, talk and give them affection when they were upset. One participant reported that she often went to staff if she needed them to help her feel better. “Like there are some staff that if I wanna like have a good cry I will just go over and cling to them” (105). Nine youth stated that staff provided them with resources to live on a day to day basis. Having people to provide them with day to day needs such as food, medication and clothing would help youth feel more safe living in their group home. Seven participants noted that the staff were “watchers or protectors” assuring that the youth were safe from hurting themselves or being hurt by others. One youth reported that staff were there “to protect us so that we don’t hurt ourselves or hurt other people and umm to make sure that other people don’t hurt us” (402).

*Communication*

Being able to effectively communicate with others is necessary to build and manage relationships. Nine youth reported that they enjoyed talking to staff about the majority of things going on in their lives. These youth reported that they were
comfortable talking about their day, their feelings, their interests and their problems with staff members. The majority of female participants (88%) fell into this group of ‘strong communication’ with staff, while only two of nine male participants reported they spoke to (and enjoyed speaking to) staff on a regular basis. One participant reported that one of her favourite things to do with staff was to sit and talk. “I like talking to them about my feelings, if I am sad and need to talk to someone I was always go to them and say ‘hey can I talk to you in private’ and they are like ‘sure’” (302). Four youth (three male) reported that they talked to staff “sometimes”. These youth reported that conversations with staff mostly revolved around basic needs (clothing, allowances, home visits with family etc) and interests (video games, movies, extracurricular activities etc). These youth reported that they did not often speak to staff about their feelings or problems. Lastly, four youth (all male) reported that they only spoke to staff minimally. They stated that their conversations revolved around scheduling home visits to see their family or things that they needed (clothing, allowance etc).

Eleven youth spoke of one or two specific staff members with whom they felt most comfortable approaching to talk. One participant reported that she felt comfortable enough to talk to her one-to-one worker about anything. “I can sit down and talk to her about anything. It doesn’t matter what it is” (104). Another who reported to be a little more hesitant to open up with staff, noted that there was only one staff with which he felt comfortable opening up and it was because she always initiated the conversation. “She just tries to talk to me about everything and doesn’t just ignore me” (401). These staff members were described as easier to talk to and better listeners. Seven youth spoke of the importance of “being listened to” or being “paid attention to” when discussing their lives,
and could tell which staff members listened to them, and which did not (which influenced who they would seek out to talk to). One youth knew which staff would listen to her problems and help her solve them by the way they reacted when she approached them to talk.

“Umm some of them they, like I would come to them and say I have a problem, and they would say like ‘ohh yeah, I will deal with it later’ some of them do that. But some of them who have been here longer would be like ohh lets deal with it right away so we could get it over with instead of waiting to help me with my problems” (301).

Even though the majority of participants (53%) did speak of strong communication patterns with staff, six youth in the study noted that they would prefer to talk to their family, friends or therapists before staff members and three participants reported that they prefer to deal with all of their problems alone.

**Trust**

Trust is defined by the degree of positive thoughts one holds towards another and whether or not the other can be relied on in times of need (Collins & Repinsky, 1994). When asked what the word trust in her relationship with staff means, one youth reported “Well trust means that they are going to take care of me, they are going to help me if I have a problem, they are going to support me” (302). Seven participants reported that they trusted “most or all” staff members, seven participants reported that they trusted “some” staff members, and three participants reported that they trusted “none” of the staff members. One youth who admitted to having difficulty trusting others before coming into care, was able to build trust in people through her relationships with staff members based on continual responsiveness and acceptance. She explained
“I do have trouble trusting some people but when it comes to the staff I feel that trust is more…they won’t turn around and just judge you for like one mistake. I have made previous mistakes living here but they didn’t up and judge me and like shut me out. They still have these relationships with me. I am not afraid that if I mess up I won’t have anybody” (202).

One youth reported that his trust issues are not just with staff, but everyone in his life. “Actually, to tell the truth I don’t really trust any of them. I don’t trust anyone. (Why?) I dunno. Everyone lies to me” (405). Seven youth stated that they trusted those whom they have had the longest relationship with or see most frequently. “I trust them because they are like there to listen, and they have always been there to listen” (105) and “I have known them longer. The longer I have known them the longer I can trust them” (203). Several youth also spoke of the importance of staff trusting them in their relationships, which then encouraged the growth of mutual trust. “I think there should be trust both ways with somebody in a relationships I feel like I can trust them a lot more because they do trust me…how can you like trust them or rely on them when they don’t do the same” (202). Three youth stated that they trusted specific people more based on their personalities (as they were easier to connect with).

Securely Attached vs. Insecurely Attached Youth

The last objective of the study was to explore differences between those youth who reported to be securely attached (n=5), and those who reported to be insecurely attached (n=10). An independent sample t-test was used to explore these differences. There were no significant differences in demographic variables between both groups. Youth who were insecurely attached did not experience more placements than their securely attached youth, nor were they at their current placements a shorter amount of
time as hypothesized. Refer to table 8 for sample characteristics by attachment pattern. As hypothesized, a significant difference in satisfaction with current placement was found, with securely attached youth (SAY) reporting they were more satisfied with their current placement (M= 4.3, SD=.45) compared to insecurely attached youth (IAY) (M= 2.9, SD=1.37; t (12.02) = 2.93, p=.013). As hypothesized, a significant difference in satisfaction with relationships with staff was found, with SAY reporting they were more satisfied with their relationships with staff members (M= 4.6, SD= .55) compared to IAY (M= 3.4, SD= 1.07; t (13) = 2.14, p=.04). As hypothesized, a significant difference between the perceived importance of relationships with staff members was also found, with SAY reporting that these relationships were more important (M=5.0, SD= 0.0) than IAY (M=3.0. SD= 1.15, t (9) = 5.48, p<.01).

Table 8

Sample Characteristics by Attachment Pattern

<table>
<thead>
<tr>
<th>Demographic Variable</th>
<th>Attachment</th>
<th>n</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Secure</td>
<td>5</td>
<td>15</td>
<td>1.41</td>
</tr>
<tr>
<td></td>
<td>Insecure</td>
<td>10</td>
<td>15.9</td>
<td>1.37</td>
</tr>
<tr>
<td>Age entered into care</td>
<td>Secure</td>
<td>5</td>
<td>2.8</td>
<td>.84</td>
</tr>
<tr>
<td></td>
<td>Insecure</td>
<td>10</td>
<td>3.2</td>
<td>.65</td>
</tr>
<tr>
<td>Legal Wardship</td>
<td>Secure</td>
<td>5</td>
<td>2.6</td>
<td>.89</td>
</tr>
<tr>
<td></td>
<td>Insecure</td>
<td>10</td>
<td>3.1</td>
<td>.32</td>
</tr>
<tr>
<td>Involvement in law prior to care</td>
<td>Secure</td>
<td>5</td>
<td>1.2</td>
<td>.45</td>
</tr>
<tr>
<td></td>
<td>Insecure</td>
<td>10</td>
<td>1.0</td>
<td>.00</td>
</tr>
<tr>
<td>Involvement in law after entering care</td>
<td>Secure</td>
<td>5</td>
<td>1.2</td>
<td>.45</td>
</tr>
</tbody>
</table>
Transcripts were separated based on secure or insecure attachment tendencies. This allowed the researcher to explore differences and similarities of the relationships those securely attached youth perceived to have with staff members compared to insecurely attached youth. As hypothesized, those youth who were categorized as displaying a secure attachment reported they enjoyed spending more or enough time with staff members, they felt safe most or all of the time, they enjoyed speaking to staff members about all aspects of their lives and they trusted all staff members. These youth also spoke more highly of the job roles and responsibilities of staff members compared to insecurely attached youth by reporting that staff help them with more problems and are perceived to be in a parental role. In insecurely attached youth,
missed past relationships, that they avoided making specific relationships and that their negative opinions about staff members were difficult or impossible to change. The youth who reported that they wanted to spend less time with staff, that they did not enjoy speaking with staff about their lives and that they did not trust staff were all insecurely attached. (Table 9)

Table 9

*Examples of reported differences between securely and insecurely attached youth*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Securely Attached</th>
<th>Insecurely Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship Roles</td>
<td>80% report staff help them with problems</td>
<td>40% report staff help them with problems</td>
</tr>
<tr>
<td></td>
<td>60% report staff in parental roles</td>
<td>20% report staff in parental roles</td>
</tr>
<tr>
<td>Relationship Barriers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>20% spoke of missing past relationships</td>
<td>60% spoke of missing past relationships</td>
</tr>
<tr>
<td></td>
<td>50% spoke of avoiding specific relationships</td>
<td>50% spoke of avoiding specific relationships</td>
</tr>
<tr>
<td></td>
<td>50% spoke of stable opinions</td>
<td></td>
</tr>
<tr>
<td>Relational Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proximity</td>
<td>100% report enjoying multiple staff members.</td>
<td>50% report they enjoying multiple staff members.</td>
</tr>
<tr>
<td></td>
<td>100% report they want to spend more or spend enough time with staff.</td>
<td>40% report they want to spend more or enough time with staff.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40% report they want to spend less or no time with staff.</td>
</tr>
<tr>
<td>Security</td>
<td>100% report feeling safe all or most the time</td>
<td>60% report feeling safe all or most of the time</td>
</tr>
<tr>
<td>Communication</td>
<td>100% report to be strong communicators with staff</td>
<td>30% report to be strong communicators with staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30% report to be moderate communicators with staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40% report to be low</td>
</tr>
</tbody>
</table>
Youth who are securely attached and insecurely attached both reported similar barriers in their relationships with staff. Both groups agreed that moving, inconsistency in staffing teams, perception of unequal treatment/favouritism and issues in past relationships made it difficult to form positive long-term relationships. Securely and insecurely attached youth also agreed that staff who are funny are the easiest to get along with and are often their “favourite” staff. (Table 10)

Table 10

| Examples of reported similarities between securely and insecurely attached youth |
|---------------------------------|---------------------------------|---------------------------------|
| Theme                           | Securely Attached               | Insecurely Attached             |
| Relationship Barriers           |                                 |                                 |
| Structural                      | 60% reported problems moving    | 60% reported problems moving    |
|                                 | 40% reported inconsistency in   | 40% reported inconsistency in   |
|                                 | staffing team                   | staffing team                   |
| Interpersonal                   | 60% reported unequal treatment/favouritism | 60% reported unequal treatment/favouritism |
| Individual                      | 80% reported feeling let down or lost trust with staff | 70% reported feeling let down or lost trust with staff |
| Relationship Building           | 100% report best getting along with funny staff | 100% report best getting along with funny staff |

Youth who trust most or all staff

<table>
<thead>
<tr>
<th>Communicators with staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust</td>
</tr>
<tr>
<td>100% report to trust most or all staff</td>
</tr>
<tr>
<td>60% report to trust some staff</td>
</tr>
</tbody>
</table>

Youth who are securely attached and insecurely attached both reported similar barriers in their relationships with staff. Both groups agreed that moving, inconsistency in staffing teams, perception of unequal treatment/favouritism and issues in past relationships made it difficult to form positive long-term relationships. Securely and insecurely attached youth also agreed that staff who are funny are the easiest to get along with and are often their “favourite” staff. (Table 10)

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| Relationship Building           | 100% report best getting along with funny staff | 100% report best getting along with funny staff |
Chapter Four: Discussion

In this exploration of adolescents’ perceptions of their relationships with nonparental caregivers in group homes, the following results are noted. Youth in the study reported having positive relationships with staff members working in their group home. Youth reported that they got along best with staff members who made them laugh and shared similar interests. Staff who had these characteristics, as well as a caring/nurturing disposition and are consistent with their rules and expectations of all youth are reported to be those staff that youth have the strongest relationships. As noted by the youth, their positive relationships have been developed through continual interactions, open communication and trust. This population has often been overlooked in past research in Child Welfare. By interviewing 17 youth currently living in group homes in Southern Ontario, this study makes important contributions into the experiences of those in group care, and advancing the understanding of relational experiences with nonparental caregivers. The following discussion will focus on this population, their views about staff members working in their group homes and the relationships that the youth have with nonparental caregivers. Differences and similarities between youth based on attachment patterns will be discussed and conclusions about the processes of building, maintaining and ending relationships with nonparental caregivers will be made.

For ethical reasons, participants needed to be over the age of thirteen to participate in this study, which did not constrain the recruitment procedure as 81% of youth living in group homes in Ontario are over the age of 13 (Ontario Associations of Children’s Aid Societies, 2009). Even though males usually outnumber females living in
group homes by three to one, this study included an almost equal ratio of males to females. Youth were not directly asked the reason why they entered into care to prevent an upsetting conversation. No matter what the reasons as to why the youth entered care were, all youth in the study experienced a separation from primary caregivers.

Researchers in the field of resilience have noted that the most significant threats to development are those that challenge basic protective systems, such as the attachment system (Eagle, 1994). With the attachment system being most heavily influenced by the relationship with primary caregivers, it is understandable how those who have experienced separation from primary caregivers (and some who have possibly experienced neglect and/or abuse) may have a more difficult time forming and managing positive relationships with nonparental caregivers. Even with this influence from past relationships, the majority of youth reported to be moderately satisfied with their current placement and with the current relationships they have with staff members working at their group homes. These findings are promising as they suggest that the youth are satisfied in their living arrangements, yet there is still room for improvement within the current system.

According to Bowlby’s concept of internal working models, experiences in past relationships influence present relationships. Expectations about themselves and other people (developed in past relationships) may influence the way the youth view and make relationships. Past studies have indicated that approximately 95% of youth living in care are insecurely attached. The results of this study showed 12 of the 17 participants (71%) have insecure attachment tendencies and patterns. This researcher would like to note that this study was exploratory in nature and was not clinically based. The attachment
measures used for this study were chosen to obtain a glimpse into the attachment patterns of these youth, and should not be used as a clinical diagnosis. As expected, however, the majority of youth living in group homes displayed behaviours and thoughts more similar to those that outline insecure attachment pattern. The two-dimensional model of attachment (Bartholomew, 1990) helped differentiate the youths’ general expectations about the worthiness of the self and the availability of others in close relationships.

The self model represents the degree to which an individual has internalized views about him or herself in relationship, and the degree of feeling self-worth in a relationship. All participants scored positive results on the self model, thereby suggesting that the youth in the study have internalized views that they are worthy to receive attention and support from others. Self identity and self-esteem are vulnerable when an individual is internalizing the negative views and stigmatization that is often associated with living in care, thus often lowering one’s personal opinions of self-worth. The stigmatization often felt by youth living in care (which lowers feelings of self-worth), can be influenced by social isolation. This feeling of social isolation and ‘being different’ or ‘not worthy’ of relationships can infiltrate one’s opinions about the self in relationships. Even though identity was not explored in this study, it is important to note that all youth in the current study did report that they felt worthy of attention and support from others in relationships. Perhaps the youth in the study, who all live within one agency (and the majority go to the same school), may not be feeling ostracized by peers and the experience of growing up in care has been normalized. This finding is important as it suggests the barriers in the relationships of the youth in the study may stem from insecure feelings of others in relationships, not themselves.
The other model represents the degree to which an individual expects others to be supportive and available to the individual in the relationship. This dimension influences the degree to which an individual seeks or avoids relationships with others. With the expectation to not be available or supportive (due to past relational experiences), some individuals will be more hesitant to think positively of others in relationships and may refrain from attempting to build relationships in general. Ten youth in the study reported negative scores on this dimension, suggesting they held less positive views about others in relationships. These youth may have internalized past experiences with caregivers and may now be more hesitant to engage in relationships with others. This finding coincides with the finding that twelve of the youth reported to have been let down by past caregivers in relationships, and the five youth who reported to completely avoid relationships with others. Seven participants in the study reported positive scores on the other dimension, suggesting they hold more positive views about others in relationships. These youth viewed other people as a reliable source of support when needed and are more likely to engage in relationships with others. This finding coincides with the finding that eight youth want to spend more time with staff and enjoy their time with staff members. Transferring these results to Bowlby’s four prototypical attachment patterns, the seven youth who reported to have positive views of the self and of others are displaying tendencies most similar to a “secure” attachment and the ten youth who reported to have positive views of the self and negative views of others are displaying tendencies most similar to a “dismissive” attachment.

The first objective of the study was to first explore how adolescents living in group homes view the roles and responsibilities of staff that work in their group home. It
was important to understand what the youth in the study thought the roles of staff were in their group home, as this perception could influence the expectations that the youth had about their relationships with the staff members. For example, the majority of participants (52.9%) reported that the job of a staff member included providing necessary resources (food, medication etc.) and to help them when they had problems (52.9%). Both of these roles and expectations provide the youth with a sense of security (physical and emotional). Because of this expectation (and the follow through from staff members), the majority of youth reported to feel safe most/all of the time or some of the time in their group homes. Typically, participants highlighted job descriptions of staff members that catered to more emotional needs. As a person who is expected to provide resources, help with problems, protect from injury, teach and care for them, some youth have many expectations for their nonparental caregivers. With more expectations from the staff to cater to both physical and emotional needs, the youth may be more likely to seek staff members for this type of support more often. If a staff member meets these expectations, the youth will most likely continue to approach him or her to fill these needs.

Pioneer Youth Services supports many youth with intellectual, emotional and behavioural adversities. The adversities that the youth face may have influenced their cognitive abilities to accurately assess and understand the roles and responsibilities of the staff members working in their group homes. With such a wide range of roles and responsibilities, (some very similar to the tasks normally fulfilled by primary caregivers), it is understandable how some youth in the study often compared staff to a parent. Even though adolescents’ perceptions of staff being “surrogate parents” (Kahan, 1994) was not explored in this study, one-third of youth in the current study spoke of staff as being
parental figures during the interview. With the expectation that the staff members are providing the same type of care that a parental figure would provide, some youth in the current study have quite high expectations and place quite a bit of importance on these relationships. One of the main findings in the Child Advocate Report was that an overwhelming amount of youth living in care reported the importance of having a family-like environment (Finlay, 2008). Even though the majority of these youth were living in foster care, this type of support can be given in residential settings as well. Researchers in the field of child welfare have often debated whether or not the roles of a professional caregivers can be (or should be) equated to those roles associated with being a parent (Barnes, 1996, Manso et al., 2008). Recent research, however, has been supporting the idea that the standard of care for professional caregivers ought to be similar to the care they would give to their own children. By experiencing this family-like environment, children who grow up in care, specifically those in institution like settings may still develop important skills that may not have been developed in the primary home. When reared in a family-like environment, a child may learn how to function as part of a micro-society. The child will learn behavioural norms and develop skills that pertain to that society, as well as be taught specific roles and expectations of individuals within that society. Communication skills, emotion regulation and conflict resolution skills are often mirrored and learned within a family unit. For those youth who have grown up in care, the primary family unit may have experienced a significant amount of trauma and stress. This may have influenced how the child has been socialized to function in a family unit in the present and possibly in the future. Children growing up in deleterious environments may learn and mirror specific behaviours that are not conducive to forming
positive relationships. For example, being raised in a hostile environment of yelling and physical aggression may become a learned reaction to frustration and anger within the home/relationships in the future. Even though youth in group homes have often experienced one or more typical foster home placements prior to entering a group home, these short-term experiences may not be enough to teach the youth how to successfully function in a family unit. Without learning the skills required to be in a successful goal-corrected partnership, the youth’s ability to function in a family unit in the future (perhaps as a husband/wife or parent) is questionable. The mental representations of these roles are often learned from mirroring one’s parents and/or family members. More research should continue to explore how the expectation for staff to be “surrogate parents” can help (or maybe hinder) the relationships youth form with nonparental caregivers as well as how the expectations that staff act as surrogate caregivers for the youth can translate into a positive family-like experience.

Similarly to having expectations that are too high in their relationships with nonparental caregivers, if a youth has low/no expectations regarding emotional support as part of the job requirements of a staff member, he or she may be less likely to seek out staff for support. With this in mind, it is not surprising that the four youth who reported the job of a staff member is only to cook, clean and do laundry were categorized as “insecurely attached youth”. These youth did not report that they sought emotional support from staff members, which coincided with the job expectations they had for the staff. These four youth spoke of being more distant to staff than peers, and reported to spend the most time alone (by choice). These youth also rated their satisfaction with their
relationships with staff members and the importance of a good relationship with staff members significantly lower than their peers.

The second objective of this study was to better understand how adolescents living in group homes view the relationships that they have with staff members who work in their home. The main theme of relationship barriers was developed to help describe some of the challenges youth discussed in their present relationships. Previous researchers in the field have identified and spoken of structural barriers that impeded the formation of long-term positive relationships of youth living in care. These barriers were also reported by youth in the current study. Placement instability was found to affect relationships that youth have with staff member in their group homes. The majority of youth (70.6%) reported moving more than six times during their time in care (with some youth reporting up 14 movements). This statistic is higher than the average of four placements that youth in care experience (Ryan et al. 2008) and may be attributed to the fact that all participants in this study are living in group homes (compared to those in the foster care system). Past studies have found that four variables have been consistently linked to a higher number of placement changes: higher levels of emotional or behavioural problems, older age, extended stay in care and placement type (with youth living in group care experiencing more movement) (Aarons et al., 2010). The lives of the majority of the youth in the current study have been comprised of these four variables and are therefore at a high risk of placement instability. Not only do those children who have higher levels of emotional and behavioural problems experience more frequent placements, but the frequency of placement changes is also associated with subsequent behavioural problems (Aarons et al., 2010). Therefore youth in group care who may be
experiencing more problems in their current placements due to emotional, behavioural and developmental needs are at more risk of placement change- which then may continue to propagate the development of more behavioural and developmental needs. Fourteen of the youth in the study had been living at their current group home for more than one year. The stability that these youth have experienced in Pioneer Youth Services may have influenced the positive relationships that these youth perceive to have with staff. The importance of length of relationship and stability can be seen through the descriptions of the youth’s positive relationships with staff, and consistently defining them by time with and proximity to staff members.

The strength of the relationships with staff members were often defined by time, but it is important to recognize that this time spent together is often short-lived. In 2008, Manso and colleagues examined youth’s perceived relationships with counsellors in a wilderness therapeutic residential program in western Pennsylvania, where several youth also reported the challenges associated with staff turnover and the abrupt ending of a positive relationship. It is important to note that even though these positive relationships are being formed and are meaningful to the youth, the ending of these specific relationships can have a negative impact. Youth in the current study continuously spoke of forming good relationships, then watching them deteriorate due to uncontrollable events. One youth spoke very highly of a specific staff member who she connected well with on one particular one-to-one outing. It was not too long after this that the relationship ended, bringing on feelings of sadness. Even though this original outing that connected the youth to the staff was over well over a year ago, the youth still spoke of this relationship as one of the most prominent she had had with a staff member.
Situations such as these are bound to occur in the field of Child Welfare and cannot always be avoided. Staff turnover occurs frequently and all youth will eventually age out of care, often ending relationships. However, the importance of these relationships lies within their abilities to promote positive change while still intact. One youth recognized the impact that her relationships with staff members had on her behaviours and mindsets while living in her current group home. “Like when I first came here I felt like they were hard on me and that they didn’t like me. But now that I can see myself changing I know that if it wasn’t for them I would just be out doing the same thing. I am so thankful” (202). Not only can this positive relationship be used to promote positive change in the youths’ behaviours and attachment patterns (Zegers et al, 2006; Manso et al., 2008), it is necessary to help youth prepare for independence.

Leaving care or “aging out of the system” usually occurs between the ages of 18 to 21 years of age depending on the developmental needs of the youth. At this time, it is hoped that the youth have developed the necessary skills to live independently. Preparing for independence and leaving care is often an anxiety ridden time for youth as it signifies the entrance into adulthood, a significant decrease in support and care from caregivers. As it is no longer “the job” of a staff member to help support and care for the youth, many relationships are terminated and an increase in responsibility is placed on the youth. This study did not specifically explore youth’s perceptions about leaving care, yet several youth spoke of their futures and how current staff members are helping them prepare for this. For example, one youth reported that staff work to help make sure she would be able to rent her own apartment one day, while another youth reported that staff teach her life skills like shopping for food, cooking and how to manage money. In 2007,
Munson and McMillen found that older youth transitioning out of residential settings were more likely to list an adult mentor they met through a formal system of care (foster home, group home, residential program etc.) as their strongest relationships compared to mentors found in informal settings (family, friends, community members). When examining adolescents’ perceptions of their readiness to leave care, the amount of perceived social support was significantly correlated to readiness to leave (Benbenishty, & Schiff, 2009). If the positive relationship with a nonparental caregiver can be used as a crucial support system preparing youth to exit care, perhaps more stable placements towards the end of their time in care can better prepare older adolescents for the looming independent lives they are soon expected to live.

Even though relationship barriers were reported by all youth in the study, many positive relationships were still able to grow. Youth spoke of current relationships with staff that they deemed “positive” and important to them. When describing staff, the youth in the current study reported several similar qualities and characteristics desired in nonparental caregivers as the youth in the wilderness program noted (Manso et al, 2008). Having a caring and nurturing disposition and being consistent was outlined by youth in both studies as important behaviours to display to youth when building positive relationships. Youth in both studies also noted that they got along best with those nonparental caregivers who were funny and who had similar interests. When examining specific positive relationships, youth in the current study emphasized the importance of the length of the specific relationship and the amount of interactions that have occurred during this time. According to Bowlby’s Attachment Theory, the attachment relationship between an infant and caregiver is often developed and dependent on the proximity to the
caregiver. It is through these continual interactions that an infant is able to develop specific expectations of his or her caregiver and becomes more dependent on the caregiver (Bowlby, 1969). The relational process of proximity that was explored in this study found that not only was this proximity to staff members important to the formation of positive relationships, but also that the most positive relationships were defined by time spent together. The expectations developed through this proximity to the staff members working in their group home also influenced feelings of security, trust and communication within these relationships. The majority of youth in the study reported to feel safe and secure in their group homes (physically and emotionally) either most or some of the time. Reasons as to why they felt safe were often attributed to the physical presence of staff being there to protect them if needed and the knowledge that staff were there for emotional support if needed. This secure base for emotional support during times of stress is an important aspect of a positive relationship. Youth also reported that they could communicate best with or trust those staff that they interacted with the most. It is through the relational process of proximity that the importance of placement and relationship stability is seen.

The last objective in the study was to explore the similarities and differences between the relationships that those youth who were securely attached perceived to have with staff members compared to those youth who were insecurely attached. While exploring what the participants within each group had to say about their relationships with nonparental caregivers, several differences between the two groups were noted. These differences were expected by the researcher as both groups of youth (secure and insecure) will have different expectations of social relationships and their relationships
with staff in general. As noted, those youth who were more securely attached spoke often of positive relationships with staff members. These youth reported to communicate with staff more often, trust staff more and want to spend time with staff compared to those youth who were insecurely attached. Those youth who were more securely attached also spoke of other positive relationships within their lives. Four of the five securely attached youth spoke of going to other family members and friends for emotional support (as well as going to staff). The schematic nature of working models has most likely influenced these securely attached youth and their desire to seek support from other people in their lives. Those youth who have developed secure attachment patterns have more positive view of “others” in relationships. Other people are seen as reliable and available in times of need because in the past, other people have been there when support was sought.

Seeing as the youth in the current study reported to struggle more with negative views of the “other” in relationships, it is these perceptions that should be focused on when trying to foster better mental representations of relationships and secure attachments.

There has been evidence to support the notion of a strong continuity between infant, adolescent and adulthood attachment patterns, but this is not always the case. The concept of earned security was developed to describe those individuals who have overcome negative childhood experiences and poor attachments to caregivers. Despite having a previous insecure attachment, these individuals have been able to restructure internal working models of relationships and are able to form and manage positive relationships with others. Restructuring previously poor internal working models can occur through a positive relationship with another person, whether this is a mentor, romantic partner, friend, or therapist. For example, Bowlby (1998) describes the
formation of a strong therapist-client relationship similar to a parent-child relationship as both these relationships are built on similar attachment characteristics. The client will seek the therapist when needing help to resolve distress; similar to the goal of receiving support from a parent. The client will experience some degree of distress when needing support from the therapist and the therapist is not available; similar to separation distress that a child feels when a parent is unavailable. The client will use the therapist as a secure base to explore inner and outer parts of his or her life; similar to how a child uses a parent as a secure base to explore the world. With continual responsiveness and sensitivity to the client, a therapist is able to develop the feelings of security and trust needed to openly communicate and can engage in a positive attachment relationship with a client to help build an earned security. Similarly, child and youth workers working with children and youth who are living in care could become the attachment figure needed to restructure previously negative internal working models of relationships.

Staff members can help youth identify and validate feelings associated with struggles in past and present relationships. Through these discussions, staff can help youth restructure faulty thinking patterns regarding the self and others in relationships. When challenging these current faulty thought patterns, staff members can also work to help youth alter behaviours that may manifest due to feeling insecure in relationships. Individuals who have insecure attachments may sometimes develop minimizing and maximizing behavioural strategies to assure their needs are being met. Staff can teach youth how to properly regulate their emotions and behaviours in relationships, as well as teach appropriate ways to express themselves to others while in relationships. In order to teach the youth this, staff members should be cognizant of their own emotions and
behaviours in their relationship with the youth. According to the youth in the study, the best staff members to form these positive relationships with are those that are funny, share similar interests, caring and consistent. Through continual responsiveness from these staff members, youth begin to feel more secure in their relationships as they expect support and care in times of need. Collaborative communication may strengthen as the youth and staff spend more time together, which may eventually lead to feelings of trust—a feeling that those with insecure attachment often struggle to feel.

Chapter Five: Conclusions

Strengths and Limitations

This study was designed with several strengths in mind, specifically related to the population being interviewed. The perspectives of adolescents currently living in group home settings are often overlooked in research of youth in care, as this distinct population is often combined with those living in foster home placements. Focusing the current study on this specific population allowed the researcher to gather data from underexplored sources. Those participants involved in the study were eager to share their experiences of living in care and their relationships with nonparental caregivers as they had often felt their ideas, thoughts and opinions were often overlooked and left unheard in such a large system. Being able to speak candidly with the interviewer, without influence from staff, legal guardians and other peers, allowed the youth to see and feel that it was their personal experiences that were important to the study. Using face to face interviews to collect qualitative data (as opposed to paper-pencil surveys) may have removed anxieties that youth in group homes often have around reading and writing. This population often struggles with academics, compared to those in foster care and the
normative population. Being able to listen to questions and verbalize responses was the best way to collect data once initial nervousness subsided. Many youth who participated in the study spoke of “feeling special” for being able to participate and recognized their contributions to the study. Several youth asked the researcher to return for a second interview if more information was needed.

Several limitations should be noted that may have influenced the internal validity of the study and the findings. Generalizability and the degree to which the findings of the study can be applied in other populations may have been influenced by the recruitment process of the study. Recruitment was limited to a self-selection process, where youth were able to choose whether or not they participated in the study. Self-selection bias can skew results because there is a possibility that those youth who volunteered to participate in the current study have distinct characteristics compared to those youth who did not volunteer to participate. The small incentive to participate in the study may have influenced and motivated specific participants to participate in the study, possibly influencing the final sample that was used. Convenience sampling within one agency may have limited the breadth of experiences reported and information collected. All participants were recruited from a privately owned agency in Kitchener/Waterloo Region. The experience of living in one agency (within one region) makes the results more difficult to generalize to youth living in care in other regions. Differences in the organization of privately owned agencies such as Pioneer Youth Services and publically run agencies such as Family and Children’s Services may have also influenced the experiences that the youth in the study reported. Sampling a larger population with a more diverse group of youth (culturally diverse and from different agencies and regions),
may have made the results of the current study more generalizable to the entire population of youth living in group care.

With only one interviewer interviewing the participants and one coder analyzing the collected data, the question of how reliable the results are exists. The interviewer herself may have influenced the way that the participants answered questions and the experiences they spoke of. Social desirability bias is the tendency for respondents to answer questions in a way that is most favourable to others. Participants may have answered questions in a way that they believed the interviewer wanted them to answer. While interviewing the participants the researcher had to remind several participants that there were “no right or wrong answers” as some participants became a bit frustrated at themselves for not “saying the right thing”. The mere presence of the interviewer and interjecting comments in discussion may have elicited responses from the participant that may not have been true. The influence of the interviewer is often difficult to avoid in interviews but still has an impact of the results as it threatens the internal validity of the study.

Having personally worked in the field of Child Welfare for three years working with youth living in group home settings, the researcher had pre-existing thoughts, ideas and opinions regarding the relational experiences of youth living in care. These previous experiences may have introduced investigator bias into the study. This researcher worked hard to remove personal bias while analyzing the data and focused on exploring the data free from bias. The researcher utilized memoing, the act of writing reflective notes and ideas when analyzing the data, to help remove biases. By recording notes about the themes, subthemes and relationships in the data, the researcher was able to create
analytical distance from the data allowing herself to view it from a somewhat objective perspective. For more reliable results a second coder and/or interviewer may have helped remove subjective biases of the first coder.

**Implications for Research and Practise**

*Directions for Future Research*

Youth living in group homes and the experience of this type of out of home placement are vastly different than those in foster homes and adoption placements. Researchers in the field of Child Welfare may continue to benefit from examining youth living in group homes separately from youth living in foster care to capture the differences between these populations. Continuing to include children who are currently living in care as opposed to retrospective accounts of time spent in care, may give researchers a clearer understanding of the challenges and strengths that the current system of child welfare is facing. Future research exploring the relationships between adolescents and nonparental caregivers in group homes that involve both staff and adolescent perceptions may give researchers a clearer understanding of the relationship from both perspectives. By exploring this relationship from both parties involved, researchers can further understand the process of building positive relationships with nonparental caregivers. More longitudinal studies can capture this relationship at different points in time, such as the building of the relationship, strengthening of the relationship and in many cases the end of the relationship. Measuring resiliency of those youth living in group homes and their relationships with staff members could also help further understand the relationship between these two factors. It has been found that the relationships between youth and staff members serve as protective factors in the future;
therefore a more in-depth look at this phenomenon may help Child Welfare agencies understand how to use relationships to promote more positive outcomes for their youth.

Directions for Future Practise in Child Welfare

Youth spoke highly of one-to-one time with specific staff members working in their group home. Increasing one-to-one time with staff may encourage the growth of specific relationships. It is unrealistic to assume that youth living in group homes will and can build positive relationships with all staff that they meet. Focusing time and energy into one or two relationships with specific staff members may be the best way to build long lasting meaningful relationships. Exploring the youth’s interests and learning about his or her personality before matching them up with a specific one-to-one worker may be beneficial, as the youth often spoke of feeling most connected to those that were most similar to themselves. Nurturing these specific relationships (as opposed to spending time with all staff members) may be advantageous to the youth.

Child Welfare agencies may continue to benefit from looking for more long-term placements. As youth noted, the relationships that they felt were the most positive were strongly influenced by the length of relationship and time spent together. Moving youth from placement to placement may not be conducive to the attachment system and relationship building. If a youth must move from their current placement (due to age, or conflict within the current group home), agencies might work to continue the relationship (phone calls, emails, visits etc.). Moving into a new group home or out of an old group home was reported to be a quite stressful time for youth living in care. Youth who spoke of the easiest transitions made reports of staff working hard to make them feel welcome (welcome signs, decorated rooms, choice of first meal etc.) as well as staff spending more
time with them and explaining the routines of the residence. Maintaining ties with staff
members after either moving houses or aging out of the system may also be encouraged
to promote the continuation of positive long-term relationships.

When hiring a staffing team, agencies may benefit from being more aware of the
types of staff members they are hiring as well as the needs and personality types of the
youth they serve. As several youth reported, relationships with specific staff members
often trigger unresolved relational issues from their pasts. Understanding the youths’ past
relationships with caregivers may help influence the matching of one-to-one workers
with youth. A more carefully thought out fit may encourage the building of a stronger
relationship.

Lastly, staff members working in group homes may benefit from training around
issues that insecurely attached youth may face. Understanding behavioural manifestations
(such as minimizing and maximizing strategies), may help staff members recognize
unhealthy attempts at attention seeking. With this understanding, staff members may be
able to work to build trust, communication, and feelings of security with youth.

Strengthening and focusing on these processes that are related to attachment may help
challenge and rebuild poor internal working models. More frequent discussions with
youth regarding issues related to attachment may be beneficial to youth. Helping the
youth become more cognizant of individual barriers they may struggle with in current
relationships and how this may have been influenced by their past relationships could
help restructure negative internal working models.

In conclusion, the results of the study support past findings that indicate some
youth in care have difficulty forming positive relationships with nonparental caregivers
(Zegers et al., 2008, Manso, 2008). These challenges often stem from structural barriers inherent to the organization of a group home and individual barriers within the youth that have been influenced by past relationships. Insecurely attached youth reported they wanted to spend less time with staff and felt less secure in their homes. These youth also reported to have a difficult time communicating and trusting staff members who work in their group home. The challenges in their relationships may have developed due to poor internal working models of relationships and misguided representations about the availability of others in times of need. In order to challenge and restructure poor internal working models of relationships, staff members can step into a more therapeutic role and assume the role of a positive attachment figure. Those staff members who make the youth laugh, share similar interests, are caring and consistent are most often sought by youth to form these relationships. Continual responsiveness to the youth, along with open communication can help challenge previously poor mental representations concerning other’s in relationships.
References


Hello everyone. I want to thank you for inviting me into your home and to your residents meeting this week. My name is Sarah. I am a graduate student at the University of Guelph in the Family Relations and Human Development department. I have chosen to focus my thesis in the field of child welfare. After working for Family and Children’s Services for a few years, I have become really interested in adolescents who live in group homes.

**Study Introduction:**

So why do I want to study adolescents living in care in group homes? A lot of past research has said that living in care is associated with negative long term outcomes, such as homelessness, substance abuse and mental health problems in adulthood. I have worked with some amazing children and teens that live in care, and it worries me to hear that some of them may end up having long term problems. Even though some people say that living in care can be a risk for someone's future, research has shown that this isn't always the case. Many children and adolescents who have lived in care go through life without any of the problems I listed above.. When researchers looked at what helps these adolescents, it was found that a good relationship with adults can really help. Even though this relationship with adults can help, its sometimes difficult for children in care to form good relationships with adults, due to things like moving from house to house a lot, and having a lot of staff members work with them. To date, there isn't a lot of research looking at these relationships between youth and the staff members they work
with specifically in group home settings. Most research that looks at these relationships is from the staff’s point of view. But I want to hear your points of view.

**Purpose:**

The objectives of the study are as follows:

1) Explore how teenagers in group homes view the staff members who work in their group home.

2) Explore how teenagers in group homes view the relationships they have with staff members working in their group home.

3) Explore how teenagers view relationships in general.

4) Explore how different types of teenagers view their relationships differently than their peers.

**How will this help the field of child welfare?**

The thoughts and opinions gathered from adolescents currently experiencing adolescent-staff relationships in group home settings will provide information to staff members working in these homes. This information will provide staff members with useful tactics to build and manage positive relationships with adolescents living in group home settings. This knowledge can also influence how staff members themselves view and approach relationships with the adolescents. Direct care workers and child and youth workers can use these findings to form more positive relationships with this population. It is through these good relationships that professionals can help make sure that the youth that they work with grow up to be happy and healthy adults.
Recruitment and Procedure

Before I leave, I will collect the names of any of you who would be interested in participating in this study. I will also be asking you for the names and contact information of your CSW. I will need to contact them to get permission for each participant who is under 18. Once informed consent has been collected from your workers I will call you at the house and schedule a time and place for us to meet for the interview. In order to participate, you must: be between the ages of 13 and 18 years and have lived in a group home setting for at least 3 months. I will be the one who conducts all the interviews. Each interview will last about 1 hour. The interview questions will explore the relationships between youth and nonparental caregivers, emphasizing how you view relationships with caregivers while living in care.

Compensation

Everyone who participates will be given a $10 gift certificate to a local establishment as compensation for their time.

Question and Answer Time

Before writing your name down and potentially participating in this study, do any of you have any questions? I can also leave my contact information with you, so you can get into contact with me if any questions come up within the next few weeks.

Thanks again for having me here today. I am looking forward to working with some of you.
Appendix B: Participants Consent Form

A cross-sectional survey of adolescents’ perceptions of their relationships with nonparental caregivers in group home settings: An attachment perspective

You are asked to participate in a research study conducted by Sarah Rabley as part of a Master's Thesis, from the Department of Family Relations and Applied Nutrition at the University of Guelph.

If you have any questions or concerns about the research, please feel free to contact:

- Sarah Rabley (srabley@uoguelph.ca) Masters student, University of Guelph; 519-824-4120 ext. or,
- Dr. Michèle Preyde (mpreyde@uoguelph.ca), University of Guelph: 519-824-4120, ext.

Rationale
Living in care has been associated with negative long term outcomes, such as homelessness, substance abuse and mental health problems in adulthood. Even though some people say that living in care can be a risk for someone's future, research has shown that this isn't always the case. Many children and adolescents who have lived in care go through life without any of the problems I listed above. When researchers looked at what helps these adolescents, it was found that a good relationship with adults can really help. Even though this relationship with adults can help, it’s sometimes difficult for children in care to form good relationships with adults, due to things like moving from house to house a lot, and having a lot of staff members work with them. To date, there isn't a lot of research looking at these relationships between youth and the staff members they work with specifically in group home settings.

Purpose
The aim of this study is to explore how adolescents view relationships with nonparental caregivers.
Recruitment and Procedure
Informed consent from the legal guardian and the youth will be collected. If the youth is still willing to participate, the primary investigator will schedule a date and time to meet the participant in a quiet area of his or her group home. The primary investigator will meet with each participant and conduct a one hour semi-structured interview. Interview questions will explore the relationships between youth and nonparental caregivers, emphasizing how youth view relationships with caregivers while living in care.

Potential risks and/or discomforts
Some people may feel uncomfortable or upset discussing their past and relationships in general. If this happens, you may stop the interview at any time or skip questions during the interview if you do not feel comfortable answering them. At this point, the researcher will turn off the tape recorder.

Potential benefits to participants and/pr society
There are no direct benefits to the participants in the study. However, the thoughts and opinions of those adolescents who are currently living in group home settings can lead to enhanced services in the future.

Compensation
All participants will be given a $10 gift certificate to a local establishment as compensation for their time.

Confidentiality
Every effort will be made to ensure confidentiality of any identifying information that is collected. During the interview, the researcher will use a unique number to identify you. A list of each participant’s name and unique number will be kept on a password-protected computer, so that no one except the primary researcher can link your name and number
together. None of the staff members or other participants will hear or read anything that you say during the interview. All transcripts from the interview will be kept in a locked cabinet in a locked office. When the results are released, no identifying information will be used in the report. All data collected from ALL participants will be presented together, to maintain confidentiality.

**Participation and Withdrawal**
If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don’t want to answer, and still remain in the study. If you complete the interview but would like to have your information removed from this study at a later time, email or call the researcher listed at the top of this information letter.

**Rights of Research Participants**
You may withdraw your consent at any time and discontinue participation without penalty. This study has received ethics clearance through the University of Guelph Research Ethics Board. If you have questions regarding your rights as a research participant, contact:

Sandy Auld, Research Ethics Coordinator
University of Guelph, 437 University Centre, Guelph, ON N1G 2W1
Telephone: (519) 824-4120, ext. 56606, Fax: (519) 821-5236
E-mail: sauld@uoguelph.ca.

**Consent**
I have read the information provided for the study “A cross-sectional survey of adolescents’ perceptions of their relationships with nonparental caregivers in group home settings: An attachment perspective”. My questions have been answered and I agree to participate in this study. I have been given a copy of this form.

**SIGNATURE OF RESEARCH PARTICIPANT**

___________________________________
Name of Participant (please print)
____________________________________

Signature of Participant                     Date

____________________________________
Name of witness (please print)

Signature of witness                     Date
Appendix C: Demographic Questions

Age: _____

Please put an [X] beside the answers that best represent you

Gender: Male [ ]  Female [ ]

How long have you been living in the care of Children's Aid Society?
less than 6 months [ ]
between 6 months and 1 year [ ]
between 1 year and 3 years [ ]
more than 3 years [ ]

How old were you when you first entered into the care of Children's Aid Society?
less than 3 years old [ ]
between 3 and 6 years old [ ]
between 6 and 12 years old [ ]
older than 12 years old [ ]

What is your current legal status?
Temporary Care Agreement [ ]
Society Ward [ ]
Crown ward with access [ ]
Crown ward without access [ ]

How long have you been living in your current group home?
less than 3 months [ ]
between 3 and 6 months [ ]
between 6 months and 1 year [ ]
more than 1 year [ ]

How many different places have you lived since being in care (including Group Homes, Foster Care, Adoption or with other Family members)?
1 to 2 placements [ ]
3-5 placements [ ]
5-8 placements [ ]
more than 8 placements [ ]
Were you involved with the Law before entering care? Yes [ ] No [ ]
Were you involved with the Law after entering care? Yes [ ] No [ ]

1. How satisfied are you living in your group home? (circle number)

I am not satisfied at all  1  2  3  4  5  6  7  I am very satisfied

2. How satisfied are you with the relationships you have with staff members in your group home?

I am not satisfied at all  1  2  3  4  5  6  7  I am very satisfied

3. Would you say that you have a "good" relationship with any of the staff in your group home?

No good relationships  1  2  3  4  5  6  7 All good relationships

How many staff members can you think of that you have a "good relationship" with?

1 to 2 staff members [ ]
3-5 staff members [ ]
5-8 staff members [ ]
I have a good relationship with most staff members [ ]

4. How important is it to you to have good relationships with staff members?

Not important  1  2  3  4  5  6  7 Very Important
Appendix D: Adolescent Relationship Scales Questionnaire (Scharfe, 2002)

When answering the following questions, please think only of staff members who have worked in your house in the past week. Please put an X under one of the numbers beside each question.

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<tr>
<td>1. I find it hard to count on others</td>
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<td>2. It is very important to me to feel independent</td>
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<td>3. I find it easy to get emotionally close to others</td>
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<td>4. I worry that I will be hurt if I become too close to others</td>
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<td>5. I am comfortable without close emotional relationships</td>
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<td>6. I want to be completely emotionally close with others</td>
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<td>7. I worry about being alone</td>
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<td>8. I am comfortable depending on others</td>
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<td>9. I find it difficult to trust others completely</td>
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<td>10. I am comfortable having others depend on me</td>
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<td>11. I worry that others don’t value me as much as I value them</td>
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<td>12. It is very important for me to do things on my own</td>
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<td>13. I’d rather not have others depend on me</td>
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<td>14. I am kind of uncomfortable being emotionally close to others</td>
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<td>15. I find that others don’t want to get as close as I would like</td>
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<td>16. I prefer not to depend on others</td>
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<td>17. I worry that others will not accept me.</td>
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Appendix E: Adolescent Relationship Scales Questionnaire Scoring Guide

To find the degree of each attachment pattern within the individual, use the following scoring guide.

Secure Scale
- The average of questions 3, 7 (reverse), 8, 10, 17 (reverse)

Fearful Scale
- The average of questions 1, 4, 9, 14

Preoccupied Scale
- The average of questions 5 (reverse), 6, 11, 15

Dismissive Scale
- The average of questions 2, 5, 12, 13, 16

Underlying attachment dimensions regarding self model/other model can be derived using the following equations.

Self Model = (Secure Scale + Dismissing Scale) MINUS (Fearful Scale + Preoccupied Scale)

Other Model = (Secure Scale + Preoccupied Scale) MINUS (Fearful Scale + Dismissive Scale)
Appendix F: Adolescent Relationship Questionnaire (Scharfe & Bartholomew, 1995)

1. Following are descriptions of four general relationship styles that people often report. Please read each description and **CIRCLE** the letter corresponding to the style that best describes you or is closest to the way you generally are in your close relationships.

   A. It is easy for me to feel close to people. I feel okay asking people for help and I know that they will usually help me. When people ask me for help, they can count on me. I don't worry about being alone and I don't worry about others not liking me.

   B. It is hard for me to feel close to people. I want to be close to people, but I find it hard to trust them. I find it hard to ask people for help. I worry that if I get too close to people they will end up hurting me.

   C. I want to be really close to people, but they don't want to get that close to me. I am unhappy if I don't have people that I feel close to. I sometimes think that I care about people more than they care about me.

   D. I don't care if I am close to people. It is very important for me not to ask for help, because I like to do things on my own. I don't like it if people ask me for help.

2. Please rate each of the following relationship styles according to the extent to which you think each description corresponds to your general relationship style.

   A. It is easy for me to feel close to people. I feel okay asking people for help and I know that they will usually help me. When people ask me for help, they can count on me. I don't worry about being alone and I don't worry about others not liking me.

   B. It is hard for me to feel close to people. I want to be close to people, but I find it hard to trust them. I find it hard to ask people for help. I worry that if I get too close to people they will end up hurting me.

   C. I want to be really close to people, but they don't want to get that close to me. I am unhappy if I don't have people that I feel close to. I sometimes think that I care about people more than they care about me.

   D. I don't care if I am close to people. It is very important for me not to ask for help, because I like to do things on my own. I don't like it if people ask me for help.

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Appendix G: Interview Guide

- What do you think the job of a staff member working in your house involves?
- Can you think back to when you moved into this group home. What were some of the challenges you faced?
- What things did staff members do to help you feel more comfortable when you first moved into a group home?
- What things could staff members have done to make you feel more comfortable when you first moved into the group home?

Proximity/Time together

- How many staff members work in your house at a time?
- What types of things do you enjoy doing with staff members in your house?
- What are the benefits of having multiple staff members work in your house?
- What hobbies do you share with some staff members in your house?
- Do you feel that you get to spend enough time with the staff members in your house?

Security

- Do you feel safe living in your group home? Can you describe a time when you felt unsafe.
- What types of things can staff members do to make you feel safer?
- Think of a time when you felt unsafe in the group home. What did staff members do to make you feel safe?
- What COULD have staff done to make you feel safer?
- If you are feeling unsafe in the group home, what do you personally do to feel better?

Trust

- What does the word trust mean to you?
- Do you trust the staff members working in your group home? Why do you TRUST/NONTRUST staff members in your house?
- How can a staff member gain your trust?
• What would a staff member do to make you not trust them?
• Would the staff members in your house say that they trust you? What things do you do to make staff members trust you?
• Is it important to trust and be trusted by staff members working in your group home? Why or why not?

Communication
• What sorts of things can you talk to the staff members about?
• What sorts of things can you not talk to staff members about? Why?
• Who would you rather talk to about (items mentioned above).
• Think about the staff member who you like to talk to the most in your house. What makes this person so special and easy to talk to?

General Questions
• What are some of the qualities of a staff member that help you have a good relationship with them?
• What are some things that staff can do to make their relationship with you better?
• What are some things that YOU can do to make a relationship better?
• Can you describe the ideal staff member? What would this person be like?
• Do you sometimes feel that other residents living in your home have a better relationship with staff members? Why do you think so?
• If you could offer any advice to NEW staff members who are just starting to work in a group home, what would that be?
Appendix H: Thank You letter

Thank You!!

We would like to Thank You for participating in the research project titled:

"A cross-sectional survey of adolescents’ perceptions of their relationships with nonparental caregivers in group home settings: An attachment perspective".

All of the information collected will be used to explore the relationships between adolescents and staff members in group home settings. This research will further the understanding of how adolescents perceive their positive relationships with nonparental caregivers. In the future, this information may inform best practices in child care in group home settings and lead to a more beneficial system. Your personal thoughts, opinions and ideas have been very important and helpful to the study.

Results will be released in September 2011. If you would like a summary of the results, please contact the primary researcher. If you have any questions, comments or concerns, please feel free to contact the primary researcher.

Primary Researcher                       Thesis Advisor
Sarah Rabley                             Dr. Michele Preyde
University of Guelph                     University of Guelph
srabley@uoguelph.ca,
519-573-1421