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FOSTER YOUTH GROUP HOMES: A NEEDS ASSESSMENT

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Diana Cecilia Highsmith
December 2013

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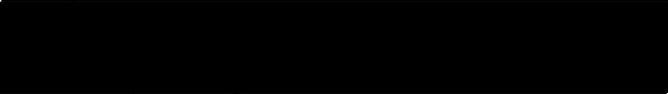
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December 2013

Approved by:


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ABSTRACT

This research project adds to the study *Perceptions of childcare workers about components of effective care in group homes*, by Moreno, E. V., St. Clair, S. T., (2004). It aims to explore the needs of foster youth group homes by identifying elements of effective care as seen through the perspective of the direct-care staff. Ten direct-care staffs were interviewed for their perceptions on different components of effective care in foster youth group homes. Results from this study identified two strengths in group homes and two implications for more effective care. The results also suggest that further research is needed to explore additional components of effective group home care. It is the researchers hope that analyzing the needs of group homes will further the efforts of creating effective group home care.

ACKNOWLEDGEMENTS

First and foremost, I would like to thank C.H.A.R.L.E.E Family Care Inc., for allowing me access into their facilities and making this study a possibility. I would also like to thank all those in my life; family, friends and loved ones for providing me with the support and encouragement I needed during this process. Lastly, I would like to thank the social work department at California State University, San Bernardino and my research advisor, Dr. Tom Davis for his guidance and patience throughout the development of this research project.

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CHAPTER ONE

ASSESSMENT

Introduction

Chapter one explains the research focus along with the post-positivist paradigm that was used for this study as well as the reasons for using it. An outline of past literature is addressed along with the theoretical orientation used. Lastly, this chapter explains the potential contributions this research has on social work practice, both on a micro and a macro level.

Research Focus

In 2011, the Adoption and Foster Care Analysis and Reporting System reported that nationally there were 400,540 children living in out-of-home care (US Department of Health and Human Services, 2011). In 2012, there were 64,330 open child welfare cases in California alone out of which 8,936 children were placed in group homes (California Department of Social Services, 2012). Group homes are defined as nonprofit facilities that provide children with non-medical treatment and supervision in structured home environments. These group homes have the ability to provide a positive environment for the children placed in them.

They can provide a therapeutic environment, enhance academic and social skills, create positive staff interactions, address behavioral issues, maintain child safety, and prepare the child for emancipation (Fimbres & Solomon, 2008). There are three departments that determine the placement of these children into group homes. First, the Department of Children's Services (DCS) places children who were removed from their homes due to abuse, neglect or incapable guardians. Second, the Department of Behavioral Health (DBH) places children who have a variety of mental health issues that require residential treatment. Lastly, the Department of Probation places low risk juvenile offenders who are under the custody of the probation department (Cross, Wakcher, & Carver, 2009). Due to the nature in which these children were removed from their homes, an extra level of care is required to manage behavioral and mental-health issues that arise. Fortunately, group home settings can be ideal environments to provide crisis management and interventions, mainly because the children have such a high level of need that they also have the greatest room for clinical improvement (Lyons & Schaefer, 2000, p. 72). Group homes are not only

living environments for children, but can also be utilized to create positive therapeutic experiences (Rayment, 2005).

It has been shown that the more positive contact the child has with his or her caregiver, the fewer behavioral problems that child displays (Mustillo, Dorsey, & Farmer, 2005). Direct care staff in this study are defined as staff that provide care for the children in a variety of ways, but more importantly, they are defined as having first hand experience with the children's behaviors and therefore have the unique ability to create positive, stable environments (Pazartz, 2003). It is for this reason that this study explores the perspective of the direct-care staff on what the needs are in group home care.

The focus of this study is to identify the key elements of effective care in foster youth group homes from the perspective of the direct care staff. In 2001, the Child Welfare System Improvement and Accountability Act (AB 636) was passed in order to improve child welfare services. Specific outcomes are now measured in group home care, they are listed as follows: children must be protected from abuse and neglect; they must have stable living arrangements; they must have services to meet educational, physical and mental health needs, and they must have a plan

for youth to transition into adulthood (Needell & Patterson, 2004). The AB636 ensures that children are placed in appropriate facilities that have these outcomes met. Much like the AB 636, the proposed study aims to improve group home care by examining group home needs.

"Needs," can be viewed as the difference between current achievements and desired accomplishments. A needs assessment is a systematic process for collecting information, comparing answers, and making decisions about what needs to be accomplished (Watkins, Meiers, Visser, 2012). Face-to-face interviews were conducted with direct-care staff currently employed in group homes. The interview questions created by the researcher were open-ended and addressed a variety of areas of group home care including: Staff characteristics; child development; group home strengths and areas of improvement; family-style arrangements; child-to-staff ratio; on the job stress; child to staff relationships; and child behaviors.

Group homes were designed to meet the variety of complex needs that foster children have, however, because of the nature of these group homes and the high social, emotional, and behavioral needs of the children, staff often time face multiple on the job stressors. This can

lead to negative group home environments and hinder the progress that the children are attempting to achieve. Therefore, this study will also address workplace fatigue, depersonalization or detachment, and a sense of occupational accomplishment.

Paradigm and Rationale for Chosen Paradigm

The post-positivist paradigm was chosen for this study in order to explore group home needs through qualitative measures. The rationale for using the post-positivist paradigm lies in the view that the researcher is not the teacher. The post-positivist paradigm allows for open exploration of effective foster youth group home care in order to identify and describe its needs. This paradigm utilizes qualitative data in the form of interviews in order to gain insight from the perspective of the direct-care staff. The qualitative data will be analyzed in order to identify any patterns or common themes. Unlike other paradigms, there will be no hypothesis for this study, instead a theory will emerge as the data is collected and interpreted.

Literature Review

Group Homes

According to the Children's Network County of San Bernardino, group homes are state licensed, 24-hour residential care facilities for children. The size of group homes varies greatly, with the number of beds ranging anywhere from six to more than a hundred. Licensed group homes are classified by Rate Classification Levels (RCL's) that are ranked on a point system from 1-14. The number of hours of services given to each child is what determines how many points the group home receives. These points are based on the following three components: hours of childcare and supervision by qualified staff; social work activities and mental health services. Qualified staff in this report is defined by how much experience the staff has in residential care, formal education, and training. Funding for each group home is determined by the RCL (Cross, Wakcher, & Carver, 2009).

Staff

Group homes employ a variety of staff that have either direct interactions with the children or an indirect function in running group homes. For example, group home coordinators deal with licensing standards, hold meetings

with group home providers, answer employee concerns and review and update program documents (Cross, Wakcher, & Carver, 2009). Clinical directors, supervise the group home and its staff in various functions. Therapists implement therapeutic interventions with the children who have been recommended treatment due to behavioral or mental health issues or for those who choose to participate in therapy. Lead staff, or house parents as they are sometimes called, supervise the direct-care staff, intervene when there is a crisis with the children, arrange staff scheduling, and manage and distribute funds and allowances to the children among other duties. Lastly, the childcare workers or parent aids supervise and are in charge of the daily care of all the children (Crossland et al., 2008, p 411). Many times group homes have rotating shifts for staff, however, some programs hire married couples to live at the home and be the primary treatment providers (Bates et al., 1997). Regardless of staff titles and shifts, it is clear that many adults are needed to care for the numerous foster children that find themselves in out-of-home placements.

Population

It is no surprise that in 2008, the Children's Network County of San Bernardino conducted their 6th

biennial report on group home assessment and found that 91.03% of children residing in group homes had at least one diagnosed medical condition. These were categorized into four sections: substance abuse; mental health; physical/congenital; and behavioral issues. Mental health and behavioral issues made up the majority of these conditions. For example, the biennial report found that out of 203 children in group homes, 178 had mental health conditions and 153 had behavioral conditions. In addition, 36% to 40% of these children had several co-occurring conditions, meaning there was an additional disorder in addition to their existing mental health diagnosis (Cross, Wakcher, & Carver, 2009).

The most prevalent of these mental health conditions include attention deficit disorder; depression and anxiety; conduct disorder; personality disorders and impulse control disorders (Baez, 2003; Lyons & Schaefer, 2000). The behaviors or symptoms that most of these foster children display include, but are not limited to: bedwetting, enuresis; cruelty to animals or others; property destruction; disobedience at home and school; resistance to authority; the inability to bond with others; fighting; anti-social acts; restlessness; impulsivity; mood

swings; inappropriate sexual behaviors; temper tantrums; verbally threatening others; using obscene language; self harm; or being excessively worried, anxious or fearful (Cross, Wakcher, & Carver, 2009).

Stress

There seem to be few studies that assess the stress level of group home staff. However, stress is evident when considering the high turnover rate of human services employees, with annual rates reaching up to 60% (Mor Barak, Nissly & Levin, 2001). Other studies found that 35% of group home workers were employed for less than a year (Larson & Lakin, 1999). This occupational stress can at times lead to burnout, which is when a person becomes unable to deal with everyday stress and begins to display psychological, behavioral, and physical symptoms as a result of it (Johnson et al., 2005, p. 6). It is important to look at burnout when assessing group homes because its symptoms can range from fatigue, depersonalization or detachment, and a lowered sense of accomplishment (Cherniss, 1980; Freudemberger & Richelson, 1980). Sometimes burnout causes individuals to see human beings as objects, which decreases their level of tolerance and increases incidences of confrontation (Maslach, 1976). A

study conducted by Pazartz (2003) showed that staff-resident interactions were the most crucial component of group home care. Occupational stress is therefore an important component in assessing effective group home care because of the potential impact that healthy relationships have on foster care children.

Theoretical Orientation

Attachment Theory

Because group homes provide care for children and youth, the basis of relationships must be explored. Attachment theory is used in this study because it outlines how relationships are formed and shows the effects that different types of attachments have on social development. The American Academy of Pediatrics (2000) states that a child usually develops an attachment to a parent(s) as his or her daily needs are met, these needs include physical care, nurturance, and stimulation, among others. When these needs are met children are able to develop a positive framework of themselves, one where they see themselves as worthy of love, and also a framework for which to view others as givers of love and nurturance. Children who have their needs met can then proceed through healthy

development, with good psychosocial skills, better cognition, resilience, high self esteem, and self efficacy (Howe, 2006). When children are abused or neglected, or when children are in and out of foster care, they run a higher risk of developing insecure attachments. Children that develop insecure attachments are forced to form strategies in order to be able to cope with different social situations (Howe, 2006). There are two types of insecure attachment; avoidant and ambivalent. Avoidant children, whose parents reject them, cope by becoming emotionally unavailable, these children do not seek comfort when they are scared or upset (Howe, 2006). Ambivalent children are children whose parents were inconsistent with their care giving; this unpredictability in their environment causes the child to be anxious and uncertain of the world around them. These children either become passive, believing they have no control of their surroundings, or they become angry, needy, fatalistic, or demanding (Howe, 2006).

If the child is separated during the first year of life, and is immediately placed with a quality caretaker, the fewer problems that child will face. If separation occurs when the child is between six months and three years

of age, the less time he or she has had to develop a secure attachment and the higher the risk that that child will have emotional disturbances (American Academy of Pediatrics, 2000). Older children, who were able to develop proper attachments may therefore benefit from a new setting. Group home staff, as acting caregivers, can have a great impact on the healthy development of these children residing in out-of-home placements.

Contribution of Study to Micro and Macro Social Work Practice

This study analyzes the perceptions that direct-care staffs have about what components are needed to create an effective foster youth group home. The need to make social institutions more humane and responsive to human needs is one of the most important social work values (Hepworth, Larsen, & Rooney, 2002). This study can potentially impact child welfare social workers that are responsible for finding appropriate placements for children. Finding facilities that have met positive outcome measures increases the probability that the child will benefit from that facility. This could lead to a decrease in change of placement for the foster child. Ultimately, group homes are striving to help the child and youth manage

their behaviors appropriately in order to function in a lower level of care such as a foster home, re-unification or adoption. Research on foster youth group homes will continue the search for the most effective care for this vulnerable population.

Summary

The focus of this study is to identify the key elements of effective care in foster youth group homes from the perspective of the direct-care staff. Chapter one described the researchers rationale for using a needs assessment to perform a qualitative study in which the gathered data was analyzed to find themes or patterns. The literature review outlined the components of a group home, it described group homes and its population, it outlined the importance they have on the resident outcomes and the potential impact that occupation stress can have on staff-child relationships. Attachment theory was explained as being the researchers theoretical orientation. Lastly, the chapter discussed the impact this study may have for child welfare social workers when placing the child in a foster youth group home as well as the potential contribution to group home literature.

CHAPTER TWO

ENGAGEMENT

Introduction

Chapter two describes the engagement strategies the researcher used in this study. The study site and its population will also be described as well as how the researcher prepared for the study. Diversity, ethical, and political considerations will be discussed along with the role technology played in the engagement stage of development.

Research Site

The site that the researcher chose for the study was C.H.A.R.L.E.E (Children Have All Rights: Legal, Educational, Emotional.) Family Care, Inc. C.H.A.R.L.E.E (CFC) first opened in 1978 and has since grown to 68 family care homes, aka group homes, throughout the United States and the District of Columbia. In California, CFC has homes in El Centro/Caléxico; Indio/Palm Desert and Riverside. C.H.A.R.L.E.E's mission is to empower youth, family, and community within a multi-cultural environment by teaching self-reliance; development of trusting relationships; and promoting individual, family and community responsibility.

The homes take in boys and girls from the ages of 6-17 years of age through referrals from social services, the department of mental health and probation departments. It offers individual and group therapy; family therapy for reunification; psychological testing; pharmacological support; community and school activities; and vocational skills training.

CFC's direct-care staffs include family care parents, who provide a positive structured environment by of the children; relief family care parents who provide care and supervision when the regular family care parents are away on relief. There are also parent aides who are responsible for assignments directly related to activities, care and supervision of the children; and recreational aides who are responsible for the activities of the children. In addition, CFC has additional social workers; psychologists; and psychiatrists who work with the children placed in CFC's care. C.H.A.R.L.E.E.'s belief is that behaviors and emotions are determined by the individual's understanding of their experiences, they therefore strive to provide daily situations in which children can begin to perceive themselves differently and thus behave differently. CFC's model looks to provide patterns of

everyday interaction of healthy families, its homes are imbedded in residential neighborhoods, and the children attend local schools and participate in their local communities.

Engagement Strategies for Gatekeepers at Research Site

The researcher began engaging CFC through an email and a phone call to Richard Rios, the executive director of the C.H.A.R.L.E.E. Family Care, Inc., and the gatekeeper of this study. The researcher began engagement with an explanation of the study, including the purpose, method of data collection, IRB procedures, including the agency permission letter, and potential contributions to group home literature. This gained the researcher an in-person meeting with the gatekeeper in order to further discuss the study and finalize participation by attaining the agency permission letter. During this meeting the researcher further engaged the director by sharing her interest in group homes and answering any questions that the gatekeeper had about the study. From this meeting the researcher was also able to obtain further information about CFC and its staff, as well as obtain the agency permission letter from the executive director. The gatekeeper provided the

researcher with contact information and names of the key staff members to contact in order to commence interviews with the direct-care staff.

Self Preparation

The researcher in a post-positivist design takes on a unique role in the study because exploration and learning are the cornerstones of this paradigm. A balance had to be exercised by the researcher in order to remain scientifically valid and creative as well. The researcher began preparation for this role by doing an extensive literature review in order to be well informed about the scope of the issue at hand and the population that was being researched. Since the researcher gathered data through a series of face-to-face interviews, literature on the strengths-based perspective and on engagement was thoroughly reviewed previous to commencing the interviews. Literature on boundaries, transference and counter-transference was also reviewed in case the interviews brought up personal feelings or issues for the researcher or participants that may interfere with the study. Lastly, termination was planned out in advance by the researcher in

order to prepare both the researcher and the participants for the termination of each interview.

Diversity issues

Because this study deals with human participants, the different characteristics of the CFC staff needed to be considered. Their demographics, cultural backgrounds, history with past research studies, socio-economic status, gender, and age among other things needed to be considered. The researcher prepared for these diversity issues by talking with the executive director before engaging the participants. The director informed the researcher about the different job positions that staffs held in order to better understand the duties they perform. The researcher also asked the director to disclose the staff characteristics that he felt would be important for the researcher to know in order to better engage with the staff, such as language barriers or cultural backgrounds. The researcher read about cultures that she was unfamiliar with in order to become more culturally competent. Cultural differences, such as eye contact, body language, personal space, assumptions, power, language, and appropriate listening were also thoroughly considered in order to avoid

any issues that could have impeded the researchers interaction with the participants (Morris, 2006).

Ethical issues

According to the NASW code of ethics, social workers need to strive to end discrimination, oppression, poverty, and other forms of social injustice (Morris, 2006). The researcher promoted these ethical standards by following the social work guidelines that protected the participants' human rights. The researcher obtained permission from the Institutional Review Board (IRB) who ensured that the study was justified due to its prospective educational or applied value. The researcher also obtained a voluntary informed consent without penalty for refusal to participate and without implied or actual deprivation from the staff. The researcher ensured regard for the participants well-being, privacy, and dignity by providing an informed consent for the interviews, making sure that the participants were able to voice any concerns or questions to an outside entity such as the researcher's advisor. The researcher also gave participants a written debriefing statement that explained the focus of the study,

provided contact information and respectfully thanked them for their participation.

Political issues

For post-positivists, power relation within the study is an important factor. While the researcher and the participants do work as a team, the researcher in the end may be perceived as having more power since he or she is the one conducting the study and the creator of the needs assessment the participants will be completing. The researcher addressed this issue by showing, via this study, the empirically based research that she based the interview questions on. The researcher also utilized the strengths-based perspective during the formation of the interview questions in order to keep the focus on what works in a group home and avoid blame or criticism of the staff or CFC itself. Utilizing a strengths-based perspective for the study also reflected for the participants that they each have the power to make a positive impact on CFC and the children in group home care. The researcher's beliefs and values were not shared with the participants, nor were the researcher's personal political affiliations or stance on specific policies that affect child welfare, for the.

purpose of not offending or influencing the participants responses.

The Role of Technology in Engagement

Technology played a minor role in the study, primarily in the initial engagement with the gatekeeper. However, email was a key tool in opening communication with CFC's executive director. The voice recorder used for the recording of the interviews also played a vital role in the study, allowing for accurate direct quotes from the participants.

Summary

This chapter focused on the engagement phase of the study. The researcher outlined the study site, it's population and it's gatekeeper. How initial engagement was carried out and how the researcher prepared for engagement with the participants was also discussed. Potential issues with diversity were also outlined along with potential ethical concerns and political issues. Power differences between the researcher and the participants and the need for the researcher to be as unbiased as possible were discussed. Lastly, how technology played a role in the engagement process was included.

CHAPTER THREE

IMPLEMENTATION

Introduction

The goal of this study is to identify the key elements and challenges of effective care in foster youth group homes from the perspective of the direct-care staff. The study used face-to-face interviews to perform a qualitative study in which data was analyzed in order to find themes or patterns. This chapter discusses both the study site and the research participants, including the reasoning for using purposive sampling for the selection of the research participants. The methods for collecting and analysis used in this study are also discussed.

Research Site

The researcher chose C.H.A.R.L.E.E. Family Care, Inc., (CFC) as the research site for the study. The group homes that the researcher reached in California were one group home in Indio, one home in Palm Desert and two group homes in Riverside. The researcher made contact with the Riverside Programs director, Carl Washington, at the Riverside Programs office located on 6711 Arlington Ave. Suite #C, Riverside, CA 92504. These Riverside and desert

group homes serve children with different mental, emotional, educational and behavioral disorders. Many of the children residing at CFC have problems with conduct and display antisocial behaviors. Many children residing in these group homes are also diagnosed with depression or anxiety disorders, suffer from identity confusion, low self-esteem, abandonment issues or learning disabilities. C.H.A.R.L.E.E Family Care believes that the group homes must have love, structure, community and parental involvement in order for these children and youth to be able to strive and heal. Families are included in this process in order to increase the possibility of reunification with the child. Several direct-care staff are employed and implement evidence-based practices such as behavioral modification; cognitive behavioral therapy; and social learning theory.

Study Participants

The participants for this study were the direct-care staff of the foster youth group homes from CFC. The direct-care staff, as the name implies, includes the staff that has direct contact with the children residing in the group home. The staff that were chosen for the study were

family care parents; relief family care parents; parent aides; and recreational aides. These staff were chosen because of their unique insight into the group home and the children that live there. The direct-care staff see first-hand how the children behave, they take care of the children's daily activities, implement interventions and carry out the program duties of providing care and supervision, it is for these reasons that the researcher chose them as the study participants.

Selection of Participants

Because this is a post-positivist study, it is assumed that objective reality needs to be discovered in a naturalistic setting and through qualitative analysis (Morris, 2006). Therefore, the participants of the study, the direct-care staff, were selected for their ability to give the most accurate information regarding the effectiveness of a foster youth group home, this is called purposive sampling. Purposive sampling was used in this study in order to yield the most relevant data. More specifically, criterion sampling was utilized in order to gather data based on a particular characteristic in a population of interest (Morris, in press). The researcher's

objective was to include staff that shared a common characteristic, that of direct-care experience with foster youth residing in group homes.

Data Gathering

This study gathered qualitative data via interviews. Qualitative data was chosen so the responses of the participants would not be limited, all the perceptions and insights that the participants had were collected. The researcher's objective was to look for patterns from the participant's interview responses about the needs of foster youth in group homes in order to form a theory (Morris, in press). The data was gathered through face-to-face interviews administered by the researcher. The direct-care staff was asked 20 open-ended questions, which the researcher had created in advance in order to explore their perceptions of what constitutes an effective foster youth group home. The researcher scheduled interviews with the participants and the location and time of the interview was set at the convenience of the participants via the gatekeeper. Their responses were gathered and analyzed by the researcher.

Phases of Data Collection

Engagement Phase

Morris (in press) states that interviews are broken down into the following phases: engagement, development of focus, maintaining focus and termination. The engagement phase began with the researcher explaining the purpose of the study with the participant and then presenting him/her with the informed consent. This informed consent, which included the audio informed consent, was thoroughly explained. This explanation included the risks and benefits of participation in the study along with the terms of confidentiality. The purpose of this engagement phase, which was done before the interview began, was to ensure that the participant felt informed and comfortable with participation in the study (See Appendix B for Informed Consent and Audio Written Consent).

Development and Maintaining Focus Phase

The next phases, developing and maintaining focus, was accomplished by asking the participants several different types of interview questions. The first question, the throw away question, was asked after the informed consent was explained, this question was "do you have any questions before we begin?" This question was asked for the sole purpose of building trust with the participant, not

for data collection. There were then essential question that the participants were asked. These questions were asked to formulate the the study focus, for example, "what do you believe is this group homes greatest strength?" Extra questions were also asked in order to check the consistency of the responses. Finally, probing questions were asked in order to allow the participant to clarify and explain any response as needed, for example, "Can you name one improvement that is needed in the group home?" (See Data Collection Instrument in Appendix A).

Termination Phase

The termination phase was done throughout the interview by summarizing the responses of the participants and then towards the end of the interview letting the participants know that they were approaching the last question and then stating, that that question concluded the interview. Afterwards, the researcher gave the participants a debriefing letter which outlined the purpose of the study as well as the researcher's contact information in case they had further questions, along with a Starbucks gift card which thanked the participants for their time and effort (See Appendix C for Debriefing Statement).

Data Recording

The researcher recorded data through an audio voice recorder, recording the participants' interviews after the participants had signed consent for the researcher to do so. After each interview, the researcher created two journals: the first one was created to hold the transcribed interviews, while the second one was created to hold the researchers reflective notes on the feelings and thoughts about the interviews after they had been completed.

Data Analysis Procedure

The qualitative data was analyzed by the researcher via a bottom-up approach, in which the data was collected and the theory was built up from that data (Morris, 2006). The four stages of bottom-up analysis are as follows: open coding, axial coding, selective coding, and conditional matrix (Morris, 2006). Analysis began by the researcher identifying participant responses, analyzing them and developing a list of themes based on those responses, this was the open-coding stage. Afterwards, axial coding was conducted by the researcher, finding connections between those patterns, or codes, linking them

together and developing statements on their commonality. This process was conducted to allow the researcher to identify the core domains of the study.

Termination and Follow Up

Research findings were shared with CFC's administrator and the direct-care staff via a copy of the official research document as well as with the staff at California State University, San Bernardino via a hard copy in the CSUSB library. Appreciation for the participants was shown visually through the debriefing statement and verbally along with a gift card. The researcher followed up with the gatekeeper through email to make sure any questions had been answered about the study. There was no follow up research studies with this agency.

Communicating of Findings and Dissemination Plan

Because this is a post positivist study, the findings were communicated to the direct-care staff and the administrator from CFC. A debriefing statement containing appreciation for the participants' time and the name and contact information of the researcher was provided in case the participants wanted to inquire further about the study. The study was also typed onto an official document and

shared with CFC and the California State University, San Bernardino library.

Summary

This chapter outlined how the perceptions of the direct-care staff regarding effective foster youth group homes were gathered and analyzed. The research site was described as well as the rationale for selecting the direct-care staff as participants. It reviewed the process of how qualitative data was recorded, the phases of data collection, and how the data was analyzed. Lastly, the chapter described how the findings of the research were communicated, how the study was terminated and how it was followed up.

CHAPTER FOUR

EVALUATION

Introduction

This chapter explains the process of analysis the researcher took and the results that emerged from that analysis. Tables are included in this chapter that show how the researcher developed a theory via a coding process. Four core domains of the data will be interpreted as well as limitations of the results and contributions those results have to micro and macro social work practice.

Data Analysis

Raw Data

The interviews from this study were transcribed by the researcher and analyzed using the bottom up approach and open coding. Through open coding, the raw data was placed into tables with five categories or codes: people, places, things, ideas and themes (see appendix D for Raw Data). The 'people' code includes any person that the participant mentioned such as social workers or parole officers. The 'places' code describes places such as the group home itself or other agencies. The 'things' code describes behaviors and items discussed by the

participants, while the 'ideas' code includes the participant's recommendations or perceptions. Last, the 'themes' code contains participant responses that have common factors.

The Core Domains

The researcher further used axial and selective coding with the five codes described in order to identify the core domains. It is these core domains that allowed the researcher to conceptualize the gathered data. The core domains tables: personal qualities, transparency, communication, and labor will be interpreted in the data interpretation section.

Table 1. Personal Qualities

<p>Personal Qualities</p>	<ul style="list-style-type: none"> • "Basically by just letting them know you care cause you can't work in this field and not care" (Participant #1, personal interview, April 2013). • "Patience, understanding, being open minded, being a good listener, team
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	<p>player" (Participant #1, personal interview, April 2013).</p> <ul style="list-style-type: none">• "Patience, most important, and caring" (Participant #2, personal interview, April 2013).• "To try and understand where they're coming from and listening" (Participant #2, personal interview, April 2013).• "Caring. You have to really care, you have to really love what your doing, not just be here to collect a check" (Participant #3, personal interview, April 2013).• "Being there for each other and just letting them know that you are genuinely there to help. You can't kinda force that, you gotta let them see that for themselves and then they'll draw to you, just like you draw to them" (Participant #8, personal
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interview, April 2013).

- "You need to, that's your responsibility, that's everyone's responsibility as a staff its not just here to come in and sit and pick up a check. You have to care, you have to come in and want to do what you need to do for the children" (Participant #3, personal interview, April 2013).
- "I think open-minded and to realize that there's no two kids alike, every kid is like, they have their own stuff going on" (Participant #4, personal interview, April 2013).
- "Think yes, its possible. Healthy development is know that they have a support system and that they should be able to do whatever it is they want to

pursue and have that support”

(Participant #4, personal interview, April 2013).

- “No, because when I have had a run in with one of the kids that’s here I realize that they are not all like that and its not the core of what’s going on here, its stuff from their past so its being able to realize and just let things go and sure enough, 5, 10 minutes later they say their sorry. So its just being understanding I guess”

(Participant #4, personal interview, April 2013).

- “They're always angry and I think it’s from the inside. They're angry, they have a lot of hurt, and they turn that hurt into being you know, lash out at anybody, anything. I think it

	<p>comes really from deep inside” (Participant #5, personal interview, April 2013).</p> <ul style="list-style-type: none">• “They’re all here and nobody wanna be here so you gotta have communication, you gotta understand the kid for who they are, not for who you want them to be, not for who you like them to be, but for who they are at this time”(Participant #5, personal interview, April 2013).• “You can’t use the word “no” with them, you have to go around it, they’ve heard “no” all their lives, you do not use that word, you have to go around it because there’s no way their gonna build any trust with me if they say well, can you take me to the store? “No.” that’s what they’ve been hearing, you gotta change
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	<p>that, you gotta figure out something to work with them" (Participant #5, personal interview, April 2013).</p> <ul style="list-style-type: none">• "Open-minded, don't take things personal. Each kid has their own personality, you gotta get to know each kid for who they are, their highs and lows, they hates and they loves and then you can deal with them on they level, never your level but on they level" (Participant #5, personal interview, April 2013).• "Understanding and patience and not to judge" (Participant #6, personal interview, April 2013).• "You can't take it to heart, because you can't when you work these kinds of kids, at some point you have to cut yourself from work and
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	<p>personal”(Participant #6, personal interview, April 2013).</p> <ul style="list-style-type: none">• “Understanding where they come from, what they've been through, we all get that”(Participant #6, personal interview, April 2013).• “I kinda put myself on their level. I say I can understand because I've been through this, I go and listen to what they say and then I go back and say you know what there's other people who have it worse than you”(Participant #6, personal interview, April 2013).• “Respect, being able to be an active listener, and being able to react to situations in a nurturing type of way” (Participant #7, personal interview, April 2013).• “Healthy development is someone
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who is improving in areas they may umm not have been successful in or making better decisions. Someone who is able to realize their own self worth and their own strength to achieve" (Participant #7, personal interview, April 2013).

- "Not less patient, maybe distant at times, which may not have always been helpful when they have needs, but in order to collect myself I needed to step back and isolate myself from certain situations" (Participant #7, personal interview, April 2013).
- "Just being real, that the bottom line with what has been successful here for us, its that we don't sugar coat anything and we take them in as if they are

our own, so we make them feel like they're our own kids, not that its just a group home not that their just a group home client" (Participant #7, personal interview, April 2013).

- "I'd say things like, you can't say nobody wants you cause I care about you, that's why I'm talking to you, you don't wanna use love and so on cause they might take it the wrong way but you say you care about them" (Participant #9, personal interview, April 2013).
- "So right there I could have blown this, cause it's a group home child right, I could have already think the worst about him and I really caught myself because that's what they told me. I try and "let me think about this first...and then react"

(Participant #9, personal interview, April 2013).

- "You have to have a lot of patience, I guess respect for the people you work with, for the clients that you work with, just understanding a lot of times you can get into power struggles with kids when you don't give them the initial respect that they need" (Participant #8, personal interview, April 2013).
- "Being there for each other and just letting them know that you are genuinely there to help. You can't kinda force that, you gotta let them see that for themselves and then they'll draw to you, just like you draw to them" (Participant #8, personal interview, April 2013).
- "So far as just their day to day

program and the things that they should get, you know a lot of what we try to push here is stability, you know you may be all over the place when you get here but at least when you get here you know that our main focus is to work on making you a better you and that that says a lot to them, that they see that we go up to that and beyond for them and to know that its real and that kind of gives them the motivation to do for themselves because they see that we're not gonna give up on you know pushing them on doing everything that they need to do to be you know a better person once they leave here I can tell them, this is a temporary pit stop, you know that the rest of the world want you to do, this is

	<p>going to be your last stop so let it show, make it count"</p> <p>(Participant #8, personal interview, April 2013).</p> <ul style="list-style-type: none">• "Patience, you have to like the work and you have to be interested in the girls" (Participant #10, personal interview, April 2013).• "I think they benefit most from the family, even though it's a group home, but I think that they benefit from the fact that they get a loving and a home environment" (Participant #1, personal interview, April 2013).• "Eating together, going out together, doing stuff, teaching the kids you know basically what you would teach your kids, mannerisms, you know giving them rules" (Participant #1, personal
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interview, April 2013).

- "My opinion of healthy development is basically achieving a particular goal" (Participant #1, personal interview, April 2013).
- "As far as what the kids would get from here, the strength I think would be someone caring, like I said listening, someone trying to give them basics of what they need to survive, you know once they leave the group home, the emancipation, you know giving them all the skills they need for emancipation" (Participant #1, personal interview, April 2013).
- "We do things together, we cook and everybody's supposed to eat dinner together as a family, we go on outings, we get that close

	<p>knit as a family in a structured family, and chores as well” (Participant #2, personal interview, April 2013).</p> <ul style="list-style-type: none">• “To overcome their pasts, to achieve lifelong future.” (Participant #2, personal interview, April 2013).• “You can still get out in the world and achieve what you want to achieve”, (Participant #2, personal interview, April 2013).• “Just earlier before you got here, one of the girls says, well your my mommy, you have to go take me wherever I wanna go, you know, just little things, but they mean a lot” (Participant #3, personal interview, April 2013).• “As the clock is ticking by, I sit and I'll inform the director, I'll inform the social worker
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right away, the hot line as well but that doesn't seem to stop my worrying about them and the reason I worry is because I have kinda become a substitute mom to them and that's just part of it" (Participant #3, personal interview, April 2013).

- "We have dinner together, doing things together, going to a movie together, watching TV together" (Participant #3, personal interview, April 2013).
- "Shelter, the safety, we're sorta like a safety net for them. At least while their here they're safe. They're clothed, they're fed, but it's the emotional, yea, that's what we can't" (Participant #3, personal interview, April 2013).
- "We try to eat together, when

they have after school activities we all try and to go together, even though they all have their things going on which we prefer instead of them having nothing to do, but then yeah we see if maybe they wanna go to church but sometimes that always doesn't work, but I think that's similar to a family in a way"(Participant #4, personal interview, April 2013).

- "Comfortable, three meals a day, a snack, they know I hound them to go to school, they clean clothes, chores, that's what falls under the family thing"(Participant #5, personal interview, April 2013).
- "It has to be (individualized) each one is different, they all came from different worlds,

	<p>different universes, however you wanna word it" (Participant #5, personal interview, April 2013).</p> <ul style="list-style-type: none">• "The opportunities are there for them to become a president if they choose to" (Participant #5, personal interview, April 2013).• "I never take it personal, the times that they have the anger and stuff, it's not at you, its at whatever went on in their life to put em here, but if your the person in front of them at the time so you just gotta take the backlash or whatever from it, but you do not take it personal" (Participant #5, personal interview, April 2013).• "I focus on their good, their positive, nothing negative, say "you can do this"(Participant #6, personal interview, April 2013).
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- "They are always angry and I think its from the inside, they turn that hurt into lashing out at anybody anything. That anger manifests itself into both verbal and physical aggression"
(Participant #7, personal interview, April 2013).
- "When they come in here you know they are our family, you know, we have to live with them so, there's no way you can live with someone day in and day out and not form that bond that they're more than just client or they're just here as our job, you develop that when you have to go through those emotional times, the hard times, you know sometimes death, you know, tragic events that come to these girls that into our lifestyle as well that naturally

	<p>just brings you closer together” (Participant #8, personal interview, April 2013).</p> <ul style="list-style-type: none">• “Yes. Healthy development is basically taking them from an environment that they're used to and just showing them something different, that they can change for the better and turn their program and their life style around and make positive choices to overall affect their future and their success, being able to just come and change your surroundings and adapt to something different” (Participant #8, personal interview, April 2013).• “Well, we pick them up from school, we sit together and eat, pray, we all get involved in the meal like setting the table or
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	<p>cooking. Plus we are all here for each other, we all get involved in whatever problem needs to be fixed" (Participant #10, personal interview, April 2013).</p> <ul style="list-style-type: none"> • "Yes, healthy development is like being emotionally and socially stable and about being able to achieve your goals." (Participant #10, personal interview, April 2013).
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Table 2. Transparency

Transparency	<ul style="list-style-type: none"> • "Just talking to the kids, you know listening" (Participant #1, personal
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interview, April 2013).

- "They can build a relationship with the staff and trust" (Participant #2, personal interview, April 2013).
- "Listening is the most important thing. Being honest as well" (Participant #2, personal interview, April 2013).
- "Be a good listener, go beyond the call of duty to see that their needs are met" (Participant #3, personal interview, April 2013).
- "Find to where they can eventually trust people because some of them the scars are so deep they can't, so encourage them to move on, seek help, seek therapy, be able to move on and this should be another key to the whole, being able for them to function out there" (Participant #3, personal interview, April 2013).
- "Honesty is like the number one thing

for me because that's where you build trust and that's where you build a friendship, from honesty and just being yourself, that what I always tell them"(Participant #4, personal interview, April 2013).

- "So wanting to talk, wanting to express themselves so somebody's listening not really understanding but just listening, give some feedback"(Participant #4, personal interview, April 2013).
- "Honesty. You need to be honest with the kids, with the staff and with the House Parents"(Participant #5, personal interview, April 2013).
- "Don't lie to these kids no matter what, tell the truth, you have to be honest. Even the staff, we have to be honest about it. You have to tell me the truth about your problem and then we can find the solution for

it" (Participant #5, personal interview, April 2013).

- "I think the consistency, and every staff here is on the same page, we're all, we all work together, we're all honest with the kids" (Participant #6, personal interview, April 2013).
- "We pull them in to let them know and understand where they come from and that we're not judging them from where they come from and with that its been a little bit easier to have girls feel comfortable here because they can sense the real feeling of being here, not just someone who's trying to get a paycheck or has to be here, no, someone who really shows that they care" (Participant #7, personal interview, April 2013).
- "He would call me, I gave him my number and said if ever you wanna talk and I'm not here, you call me, if

	<p>something is going on just call me and I'd let him vent" (Participant #9, personal interview, April 2013).</p> <ul style="list-style-type: none">• "So the biggest part is communication, being able to communicate with them and trust, cause they have to trust you in order to live with you and be around you and respect you." (Participant #8, personal interview, April 2013).• "It's a lot. It's the way our company is as one, everybody tries to communicate on the same level. We all try to work as a team. And just basically to let the kids know we're here to help, to make changes with them" (Participant #8, personal interview, April 2013).• "It all depends on that girl, you know like I said, we start off with trust because when they come in they come in with guards and walls and blocks and
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so, umm, you know you can't really tell them that your different than anybody else, you know that's something that they have to see for themselves and you continue to do the things that you would normally do with the other girls and you know that kind of gets them to warm up to you" (Participant #8, personal interview, April 2013).

- "Its hard, they don't trust anybody" (Participant #9, personal interview, April 2013).
- "I would tell him, if something is going on and your thinking of hitting somebody, just call me, and he would call me, and I'd let him vent, I don't interrupt him and I just let him vent" (Participant #9, personal interview, April 2013).
- "I talk to them, I gain their trust by listening to them, I don't interrupt

	<p>and try and fix it, I just listen” (Participant #10, personal interview, April 2013).</p> <ul style="list-style-type: none"> • “You know for me in a group home, if you have a structure, if you put rules and you know you cant force the kids in a group home to do, but you pretty much tell them what your trying to accomplish or what you want them to accomplish” (Participant #9, personal interview, April 2013).
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Table 3. Communication

Communication	<ul style="list-style-type: none"> • “But then, if the social worker says, do this, then we have to go by that,
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okay, we may not agree with it, and there's nothing that says that we should agree with it at all you know" (Participant #3, personal interview, April 2013).

- "This should be to where you set up a meeting, with the social worker, director, whoever else is involved, find out if there's someone out there in the neighborhood or family that we can actually trust our kids with, to where we have the information, where to they live...to make sure that we know who our kids are with, and that seems to be the biggest problem is that the kids didn't want to share any information with us or where their going to that's a big problem right there" (Participant #3, personal interview, April 2013).
- "Communication, better communication between the social worker and the

P.O.'s and the director. Some social workers you can call them and they'll call back 3 weeks later, well this issue I'm calling about I need to resolve this today, not 3 weeks from now" (Participant #5, personal interview, April 2013).

- "My policy for a group home, the policy would be, it would have to do something with communication between staff, not so much administration, but with social workers and the kids who have parole officers because I think the communication is really bad with those set of people" (Participant #9, personal interview, April 2013).
- "I'd change that policy where we have to communicate, not only over the phone, you have to show up, cause its not the same as talking to them face to face. I would find a way to change that and communicate everyday, every

	<p>other day, you know I'm telling you what's going on with the kids and your telling me what is going on"</p> <p>(Participant #9, personal interview, April 2013).</p>
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Table 4. Labor

Labor	<ul style="list-style-type: none"> • "One staff to 3 children. At times you may need more cause you may have a child is in crisis or something and you'll be good. Some times with the extra on, you can have that one and sort of take them away from the situation. So umm, basically, we just have the help at the beginning of the week and at the end of the week so umm...it
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would be good if we get a little time off, like five hours, well we don't get that long, but anyway, it would be good to have two people to come in after us sometimes."

(Participant #1, personal interview, April 2013).

- "Umm...more staff. We both agree. Staff. More staff. The staff development team needs to be improved" (Participant #1, personal interview, April 2013).
- "We would be on a level system, like the consequences, it says its level six but we don't have level 6 kids here, we have 12 or 14, that's what I prefer and that's what I came from. A level system, you know or...I think it needs to be put on a level system" (Participant #1, personal interview, April 2013).
- "We need a level system...we don't have a level system" (Participant #2, personal interview, April 2013).
- "One staff to three. With three you can

deal more than with 6, with three it's a little easier" (Participant #2, personal interview, April 2013).

- "You need at least 2 staff (to four children) because there's times you wanna do something with them and take them out there and you wanna make sure that their fully staffed, someone is there at all times I mean otherwise you sit there and go like this (gestures)" (Participant #3, personal interview, April 2013).
- "The only thing I feel bad for is the House Parent, because she needs someone that can help her spend the night so that she can get time off, I think that's something that I would emphasize on, because I'm here during the day and I also have kids at home and a family so I really can't stay overnight, so I really feel for her there, they really need to get her somebody so that she can go on relief."
(Participant #4, personal interview, April

2013).

- "Change what you can at this time without violating their rights, cause you know we got that big issue about violating their rights, it's posted everywhere in this house, it's so easy to violate their rights right now its crazy." (Participant #5, personal interview, April 2013).
- "If you got a 1 to 2 ratio you got one staff dealing with 2 kids and that staff can concentrate on 2 kids and 2 kids only. It's hard to deal with 6 kids and only 2 staff, that's just too much stuff going on." (Participant #5, personal interview, April 2013).
- "1 to 2 because a lot of these kids, they say they're level 6 kids but their level 12 kids." (Participant #5, personal interview, April 2013).
- "Making them a little more independent, giving them more responsibility."
(Participant #6, personal interview, April

2013).

- "3 to 1 would be fine, well between 2 and 3 because it depends on the kind of kids you'll be working with." (Participant #6, personal interview, April 2013).
- "An overabundance of staff, so keeping on call, or keeping a larger list of staff. There's too little staff, per house having at least 3 on top of the other house parents" (Participant #7, personal interview, April 2013).
- "Maybe one to three, typically one to six isn't bad, depending on what's going on and the situation, but probably, definitely at least one to three" (Participant #7, personal interview, April 2013).
- "Girls who are awol-ing, and they continue on awol-ing and we continuously keep them at this level six when they may need to go to a higher level. And that goes for anyone with aggressive behavior, kids that

are misplaced, put in a level six group home that come from a level 14 or a level 12 and clearly can't cope and can't function in this type of environment of a level 6" (Participant #7, personal interview, April 2013).

- "In a group home if you have a structured home, if you put rules, and you know you can't force the kids in a group home to do so but you just pretty much tell them what you're trying to accomplish, then when you put the rules down it goes smoothly."
(Participant #9, personal interview, April 2013).
- "And if you don't: if you make that choice to go to school everyday and just put in your head that your not going to do any work, you don't care, then things are going to be happening, privileges are going to be taken away." (Participant #9, personal interview, April 2013).
- "I wouldn't necessarily say improvement

but I guess more focus on a long term plan for the kids that ultimately don't chose to follow the program that's offered to them after they turn 18 that they can have some kind of alternative instead of just leaving." (Participant #8, personal interview, April 2013).

- "Kids are gonna be doing whatever they wanna do, and then you won't get the help from the social workers or the other people that are supposed to be in charge of them so that they can really reason why they're here, so they can get that, make that change and go out there in the world differently than how you get them." (Participant #9, personal interview, April 2013).
- "One (child) to two (staff) if I could change the law it would be one to two because you cannot give the individual care and attention to three kids."
(Participant #9, personal interview, April

	<p>2013).</p> <ul style="list-style-type: none"> • "We need more rules. For the girls that go awol nothing is done, there are no consequences and you can't do anything about it." (Participant #10, personal interview, April 2013). • "I'd like change the routine or policy of the home, like I said, have more rules." (Participant #10, personal interview, April 2013). • "One to one because at this age they need to feel important and we can direct their life more." (Participant #10, personal interview, April 2013).
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Data Interpretation

Personal Qualities

This study's findings suggest that personal qualities such as being caring and patient aid the direct-care staff in creating positive relationships with the foster youth residing in group homes. In addition, perspective takes an important role in protecting not only

child-staff interactions but also works as a protective barrier against staff burn out and stress.

When the participants were asked to state what personal qualities they thought were most important to have when working in a group home. Caring was found to be among the most common response among these participants. It was viewed as being almost necessary in order to work with foster children in group homes. "Basically, by just letting them know you care, cause you can't work in this field and not care" (Participant #1, personal interview, April 2013). It was also implied that the job of direct-care staff required an extra level of commitment, perhaps because of the challenges that the population bring. "Caring. You have to really care, you have to really love what your doing, not just be here to collect a check"(Participant #3, personal interview, April 2013). Having a genuine interest in the population that they work with and caring about them seems to help the staff overcome shortcomings of the job such as pay-rate or stress levels as well as help the children create a bond with their temporary care-givers. "Patience, you have to like the work and you have to be interested in the girls" (Participant #10, personal interview, April 2013).

Many of the staff believed that showing the children that they cared about them helped the children bond to them and vice versa. For example:

Being there for each other and just letting them know that they are genuinely there to help. You can't kinda force that, you gotta let them see that for themselves and then they'll draw to you, just like you draw to them (Participant #8, personal interview, April 2013).

Building these positive relationships with the children served to create not only a healthier environment, but also aided in the foster youths mental health. The majority of children residing in group homes have mental health and/or behavioral issues, and it has been shown that the more positive contact a foster child has to his or her caregiver, in this case, the direct-care staff, the fewer behavioral problems that child displays. As Participant 8 explained:

So far as just their day to day program and the things that they should get, you know a lot of what we try to push here is stability, you know you may be all over the place when you get here but at least when you get here you know that our

main focus is to work on making you a better you and that that says a lot to them, that they see that we go up to that and beyond for them and to know that its real and that kind of gives them the motivation to do for themselves because they see that we're not gonna give up on you know pushing them on doing everything that they need to do to be you know a better person once they leave here I can tell them, this is a temporary pit stop, you know that the rest of the world want you to do, this is going to be your last stop so let it show, make it count (Participant #8, personal interview, April 2013).

It is therefore beneficial for the children in group homes to have positive interactions with their care-givers, the direct-care staff, and according to the direct-care staff, those positive interactions are achieved when they show that they care about the children and have chosen their jobs because they want to help.

Personal qualities such as genuinely caring about the population that the direct care staff is working with also contributes to the success of the family-style arrangements that some group homes adopt. The family-style

arrangement that the group homes shared further contributed to creating a bond between staff and child. "I think they benefit most from the family, even though it's a group home, but I think that they benefit from the fact that they get a loving and a home environment" (Participant #1, personal interview, May 2013). This arrangement seems to work best with those staff that care enough about the children and youth residing in the group homes that they begin to see them as family. "Eating together, going out together, doing stuff, teaching the kids you know basically what you would teach your kids, mannerisms, you know giving them rules" (Participant #1, personal interview, April 2013). This family-style arrangement seems to be a strong suit of group homes in general, but with the added emphasis on family structure, such as having house parents who live in the homes adds to the creation of that family like bond. As participant 8 explained:

When they come in here you know they are our family, you know, we have to live with them so, there's no way you can live with someone day in and day out and not form that bond that they're more than just client or they're just here as our job, you develop that when you have to go through

those emotional times, the hard times, you know sometimes death, you know, tragic events that come to these girls that into our lifestyle as well that naturally just brings you closer together (Participant #8, personal interview, April 2013).

On the job stress in human services positions are shown to contribute to high turn over rates, particularly those dealing with consumers that have mental health or behavioral issues. As was stated earlier, the average turnover rates for human service employees were as high as 60% (Mor Barak, Nissly & Levin, 2001). It was also found that 35% of group home workers were employed for less than a year (Larson & Lakin, 1999). In this study, the average employment time with group homes for this group of participants was 10.2 years, with the participant with the least amount of experience being 2 years and the participant with the most years of experience being 26. (See Appendix D: Raw Data Table A.1). It is this researchers assumption that the bond that is created between the staff and the children play a big role in a low-turnover rate and in low reports of on the job stress affecting staff behavior.

Along with caring about the children themselves, the direct-care staff also seemed to share a similar perspective of the children themselves which allowed them to build qualities such as being patient, open-minded, and understanding. These qualities seemed to serve as protective barriers against burnout for these participants. For example, the response of participant 4 to whether or not he or she experienced on the job stress:

No, because when I have had a run in with one of the kids that's here I realize that they are not all like that and its not the core of what's going on here, its stuff from their past so its being able to realize and just let things go and sure enough, five, ten minutes later they say their sorry. So its just being understanding I guess

(Participant #4, personal interview, April 2013).

It is this understanding that has allowed many of these direct-care workers to deal with behaviors that many of these children display, primarily, verbal and physical aggression. As participant 5 explained:

They're always angry and I think it's from the inside. They're angry, they have a lot of hurt, and they turn that hurt into being you know, lash

out at anybody, anything. I think it comes really from deep inside (Participant #5, personal interview, April 2013).

This type of understanding that the direct-care staff holds allows them to separate themselves from the actions of the children and have a greater understanding and greater patience for where the behaviors are stemming from. For example:

Open-minded, don't take things personal. Each kid has their own personality, you gotta get to know each kid for who they are, their highs and lows, they hates and they loves and then you can deal with them on they level, never your level but on they level (Participant #5, personal interview, April 2013).

"You can't take it to heart, because you can't when you work these kinds of kids, at some point you have to cut yourself from work and personal" (Participant #6, personal interview, April 2013). As participant 5 explained:

I never take it personal, the times that they have the anger and stuff, it's not at you, its at whatever went on in their life to put em here, but if your the person in front of them at the time so

you just gotta take the backlash or whatever from it, but you do not take it personal (Participant #5, personal interview, April 2013).

All but three of the participants stated that on the job stress did not affect their behavior with the foster children. They contributed this to having an understanding that the anger the children have and the aggressive behaviors they display stem from the children's personal history. This seems to allow the staff to not take offense to aggressive behavior, which allows them to remain calm and continue to have positive interactions with the children. As participant 7 explained:

We pull them in to let them know and understand where they come from and that we're not judging them from where they come from and with that its been a little bit easier to have girls feel comfortable here because they can sense the real feeling of being here, not just someone who's trying to get a paycheck or has to be here, no, someone who really shows that they care

(Participant #7, personal interview, April 2013).

Lastly, a majority of the participants shared a perspective that the children could in fact achieve healthy

development. This optimism seems to further aid in the bonding of the staff to the children. "Think yes, its possible. Healthy development is to know that they have a support system and that they should be able to do whatever it is they want to pursue and have that support"

(Participant #4, personal interview, April 2013).

Having a positive outlook on the children's future could potentially contribute to the healthy development of the foster youth. Many studies have been conducted that showed the importance that expectations have on others. This is where literature on self-fulfilling prophecy stems from and where narrative therapy takes the approach of creating a new perspective and new story in order to overcome past traumas and achieve mental health. "You can still get out in the world and achieve what you want to achieve" (Participant #2, personal interview, April 2013). "I focus on their good, their positive, nothing negative, say "you can do this"(Participant #6, personal interview, April 2013). "The opportunities are there for them to become a president if they choose to" (Participant #5, personal interview, April 2013). As participant 8 explained:

Yes. Healthy development is basically taking them from an environment that they're used to and just showing them something different, that they can change for the better and turn their program and their life style around and make positive choices to overall affect their future and their success, being able to just come and change your surroundings and adapt to something different

(Participant #8, personal interview, April 2013).

All these responses have the theme of hope, of overcoming obstacles and achieving healthy development. It seems that the personal characteristic of the direct-care staff can benefit the children they work with tremendously, having a true commitment to helping the foster children and youth achieve healthy development ties in with caring about the children and caring enough to take on an understanding perspective, which all allows the children and youth to flourish in a nurturing environment and create healthy positive relationships.

Transparency.

In this study, an overwhelming amount of responses about building relationships with the children revolved around trust. Trust, seemed to be a common goal that the

direct-care workers shared, and in order to achieve that goal there were two strategies used by almost all the participants: listening and being honest. "Honesty is like the number one thing for me because that's where you build trust and that's where you build a friendship, from honesty and just being yourself, that's what I always tell them" (Participant #4, personal interview, April 2013).

To begin, trust is seen as an essential component to building a relationship. Unfortunately, as discussed in the literature review, many children that reside in group homes have difficulties with attachment and trusting others due to many of their traumatic histories and histories of instability. This makes it difficult for this population to build healthy trusting relationships. "Its hard, they don't trust anybody" (Participant #9, personal interview, April 2013). Many of these direct-care workers found that in order to build that trust, they had to listen to the children, they had to be honest with them and eventually the children would build trust with them. As participant 7 explained:

Just being real, that the bottom line with what has been successful here for us, its that we don't sugar coat anything and we take them in as if they

are our own, so we make them feel like they're our own kids, not that its just a group home not that their just a group home client (Participant #7, personal interview, April 2013).

This openness and candid honesty seems to aid in building trust by allowing the children to witness that they are not being lied to, which enables them to be able to connect with the staff. "They can build a relationship with the staff and trust" (Participant #2, personal interview, April 2013). "Listening is the most important thing. Being honest as well"(Participant #2, personal interview, April 2013).

This honesty does not only apply to the children they work with, it also applies to the relationship between staff. As participant 5 explained:

Don't lie to these kids no matter what; tell the truth, you have to be honest. Even the staff, we have to be honest about it. You have to tell me the truth about your problem and then we can find the solution for it (Participant #5, personal interview, April 2013).

This allows for both better communication between staff and serves as an example of what honesty looks like. This helps the children see how honest communication helps build

healthy relationships, it serves as a learning tool and the staff can serve as a practice board for these children to practice building honest relationships.

Communication

The third core domain of this study is communication. In the researchers search for effective components of group homes, questions were asked about what changes the direct-care staff would make, many of the responses suggested that improved communication between the staff and the other professionals that work with the children would benefit the children and improve the care that they receive in group homes. As participant 7 explained:

My policy for a group home, the policy would be, it would have to do something with communication between staff, not so much administration, but with social workers and the kids who have parole officers because I think the communication is really bad with those set of people (Participant #7, personal interview, May 2013).

It was expressed by several participants that the direct-care workers are not able to communicate effectively with the other people that are in charge of the foster youths

care, such as the social workers or the parole officers.

For example, participant 5 explained:

Communication, better communication between the social worker and the P.O.'s and the director. Some social workers you can call them and they'll call back 3 weeks later, well this issue I'm calling about I need to resolve this today, not 3 weeks from now (Participant #5, personal interview, April 2013).

Better communication was seen as beneficial for quick problem resolution as stated, but also communication for the sake of treatment planning. "But then, if the social worker says, do this, then we have to go by that, okay, we may not agree with it, and there's nothing that says that we should agree with it at all you know" (Participant #3, personal interview, April 2013). Having continuity in the care of these children between all the people who work with them could help the direct-care staff in better implementation of care plans and could also benefit the social workers by including the suggestions of the direct-care staff in their decision making process. As participant 7 explained:

I'd change that policy where we have to communicate, not only over the phone, you have to show up, cause its not the same as talking to them face to face. I would find a way to change that and communicate everyday, every other day, you know I'm telling you what's going on with the kids and your telling me what is going on (Participant #7, personal interview, April 2013).

The direct-care workers have a different experience with the children because they are their care-takers and see them day in and day out, they therefore can bring different suggestions and concerns to the table that the social workers, administration, or parole officers are not aware of.

Labor

The last core domain this researcher explored was labor; specifically, staff to child ratio and time off of work. First, staff to child ratio was addressed by many of the direct-care workers as being something they would change. "Umm...more staff. We both agree. Staff. More staff. The staff development team needs to be improved" (Participant #1, personal interview, April 2013). While participants all had different responses on what ratio

would be ideal for them, the general idea was shared by most of the direct-care staff, that a lower child-staff ratio would benefit them and the children because more individualized care can be given. For example, participant 5 explained:

If you got a one to two ratio, you got one staff dealing with two kids and that staff can concentrate on two kids and 2 kids only. It's hard to deal with 6 kids and only 2 staff, that's just too much stuff going on (Participant #5, personal interview, April 2013).

Additional participant data was noted. "One (child) to two (staff) if I could change the law it would be one to two because you cannot give the individual care and attention to three kids" (Participant #9, personal interview, April 2013). "One to one because at this age they need to feel important and we can direct their life more" (Participant #10, personal interview, April 2013).

It was expressed that having more staff, would benefit the care of the children in case of crisis, which can arise frequently with this population. As participant 4 noted:

One staff to three children. At times you may need more cause you may have a child is in crisis or something and you'll be good. Sometimes with the extra on, you can have that one and sort of take them away from the situation (Participant #1, personal interview, April 2013).

Along with a higher staff to child ratio, having an extra person on staff at night in order to help relieve the house parent was pointed out. For example:

The only thing I feel bad for is the house parent, because she needs someone that can help her spend the night so that she can get time off, I think that's something that I would emphasize on, because I'm here during the day and I also have kids at home and a family so I really can't stay overnight, so I really feel for her there, they really need to get her somebody so that she can go on relief (Participant #4, personal interview, April 2013).

Because staff-burnout is a common occurrence in human service positions, it seems that having more staff can serve as a preventative measure. Preventing staff-burnout decreases the chances of turnover rates with the direct-

care staff, it decreases the chance that on the job stress will affect the care that is given by the staff and therefore create a healthier and more stable living environment for the foster children and youth in group homes.

Limitations

This study had some limitations that potentially compromised the results. The first being that the interviews were conducted at the group homes themselves, which could have influenced how the participants responded. Secondly, because the interviews were conducted at their place of work, other staff were present in the home, which could have also influenced how the participants responded because of fear of being heard and judged. Lastly, the questions on effective group home care were limited due to time constraints, further research and exploration of components of effective group home care need to be explored.

Implications of Findings for Micro and Macro Practice

Micro Social Work Practice

The micro implications for this study suggest that having a screening process for hiring direct-care staff that has emphasis on personal qualities can help create a more effective group home in a variety of ways. These personal qualities, such as being caring, patient, understanding, hopeful, and honest can help build a bond between staff and child. This bond is what can be used as a protective barrier against on the job stress and staff burnout. This bond can also benefit the child by building a healthy relationship with their caregivers, giving way for a more stable environment because of low-turnover rates and lower levels of on the job stress. Lastly, the children can benefit from the hopeful, positive outlook of the staff, because this type of outlook can affect the children's self-worth and can aide in building a positive identity.

Macro Social Work Practice

At a macro level, the results from this study indicate that a change needs to be made in the communication between the direct-care staff and the other people who are part of the care team for these foster children and youth. Many people take part in the care of these foster children and youth, such as social workers and parole officers, clear communication in the form of

meetings would benefit all the parties involved. This potentially involves a decision on part of the court, to implement a mandated meeting on a regular basis between all parties that work with this population. A meeting between all parties can improve communication that can improve foster youth group homes by having continuity of care; more efficient problem resolution; and greater input from all parties involved in the care of these foster children and youth.

The results from this study also indicate that a change in the policy of the child-staff ratio and time off can benefit group homes overall by making staff better able to bond with the children, better able to handle crisis when it arises and help mediate on-the-job stress by providing more breaks for the staff. This is an issue that can be addressed between the staff and the administration in order to better meet the needs of the direct-care staff for the improvement of group home care.

Summary

Chapter four encompassed the researchers evaluation and analysis of the data that was gathered in this study. It explained the process of analysis the

researcher took to find the core domains of the study and the interpretation of those domains: personal qualities, transparency, communication and labor. Lastly, chapter four discussed how the findings can potentially contribute to micro and macro social work practice.

CHAPTER FIVE

TERMINATION AND FOLLOW UP

Introduction

This chapter explains the process of termination. This begins with the post-positive plan for termination with the participants, including how the findings were communicated, how the study was terminated, and lastly, the researchers dissemination plan.

Termination of Study

The termination process included a debriefing statement to all the participants that thanked them for their participation as well as a verbal expression of appreciation by the researcher to the participants at the end of each interview. In order to further express gratitude for their participation, a five-dollar gift card was given to the participants. After the interviews were completed, a thank you card along with a gift card was given to the gatekeeper of the study. It was communicated to the gatekeeper that further contact would be made once the final copy of the study was created and the findings of the study would be discussed with the gatekeeper along with

a hard copy of the study. This will serve as the termination with C.H.A.R.L.E.E. Family Care, Inc.

Communicating Findings to Study Site and Study Participants

This researcher discussed how the findings would be communicated with the participants after the interviews had been conducted. The researcher explained that a hard copy would be available for them to read at the California State University San Bernardino's library. The researcher also provided contact information via the debriefing statement. This same information was also communicated verbally to the gatekeeper at the beginning of the study.

Ongoing Relationship with Study Participants

There are no plans for an ongoing relationship with C.H.A.R.L.E.E. Family Care Inc.'s study participants. This researcher terminated all relationship and contact with the participants. However, because this researcher plans on continuing work with the foster youth population, the participants' responses and the research study findings will permanently be a part of this researcher's learning experience.

Dissemination Plan

For dissemination, this researcher is going to provide a hard copy of the research study to C.H.A.R.L.E.E. Family Care Inc., and to the California State University San Bernardino library once a hard copy is created.

Summary

Chapter five discussed the process of termination with C.H.A.R.L.E.E Family Care Inc., by expressing appreciation both written and verbally as well as by giving a gift cards to all the participants, including the gatekeeper. This chapter also outlined how the researcher will communicate the study findings, via a hard copy to the study site and the California State University San Bernardino library. The researchers dissemination process with C.H.A.R.L.E.E Family Care, Inc., was also discussed.

APPENDIX A
DATA COLLECTION INSTRUMENT

Interview Questions

- 1) How many years/months have you worked in a group home?
- 2) How many hours of training have you had in order to work with this population?
- 3) What is the highest level of education you have achieved?
- 4) What is your job title?
- 5) What is your age?
- 6) What is your gender?
- 7) What is your ethnicity?
- 8) Why did you choose to work in a group home?
- 9) In your opinion, what are some of the most important personal qualities to have when working in a group home?
- 10) In your opinion, can children achieve healthy development in a group home? And what is healthy development to you?
- 11) What do you believe is this group homes greatest strength?
- 12) Can you name one thing that needs improvement in this group home?
- 13) If you could change one thing about how the group home is run, what would it be?

- 14) How does the group home simulate family-style arrangements?
- 15) How has on the job stress affected how you interact with the children?
- 16) How have you been able to build a trusting relationship with the children?
- 17) What would be your ideal staff-child ration? Why?
- 18) Which behaviors from the children do you find the most challenging?
- 19) Which behaviors from the children do you see most often?
- 20) What do you think the children benefit most from in the group home? Why?

Developed by Diana Highsmith

APPENDIX B
INFORMED CONSENT AND AUDIO CONSENT

Informed Consent

You are being asked to participate in a study conducted by Diana Highsmith, a Master of Social Work student at California State University, San Bernardino.

The research project aims to identify the key elements of effective care in foster youth group homes from the perspective of the direct care staff.

The interview will last approximately 20-40 minutes. With your permission, the interview will be audiotaped.

There are no expected risks or costs to you from participating in the interview.

Any information that you provide will be held in confidence by the researcher. No participant will be identified in the report. Neither your name nor any other identifying information will be available to any staff or administration in the group home or any other persons. After the research is completed, the information gathered and the audiotapes will be destroyed.

Your participation in this research project is voluntary. You may withdraw from the study at any time with no explanation needed.

The Department of Social Work Sub-Committee California State University, San Bernardino Institutional Review Board, has approved this study.

If you agree to participate, please mark below.

By the mark below, I acknowledge that I have been informed of and understand the nature of the study. I also acknowledge that I am at least 18 years of age.

Mark _____ Date _____

I give permission for my interview to be audiotaped.

Yes _____ No _____

APPENDIX C
DEBRIEFING STATEMENT

Debriefing Statement

The study you have participated in explored effective care in foster youth group homes from the perspective of the direct care staff. Research on foster youth group homes will continue the search for the most effective care for this vulnerable population. Your participation has been instrumental in this search, thank you.

Diana Highsmith, a Master of Social Work student from California State University, San Bernardino, conducted this study.

If you have any questions or concerns regarding the study may be addressed to Dr. Thomas Davis, Project Advisor at (909) 537-3839 or Diana Highsmith at highsmid@coyote.csusb.edu

If you would like to obtain a copy of this study, it will be available at the John M. Pfau Library after December 2013.

Thank you again for your participation.

APPENDIX D

RAW DATA

Table 1. Demographics

<u>Average years of experience working in group homes</u>	10.2 years
<u>Average hours of group home training</u>	397.8 hours
<u>Educational Background</u>	5-High School 5-College
<u>Professional title</u>	5-Family Care House Parent 3-Recreational Aides 1-Parent Relief 1-Support Staff
<u>Average Age</u>	40.9
<u>Gender</u>	9-Female 1-Male
<u>Ethnicity</u>	6-African American 4-Hispanic

Table 2. The Five Codes

People	<ul style="list-style-type: none"> • "I came from education and I wanted the challenge of the quote unquote "problem child" as they were called back then. The kids that were on probation and had different backgrounds" (Participant #1, personal interview, April 2013). • "So the group homes greatest strength is
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the people that live there are and that have the proper traits and like you said the training but a lot of its just common sense too, you know?" (Participant #1, personal interview, April 2013).

- "I've had a gentleman that works here as well, he's had a great deal of experience and he brings a lot to the table here and makes a big difference" (Participant #3, personal interview, April 2013).
- "But then, if the social worker says, do this, then we have to go by that, okay, we April not agree with it, and there's nothing that says that we should agree with it at all you know" (Participant #3, personal interview, April 2013).
- "As the clock is ticking by I sit and I'll inform the director, I'll inform the social worker right away, the hot line as well but that doesn't seem to stop my worrying about them and the reason I worry is because I have kinda become a

substitute mom to them and that's just part of it" (Participant #3, personal interview, April 2013).

- "Communication, better communication between the Social Worker and the P.O.s (parole officer) and the director. Some social workers you can call them and they'll call back 3 weeks later, well this issue I'm calling about I need to resolve this today, not 3 weeks from now" (Participant #5, personal interview, April 2013).
- "I like working with kids/teenagers. I used to be in a group home so I kind of relate to that field" (Participant #8, personal interview, April 2013).
- "Parent relief, and also recreational aid. Parent relief, what that is is when house parents go on vacation cause every month they go away for a week, ten days, then I take over. The "rec" aid would be what I'm doing today since the house

parent is here I do the office work, I go pick up the kids, I make doctors appointments, take them to the dentists, you know any type of activity they have then that's what I would do" (Participant #9, personal interview, April 2013).

- "Kids are gonna be doing whatever they wanna do, and then you won't get the help from the social workers or the other people that are supposed to be in charge of them so that they can really reason why they're here, so they can get that, make that change and go out there in the world differently than how you get them" (Participant #9, personal interview, April 2013).
- "I like how the guy run his group home, he's in Moreno Valley, he actually comes and interviews the child to see if that child is a good fit to go with the other kids that he has and he had like 4 sheets of paper and he went through those papers

	<p>without stopping (with the child). He says you need to know this before you come and live with me because that is my house, they are my rules and that is what I think this group home needs and he could say I'm not coming and he could go somewhere else" (Participant #9, personal interview, April 2013).</p>
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Places	<ul style="list-style-type: none"> • "I think they benefit most from the family, even though it's a group home, but I think that they benefit from the fact that they get a loving and a home environment" (Participant #1, personal interview, April 2013). • "We have dinner together, doing things together, going to a movie together, watching TV together" (Participant #3, personal interview, April 2013). • "Shelter, the safety, we're sorta like a
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safety net for them. At least while their here they're safe. They're clothed, they're fed, but it's the emotional, yea, that's what we can't" (Participant #3, personal interview, April 2013).

- "We try to eat together, when they have after school activities we all try and to go together, even though they all have their things going on which we prefer instead of them having nothing to do, but then yeah we see if maybe they wanna go to church but sometimes that always doesn't work, but I think that's similar to a family in a way" (Participant #4, personal interview, April 2013).
- "Comfortable, three meals a day, a snack, they know I hound them to go to school, they clean clothes, chores, that's what falls under the family thing" (Participant #5, personal interview, April 2013).
- "When they come in here you know they are our family, you know, we have to live with

them so, there's no way you can live with someone day in and day out and not form that bond that they're more than just client or their just here as our job, you develop that when you have to go through those emotional times, the hard times, you know sometimes death, you know, tragic events that come to these girls that into our lifestyle as well that naturally just brings you closer together" (Participant #8, personal interview, April 2013).

- "That's what I would change too, your in a group home, its supposed to be a family oriented setting so as a family this is what were gonna do on Saturday. If you choose not to, then there has to be a consequence" (Participant #9, personal interview, April 2013).
- "Well, we pick them up from school, we sit together and eat, pray, and we all get involved in the meal like setting the table or cooking. Plus we are all here for each

	<p>other, we all get involved in whatever problem needs to be fixed" (Participant #10, personal interview, April 2013).</p>
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<p>Things</p>	<ul style="list-style-type: none"> • "Eating together, going out together, doing stuff, teaching the kids you know basically what you would teach your kids, mannerisms, you know giving them rules" (Participant #1, personal interview, April 2013). • "We do things together, we cook and everybody's supposed to eat dinner together as a family, we go on outings, we get that close knit as a family in a structured family, and chores as well" (Participant #2, personal interview, April 2013). • "More equipment, sports equipment" (Participant #3, personal interview, April 2013). • "The greatest strength is that they offer a lot of variety of services, not only the group home, but there is also counseling,
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there's therapy, psychiatrists, there's also other homes and basically they support them in whatever it is they want to do, activity wise, they try to accommodate them" (Participant #4, personal interview, April 2013).

- "These kids are offered so many opportunities, it's crazy. 4 years of college. I have one kid right now, he offered a tutor, they try and force this kid to go to a tutor here too" (Participant #5, personal interview, April 2013).
- "The different services that they offer the kids. The recreational activities" (Participant #7, personal interview, April 2013).
- "We sit down for dinner, do prayer. We have the girls set the table; the girls have a night a week where they cook a meal. Dinner, chores, sometimes we'll do a movie night, just finding different things to keep them entertained" (Participant #7,

personal interview, April 2013).

- "The manipulation, the girls that come in with mental-health issues and their needs are not being met, whether that they are refusing meds or they are refusing the services that we're offering, whatever the case April be, the bottom line is there needs are not being met on a mental stand point so that becomes hard cause then you have aggressive girls" (Participant #7, personal interview, April 2013).
- "In this group home they benefit from life skills, they benefit from seeing the outside world from a group home, they benefit from the support that we provide and umm we really hope to set them up so that when they leave from here they have the tools and the things that they need to move forward" (Participant #7, personal interview, April 2013).
- "They don't have things just constantly going on so for them its just recreational

	<p>activities its just time they just go and spend outside of the house. They have breakfast before school, or at school if that's their choice. Then when they come home they have their snacks and stuff like that and dinner is usually prepared for them around a certain time but in between time they usually either have an appointment or like I said an activity that their usually doing, to keep them busy" (Participant #8, personal interview, April 2013).</p>
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<p>Ideas</p>	<ul style="list-style-type: none"> • "Umm...more staff. We both agree. Staff. More staff. The staff development team needs to be improved" (Participant #1, personal interview, April 2013). • "We would be on a level system, like the consequences, it says its level six but we don't have level 6 kids here, we have 12 or 14, that's what I prefer and that's what I
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came from. A level system, you know or...I think it needs to be put on a level system" (Participant #1, personal interview, April 2013).

- "Basically, umm, I don't know about saying about group homes, it should be more of an individual, you know, as far as what the kids would get from here, the strength I think would be someone caring, like I said listening, someone trying to give them basics of what they need to survive, you know once they leave the group home, the emancipation, you know giving them all the skills they need for emancipation"

(Participant #1, personal interview, April 2013).

- "Participation from our clients here, in the programs we have to offer" (Participant #2, personal interview, April 2013).
- "We need a level system...we don't have a level system" (Participant #2, personal interview, April 2013).

- "One staff to three. With three you can deal more than with 6, with three its a little easier" (Participant #2, personal interview, April 2013).
- "We need to have a little more freedom for the kids, okay" (Participant #3, personal interview, April 2013).
- "This should be to where you set up a meeting, with the social worker, director, whoever else is involved, find out if there's someone out there in the neighborhood or family that we can actually trust our kids with, to where we have the information, where to they live...to make sure that we know who our kids are with, and that seems to be the biggest problem is that the kids didn't want to share any information with us or where their going to that's a big problem right there"
(Participant #3, personal interview, April 2013).
- "You need at least 2 staff (to four

children) because there's times you wanna do something with them and take them out there and you wanna make sure that their fully staffed, someone is there at all times I mean otherwise you sit there and go like this (gestures.)" (Participant #3, personal interview, April 2013).

- "I would say if they had more availability and things for them to do. And what I mean by that is like, for instance, right now we have a little girl that's into art and stuff, it would be nice to be able to take her, it wouldn't have to be name brands or whatever, but to be able to buy her stuff so that she can continue to express herself in art and stuff" (Participant #4, personal interview, April 2013).
- "The only thing I feel bad for is the House Parent, because she needs someone that can help her spend the night so that she can get time off, I think that's something that I would emphasize on, because I'm here

during the day and I also have kids at home and a family so I really can't stay overnight, so I really feel for her there, they really need to get her somebody so that she can go on relief" (Participant #4, personal interview, April 2013).

- "Just having a support system like I said, cause they need transportation, they need the funds to get whatever they need for school . They need to know that somebody's gonna be there for them at the end of the day and if they need anything they know that they can come and tell the staff" (Participant #4, personal interview, April 2013).
- "It has to be (individualized) each one is different, they all came from different worlds, different universes, however you wanna word it" (Participant #5, personal interview, April 2013).
- "1 to 2 because a lot of these kids, they say they're level 6 kids but their level 12

kids" (Participant #5, personal interview, April 2013).

- "Change what you can at this time without violating their rights, cause you know we got that big issue about violating their rights, it's posted everywhere in this house, it's so easy to violate their rights right now its crazy" (Participant #5, personal interview, April 2013).
- "Communication, better communication between the Social Worker and the P.O.s (parole officer) and the director. Some social workers you can call them and they'll call back 3 weeks later, well this issue I'm calling about I need to resolve this today, not 3 weeks from now" (Participant #5, personal interview, April 2013).
- "If you got a 1 to 2 ratio you got one staff dealing with 2 kids and that staff can concentrate on 2 kids and 2 kids only. It's hard to deal with 6 kids and only 2

staff, that's just too much stuff going on" (Participant #5, personal interview, April 2013).

- "I think that umm, more independent skills, and that's on their part because their so used to the group home giving into them and doing for them, and its like you know you need to grow up now. You know its skills you need to develop to be productive out there" (Participant #6, personal interview, April 2013).
- "Making them a little more independent, giving them more responsibility" (Participant #6, personal interview, April 2013).
- "3 to 1 would be fine, well between 2 and 3 because it depends on the kind of kids you'll be working with" (Participant #6, personal interview, April 2013).
- "An overabundance of staff, so keeping on call, or keeping a larger list of staff. There's too little staff, per house having

at least 3 on top of the other house parents" (Participant #7, personal interview, April 2013).

- "Maybe one to three, typically one to six isn't bad, depending on what's going on and the situation, but probably, definitely at least one to three" (Participant #7, personal interview, April 2013).
- "Girls who are awol-ing, and they continue on awol-ing and we continuously keep them at this level six when they April need to go to a higher level. And that goes for anyone with aggressive behavior, kids that are misplaced, put in a level six group home that come from a level 14 or a level 12 and clearly can't cope and can't function in this type of environment of a level 6" (Participant #7, personal interview, April 2013).
- "I wouldn't necessarily say improvement but I guess more focus on a long term plan for the kids that ultimately don't chose to

follow the program that's offered to them after they turn 18 that they can have some kind of alternative instead of just leaving" (Participant #8, personal interview, April 2013).

- "In a group home if you have a structured home, if you put rules, and you know you can't force the kids in a group home to do so but you just pretty much tell them what you're trying to accomplish, then when you put the rules down it goes smoothly" (Participant #9, personal interview, April 2013).
- "And if you don't: if you make that choice to go to school everyday and just put in your head that your not going to do any work, you don't care, then things are going to be happening, privileges are going to be taken away" (Participant #9, personal interview, April 2013).
- "If I could change the law I would make it one to two, because you cannot give the

individual care and attention to three children" (Participant #9, personal interview, April 2013).

- "You know for me in a group home, if you have a structure, if you put rules and you know you cant force the kids in a group home to do, but you pretty much tell them what your trying to accomplish or what you want them to accomplish" (Participant #9, personal interview, April 2013).
- "Consequences for bad choices, you'll have things taken away" (Participant #9, personal interview, April 2013).
- "One (child) to two (staff) if I could change the law it would be one to two because you cannot give the individual care and attention to three kids" (Participant #9, personal interview, April 2013).
- "Those are the three things we have to teach them: making good choices; be responsible, and that's a big word its not just one thing, its your whole life"

(Participant #9, personal interview, April 2013).

- "I'd change that policy where we have to communicate, not only over the phone, you have to show up, cause its not the same as talking to them face to face. I would find a way to change that and communicate everyday, every other day, you know I'm telling you what's going on with the kids and your telling me what is going on"

(Participant #9, personal interview, April 2013).

- "My policy for a group home, the policy would be, it would have to have something to do with communication between staff, and not so much administration, but the social workers and the kids who have P.O. Officers, because I think the communication is really bad with those set of people"

(Participant #9, personal interview, April 2013).

- "You can't use the word "no" with them, you

have to go around it, they've heard "no" all their lives, you do not use that word, you have to go around it because there's no way their gonna build any trust with me if they say well, can you take me to the store? "No." that's what they've been hearing, you gotta change that, you gotta figure out something to work with them" (Participant #9, personal interview, April 2013).

- "So unhealthy development would be going out in the world and not knowing the rules, not knowing the consequences, making unwise choices that get you in trouble that would get you incarcerated and things like that. So then healthy dev would be being able to make responsible choices" (Participant #9, personal interview, April 2013).
- "We need more rules. For the girls that go awol nothing is done, there are no consequences and you can't do anything about it" (Participant #10, personal

	<p>interview, April 2013).</p> <ul style="list-style-type: none"> • "I'd like change the routine or policy of the home, like I said, have more rules" (Participant #10, personal interview, April 2013). • "One to one because at this age they need to feel important and we can direct their life more" (Participant #10, personal interview, April 2013).
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Themes	<ul style="list-style-type: none"> • "I wanted to be involved in a challenge" (Participant #1, personal interview, April 2013). • "Patience. Understanding, being open minded, being a good listener, team player" (Participant #1, personal interview, April 2013). • "My opinion of healthy development is basically achieving a particular goal" (Participant #1, personal interview, April 2013).
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- "Basically by just letting them know you care cause you can't work in this field and not care" (Participant #1, personal interview, April 2013).
- "Just talking to the kids, you know listening" (Participant #1, personal interview, April 2013).
- "Loved working with children and I love a challenge" (Participant #2, personal interview, April 2013).
- "They can build a relationship with the staff and trust" (Participant #2, personal interview, April 2013).
- "Patience, most important, and caring" (Participant #2, personal interview, April 2013).
- "To overcome their pasts, to achieve lifelong future" (Participant #2, personal interview, April 2013).
- "It can be stressful but we tend to dismiss ourselves if it gets too overbearing, as long as there is another staff around we leave the

room" (Participant #2, personal interview, April 2013).

- "More irritable, because it's like you have no control" (Participant #2, personal interview, April 2013).
- "To try and understand where they're coming from and listening" (Participant #2, personal interview, April 2013).
- "Listening is the most important thing. Being honest as well" (Participant #2, personal interview, April 2013).
- "One staff to three. With three you can deal more than with 6, with three it's a little easier" (Participant #2, personal interview, April 2013).
- "When they get in your face, that's the most challenging. They'll cuss you out or get in your face." "We see it often, your gonna get cussed out everyday" (Participant #2, personal interview, April 2013).
- "If they could just learn to be more obedient and listen to the other persons, where

they've been. You can still get out in the world and achieve what you want to achieve" (Participant #2, personal interview, April 2013).

- "It was a big challenge and I like that and I decided to try it, that's what lead me in" (Participant #3, personal interview, April 2013).
- "Caring. You have to really care, you have to really love what your doing, not just be here to collect a check" (Participant #3, personal interview, April 2013).
- "Be a good listener, go beyond the call of duty to see that their needs are met" (Participant #3, personal interview, April 2013).
- "Some of them can, some of them can't. Being able to go out there and foster good relationships" (Participant #3, personal interview, April 2013).
- "Find to where they can eventually trust people because some of them the scars are so

deep they can't, so encourage them to move on, seek help, seek therapy, be able to move on and this should be another key to the whole, being able for them to function out there" (Participant #3, personal interview, April 2013).

- "Your awols, yea your awols, especially if they're runners, it just seems to, like today you might awol and then they get back and two days later they're awol again and its just very" (Participant #3, personal interview, April 2013).
- "You need to, that's your responsibility, that's everyone's responsibility as a staff its not just here to come in and sit and pick up a check. You have to care, you have to come in and want to do what you need to do for the children" (Participant #3, personal interview, April 2013).
- "I think open-minded and to realize that there's no two kids alike every kid is like, they have their own stuff going on"

(Participant #4, personal interview, April 2013).

- "Think yes, its possible. Healthy development is to know that they have a support system and that they should be able to do whatever it is they want to pursue and have that support" (Participant #4, personal interview, April 2013).
- "It hasn't affected me at all because there was all boys here before there were girls so it hasn't, and I worked with the girls at the other group homes so its fine with me, there's no problems. No, because when I have had a run in with one of the kids that's here I realize that they are not all like that and its not the core of what's going on here, its stuff from their past so its being able to realize and just let things go and sure enough, 5, 10 minutes later they say their sorry. So its just being understanding I guess" (Participant #4, personal interview, April 2013).

- "Honesty is like the number one thing for me because that's where you build trust and that's where you build a friendship, from honesty and just being yourself, that what I always tell them" (Participant #4, personal interview, April 2013).
- "They all here and nobody wanna be here so you gotta have communication, you gotta understand the kid for who they are, not for who you want them to be, not for who you like them to be, but for who they are at this time" (Participant #5, personal interview, April 2013).
- "Open-minded, don't take things personal. Each kid has their own personality, you gotta get to know each kid for who they are, their highs and lows, they hates and they loves and then you can deal with them on they level, never your level but on they level" (Participant #5, personal interview, April 2013).
- "The opportunities are there for them to

become a president if they choose to"

(Participant #5, personal interview, April 2013).

- "Honesty. You need to be honest with the kids, with the staff and with the House Parents" (Participant #5, personal interview, April 2013).
- "Don't lie to these kids no matter what, tell the truth, you have to be honest. Even the staff, we have to be honest about it. You have to tell me the truth about your problem and then we can find the solution for it" (Participant #5, personal interview, April 2013).
- "They are very disrespectful, and they curse, they don't even realize, I'm going to say maybe respect and their anger" (Participant #5, personal interview, April 2013).
- "Understanding and patience and not to judge" (Participant #6, personal interview, April 2013).
- "You can't hit to heart, because you can't

when you work these kinds of kids, at some point you have to cut yourself from work and personal" (Participant #6, personal interview, April 2013).

- "Sometimes the disrespect goes a little too far and I get upset and they know it. I know myself, if I don't vent and I keep it in, then I'm explosive at that time and my actions are gonna go back on them, so if I vent and let it all out, not to where its profanity or anything like that but like "that really hurt my feelings, I don't like the disrespect" then I won't get that" (Participant #6, personal interview, April 2013).
- "Understanding where they come from, what they've been through, we all get that" (Participant #6, personal interview, April 2013).
- "I focus on their good, their positive, nothing negative, say "you can do this" (Participant #6, personal interview, April

2013).

- "I kinda put myself on their level. I say I can understand because I've been through this, I go and listen to what they say and then I go back and say you know what there's other people who have it worse than you" (Participant #6, personal interview, April 2013).
- "I think the consistency, and every staff here is on the same page, we're all, we all work together, we're all honest with the kids" (Participant #6, personal interview, April 2013).
- "Respect, being able to be an active listener, and being able to react to situations in a nurturing type of way" (Participant #7, personal interview, April 2013).
- "Healthy development is someone who is improving in areas they April umm not have been successful in or making better decisions. Someone who is able to realize

their own self worth and their own strength to achieve" (Participant #7, personal interview, April 2013).

- "Not less patient, maybe distant at times, which April not have always been helpful when they have needs, but in order to collect myself I needed to step back and isolate myself from certain situations" (Participant #7, personal interview, April 2013).
- "Just being real, that the bottom line with what has been successful here for us, its that we don't sugar coat anything and we take them in as if they are our own, so we make them feel like they're our own kids, not that its just a group home not that their just a group home client" (Participant #7, personal interview, April 2013).
- "We pull them in to let them know and understand where they come from and that we're not judging them from where they come from and with that its been a little bit easier to have girls feel comfortable here

because they can sense the real feeling of being here, not just someone who's trying to get a paycheck or has to be here, no, someone who really shows that they care" (Participant #7, personal interview, April 2013).

- "You have to have a lot of patience, I guess respect for the people you work with, for the clients that you work with, just understanding a lot of times you can get into power struggles with kids when you don't give them the initial respect that they need" (Participant #8, personal interview, April 2013).
- "So the biggest part is communication, being able to communicate with them and trust, cause they have to trust you in order to live with you and be around you and respect you" (Participant #8, personal interview, April 2013).
- "Yes. Healthy development is basically taking them from an environment that they're used to and just showing them something different,

that they can change for the better and turn their program and their life style around and make positive choices to overall affect their future and their success, being able to just come and change your surroundings and adapt to something different" (Participant #8, personal interview, April 2013).

- "It's a lot. It's the way our company is as one, everybody tries to communicate on the same level. We all try to work as a team. And just basically to let the kids know we're here to help, to make changes with them" (Participant #8, personal interview, April 2013).
- "Being there for each other and just letting them know that you are genuinely there to help. You can't kinda force that, you gotta let them see that for themselves and then they'll draw to you, just like you draw to them" (Participant #8, personal interview, April 2013).
- "It all depends on that girl, you know like I

said, we start off with trust because when they come in they come in with guards and walls and blocks and so, umm, you know you cant really tell them that your different than anybody else, you know that's something that they have to see for themselves and you continue to do the things that you would normally do with the other girls and you know that kind of gets them to warm up to you" (Participant #8, personal interview, April 2013).

- "So far as just their day to day program and the things that they should get, you know a lot of what we try to push here is stability, you know you April be all over the place when you get here but at least when you get here you know that our main focus is to work on making you a better you and that that says a lot to them, that they see that we go up to that and beyond for them and to know that its real and that kind of gives them the motivation to do for themselves because they

see that we're not gonna give up on you know pushing them on doing everything that they need to do to be you know a better person once they leave here I can tell them, this is a temporary pit stop, you know that the rest of the world want you to do, this is going to be your last stop so let it show, make it count" (Participant #8, personal interview, April 2013).

- "Its hard, they don't trust anybody" (Participant #9, personal interview, April 2013).
- "I would tell him if something is going on and your thinking of hitting somebody, just call me and he would call me, and I'd let him vent, I don't interrupt him and I just let him vent" (Participant #9, personal interview, April 2013).
- "The most challenging, you see I don't like cuss words, so that for me is a challenge but I cant do anything about it cause its not my rules. Usually the cuss words turn into

physical with the kids, so you could say a combination of those two" (Participant #9, personal interview, April 2013).

- "They're always angry and I think it's from the inside. They're angry, they have a lot of hurt, and they turn that hurt into being you know, lash out at anybody, anything. I think it comes really from deep inside"

(Participant #9, personal interview, April 2013).

- "I'd say things like, you can't say nobody want you cause I care about you, that's why I'm talking to you, you don't wanna use love and so on cause they might take it the wrong way but you say you care about them"

(Participant #9, personal interview, April 2013).

- "So right there I could have blown this, cause it's a group home child right, I could have already think the worst about him and I really caught myself because that's what they told me. I try and "let me think about this

first...and then react" (Participant #9, personal interview, April 2013).

- "Patience, you have to like the work and you have to be interested in the girls" (Participant #10, personal interview, April 2013).
- "Yes, healthy development is like being emotionally and socially stable and about being able to achieve your goals" (Participant #10, personal interview, April 2013).
- "I talk to them, I gain their trust by listening to them, I don't interrupt and try and fix it, I just listen" (Participant #10, personal interview, April 2013).
- "Insults, cuss words, disrespect, hitting and breaking things" (Participant #10, personal interview, April 2013).
- "Learning to organize their lives, they teach to become independent, to have life skills, to learn to live with others, so they can socialize easily, in other words be able to

	<p>adapt and deal with different temperaments. And have life skills like cleaning, dressing for different occasions and learn social skills" (Participant #10, personal interview, April 2013).</p>
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REFERENCES

- American Academy of Pediatrics. (2000). Developmental issues for young children in foster care. 106(5).
- Baez, A. (2003). A group approach to fostering self-cohesion and developmental progression in female adolescent group homes. *Child and Adolescent Social Work Journal*, 20(5), 351-375.
- Bates, B., English, D., & Kouidou-Giles, S. (1997). Residential treatment and its alternatives: A review of the literature. *Child and Youth Care Forum*, 26, 7-51.
- Cherniss, C. (1980). *Professional burnout in human service organizations*. New York: Praeger.
- Crosland, G. D., Sager, W., Neff, B., Wilcox, C., Blanco, A., & Giddings, T. (2008). The effects of staff training on the types of interactions observed at two group homes for foster care children. *Research on Social Work Practice*, 18, 410.
- Cross, K., Wakcher, S. A., Carver, J. (2009). Children's Network County of San Bernardino 6th Biennial Report. *Group home assessment [Data file]*. Retrieved from <http://hss.sbcounty.gov/Childrens%20Network/>
- Fimbres, A., L., Solomon, K., R. (2008). *A strength-based perspective on group homes*. California State University, San Bernardino.
- Freudenberger, H., & Richelson, G. (1980). *Burn-out: The high cost of high achievement*. New York: Anchor Press.
- Friman, P. (1996). Let research inform our design of youth residential care. *Brown University Child & Adolescent Behavior Letter*, 12(5), 1.
- Hepworth, D. H., Larsen, J. A., & Rooney, R. H. (2002). *Direct social work practice: Theory and skills* (6th ed.). Pacific Grove, California: Brooks/Cole.
- Howe, D. (2006). Developmental attachment psychotherapy with fostered and adopted children. 11(3), 128-134.

- Johnson, L., Subramanian, G., & Todd, M. (2005). Violence in police families: Work-family spillover. *Journal of Family Violence, 20*(1), 3-12.
- Larson, S. A., & Lakin, C. K. (1999). Longitudinal study of recruitment and retention in small community homes supporting persons with developmental disabilities. *Mental Retardation, 37*, 267-280. doi:10.1352/0895-8017(2004)109<481:MAOWCA>2.0.CO;2
- Lyons, J. S. & Schaefer, K. (2000). Mental health and dangerousness: Characteristics and outcomes of children and adolescents in residential placements. *Journal of Child and Family Studies, 9*(1), 67-73.
- Maslach, C. (1976). Burned-out. *Human Behavior, 5*, 16-22.
- Mennen, F. E., & O'Keefe, M. (2005). Informed decisions in child welfare: The use of attachment theory. *Children and Youth Services Review, 27*, 577-593.
- Mor Barak, M., Nissly, J., & Levin, A. (2001). Antecedents to retention and turnover among child welfare, social work, and other human service employees: What can we learn from past research? A review and metaanalysis. *The Social Service Review, 75*(4), 625- 661.
- Moreno, E. V., St. Clair, S. T. (2004). Perceptions of childcare workers about components of effective care in group homes. California State University, San Bernardino.
- Morris, T. (2006). *Social work research methods: Four alternative paradigms*. Thousand Oaks, CA: Sage Publications.
- Mustillo, S. A., Dorsey, S., & Farmer, E. (2005). Quality of relationships between youth and community service providers: Reliability and validity of the trusting relationship questionnaire. *Journal of Child and Family Studies, 14*(4), 577-590.
- Needell, B. & Patterson, K. (2004). Improving results for children and youth in California *What Works Policy Brief*, Summer, 1-14.

- Pazaratz, D. (2003). Skills training for managing disturbed adolescents in a residential treatment program. *Clinical Child Psychology and Psychiatry*, 8(1), 119-130.
- Rayment, J. (2005). Child and youth care as psychotherapy. *Relational Children & Youth*, 18(2), 29-32.
- Saleebey, D. (2005). *The strengths perspective in social work practice*. New York: Pearson/Allyn & Bacon.
- US Department of Health and Human Services, Administration on Children, Youth and Families. (2011). *Adoption and Foster Care Analysis Reporting System Preliminary Report*.
- Watkins, R., West, M., Yusra, M., & Visser, L. (2012). *A guide to assessing needs: Essential tools for collecting information, making decisions, and achieving development results*. Washington, DC: The World Bank.