

7-28-2015

The Journey of Hope on the Road to Resilience: Former Residents' Experiences in Child Care Facilities

Giavana F H Jones
University of Windsor

Follow this and additional works at: <https://scholar.uwindsor.ca/etd>

 Part of the [Psychology Commons](#)

Recommended Citation

Jones, Giavana F H, "The Journey of Hope on the Road to Resilience: Former Residents' Experiences in Child Care Facilities" (2015).
Electronic Theses and Dissertations. 5335.
<https://scholar.uwindsor.ca/etd/5335>

This online database contains the full-text of PhD dissertations and Masters' theses of University of Windsor students from 1954 forward. These documents are made available for personal study and research purposes only, in accordance with the Canadian Copyright Act and the Creative Commons license—CC BY-NC-ND (Attribution, Non-Commercial, No Derivative Works). Under this license, works must always be attributed to the copyright holder (original author), cannot be used for any commercial purposes, and may not be altered. Any other use would require the permission of the copyright holder. Students may inquire about withdrawing their dissertation and/or thesis from this database. For additional inquiries, please contact the repository administrator via email (scholarship@uwindsor.ca) or by telephone at 519-253-3000ext. 3208.

**The Journey of Hope on the Road to Resilience: Former Residents'
Experiences in Child Care Facilities**

by

Giavana Jones

A Dissertation
Submitted to the Faculty of Graduate Studies
through the Department of Psychology
in Partial Fulfillment of the Requirements for
the Degree of Doctor of Philosophy
at the University of Windsor

Windsor, Ontario, Canada

2015

© 2015 Giavana Jones

The Journey of Hope on the Road to Resilience: Former Residents Experiences in Child Care Facilities

By
Giavana Jones

APPROVED BY:

R. Flynn, External Examiner
University of Ottawa

J. Crawley
Faculty of Nursing

S. Towson
Department of Psychology

J. Fraser
Department of Psychology

K. Lafreniere, Advisor
Department of Psychology

February 23, 2015

DECLARATION OF ORIGINALITY

I hereby certify that I am the sole author of this dissertation and that no part of this dissertation has been published or submitted for publication.

I certify that, to the best of my knowledge, my dissertation does not infringe upon anyone's copyright nor violate any proprietary rights and that any ideas, techniques, quotations, or any other material from the work of other people included in my dissertation, published or otherwise, are fully acknowledged in accordance with the standard referencing practices. Furthermore, to the extent that I have included copyrighted material that surpasses the bounds of fair dealing within the meaning of the Canada Copyright Act, I certify that I have obtained a written permission from the copyright owner(s) to include such material(s) in my dissertation and have included copies of such copyright clearances to my appendix.

I declare that this is a true copy of my dissertation, including any final revisions, as approved by my dissertation committee and the Graduate Studies office, and that this dissertation has not been submitted for a higher degree to any other University or Institution.

ABSTRACT

When children are placed in out-of-home care, they are spared from further dangers associated with their home life. However, due to a number of other risk factors, children placed in out-of-home care, as a group, have typically had less positive outcomes than their counterparts. Nevertheless, even in the presence of various challenges, there are individuals who are raised in out-of-home care who do excel and overcome their challenges. In this study, ten young adults, between the ages of 18-31, were engaged in interviews where they shared the good and bad experiences of living in child care facilities in The Bahamas and their personal meanings of hope. The Interpretative Phenomenological Analysis framework guided the research project, including the analysis and interpretation of the interviews. A fairly positive picture of residential living within the facilities emerged from the stories, where these former residents built significant relationships, received opportunities for educational development, and overall had access to fun experiences. Reviewing their experiences through the resilience theoretical framework revealed the presence of many protective mechanisms, including good problem solving skills, intelligence, positive relationships, access to supportive learning environments, and involvement in civic groups, which were all facilitative of the success of these individuals. Hope was also significant for many of the participants, with hope generally described as a belief or expectation for something that was meaningful and positively affecting their lives. Their hopes were impacted by people, their academic pursuits, and also by their past experiences. The implications of these findings as applied to the Bahamian Social Services system are discussed.

DEDICATION

To every person who may have questioned her/his existence, due to experiences with abuse, neglect, or abandonment, this was for you.

Regardless of what life throws at you - know that you are strong, loved, talented, and have the potential for a great future. Also remember that God always has a plan, and that plan is good.

ACKNOWLEDGEMENTS

My professional goal is *to foster hope and build communities*, and I think my doctoral journey has provided me with the insight and tools needed to truly live this out. This dissertation process, specifically, has allowed me an insider's view into the imperfect Social Service system, which, despite the many flaws, still boasts successes. This, I have learned, is primarily due to the strength and resilience of the *individual within her/his community*. A lesson with implications for my personal and professional life; a lesson, I promise to not soon forget. With this in mind, it is fitting that my first line of acknowledgment and sincere gratitude is given to the young adults who brought me into their worlds, sometimes literally, as we met in their homes and work places, but definitely through the stories they shared. Even though I have never lived in a child care facility, the depth of what was shared gives me an appreciation for each person's experience, and I salute each of them for their strength and resolve. My own hope in the human spirit has been renewed through their lives!

To Dr. Kathryn Lafreniere, I'm extremely grateful for your invaluable guidance and support over the past six years and specifically for your supervision in the development and implementation of this dissertation project. Although we worked together from a distance over the last two years, your support was always evident. You may not realize it, but your patient and calming disposition helped to soothe many frayed nerves! Additionally, I want to acknowledge my committee members, Dr. Shelagh Towson, Dr. Julie Fraser, and Dr. Jamie Crawley for your *invaluable* time, expertise, and insight. The words of encouragement, the challenging questions, and genuine interest in

my work gave this project even greater significance and for that I am grateful. Finally, I want to thank Dr. Robert Flynn, who served as the external examiner on the defense, and whose knowledge, interest, and input was not only positive but also very helpful. I realize that this final document is truly stronger due to the synergistic element as a result of each of you being present throughout the various stages of the process.

This dissertation journey began in January 2012, with my first meeting with the Director of Social Services, where the original idea was presented and feedback was received. From that meeting, the idea was approved in principle and I was directed to liaise directly with Mrs. Lorraine Duvalier, Director of Child Services on all future details. From our first communication until now, Mrs. Duvalier has been easily accessible and an invaluable source of information, connecting me with the ins and outs of the Department of Social Services, in the absence of public records and documents. Thank you! Thank you! Thank you, Mrs. Duvalier for the phone calls, the face-to-face meetings, and the email communications that you have always conducted in the most professional, courteous, and patient manner. From my previous experiences, manoeuvring the Bahamian system as an outsider has typically been a challenge, but this was one experience that you made very easy.

And finally, to my personal support system, I am eternally grateful to each of you and what you bring to my life. Trying to write this final section is difficult because there are so many significant people who have supported me, physically, financially, emotionally, and spiritually. I call myself blessed to have aspects of my support network in both “homes”: Windsor, Canada and The Bahamas. As it relates to my dissertation journey in Canada, special mention is deserving to Mia and Schantal who are my

unofficial personal assistants, who were very integral to this process in the past two years as I moved back to the Bahamas and to Akin, who regularly checked in and gave an encouraging word.

In the Bahamas, I had friends who took it upon themselves to keep me focused on this project, a sincere thank you to Kaylus, Nikita, and Lacoya! To my other friends and colleagues who offered support in numerous other ways, especially the School Psychological Services team, thank you! To my *family at Epic Church* who gave encouraging words, prayed me through some tough times, and always reminded me of the end result, by sometimes calling me “Dr. Gia,” my heart is overflowing at your love and care. Collectively and individually, you showed that you believed in me, pushed me, babysat Daelyn so I could conduct interviews and/or write, and just really made my project relevant and alive. This is what church is about, and I am happy to be a part of this community.

Finally, this project has made me very aware of the importance of family, my parents, grandparents, aunts, cousins... all of you have regularly checked in, and even though most times you were clueless about my work, the smile, nod, pat on the back, hugs, and comforting words are treasured and locked away in my heart. A special thank you to mommy, who travelled with me these last two trips, serving as babysitter, encourager, and cheerleader as I worked on the final stages of the process. Also, to my sister Keiani, thank you for braving the harsh cold to be at the defense with me. I love you all!

And lastly, to my husband, partner, best friend, biggest critic, supporter-- there are really not enough words -- living between two countries, one income, two sets of bills,

and never a complaint from you. You know more than most how much I was ready to give up this past year, but you would not allow it. I love, appreciate, and honour your presence in my life. We did it!

To Daelyn Grace, I had to finish strong, if only for you! Mommy loves you so much!

TABLE OF CONTENTS

DECLARATION OF ORIGINALITY	iii
ABSTRACT	iv
DEDICATION	v
ACKNOWLEDGEMENTS	vi
LIST OF TABLES AND FIGURES	xii
LIST OF APPENDICES	xiii
I. INTRODUCTION	1
Statement of the Problem	1
Literature Review	5
Models of Care	5
Risk	10
Resilience	19
What is Hope	26
Snyder's Hope Theory	27
Hope in the Nursing literature	30
Positive adjustment and out-of-home placements	40
The Current Study	45
II. METHODOLOGY	48
Qualitative Research	48
Interpretative Phenomenological Analysis	49
Philosophical Underpinnings of IPA	50
Conducting IPA Research	53
Quality in Qualitative Research	54
Locating Myself	58
III. METHOD	63
Sampling and Recruitment	63
Interviews	65
Transcription	67

	Data Analytic Procedure	68
IV.	PARTICIPANT STORIES.....	70
	Christian.....	72
	Remedy.....	75
	Sierra Leone.....	78
	Jacob.....	81
	John.....	83
	Miller.....	85
	Samantha.....	88
	Kim.....	91
	Natario.....	94
	Jonathon.....	96
V.	FINDINGS.....	99
	Theme 1: Defining hope: What it means.....	105
	Theme 2: Building hope: Laying the foundation through residential living.....	114
	Subtheme 1: The “homes” are a good place.....	115
	Subtheme 2: Retrospective evaluation of the facilities as the right place to live.....	117
	Subtheme 3: Living in the facilities felt like a “normal” home.....	119
	Subtheme 4: Difficult experiences in the homes.....	122
	Theme 3: Nurturing hope: Helping it grow.....	124
	Subtheme 1: Hope is fostered primarily through the participants’ support system.....	124
	Subtheme 2: Other factors that impact hope.....	133
	Theme 4: Living hope: Putting hope into action	136
	Subtheme 1: Competently managing the demands of adulthood.....	136
	Subtheme 2: Being successful is an important goal of adulthood.....	141
	Subtheme 3: Seeding hope through giving back.....	145

VI. DISCUSSION.....	148
Protective Factors.....	151
Resilience and the child care facilities.....	154
Hope defined.....	158
Development of hope.....	162
Hope and its relation to the resilience process.....	166
Limitations and future research.....	168
Applied Implications.....	172
Summary.....	175
REFERENCES.....	177
APPENDICES.....	199
VITA AUCTORIS.....	216

Abandonment is an awful poverty. There are poor people everywhere, but the deepest poverty is not being loved. –Mother Theresa

LIST OF TABLES & FIGURES

Table 1:	Resilience Markers for Work, Educational, and Social domains	71
Table 2:	Participant Demographic Characteristics	98
Table 3:	Reference for Terms Used Non-traditionally	101
Table 4:	List of Themes	104
Table 5:	Hope Defined	106
Table 6:	Past and Current Hopes	113
Figure 1:	Journey Through the Process of Hope	103

LIST OF APPENDICES

Appendix A: Map of The Bahamas	199
Appendix B: Distinguishing Hope from Other Constructs	200
Appendix C: Introduction to Project/Invitation to project	207
Appendix D: Consent Form	208
Appendix E: Consent for Audio Taping	211
Appendix F: Demographic Questionnaire	212
Appendix G: Interview Protocol	214

CHAPTER I

INTRODUCTION

Statement of the Problem

Out-of-home care is the term used to describe the placement and services provided to a child who has to be removed from her or his home of origin. This arrangement encompasses a number of options, including the child living with another family member, with a foster parent, or in a group home setting. This arrangement is traditionally used when the home environment is determined to be unsafe for the child; this could be due to the presence of violence, parental drug use/abuse, or any form of child maltreatment. Although these conditions are viable reasons that warrant out-of-home care, it should be noted that the laws of the region within which the child lives govern the specific reason and process for out-of-home placement.

Research has found that there are notable differences in outcomes among children who are placed in out-of-home care as compared to the general public (Rutter, 2000). In particular, children placed in out-of-home care suffer from behavioural, emotional, and social challenges (Rutter, 2000). In North America, research shows that when children are removed from their homes and placed in out-of-home care, these youth have been found to be at high risk of mental health problems; this is reported for children who remain in kinship care, those who are in the foster care system, or those in residential homes (Burns et al., 2004; Clausen, Landsverk, Ganger, Chadwick & Litrownik, 1998; Farmer et al., 2001; Leslie et al., 2005a).

The difference in outcomes may be accounted for by various factors. Children who have been removed from their homes may manifest behavioural, social, emotional,

and developmental issues, because of the trauma experienced, for example, sexual abuse (Bruskas, 2008; Clausen et al., 1998). Child abuse, also called child maltreatment, is an action by a caregiver that harms, threatens to harm, or has the potential to harm a child (Leeb, Paulozzi, Melanson, Simon, & Arias, 2008). Children who are maltreated may experience serious injuries and other consequences that impact the child at the time of occurrence and into adulthood (Gilbert et al., 2008). Specifically, research that has been conducted on abused children has shown that, at the individual level, children who are maltreated are more likely to have psychological issues (Afifi et al., 2007; Enns, Cox & Clara, 2002; Edwards, Holden, Felitti, & Anda, 2003; Gilbert et al., 2008; Kessler, Davis & Kendler, 1997; MacMillan et al., 2001). Additionally, the consequences are exacerbated in circumstances where the child may have experienced repeated instances of abuse or multiple types of abuse (Gilbert et al., 2008). In general, children who are abused are also at a greater risk for academic, social, and behavioural problems, that, if untreated, have negative ramifications for healthy functioning into adulthood (Afifi et al., 2007; Edwards et al., 2003; Gilbert et al., 2008; Kessler et al., 1997; MacMillan, 2001). On a wider scale, child abuse may also affect the families of the abused and the wider society, primarily impacting the public health and social welfare systems of a country (Gilbert et al., 2008).

A second consideration in accounting for the negative outcomes for children in out-of-home care placements may be related to the placement itself. In some cases, the effects of abuse within the family may be further exacerbated by the children's separation from family and isolation from their primary social networks, for example, school and communities (Bruskas, 2008; Clausen et al., 1998). Additionally, some out-of-home care

placements have not offered children environments that are facilitative of healing and growth, and in fact, children in these placements may have experienced additional forms of abuse (Perry, Sigal, Boucher & Pare, 2006; Schofield & Beek, 2005).

The Bahamas is a small and independent island nation with a population of a little over 350,000, according to the most recent census conducted in 2010 (Department of Statistics, 2012). About 70% of the population resides on the island of New Providence, although there are about 20 islands that are inhabited (Appendix A). Although the country is small, it is not impervious to the presence and impact of child abuse. In 2011, there were 636 reported cases of child abuse (Rolle, 2012); this number rose to 663 in 2012 (Thompson, 2013) with neglect consistently representing 44% of the total reported cases of child abuse (Thompson, 2013). Based on the number of reported cases in 2012, there were 5.6 reported cases of child abuse per 1,000 children in The Bahamas, as compared to 9.9 cases per 1,000 reported in 2011 in the United States (U.S. Department of Health and Human Services, 2013) and 14.9 cases per 1,000 in Canada in 2008 (Public Health Agency of Canada, 2010).

In 2012, according to local Bahamian experts, neglect has consistently been the most prevalent form of reported child abuse; however, it is understood that many forms of abuse go unreported (L. Duvalier, Director of Child Services, Department of Social Services, Bahamas, personal communication, January 15, 2013). In the Bahamas, the primary care of child abuse cases falls to the social welfare system, locally organized within the Department of Social Services. The Department of Social Services is responsible for providing counselling and parenting classes for parents/guardians, food and shelter assistance for families, counselling for the abused children, and in extreme

cases, providing temporary or permanent shelter for children who need to be removed from their homes. In such instances, children are placed in child care facilities.

Unfortunately, the resources available within the Department of Social Services are limited, and due to the many and varied demands, the staff is heavily stretched; thus, it is not uncommon for some of the reported cases, although investigated, to continue without full access to all the resources required to fully address the identified needs.

In the present study, I explored the experiences of former residents of child care facilities in the Bahamas. These are youth who were removed from their homes and subsequently placed in child care facilities on the island of New Providence, Bahamas. It should be noted that the child care facilities also provide shelter for children who are orphaned due to parental death and/or abandonment. However, the focus of the study is not on the reason for placement in the child care facilities, but on the former residents' stories of hope and resilience while living in the child care facilities, as these youth have been placed within an imperfect and ill-equipped system, away from their families of origin and yet they still emerged as socially competent young adults. The aim of the study was to gain a better understanding of what hope is and how it is developed while also exploring whether or not a relationship exists between hope and resilience for youth who received out-of-home care placement services on the island of New Providence, Bahamas. The findings from this study will expand our understanding of hope and resilience, and add to the existing body of literature as it relates to understanding resilience among youth who were removed from their home of origin, a population that is small and fairly marginalized in The Bahamas. Finally, this project was also developed

with the goal of producing knowledge that would contribute to improving the child welfare system in The Bahamas.

Literature Review

Models of Care

The government of The Bahamas works in partnership with churches and civic groups to provide residential care services for children between the ages of birth and 18 years who have been removed from their homes. Children may be placed within one of the five child care facilities (CCF) on the island of New Providence if it is found that they may have experienced any form of abuse, including neglect. In addition to child abuse cases, children who are orphaned due to parental death or abandonment can also be placed in these facilities. Even though the facilities provide services to orphans, children who have been abused more commonly access the facilities. To this end, the description of the process of services outlined below is related to those who are placed in out-of-home care due to abuse and neglect.

The Convention on the Rights of the Child of 1991 legally mandates that actions are undertaken to address child abuse for member countries of the United Nations. However, the mandate does not dictate how abuse is to be addressed; thus the process and interventions related to addressing child abuse may differ from country to country. As noted previously, in the Bahamas, child abuse cases fall primarily under the purview of the Department of Social Services, although it should be noted that critical supplemental services are also provided by the Bahamian health care, law enforcement, and justice systems.

Once a report of child abuse is received by the Department of Social Services, a social worker is assigned to initiate an investigation into the alleged behaviours. Each

reported case of child abuse is investigated with the ultimate goal of protecting the alleged victims. As the social worker works with the family, it is her or his professional assessment that determines the severity of the case and any subsequent interventions, in accordance with the guidelines set out in the Child Protection Act (2007). The Child Protection Act is the legislative document that guides the protection and care of children in the Bahamas. Interventions range from on-going supervision to removal of the child from the home. Although the Child Protection Act does make provision for emergency removal of children from their homes, more commonly, children are only removed from the home as a last recourse, after multiple interventions and evidence that indicates that the parent or guardian does not have the means or interest to protect the child from continued instances of abuse (L. Duvalier, personal communication, January 15, 2013).

While cases of neglect are the most prevalent form of child abuse in the Bahamas, they represent the least frequent basis for removal. Sexual abuse cases, particularly those where the perpetrator remains in the home, are the cases that are the most likely to lead to removal (L. Duvalier, personal communication, January 15, 2013). However, even in instances where the child has to be removed from their home, other avenues of placement are sought whenever available before resorting to placement in the child care facilities; for example, extended family members are contacted and offered the option to take in the child. As with previous aspects of this process, placement within the child care facility is guided by the Child Protection Act of the Bahamas, which indicates that if a child is to be removed from primary care, the minimum time of placement is three months and the longest length of stay before the case must be reassessed before the courts is three years.

The child care facilities provide children with a physically safe place, 24-hour supervision, regular and healthy meals, and access to schools. Of the five CCFs on New Providence, two house children from birth up to age 12 years, while another two of the facilities provide services for children aged 11 through 18. The two facilities housing younger children have the capacity to house 30 and 40 children. The two facilities housing older children have 32 spaces and 40 spaces, respectively. The fifth facility, which is also the smallest of the facilities, serves a specific population of children between the ages of five and 17 years with a physical or developmental disability. This facility can house up to 10 children.

Staff members at all five facilities are general child care workers, often with little to no formal training in child development, child care, or working with maltreated children. Social workers employed by the Department of Social Services are assigned to the CCFs to provide regular therapeutic services to the residents of the facilities. Although there are obvious differences between the experiences of youth living in these facilities and those who remain within their homes or families, there are also some important similarities. Namely, youth who reside in the CCFs have opportunities similar to their non-residential counterparts in that they are able to join school, community, and civic groups. These include sporting, music, academic, or career based groups. In some of the facilities, these groups are brought to the children so that they can participate without leaving the grounds. The youth are usually also able to participate in religious activities, although these are typically dictated based on the affiliation of the managing institution; for example, one of the homes is run by the Catholic diocese, so the children attend a local Catholic church. It should be noted that not all of the facilities are affiliated

with a religious organization. Beyond these opportunities, there are no required mechanisms in place for the emotional and social development of the youth. Moreover, there are very few resources in place to assist with the transition from the home to independent living that occurs at the age of 18. Without proper transitional services, it would seem that youth might be ill prepared to take on the challenges associated with independent living.

Unfortunately, there are no data available on this small population within the Bahamas that would shed light on the risks and outcomes that are associated with youth who needed to be placed in CCFs. However, there is a body of literature on youth who have been placed within child welfare systems in North America, which can help to provide an understanding of the risks and outcomes associated with this population. Before I review this literature, it is important to note that there are some significant organizational differences between the systems designed to address child abuse in the Bahamas and in North America. In general, the process and procedures surrounding the care and intervention of children who have been abused are much more organized and detailed in the USA and Canada in comparison to what is provided in the Bahamas. In both the USA and Canada, there are not only federal but also state/provincial level statutes and policies that govern care of children who have been abused, thus creating multiple and intricate models of care. While the Department of Social Services, Bahamas, is aware of the need for mental health services, the Child Protection Act does not speak to this; thus, there are no policies or laws mandating access to such services. In some cases, children may receive therapy, but more often than not, this very advantageous resource is not available.

Despite the more sophisticated development of the systems in North America, there are at least three similarities, which are of relevance to the focus of the current study and that therefore provide grounds for extrapolation from the North American body of literature. First, all three countries acknowledge that any form of child abuse is a problem, and efforts should be in place to not only address the instances of abuse, but also to prevent further exploitation and decrease the occurrence of new cases. Additionally, it is acknowledged by all three countries that efforts should be made to minimize the undesirable consequences resulting from child abuse. Thirdly, all three countries recognize that sometimes the home environment is not the ideal or safest placement for the child; thus, out-of-home care is one of the interventions provided by the child welfare systems in both the USA and Canada and the Department of Social Services in the Bahamas.

The major difference between the Bahamas and the USA and Canada is the lack of a formal foster care system in the Bahamas. However, all three countries have systems set up for kinship care and residential care, with kinship care being recognized as the most ideal scenario for abused or orphaned youth (Government of the Bahamas, 2007; “Out-of-home care Canada”, n.d.; “Out-of-home care United States”, n.d.). In kinship care, the child is placed with a family member or an individual with whom the child already has a close relationship. This model is consistent across all three countries.

Foster care is defined as children receiving care and shelter in a private home, by an approved non-relative adult. The models of foster care services differ as foster care in Canada only includes private homes, whereas in the USA, foster care services extends to include group facilities. Finally, children who have greater emotional and/or behavioural

needs are placed within residential care facilities in the USA and Canada. These include group homes or treatment centres. In the Bahamas, however, because there are no mechanisms in place to address different levels of needs, the residential homes, referred to as child care facilities (CCFs) are non-therapeutic and as such are not specific to children with greater emotional or behavioural needs. CCFs are just another option for out-of-home care for all children, when kinship care is not available, and the placement will be in excess of the minimum three months. In the Bahamas, CCFs have historically been referred to as orphanages or children's homes. When comparing the models, Bahamian child care facilities most closely mirror the structure of traditional orphanages which have been phased out almost completely in both the USA and Canada.

Risk

In general, as it relates to child development, risk broadly refers to anything that threatens positive development (Garmezy, 1993; Waller, 2001). The literature presents three primary ways to conceptualize risk in the context of child development (Arrington & Wilson, 2000). One way that risk is conceptualized is based on the behaviours that an individual is engaged in; for example, children are considered at risk if they use illicit drugs. Additionally, risk can also be conceptualized as based on the risky environments within which the children live. That is, children are at risk when they are embedded within challenging environments, where harm or danger may be present or a constant threat. Finally, risk can be conceptualized as based on experiences of trauma or abuse. Research has provided sufficient evidence to support the theory that the presence of a negative experience or negative environment makes an individual more likely to be at risk for a number of undesirable outcomes (Fergusson & Horwood, 2003; Resnick &

Burke, 1996; Small & Luster, 1994). Unfortunately, there is additional evidence to attest that the outcomes are worse for those individuals who are faced with multiple risk factors (Fergusson & Horwood, 2003; Garmezy, 1993; Garmezy & Masten, 1994; Small & Luster, 1994). Additionally, research indicates that the consequences of these outcomes are likely to carry into adulthood, where they may result in unemployment, substance abuse, and criminal activity (Brook et al., 2004; Loeber & Dishion, 1983; Resnick & Burke, 1996).

As it relates to the current issue, Rutter (2000) suggests there are four potential risk factors associated with youth who are placed in out-of-home care. The first of these are genetic influences that may make an individual more susceptible to certain mental illness or emotional difficulties (Kim-Cohen et al., 2006; Rutter, Silberg, O'Conner & Simonoff, 1999). A review of the literature where genetic factors account for poor outcomes in children who are maltreated is inconclusive; some studies report supporting evidence (Caspi et al., 2002; Kim-Cohen et al., 2006) and other studies do not (Li & Lee, 2010; Widom & Brzustowicz, 2006). Secondly, children who are in care due to maltreatment are considered "at-risk" because of the significant, traumatic acts of harm experienced and the subsequent negative emotional, behavioural, social, and academic outcomes associated with such experiences (Afifi, Brownridge, Cox & Sareen, 2006; Burns et al., 2004; Clausen, Landsverk, Ganger, Chadwick & Litrownik, 1998; Enns et al., 2006; Farmer et al., 2001; Leslie et al., 2005b). Specifically, research has provided evidence to support the presumption that a history of childhood abuse is associated with an increased likelihood of lifetime rates of anxiety disorders, alcohol abuse or dependence, major depression, and antisocial behaviour (MacMillan et al., 2001).

Flynn and Biro (1998) assessed developmental outcomes in 43 children in care; these individuals were a part of the first wave of participants in the Looking After Children program, which is a government initiative that seeks to improve the outcomes of children who are placed in out of home care within Ontario, Canada. In 2006, the Ontario Ministry of Children and Youth Services (MCYS) formally adopted this developmental approach to child welfare services to be implemented in all Children's Aid Societies within Ontario (Flynn, Vincent & Miller, 2011). The approach originated in England and Wales and is guided by three principles that ensure that youth in care receive a high quality of parenting, which is obtained through the implementation of knowledge-based interventions within a strong and effective network of adults. The goal of this approach is to improve outcomes in seven developmental areas of the youth in care: health, education, identity, social and family relations, social presentation, emotional and behavioural development, and self-care skills (Flynn, Vincent & Miller, 2011). The children in care in this study were compared to 1600 youth from the National Longitudinal Survey of Children and Youth (NLSCY) database, which is a longitudinal study of Canadian children from birth to early adulthood, in four areas: educational success, family and child relationships, receiving praise (which was linked with positive identity), and emotional and behavioural development. Fifty six percent of the children in care were female, 75% were over the age of ten, and 74% of them were Crown Wards. The majority (85%) of the children in care were in foster care, with the remaining participants living independently with supervision. The comparison group were all 11 year olds, with equal representation of males and females. The children in care were significantly lower in their educational outcomes, with 43% of them receiving

special education services as compared to only 7% from the general population. Additionally, the children in care reported higher instances of repeating a grade as compared to the control group. Relating to their emotional and behavioural development, again, the children in care were reported as having more occurrences in all five areas related to negative behaviour: property offences, physical aggression and conduct disorder, indirect aggression, emotional disorder and anxiety, and hyperactivity and inattention.

A third risk factor for children in care is a result of possible negative experiences occurring while residing in the facilities (Rutter, 2000). In the study conducted by Perry et al. (2006), case studies of seven individuals who were raised in orphanages in Quebec, Canada were reviewed. The details of the experiences painted a vivid picture of the neglect experienced by youth who were raised there. Another way placement in out-of-home care can create risk for youth is due to the inadequacies of the system. For example, Schofield and Beek (2005) found that positive adaptation was sometimes hindered not only by deficiencies by the foster care providers, but also by the lack of support given to foster care providers by social workers.

As noted earlier, the impact of abuse and removal from the family home is far reaching, sometimes extending into adulthood, even after leaving the foster care system. The challenges experienced after discharge are the final risk factor proposed by Rutter (2000) when considering a resilience model for youth raised in out-of-home care. The research on post-discharge functioning often presents a bleak picture for this population, where issues such as underemployment, limited education, early and multiple pregnancies, mental health and substance use issues, and issues with the law are just

some of the noted challenges plaguing many individuals who have aged out of the foster care system (Cook, 1991; Courtney & Dworsky, 2006; Reilly, 2003). A brief review of more recent studies helps to make the picture clearer as we seek to better understand the risk to former foster youth.

Reilly (2003) sought to explore the functioning of individuals who had transitioned out of the foster care system. Specifically, he looked at outcomes in a number of areas; these included education, employment and income, legal involvement, life preparation, personal relationships, living arrangements, health care, and overall adjustment. In addition to these areas, Reilly also sought to identify “indications of difficulties and successes” (p. 729) and elicit the feelings youth had regarding their foster care experiences. Interviews were conducted with 100 individuals who had been discharged from the foster care system for at least six months. Participants ranged in age from 18 through 25 and had been in foster care on average for 9.3 years. Fifty five percent of the participants were female, 46% identified as white, and the majority (84%) were single. Although the majority of the participants were employed (63%), half of those who were employed made under \$10,000 annually. Additionally, 26% of the sample had not had steady employment since transitioning from foster care. Thirty five percent of the sample admitted to participating in some illegal behaviour to earn money, including selling drugs or sex. With regard to educational pursuits, only 31% of the sample had completed high school by the time they were discharged from care, but this number had increased to 69% by the time of the interview. More than 70% had plans to attend college, although at the time of the interview only 30% had enrolled. The current living arrangements of the participants were varied; the two largest groups lived with

either a romantic partner (29%) or with a friend (24%). Notably, 36% of the participants had been without steady shelter since leaving the foster care system.

Of the 100 individuals participating in the study, there were 70 pregnancies reported and at the time of the study, 38% of the participants had children. The majority (55%) of the participants had no form of health care, but 54% of the sample rated themselves as healthy. Finally, 45% of the sample reported some trouble with the law, with 41% of that number having spent some time in jail. An additional finding that is relevant to understanding the long-term impact to this group of individuals is that multiple foster care placements had a more negative impact on outcomes across domains than single foster care placements. Specifically, the number of foster care placements was positively correlated with number of pregnancies, time spent in jail, homelessness, trouble with the law, and experiencing violence in romantic relationships. On the other hand, the number of foster care placements was negatively correlated with the size of the participants' support system.

Similar to the study conducted by Reilly (2003), Courtney and Dworsky (2006) used the data from a longitudinal study that followed youth who were embedded within the foster care system in three US states (Illinois, Iowa, and Wisconsin) to assess early outcomes among this sample. This unique study (Midwest Study) followed the youth post discharge from the foster care system into adulthood. There were three major points of data collection, and the data assessed in this study were from Wave 2 when participants were interviewed about two years after the initial interviews. This sample consisted of 603 of the original 732 individuals interviewed. All three states were represented in this sample, although not equally. The majority (386) of the Wave 2

participants were from Illinois, another 163 were from Wisconsin, and the remaining 54 were from Iowa. Ninety five percent of the sample was 19 years old at the time of the interview, and the majority was female (54%). About 69% of the sample self-identified as an ethnic minority. The majority of the sample had been independent for a year. The study found that some of the participants were employed or pursuing academic endeavours that promoted stability; however, many more were facing challenges that they were unable to adequately address. More than 25 areas of life functioning were assessed in the larger project. The nine domains specifically assessed in this study included educational attainment, employment and earnings, economic insecurity, recipient of government benefits, health and mental health status, health and mental health service utilization, sexual behaviours and pregnancy, marriage, cohabitation and children, and delinquency and violent behaviours.

When compared to the national sample of young adults the same age, the participants in this study (in general) had worse outcomes. They were less likely to be employed, and when they did have a job, the earnings were not sufficient to sustain them, leading them to experience greater economic hardship; consequently these individuals required more government assistance. Many of the participants reported struggling with health and mental health issues and unfortunately were also less likely to receive adequate care to address these concerns. Many of the participants also had children whom they were unable to financially support and were also more likely to be involved in the criminal justice system.

The researchers separated the participants to look more closely at patterns of behaviours across domains when comparing those who were still in care as compared to

those who had already left the system. The results of this analysis indicated that those who were still in care at age 19 were doing better than their counterparts who were already released from the foster care system. This finding held true for numerous domains, including school enrolment, experiencing economic hardship, dealing with substance and alcohol dependency, having been pregnant, and involvement with the criminal justice system. For all of the categories listed, those who were out of the system had larger incidence rates of all of these behaviours with the exception of school enrolment, where the reverse held true. That is, those who were out of care were less likely to be enrolled in some type of formal educational program.

The trends for the participants from the Midwest study, who were out-of-care at age 19, have persisted into adulthood, when participants were assessed at age 26 (Courtney et al., 2011). This sample consisted of only 434 out of the original 732 participants who participated. At age 26, less than half of the participants (46%) were employed, as compared to 80% of the 890 young adults from the general population. Looking more closely at income earned from employment, the mean annual salary for the sample was \$13,989 and significantly lower than the mean salary of the comparison group. Forty-five percent of the participants struggled financially, reporting at least one area of economic hardship. Furthermore, many of the participants received governmental benefits, although females out-numbered men in the amount of benefits received. Additionally, the educational deficits identified at earlier waves were still present, such that 20% of the participants did not have a high school diploma or GED as compared to 6% from the comparison group. Moreover, only 6% of the sample had earned either a 2-year or 4-year degree as compared to 33% of 25 and 26 year olds from the general

population. Similarly as found at age 19, the female participants from this group were more likely to be single mothers without support and the men were more likely to be incarcerated than their peers from the general population. While the developmental and psychological challenges associated with child abuse and subsequent involvement with the child welfare system's out-of-home care are well established, there is further evidence to suggest that the end result of these scenarios is not always hopeless. That is, not every child's story of abuse or interaction with the foster care system will end with maladaptation, whether in adolescence or in adulthood (Afifi & MacMillan, 2011).

For example, Flynn and Biro (1998) found that the children in care were not significantly different from the children in the national sample with regard to receiving words of praise from their caregiver (which impacted their identity), their involvement in positive relationships with adults and other children, as well as their engagement in pro-social behaviours. The researchers felt that while there was much work to be done in addressing the educational and emotional development of children in care, these final findings were encouraging as related to their overall positive development. Also, Reilly's (2003) results showed that of the 100 participants, those who participated in programs directed at training and/or those youth who received greater services while in care had much better outcomes than their counterparts. These individuals reported greater satisfaction with their overall foster care experience and their current living arrangements. They also felt better prepared after leaving the system to live on their own. Finally, among this sample, participation in training was negatively related to involvement with the law, such that individuals who had more training were less likely to have reported legal problems.

Resilience

Resilient is the term used to describe an individual, who, for all intents and purposes, should end up in a bleak circumstance due to some form of risk, but who does not do so. Resilience occurs when there is some threat to normal development present in an individual's life (Luthar, Cicchetti, & Becker, 2000; Masten, 2001). Thus, the identification and appraisal of risk is necessary for the assessment of resilience. Resilient individuals are able to maintain levels of competency in the relevant areas of their life during childhood, adolescence, and adulthood without falling victim to their circumstances (Garmezy, 1993). Individuals are generally considered to be resilient if they meet one of three criteria; they are able to "bounce back" from a traumatic experience, exhibit positive outcomes in the face of adversity, or maintain adequate levels of age-appropriate competency (Masten, 2001; Masten, Best & Garmezy, 1990).

Within the resilience research body of literature, there are a number of ways in which resilience has been operationalized. Some researchers have defined resilience as the absence of problem behaviours (e.g., gang involvement, criminal activities, or undesirable states such as suicidal ideation). Other researchers assess the presence of coping skills as an indicator of resilience, such that an individual's responses to specific stressors are measured so that the researcher can identify the strategies employed by the individual to help diminish negative outcomes. Finally, researchers have measured resilience as defined by developmentally appropriate outcomes (Masten, 2001). With this approach, researchers assess individuals to determine whether or not typical indicators of success have been achieved. For example, academic resilience can be

measured by assessing GPAs, school involvement, and other test scores for school-aged children.

Research on resilience has provided evidence for the presence of mechanisms that are present in the lives of “at risk” youth which help to buffer or combat the impact of the risk factors. These are called protective factors or protective mechanisms (Luthar et al., 2000; Masten, 2001; Masten, Herbers, Cutuli, & Lafavor, 2008; Ungar, 2008). Protective factors are internal and external mechanisms that promote positive development (Masten, 2001). Researchers have grouped these mechanisms into three broad categories: those that are present within the child (e.g., intelligence), those that are at work within the family (e.g., parent-child relationship), and factors that are found within the wider community (e.g., involvement in proactive activity; Luthar et al., 2000).

Another important characteristic of resilience is that it is a dynamic and fluid process (Luthar et al., 2000). Essentially, to be resilient does not suggest that individuals are invulnerable to their traumatic experiences, but more accurately, that they are able to manoeuvre through the challenges, with the support of the specific protective mechanisms. As mentioned earlier, these mechanisms allow them to recover and gain strength during periods of weakness. This has been evidenced in research settings where youth have periods in their development when they may not have exhibited “resilient” behaviours but then have been able to recoup, harness these protective mechanisms and manage to attain the original or another goal. For example, a young man who was interviewed in my Master's thesis study described a time when he was not engaged in school, was spending time with peers who influenced him negatively, and ended up, briefly, in jail. Through the support of older men in his neighbourhood who informally

mentored him and some local community groups in which he was able to participate, he was able to return to school and continue the path toward achieving certification to become trained as an electrician (Jones, 2011). Finally, research on resilience has found that it is also multidimensional, such that individuals may exhibit strengths or competencies in one area of their life while simultaneously struggling in another area (Holleran & Waller, 2003; Luthar, Doernberger, & Zigler, 1993; Kaufman, Cook, Army, Jones & Pittinsky, 1994; Walsh, Dawson, & Mattingly, 2010).

Resilience among maltreated children is defined using Masten's (2001) conceptualization, such that competencies within the behavioural, social, emotional, and academic domains are assessed when evaluating resilience, for example, by examining patterns of behaviour, interactions with peers, mental health, and school performance (Afifi & MacMillan, 2011; Walsh et al., 2010). McGloin and Widom (2001) conducted a study examining resilience among individuals who were abused during childhood. The researchers conceptualized resilience by assessing functioning across eight domains, which included employment, homelessness, education, substance use, psychiatric disorder, social activity, and two measures of criminal activity. Success in six of the eight domains was required for an individual to be deemed resilient. Additionally, success was measured based on the absence of any problematic behaviour in each domain. For example, to be deemed successful in the homeless category, the individual had to have not been homeless for at least a month at any point in their life. The sample consisted of 676 individuals who were abused and a matched control group consisting of 520 people. The average age of the participants at the time of the study was 28.7 years, the sample was two thirds white and there was about equal representation of males and

females. The results indicated that the control group had significantly more individuals who met the criteria of success in the individual areas of homelessness, employment, criminal activity, and psychiatric disorder as compared to the group of individuals who were abused. There were no significant differences between the two groups with regard to success in the substance abuse and social activity domains. To be considered successful in the substance abuse domain meant not having a current diagnosis of alcohol or drug abuse or a diagnosis of alcohol or drug dependence based on the DSM III, while success in social activity domain was determined by the individual's self-reported involvement in at least one social activity weekly. As related to the overall assessment of resilience, 22% of the abused group met the criteria for success in six out of the eight domains, as compared to 41% of the controls. Despite the generally greater resilience of the controls, the researchers still believed that the results of this study were noteworthy, primarily because of the stringent conceptualization of resilience, providing evidence for positive adaptation in adulthood among some child abuse survivors. The study also provides a good standard for assessing resilience as it is conceptualized to be multi-dimensional and across the lifespan.

A number of studies have focused on identifying the protective mechanisms that facilitate resilience among children who have experienced adversity. As it relates specifically to children who have been abused, research has explored internal factors of self-regulation, attributional style, and social problem solving ability as protective mechanisms in promoting positive outcomes (Haskett, Nears, Ward & McPherson, 2006). Family level factors which have been studied in relation to resilient outcomes include quality of parenting and overall family functioning (Haskett et al., 2006). Finally,

broader environmental factors that are proposed to be important for positive adaptation in abused children include relationships with adults and peer groups. However, the researchers identified fewer research studies that have considered the broader community level factors in assessing resilience among children who are maltreated (Haskett et al., 2006). It is important to note that all of these factors, which have been identified as specific to abused children, have been found to be positively associated with resilience among other samples.

Looking specifically at youth who have been embedded in the foster care system, Hines, Merdinger and Wyatt (2005) conducted a qualitative study with 14 former foster youth who, at the time of data collection, were enrolled in a university. The ethnically diverse sample was predominantly female (71%), and participants had spent an average of eight years in the foster care system, with the majority of them staying in the system until 18 years old. Twelve of the 14 individuals were single. The goal of the study was to understand the factors related to their academic success. The results were organized into the three major categories for protective factors: individual, family, and community-level attributes. The findings of the study revealed that this group of academically resilient individuals were assertive, independent, goal-oriented, able to accept help, flexible, and adaptable to change. Additionally, they were personally determined to be different from their families of origin. Pertaining to family level factors, these individuals discussed the importance of their friends and other significant others, the presence of positive figures who took on parental roles, and the issue of not having a connection to their biological families. With regard to factors within the community, two categories emerged, the first of which revolved around the role of the educational system.

Education provided an alternative to their home lives, provided a support and also was considered an “escape and refuge” (p. 386). The foster care system also functioned to promote academic success, as it provided an opportunity to receive a better education while also providing opportunities for the participants to develop positive relationships with adults.

Flynn, Ghazal, Legault, Vandermeulen, and Petrick (2004) assessed resilience among a sample of Canadian children in care in six domains: health, educational performance, self-esteem, relationship with friends, pro-social behaviour, and anxiety and emotional distress. Similar to the study by Flynn and Biro (1998), the children in care included in this study were a part of the Looking After Children program in Ontario, Canada. The strength of both studies is the inclusion of data from the National Longitudinal Survey of Children and Youth (NLSCY), which represents comparative data providing context to the outcomes measured in the target sample. A total of 472 children who were in out of home care through 23 Children’s Aid Societies were included in this study; 54% of these were boys. This group of participants was then subdivided by age, with 132 participants who were 5 to 9 years of age and 340 participants who were 10 to 15. The data from the NLSCY were divided similarly to create two sub-samples within this sample of 17, 397, where the 10-15 year olds accounted for 5,539 of the total participants. The ratio of boys and girls in this subgroup was equal; however 51% of the 5-9 year olds were boys. Outcomes were organized within three categories: not resilient, resilient, and highly resilient, where average performance was characterized as resilient, and superior performance was labelled as highly resilient, relative to counterparts from NLSCY samples. Looking at the results

amongst the 10-15 year olds, more of the children in care were found to be resilient or very resilient within the self-esteem (72%), pro-social behaviour (68%), and relationship with friends (51%) domains. Additionally, only 4% of the sample reported overnight hospitalizations (health domain). Only 49% of the sample of 10-15 year olds in care was resilient or highly resilient with regard to anxiety and emotional distress. And finally, educational performance yielded the fewest 10-15 year olds who were resilient or very resilient, accounting for only 20% of the in care sample. Similar trends were found among the 5-9 year old sample such that 59% of the caregivers reported that the children in care were in excellent health. Additionally, 71% were found to be resilient or very resilient within the pro-social domain and only 48% within the anxiety and emotional distress domain. Finally, only 22% of the children in care between the ages of five and nine years were characterized as resilient or highly resilient in the educational performance domain. Although the results were not all positive, this study presents findings on developmental outcomes specifically amongst children in care and also provides empirical support for understanding how resilience works, that is, that achievement in one area of a child's life does not mean that he or she will be resilient in all areas, nor at every stage of life.

Although considerable research supports the presence of protective factors in resilient children, less research has specifically assessed how these mechanisms work (Luthar et al., 2000). Hope is a construct that has been identified as a protective factor in the general body of resilience literature (Masten et al., 2008). To date, very few studies have looked specifically at the role of hope in the resilience process. Five studies were found which explicitly examined hope, within a broad resilience framework (Cedeno,

Elias, Kelly & Chu, 2010; Kim, Lee, Yu, Lee & Puig, 2005; Roesch, Duangado, Vaughn, Aldridge, and Villodas, 2010; Valle, Huebner & Suldo, 2006; Wilson, Syme, Boyce, Battistich & Selvin, 2005). Only two of these studies indicated explicitly that a resilience framework guided the study, although all of the studies identified some form of risk as a factor impacting the sample or the subset of the sample included in the research.

A more focused review examining the role of hope and resilience among abused children revealed even fewer studies. This lack of exploration and understanding about the role of hope in the resilience process provided the basis for the present study, which sought to understand how hope works in the lives of youth who were removed from their homes and placed in CCFs. However, before exploring the potential role of hope in the resilience process, an understanding of the concept of hope is needed. In the next section, information is presented to provide an overview of the leading theories of hope from within the fields of psychology and nursing.

What is hope?

Hope has been a topic of interest in many academic disciplines, including philosophy, religion/theology, education, nursing, psychology, and even business. When one thinks of hope, it is typically associated with positive thoughts about the future. It is sometimes considered the antithesis of depression and hopelessness, while often used interchangeably with optimism. Hope has been a subject of interest within psychology dating back to the 1950s, when the interest focused on the role of hope in adaptation (Menninger, 1959); up to this point, discussions of hope were found primarily within theological and philosophical work. Stotland's (1969) conceptualization of hope was one of the first published theories of hope, and it is from within this framework that most of

the current work on hope within psychology has emerged. Stotland proposed that hope is a general expectation of achieving a goal and considered hope to be central to human functioning. Since then, C. R. Snyder has been the primary pioneer in researching and understanding hope within the discipline of psychology. He expanded upon Stotland's goal-oriented conceptualization (Snyder, 1994).

Snyder's Hope Theory

Snyder began his study of hope through observation and interviews (Snyder, 1994; 2000). In his book, *The Psychology of Hope*, Snyder (1994) discussed the concept of hope. In particular, the reader was introduced to hope as a concept within psychology and the ways in which it differs from other similar psychological constructs, especially optimism. Snyder defined hope as "the sum of the mental willpower and waypower that you have for your goals" (p. 5). Hope was conceptualized as a two dimensional construct consisting of two components: pathways thinking and agency thoughts (Snyder, 1994). Both components of hope are said to work interactively with each other as individuals assess and reassess their identified goal. Hope is conceptualized as a way of thinking that helps to propel an individual toward a particular outcome. Goals, which are at the crux of hope, should be attainable but not a certainty (Snyder, 1994). These goals include objects, experiences, or events, which are desired or imagined (Snyder, 1994).

The first component, pathways thinking, includes the development, appraisal, and modification of plans to achieve desired goals (Snyder et al., 1991). Agency thought, on the other hand, constitutes the motivational component of hope. This involves the mental energy that is used to activate the pathways and also the energy required to continue using the pathways that were created (Snyder et al., 1991). Hope involves an iterative

process between agency thought and pathways thinking, particularly in situations where the pathway toward the goal must be modified because of some challenge. Agency thoughts provide the energy and motivation for the individual to reassess and modify the plans to enable goal attainment. Hope Theory suggests that the more a person can anticipate barriers to achieving his or her goal, the more likely that person is to formulate alternative pathways (Snyder, 1994). Hope is conceived to be both a trait and a state (Snyder, 2000).

Snyder et al. (1991) created the Hope Scale, which was designed to measure hope. The scale consists of 12 items arranged within two subscales to measure agency thought and pathways thinking, each consisting of four statements. The remaining four items are fillers. The scale is based on the proposition that both components work iteratively in the development and assessment of plans to arrive at goals, although it is possible to have one without the other. However, Snyder further proposed that in order for an individual to continue working towards a goal, both components are necessary. Additionally, the components are reciprocal and positively related with additive qualities. The original Hope Scale was limited to measuring hope in adult populations. Thus, to assess hope in children between the ages of 8 and 16 years, the Children's Hope Scale (CHS) was developed (Snyder et al., 1997). Like the original scale, the CHS is a self-report measure based on Snyder's two component theory of hope. It consists of a total of six items that assess pathways thinking and agency thought. The Hope Scale and The Children's Hope Scale (Snyder et al, 1997) are widely used and have been validated with multiple populations and cultures (Dew-Reeves, Athay, & Kelley, 2012; Edwards et al., 2000; Marques, Pais-Ribeiro, & Lopez, 2009; Zhao & Sun, 2011). A number of studies have

used Snyder's conceptualization to explore the role of hope on various outcomes in youth, including the impact of hope on substance use (Wilson et al., 2005), problem behaviour (Stoddard, Henly, Sieving & Bolland, 2010), academic achievement (Gilman, Dooley & Florell, 2006; Van Ryzin, 2011), and life satisfaction (Gilman et al., 2006; Valle, Huebner & Suldo, 2006). To gain a better understanding of hope specifically among youth, as conceptualized by Snyder, the three most relevant studies will be briefly reviewed.

Wilson et al. (2005) explored the relationship between adolescents' substance use, neighbourhood disorder, and levels of hope as measured by the Children's Hope Scale in a sample of middle school students who were considered at-risk for substance use. The researchers sought to assess two possible relationships, first between poor neighbourhood conditions and substance use, and second, between hope and substance use in the sample. Additionally, the researchers were interested in exploring whether hope moderated the relationship between neighbourhood conditions and substance use. It was found that those children who lived in neighbourhoods with more problems, as well as those who reported lower hope, were more likely to use alcohol, marijuana, and tobacco. However, hope was not found to significantly moderate the relationship between neighbourhood disorder and substance use.

Valle, Huebner, and Suldo (2006) assessed hope and its relationship to overall life satisfaction in youth. Data were collected from students between the ages of 10 and 18 at two time points, with approximately one year in between. The results supported the hypothesis that hope is a fairly stable construct as indicated by moderate test-retest reliability over a one-year period. Additionally, it was found that adolescents who

reported higher initial levels of hope were also more likely to report higher levels of life satisfaction. Finally, hope was found to significantly moderate the relationship between life stress and life satisfaction.

Gilman et al. (2006) assessed the relationship between hope and school adjustment in high school students. Additionally, the researchers were interested in assessing life satisfaction, personal adjustment, grade point average (GPA), and involvement in structured extracurricular activities. The students were categorized into three groups based on their hope score: high, average, and low hope. The results of a cluster analysis indicated that students in the high hope group had higher scores on life satisfaction, higher GPA, and higher personal adjustment scores than the average and low hope students. Additionally, students with high hope also reported greater involvement in extracurricular activities than those in the low hope group.

These studies suggest that hope is a predictor of life satisfaction, academic achievement and positive outcomes in youth. The results of these studies also support the idea that hope can serve as a protective factor for youth embedded within poor environments, particularly against substance use. Finally, the results suggest that hope serves as a protective factor, in general, for youth who may be faced with stressful situations.

Hope in the Nursing Literature

While Hope Theory has strong empirical support from a range of research studies within the field of psychology, a wider search on the concept of hope revealed a number of other conceptualizations for hope. Research on hope within the field of nursing was primarily centred on the experiences and understanding of hope among individuals who

were living with chronic or terminal illness. Although the population of interest to this study was not living with a chronic or terminal illness, as presented earlier, the effects of abuse and neglect impact individuals long after removal from the environment within which the traumatic events were experienced. Like an individual living with a chronic illness, children removed from the home often have to face the impact of their trauma throughout their life, thus creating a similarity of experiences for youth who are in out of home care and the participants used in nursing research. The review that follows summarizes the leading theories from the nursing literature with the aim of widening the understanding of hope.

Published research on understanding or defining hope within the nursing literature dates back to the early 1980s with Obyuwana and Carter's (1982) exploratory work on the anatomy of hope. In this study, the researchers conducted phone surveys with 500 randomly selected participants. The participants were asked to describe what hope meant to them in one word. The words were compiled and the researchers narrowed the list down to 34 of the most common responses. The researchers concluded that hope was a state of mind that was the result of positive outcomes from five sources, referred to as the hope pentagram. Additionally, the researchers felt that medical treatment plans should include the enhancement of any (or all) of these five sources of hope: ego strength, education, religion, perceived family support, and economic assets. Since this study, there have been multiple studies of hope, most of which were based on qualitative explorations of patients' experiences with hope.

Dufault and Martocchio (1985) proposed a process oriented, multidimensional conceptualization of hope, which consisted of two spheres and six dimensions. Their

conceptualization was based on two sets of longitudinal studies where participants, who were patients, were observed in multiple settings, including the hospital and at the participant's home. The first study was conducted over a two-year period with 35 adults with cancer. The adults were all over the age of 65 years. The second study replicated the first with 47 individuals diagnosed with various terminal illnesses who were observed over a two-year period. The participants in this study were 14 years old or older. The findings of both studies indicated that hope is not a single event, but an interaction of thoughts, feelings, and actions that is impacted by time. The researchers proposed two distinct but related spheres of hope. Generalized hope is broad and not directly associated with a particular outcome or object. The researchers described it as a general outlook, an overarching “umbrella” which maintains a sense of meaningfulness in life. It serves as a motivation propelling an individual through life. Particularized hope, on the other hand, is specific and focused on what the authors call a hope object. The researchers proposed that particularized hope was developed with the support of generalized hope, which is always present, even when particularized hopes are abandoned or thwarted. That is, particularized hope is predicated upon and grows out of generalized hope.

The six dimensions of hope proposed by the authors were affiliative, affective, behavioural, cognitive, temporal, and contextual (Dufault & Martocchio, 1985). These dimensions overlap within the two spheres but are conceptually different aspects of the hoping process. The affiliative dimension has to do with the relationships that the hoping person is engaged in, while the affective dimension focuses on the wide range of emotions (positive and uncomfortable) and sensations that an individual experiences in

relation to the hoped-for object. The behavioural dimension includes actions that the individual takes to achieve the desired outcome or the actions that are motivated by the hoped-for object. The researchers suggested that hope is reality-based; thus, the cognitive dimension includes the individual's identification and assessment of the hope object. The researchers further suggested that hoping also involves an assessment of the resources available to attain the object and the conditions under which the object would be attained. The temporal dimension has to do with past, present, and future states and experiences in relation to the hoping process. The researchers argued that while hope is for a future goal, it is impacted and influenced by both the past and the present. Finally, the contextual dimension takes into account the situations that contain the person's hope as well as any other influences on this hope that include the reason for hoping and any circumstances which may challenge the hope. Hope, then, is seen as a process characterized by the changes of emphasis within and between these six dimensions. Additionally, it was proposed that multiple processes, related to different hope objects, could occur simultaneously in one person. This conceptualization represents one of the more empirically supported, multidimensional frameworks of hope.

Not long after Dufault and Martocchio's published works and subsequent theory of hope, Owen (1989) conducted a study to learn about nursing professionals' perceptions of hope based on their experiences working with their patients. This study took a different perspective: rather than capturing the understanding of hope from the hoping person, the underlying assumption was that hope would be recognizable by an outsider. It was thought that because their position involved working closely with patients, the nurses would be able to identify those patients who were hopeful from those

who were not. The sample included six white middle-class nurses between the ages of 32 and 45, all of whom had worked directly with patients with cancer for at least five years. Using grounded theory methodology, six subthemes emerged from the interview data. First, the nurses reported that their patients were able to set goals, and the nurses all attributed this ability to hope. Additionally, when describing hopeful patients, the nurses identified positive personal traits of courage, optimism, and a positive attitude. Hopeful patients were also described as being at peace or comfortable with their situations. This did not mean that they had lost hope for a cure or treatment, but there was an acceptance of their current state of health. Hope seemed to be equated with meaningfulness of life; that is, hope seemed to be lost when life was no longer meaningful to the patients. Another finding from the study was that hopeful individuals redefined their future. Typically, the future is associated with time; however, for the participants in this study, the future was defined by relationships with family and meaning that was attached to life events. Finally, all of the participants observed that hopeful patients had energy or needed energy to remain hopeful. The researcher noted that this energy was hard to define, as in some instances it seemed psychological, while in others, it was physical. In conclusion, the researcher felt that hope was portrayed as dynamic, with inner peace being the ultimate goal of hope.

Nursing researchers have also developed measures that have been used in research to assess hope in sick and well subgroups. Using semi-structured interviews, Herth (1990) sought to gain insight into how hope was fostered among a sample of adults who were terminally ill. The sample consisted of 30 individuals, 22 of whom were females, who were receiving hospice home care due to a terminal illness. All of the

participants were adults and recruited from hospices within the mid- and southwestern United States. Participants were between the ages of 24 and 88 and were cognitively alert. The interview guide consisted of five questions that were used to assess the participants' meanings of hope, as well as the strategies that were employed for fostering and hindering hope. Seven categories of hope-fostering strategies emerged from the interviews through content analysis (Herth, 1990). Any source that functioned in the lives of the individuals to "instill, support or restore hope" through facilitation of the hoping process was considered to be a hope-fostering strategy (p. 1253). The strategies that emerged included being connected with others, having aims that were attainable, having a spiritual base, being light hearted, reflecting on uplifting memories, having someone affirm one's worth, and having positive personal attributes. Both being interconnected and having attainable aims were identified as being used to build and maintain hope through providing a sense of meaning and purpose to life. On the other hand, hope-hindering events included anything that interfered with or hindered the development or maintenance of hope in the lives of the participants. The researcher presented these findings in three broad categories, the first of which was abandonment and isolation, which were related to physical and emotional withdrawal that the participants experienced from loved ones. The second category was the experiences of uncontrollable pain and discomfort. It is important to note that the pain and discomfort itself was not hope-hindering, but if the strategies that were taken to alleviate the pain and discomfort were to no avail, or medical practitioners felt discouraged about their ability to decrease the pain and discomfort, this led to the participants' own feelings of hopelessness. Finally, participants reported feeling hopeless when they received

denigrating or uncaring comments, attitudes, or actions. Herth suggested that the conceptualization that emerged from the participants' responses was that hope was dynamic and complex, involving thoughts, feelings, and actions. Furthermore, the researcher offered this definition of hope: "an inner power that facilitates the transcendence of the present situation and movement toward new awareness and enrichment of being" (p. 1256).

Whereas most of the literature on hope has to do with experiences of and around adults, nursing researchers have also conducted investigations with younger populations. Specifically, hope has been studied in relation to stress (Yarcheski, Mahon & Yarcheski, 2011), abuse (Swantson, Nunn, Oates, Tebbutt, & O'Toole, 1999), homelessness (Herth, 1998), cancer (Juvakka & Kylma, 2009), and healthy behaviour (Canty-Mitchell, 2001; Hendricks et al., 2000) in youth populations.

Herth (1998) sought to determine the meaning of hope among a sample of homeless children aged six to sixteen. Additionally, the study sought to identify the strategies that homeless children use to foster and maintain hope. It should be noted that this study was a part of a larger study with the goal of understanding hope within homeless families (Herth, 1996). The sample consisted of 60 children from 52 families that were temporarily residing in two transitional housing shelters in Midwestern United States. The shelters supported between 18 to 24 families for about three months while the families sought more permanent occupational or residential options. The largest ethnic group represented in the sample was African American (37%), with Caucasian representing another 27%. The remainder of the participants were Hispanic, Asian, and Native American. The children in the study drew pictures that represented hope to them

and then were engaged in a follow-up interview. The findings indicated that hope was more commonly thought of as two dimensional with an “inner core” and an “outer ring” (p. 1057). The inner core was something that was present within the individual and it helped the individual to maintain a positive perspective on life. The other dimension was described as flexible and usually had to do with having the children’s basic needs met and having connections with others. Five strategies that the children found helpful to build and maintain their hope emerged from the data. These strategies were: having connections with others, having internal strengths, using thought processes to reframe negative thinking, using energy to make hopes a reality, and having an inanimate object which was meaningful to the individual.

de Sales (2005) conducted a qualitative study exploring hope in Australian youth. Ten participants between the ages of 18 and 25 were invited to take pictures of what denoted hope to them. Participants were then invited to return for an interview after the film was developed. The goal of the study was to encourage the participants to reflect on their experiences of hope, specifically for the researcher to gain a better understanding of the meaning and significance of hope to them. The participant responses were analyzed within a phenomenological framework and four themes emerged. The researcher summarized the first theme as an experience of “at-one-with” (p. 510). Participants felt a sense of confidence that life was going well and/or that it would be okay; it was important for them to move forward from past experiences, and to embrace the present while looking forward positively to the future. Hope was also seen as a motivating factor that propelled the participants toward their goals. Additionally, participants perceived that life was full of choices, which led to the attainment of that which was hoped for.

Finally, participants experienced hope through their connections with others and found these connections important. de Sales concluded that hope seemed to be essential to the lives of the youth and should be an important consideration in the promotion of health among Australian youth.

While hope has been studied across the lifespan in both nursing and psychology, less research has considered how culture impacts how hope is experienced, defined, and fostered. Parse (1999) suggested that hope is a universal construct that has unique features, depending on individual experiences and cultural interpretations. Her summary is based on the findings from multiple qualitative studies that were conducted with 130 participants from nine countries and sub-populations. All of the studies were conducted with the goal of capturing the lived experiences of hope amongst the participants. While the findings revealed culturally influenced descriptors of what is understood as hope, the meanings were similar. Additionally, Holt (2000) also investigated the experiences of hope in individuals between the ages of 11 and 64 through interviews. The participants were all residents of a poor, small village in the Dominican Republic. The underlying assumption of the study was that hope, although a universal construct, may have different “meanings and attributes” in different cultures. The researcher sought to acquire a culturally relevant meaning of hope from this group of villagers, while also getting a sense of the importance of hope in their lives through structured interviews. Four major themes emerged from the interviews. The first was that hope is essential to life, although most participants acknowledged that levels of hope may change across the lifespan. In addition, hope among this sample was based on faith in God, and the idea that both internal and external resources, including relationships, support the development of hope.

Lastly, hope results in energy, providing meaning to life. According to the researcher, the features of hope that differentiated this group from existing North American samples were the idea that hope was essential to life, that the source of hope was connected to faith in God, and the idea that work is an important way to support hope.

In summary, the conceptualizations that emerged from the review of the nursing literature portray hope as more than a cognitive-motivational construct, although it should be noted that most of the conceptualizations still encompass the role of cognitive processes, very similar to Snyder's pathways and agency thoughts, even if they are not labelled as such (Dufault & Martocchio, 1985). The identification of characteristics of hope which were proposed by nursing theorists revealed that hope is comprised of different dimensions that work together in varying degrees to achieve that which is hoped for (Dufault & Martocchio, 1985; Herth, 1998; Holt, 2000; Stephenson, 1991). In addition to specific goals that an individual may identify and hope for, there is also a general hope that provides meaning to life; this is especially true in situations where there have been losses of other more specific hopes (Cutcliffe, 1997; Dufault & Martocchio, 1985; Herth, 1998). Hope can be described as dynamic, energizing, and central to life (Cutcliffe, 1997; Herth, 1998; Hinds, 1984; Holt, 2000; Nowotny, 1989). Additionally, hope is a process where a realistic assessment of a future desire is made (Dufault & Martocchio, 1985). This process of hoping enables adaptive coping and is affected by the relationships with which the hoping individual is engaged, as well as by the past, the present, and the future (de Sales, 2005; Dufault & Martocchio, 1985; Herth, 1989; Miller & Powers, 1988). Moreover, hope may be a universal term or concept, but how it is perceived and experienced may differ according to culture. Finally, hope has

implications for a better quality of life in both sick and well patients, regardless of their age. With reference specifically to the role of hope in the lives of young people, the findings from the nursing literature support previous findings that hope is a protective factor against the negative effects of stress. These findings also support the idea that hope is developed through multiple pathways.

The literature reviewed above indicates that hope is a particularly significant construct during challenging situations. When the proverbial “odds are stacked” against an individual, it is at this point that hope seems to become a relevant mechanism. The findings from the review of the psychological and nursing literature provide evidence that hope facilitates positive outcomes.

Hope is not the only construct that is associated with challenging situations. Both optimism and self-efficacy are widely used psychological constructs that are also associated with positive outcomes. However, the context of this study makes a discussion of these two constructs relatively less relevant. I have provided a brief review of optimism and self-efficacy and how each is distinguished from hope in Appendix B.

Positive adjustment and out-of-home care

As mentioned earlier, there is a dearth of research relating to hope and child abuse, particularly in the North American literature. While there are studies on resilience among survivors of various forms of child abuse (Flores, Cicchetti, & Rogosch, 2005; Haskett et al., 2006; McGloin & Widom, 2001), a large body of North American research has focused on negative effects, both short and long-term, of child sexual abuse (Afifi et al., 2006; Banyard, Williams, & Siegel, 2001; Burns et al., 2004; Clausen et al., 1998; Herrenkohl & Herrenkohl, 2007). Research from non-North American samples has

found similar results on the negative effects of child abuse in the Netherlands and New Zealand (Afifi et al., 2007; Fergusson, Boden, & Horwood, 2008). It was also from this body of research that a study specifically examining hope, or more accurately, hopefulness, among sexual abuse survivors was found.

Swanston, Nunn, Oates, Tebbutt and O'Toole (1999) conducted a study looking at hoping and coping among a sample of Australian young adults. Two groups of participants were assessed multiple times and the results of this study include five-year follow up data. The sample included 22 individuals who had experienced childhood sexual abuse and a control group consisting of 29 individuals who had not experienced childhood sexual abuse. More than 85% of the two groups were female; however, there was an equal gender ratio for both groups. The mean age of participants was about 18 years. Although the groups were matched on SES at the beginning of the study, there were significant differences between the two groups at the five year follow up: participants from the control group reported higher SES, greater family stability and were also more likely to still live with biological parents. All participants completed an interview and a questionnaire battery. Of interest to this review are the measures related to hope; participants completed the Hunter Opinions and Personal Expectations Scale (HOPES-20) that provided both a hopefulness score and a global hopefulness score that are based on Stotland's (1969) conceptualization of hope. Results indicated that hopefulness and global hopefulness were significantly lower for those who were abused. Additionally, hopefulness and global hopefulness were negatively related to self-harming behaviour, suicide attempts, and suicidal ideation. However, only hopefulness was

significantly negatively related to suicide attempts in the past year, and general hopefulness was significantly negatively related to suicide attempts since first interview.

Grewal-Sandhu (2008) examined the relationship between child maltreatment and suicidality in 200 Canadian university students, using Snyder's hope theory as the framework. Half of the students were selected due to suicidal behavioural histories; the other half was a comparative sample. The sample was predominantly female (83%). The average age of participants was 22, with ages ranging from 18 to 60 years. The majority of the sample (78.5%) was European-descent. Participants completed a questionnaire battery that addressed hope, suicidal behaviour, and childhood trauma, among other variables. The results revealed that participants who had a history of suicidal behaviour were more likely to have experienced some form of child maltreatment. Additionally, those who experienced some form of childhood maltreatment and those who had a history of suicidal behaviour had lower hope scores than participants who had experienced neither. Furthermore, it was found that hope partially mediated the relationship between child maltreatment and suicidal behaviours. Both studies provide insight into hope and suicidal behaviours in individuals who have experienced abuse. Interpreting the results of these studies within a broader resilience framework, these studies provide evidence to support the protective role of hope, specifically against suicidal behaviour in the lives of individuals who were abused.

Expanding the review to examine hope and individuals within the child welfare system, Dumoulin and Flynn (2006) conducted a study with 374 youth between the ages of 10 and 17 years, who were wards of the Children's Aid Society and living in out-of-home care. The goal of this study was to identify predictors of hope in this sample. The

mean age of the participants was 13.73, and 51% were male. Ninety percent of the participants resided in foster homes, and the remaining participants lived in group homes. The data were drawn from information collected via the second Canadian version of the Assessment and Action Record (AAR-C2) which is the primary information collection tool associated with the Looking After Children initiative. Participants also completed the Children's Hope Scale (CHS; Snyder et al., 1997). The study assessed adverse life events, physical aggression, parental nurturance, relationship with the female caregiver, active and avoidance coping, and type of home within which the child resided, in relation to hope. All of these variables were significantly related to hope, with active ($r = .56$) and avoidant ($r = .38$) coping having the strongest correlation with hope. The mean hope score for this sample was 25.82, where possible scores range from six (low hope) to 36 (high hope), indicating that this group is fairly hopeful. The researchers conducted a 6-step hierarchical regression analysis, and the model as a whole was significant, accounting for 43% of the variance in hope. Active coping was the strongest predictor of hope in the regression model, providing support for the positive relationship between hope and coping. This relationship becomes relevant for exploring positive outcomes in groups that have experienced significant challenges.

Looking further at the relationship between resilience and hope in children who were placed in out-of-home care, two studies were found to be relevant and are included in this review. McKenzie (1997) conducted survey research with 1,589 adults who had lived in orphanages in the southeastern United States between 1901 and 1961. Surveys were mailed to 4,500 adults who were thought to have resided in an orphanage; 1,806 completed surveys were received, representing a 40% response rate. Of the 1,806

surveys received, only 1,589 were eligible and included in the study. Only the individuals who left the orphanages prior to 1967 were included because many of the orphanages changed to group homes for individuals with specific challenges after this point. At the time of the survey, all respondents were 45 years or older and white; 51% of the respondents identified as male. The average age of departure from the orphanage was 17 years and the average length of stay was 9 years. The majority of the respondents indicated that having at least one deceased parent was one reason for placement. Other reasons included: lack of support, broken homes, or both parents being deceased. Respondents also indicated whether or not they had experienced any types of abuse. The most common form of abuse reported was physical abuse, and 10% of the sample reported experiencing this form of abuse. Nine and five percent of the participants reported mental and sexual abuse, respectively. As a group, McKenzie noted that these individuals, who were orphans, showed greater adjustment socially, academically, and economically than their counterparts from the general population. The only social measure assessed where the respondents did not outperform their counterparts was in marriage, as the divorce rate was higher among the respondents. It should be noted that the results presented did not indicate statistical significance, but comparisons were based on an analysis of census bureau data. Although the study was basic and lacking statistical sophistication, the results do highlight the positive adaptation of this group of people who were raised in orphanages during a time in US history when children who were raised in such institutions were thought to generally underperform or become failures in society (McKenzie, 1997).

Myers and Rittner (1999) conducted an exploratory study assessing the family functioning and life satisfaction of 76 adults who had resided in a non-therapeutic residential facility in Florida, USA during childhood. Similar to McKenzie, this study employed surveys that were mailed to 500 former residents of the centre. The 76 respondents (17% response rate) completed a quality of life questionnaire, which assessed functioning in four major life areas: children, home, relatives, and love. Fifty-six percent of the respondents were female, and almost all were white (93%). The average age of participants was 53 years. Ninety percent of the participants' scores placed them in average or high overall life satisfaction in all four areas of functioning, regardless of gender or relationship status. Consistent with McKenzie (1997), these results provide evidence for positive adaptation in the lives of youth who were raised in residential facilities.

The Current Study

The above review of the literature helps to provide an understanding of child abuse and its impact on the child and wider society. Specifically, the results of the studies reviewed support the idea that not all children who suffer abuse and are placed in out-of-home care succumb to the deleterious effects associated with abuse and involvement in the child welfare system. Although we only got a glimpse into the role of hope and resilience among maltreated youth, the results from this small body of research lay the groundwork and support the proposition that hope serves as a protective factor against the negative consequences of abuse. It is based upon this assumption that I designed this study.

While the models of care are different for Bahamian youth, ideally the fundamentals of care should promote health, healing, and resilience among this small yet needy group of individuals. One of the greatest challenges I have identified within the Bahamian model of care is the lack of functioning systems in place to ensure positive outcomes. The systems are outdated and ill-equipped; thus very few provisions specific to addressing these needs are provided for the children in care. It is for this reason that the idea of resilience is so relevant. Youth pass through the system with limited access to the resources necessary to become well-adjusted and productive citizens, yet some of them do achieve these positive outcomes. The important question for me was *how* these individuals overcome their bleak circumstances. Additionally, I chose to focus on hope because it has been identified as a positive and integral construct in the stories of those who have lived with chronic and terminal illness. I felt that if hope is salient to the well-being of individuals with these conditions, then it may also be relevant to individuals who were removed from their home of origin due to neglect and abuse, where the ill effects of the trauma experienced have been shown to persist even into adulthood. Additionally, hope has been found to be a protective factor against suicide in the lives of youth who were abused.

The aim of the present study was to gain a better understanding of what hope is, how it is fostered, and to explore how hope is related to the resilience process for youth who were removed from their homes of origin and subsequently lived in child care facilities on the island of New Providence, Bahamas. The current study will add to the existing body of literature as it relates to understanding resilience among youth who were placed in out-of-home care, in the unique care system in The Bahamas. The present study

employed qualitative methodology; and interpretation of the emergent findings was conducted in light of the relevant theoretical frameworks, which included theories of hope and the resilience framework that have been already reviewed.

Three research questions were explored through interviews. These are:

1. How is hope defined by these youth?
2. What were the experiences of the youth in relation to the development of hope?
3. Did hope influence how the youth dealt with the challenges arising from living in the child care facilities?

CHAPTER II

METHODOLOGY

Qualitative Research

The aim of this chapter is to orient the reader to the qualitative methodological tradition, with a focus on the specific approach that was adopted for the present study. Qualitative methodologies are approaches to research that focus on human experiences and not on cause-and-effect relationships (Willig, 2008). Qualitative research is inductive in nature and often considered as bottom-up, because researchers allow the participants' meanings to emerge without predefined hypotheses or categories (Willig, 2008). The data, when collected, are described as naturalistic, such that they are not coded, categorized, or summarized (Willig, 2008). Qualitative researchers seek to obtain in-depth descriptions of the topic of interest (Smith, 2008). The objective of these approaches is to capture participants' understanding and meaning of their experiences so that they can be described and explained (Willig, 2008). Within this paradigm, confirming a universal truth becomes less important as a goal of a research project. Instead, taking a social constructivist epistemological position, I would contend that it is possible for multiple meanings to be given to the same data, as *truth* is constructed within a social and historical context. Epistemology is the study of knowledge, and social constructionism proposes that knowledge is a function of the interaction between the researcher and the participants, nullifying the idea of objectivity in research.

Within this same vein, qualitative methodologies recognize that researchers, who are not devoid of their own perceptions and meanings, will interpret the information that is collected. In essence, researchers bring their own biases to the analytic process.

Thus, qualitative research acknowledges the role of reflexivity. Reflexivity in qualitative research encourages researchers to be aware of how their involvement impacts the research findings. To this end, most qualitative researchers declare their biases about the topic and population of interest before engaging in the research process. My reflexive process will be first noted in the section *Locating Myself* and further expanded upon after the discussion of data collection and analysis.

To ensure that the aims of these approaches are achieved, qualitative researchers employ specific techniques to gather information. First, most qualitative data are collected within the participants' environments rather than in the lab. Additionally, the methods of data collection are generally open-ended and flexible. Semi-structured interviews and focus groups are the more commonly used methods of inquiry; however, other methods, such as diaries and participant observation, are also employed (Willig, 2008). There are a number of methodologies that fall under the qualitative umbrella, all sharing similar aims, as stated above, but each employing distinctive methods and foci. These methodologies include but are not limited to: grounded theory, discourse analysis, narrative analysis, ethnography, and interpretative phenomenological analysis.

Interpretative Phenomenological Analysis

Interpretative Phenomenological Analysis (IPA) is the methodology used in the present study. IPA is broadly described as an experiential qualitative approach with the goal of gaining insight into participants' thoughts and beliefs about a given phenomenon, typically related to their lived experiences. Essentially, IPA seeks to understand how individuals view and make sense of their worlds (Willig, 2008). IPA is an approach to qualitative analysis that was developed in the 1990s by Jonathon Smith, a professor of

Psychology at the University of London. For most of the early years, IPA was primarily used for health psychology research in the United Kingdom (Smith, 1996). Currently, IPA has grown and gained popularity and is now used in non-psychological research in and outside the UK. Phenomenology, hermeneutics, and idiography are the three philosophical approaches that inform the IPA framework (Smith, Larkin, & Flowers, 2009; Willig, 2008).

Philosophical Underpinnings of IPA

Phenomenology is the branch of philosophy that studies human experiences (Smith et al., 2009). Husserl founded phenomenology as a focused area of study; however, the field of study has grown beyond his original teachings and now includes numerous subgroups, with diverse principles. Husserl's phenomenology is concerned with a thorough reflection on everyday experiences. Within this school of thought, there is a focus on consciousness of one's ability to access the basic qualities of each phenomenon experienced. Husserl's focus relates to the psychological processes of perception, awareness, and consciousness (Smith et al., 2009). On the other hand, Heidegger, a student of Husserl, felt that without interpretation and meaning, human experience could not be accessed. Essentially, he proposed that there is no separation of an experience from the influence of external factors. His focus was less about perception, awareness, or consciousness, but on interpretation and meaning making, supporting the idea of 'person in context' creating an existential phenomenology (Smith et al., 2009).

Reflecting the influence of the field of phenomenology, IPA focuses on lived experiences. IPA attempts to make sense of an individual's experiences, acknowledging the importance and impact of the person's placement within and relationship to her or his

world (Smith et al., 2009). Within an IPA framework, each event or occurrence, even at the simplest level, is an experience that is suitable for exploration (Smith et al., 2009). IPA recognizes that experiences are perceived not through consciousness, but rather that perception occurs through our senses. That is, we have a physical body that exists within the world. Additionally, the actual experience in and of itself has no value without the individual ascribing meaning to it. Furthermore, none of us exists in isolation; thus, our experiences are impacted by the presence or absence of relationships and the external world (Smith et al., 2009). IPA researchers encourage participants to engage in reflection, which helps the participant to both draw meaning from and gain greater understanding of the experience of interest. Individuals can reflect on experiences that are the result of an active choice, for example, voluntary career changes, or on those experiences that are outside of their control, as in the present study. IPA is best suited for the exploration of experiences that are significant to the individual participant.

Within the IPA framework, phenomenology and hermeneutics work interactively (Smith et al., 2009). Hermeneutics is the study of interpretation. In order for an individual to make sense of her or his experiences, interpretation of the experience is required. IPA builds on the assumption that people can access their own thoughts and beliefs (Willig, 2008). Because IPA recognizes that individuals live within a physical space, constantly interacting with others, researchers understand that one individual's interpretation or experience of any particular phenomenon can differ significantly from that of another (Willig, 2008). Smith et al. (2009) suggested that a double hermeneutic takes place in IPA analyses, such that the participant is engaged in first hand interpretation of her or his experience and shares this with the researcher; subsequently,

the researcher has to make sense of the experience as relayed by the participant, engaging in a second level of interpretation. IPA recognizes that the researcher's own perceptions will influence the interpretations of the experiences shared by the participants, making the research process a subjective one (Willig, 2008). During the analysis phase, researchers are encouraged to interpret from the perspective of empathy as well as from a questioning position. Specifically, to understand a participant's experience, it is suggested that the researcher must put herself in the participant's shoes, while also asking questions as an outsider; these have been referred to as "hermeneutics of empathy and hermeneutics of suspicion" respectively (Smith et al., 2009, p. 36). This speaks to the double hermeneutic that Smith et al. (2009) suggest occurs during IPA research. The hermeneutic circle describes the fluid relationship "between the part and the whole" (Smith et al., 2009, p. 28). The implication here is that to understand the part, one must look at the whole, and vice versa. This concept is important within the IPA framework such that the analytic process is guided by this understanding of the relationship between parts and whole, thus creating a dynamic and iterative rather than linear step-by-step process.

Idiography is the study of the particular (Smith et al., 2009). Within the IPA framework, the individual is important. Research within an IPA framework is concerned with the particular in two primary ways: the first is the focus on details. This theoretical focus requires researchers to be meticulous and organized in the way the analysis is conducted (Smith et al., 2009). Secondly, IPA research examines a specific phenomenon as experienced by an individual or a group of individuals. In general, extracting details about a specific experience, event, or relationship that is significant to a particular person

is at the core of the research process (Smith, 2004; Smith et al., 2009). The single case study is at the heart of IPA research; however, researchers are not limited to a sample size of one. IPA methodology does allow for multiple individuals to be included in a research study; however, comparisons, contrasts, and generalizations are done only after each individual's experience has been fully developed (Smith, 2004; Smith et al., 2009). To this end, research projects that are conducted within an IPA framework only require a small, purposive, and homogeneous sample (Smith et al., 2009; Willig, 2008).

Conducting IPA Research

IPA researchers are required to approach the research project with an open mind, to be flexible and patient during the research process, and finally, to be willing to engage and enter into the world of the participants (Smith et al., 2009). Semi-structured interviews are the most common method of data collection with IPA. The structure of the interview is informal, with a goal of building rapport with the participant; this provides an atmosphere that is open, trusting, and facilitative of the participant sharing her or his experiences. Researchers should be skilled in conducting interviews that are purposeful and planned but flexible to change as the participant leads. The participant is considered the expert on her or his experience and the researcher should create an atmosphere that preserves their expertise (Smith et al., 2009). Researchers are encouraged to develop an interview schedule that creates a virtual map of the interview. This schedule serves as a guide throughout the interview.

The research questions employed are generally exploratory, process-oriented and focused on extracting meaning and understanding of the experience (Smith et al., 2009). Because IPA research is phenomenological, hermeneutic, and idiographic in nature,

analysis for each participant is in-depth and detailed. The questions that are included in the interview should assist the participant in providing the details of her or his experience. Smith et al. (2009) suggest that the interview questions, and particularly the overarching research questions, should not be theory driven. That is, the research question should not seek to affirm or negate a particular position or proposition. There is no set number of questions that is required for IPA research; however, the researcher should prepare enough questions in the interview schedule to ensure that sufficient detail is provided by the participant. Questions should not be leading, closed, manipulative, or over-empathic (Smith et al., 2009). Additionally, questions should address individuals within a particular context, rather than between multiple contexts.

Quality in Qualitative Research

Because qualitative research differs fundamentally from quantitative research, the standards by which quality is measured are also different. In quantitative research, issues such as internal and external validity, reliability, and objectivity are important to address and uphold. These concerns are less relevant to qualitative approaches due to differing philosophies of truth, reality, and objectivity. Lincoln and Guba (1985) were among the first researchers to provide a standard for assessing quality in qualitative research. Their four criteria: credibility, transferability, dependability, and confirmability, are commonly used among qualitative researchers as criteria for conducting effective qualitative research (Krefting, 1991). Since this time, other standards and criteria have been adapted and used to evaluate qualitative research (Elliot, Fischer, & Rennie, 1999; Henwood & Pidgeon, 1992; Yardley 2000). None of the standards is “better” than the other. As there are differences amongst researchers as related to their beliefs about the nature of and

meaning of knowledge (epistemology) and the role of the researcher, so there are differing methods for conducting research (Willig, 2000). Consequently, it is reasonable to conclude that there are different standards by which the research is evaluated (Madill, Jordan & Shirley, 2000; Willig, 2008).

To this end, it is incumbent upon researchers to consider their epistemological stances in relation to the type of assumptions made in conducting research and to find criteria for evaluation that are most relevant to the qualitative approach undertaken (Reicher, 2000). Smith et al. (2009) suggested that Yardley's (2000) criteria are a good fit for evaluating IPA research. Yardley proposed four qualities of good qualitative research. These are sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. I have reviewed three sets of standards (Elliot et al., 1995; Lincoln & Guba, 1985; Yardley, 2000) and while unequivocally there are considerations from all that have guided the current project, I decided to align with Yardley's criteria. Yardley (2000) specified that these criteria are guidelines which are "open to flexible interpretation" and not to be considered as rules for conducting qualitative research (p. 219). Yardley's criteria fit well with my epistemological stance, social constructionism, because underlying Yardley's four principles is an acknowledgement of the importance of the individual's social context and relationships to conducting effective and ethical research.

The first principle, sensitivity to context, incorporates a number of considerations for the researcher. These include an awareness of the existing literature about the topic of interest, awareness of the sociocultural setting within which the study occurs, awareness of the dynamics between the researcher and the participants, and sensitivity to that which

is received from the participant. With regard the sociocultural setting of the study and the dynamics between the researcher and participants, I am aware that there are some shared experiences between the participants and me simply because we are all Bahamian. Thus, being a part of the same culture enabled me to relate to the participants in a manner that may not have been accessible to a researcher from another country. Notwithstanding our shared cultural norms and language, there are ways in which our experiences diverge as I have no understanding of life within a child care facility beyond that which I have learned from others. I will expand more on participant-researcher dynamics in the following section, *Locating Myself*. In the final consideration, sensitivity to the participant's contribution, it is important that researchers honour the participant's voice and perspective, particularly during the process of interpreting the data. I had the participants review their transcripts and confirm the accuracy of the content of the transcripts to be reviewed. Additionally, when I was uncertain about aspects of their transcripts, I contacted the participants to ask questions for clarification. Finally, I gave them the summary of the "participant's story" to once again ensure everything was well. Again, social constructionism fits well with this first principle as it acknowledges the person in context and relationships between people (namely between me and the participants) and how this impacts their reality.

The second principle, commitment and rigour, requires the researcher to fully engage with the topic and the participants. The researcher should also be invested in the development of her own skill set to acquire information. It also demands that a high standard of care be put into the data collection and analysis of the data. Yardley suggested that rigour includes the exploration of the variations in the data, new themes,

and various complexities that may be observed and/or might emerge from the data. To summarize, the researcher is expected to be thorough, systematic, and comprehensive. For this study, each transcript was reviewed multiple times independently, even before I began making notes. After making notes, the transcripts were again reviewed multiple times to ensure that I was not missing anything and then again to ensure that what I extracted was supported. This was to ensure that the IPA guidelines were systematically followed.

The third principle of transparency and coherence has to do with the presentation of the data. As qualitative researchers, we are responsible for clearly outlining the stages of the research and presenting the findings in such a way that the participants' narrative is complete. Being transparent calls for careful description of the participants, the recruitment process, the construction of the interview schedule, and the steps taken during analysis. A coherent report presents the findings in a way that not only flows, but also makes sense. This was the goal of Chapter IV, which presents the participants' stories and is further presented in Chapter V. Smith et al. (2009) suggested that coherence does not mean that the findings are free of contradictions, but that the analysis of these contradictions should not be inconsistent or ambiguous. Coherence also refers to the suitability of the research question for the selected methodology, and the fit between the methodology and analytical method selected.

The fourth and final principle is impact and importance. Yardley (2000) suggested that any piece of research should be assessed based on its "impact and utility" (p. 223). Researchers should consider both the value to the scientific community and the sociocultural impact when designing studies. That is, the research project should be

beneficial to the participants or the group to which the participants belong. This principle should be considered from the beginning, as a study should not be designed and executed if it bears no value. The findings from this study will be disseminated in multiple ways, including presentations with key stakeholders at the Department of Social Services, in order to maximize community impact.

The current study is well suited for IPA research, as its aims are to explore the meaning of hope in the lives of a group of individuals. Hope is a construct that is associated with wellness and life satisfaction. It is the ultimate goal of the study that hope, as a construct that promotes healthy outcomes, is not only “defined,” but also better understood in relation to how it is nurtured and how it works. It is my expectation that this project will serve to give a voice to a marginalized population and that the findings can provide a foundation for decision-making as it relates to the inclusion of more opportunities and resources for children who might find themselves in a child care facility.

Locating Myself

My initial interest in hope stemmed from my Christian background. However, I believe that hoping is not something that is only limited or meaningful to those who identify as “Christian.” I believe it is a human process, and like all other human processes, the definition and meaning of hope is grounded within our context and history as we are shaped and impacted by our environment. I would position my epistemological stance within a social constructionist framework, embracing the idea that the way in which we have come to understand the world is the result of historical interactions among

people (Gergen, 1985). As such, we cannot separate our interpretation of our experiences from our previous experiences and the relationships within which we are engaged.

About seven years ago, as a therapist, I had the privilege of working with two individuals who were living in a local child care facility. Their strength, even in the face of the numerous challenges they faced, left me inspired. Their stories were difficult to hear, but affirmed a personal belief in human resilience. At about the same time, I was also working within the school system, and the general discourse about the children was negative. It seemed that there was tunnel vision that focused on everything that was going wrong, rather than some recognition of the strengths and virtues that I believe each individual has capacity for. I wanted more, for myself and for the students. I recognised the overwhelming challenges most of the students faced, but yet I hoped.

Upon returning to academia, my work for my Master's thesis focused on the process of resilience among inner city Bahamian youth. My goal was to identify those processes that facilitated the attainment of positive outcomes, in the face of the challenges associated with neighbourhood disintegration. A small component of the thesis included interviews with youth from very challenging neighbourhoods in The Bahamas, and once again, similar to the experiences in the counselling sessions, it was their stories that captured me. Through the stories, I saw agency, interconnectedness, strength, and determination. I saw "resilience" in the general sense of overcoming the odds, but also in the very specific sense of how this was experienced by the individuals (Jones, 2011; Jones & Lafreniere, 2014).

As I expanded upon the literature surrounding resilience, the concept of hope stuck out to me, primarily because I could identify with hope in my own life; hope has

sustained and fuelled a personal sense of determination, particularly when I have been in situations where the outcome is questionable. For this reason, I wanted to explore the meaning of hope and its role in the lives of individuals who were removed from their families. Although hope has been meaningful to me, I understand and accept that others may not share the same understanding and value. Therefore, other factors that have helped the participants during their time living in the child care facilities are equally important to me in understanding their lived experiences. Through the interviews, such processes become evident as participants were engaged to share their stories.

As a researcher, I have been immersed in the literature surrounding resilience, particularly resilience among at-risk youth, for the past five years. Given this familiarity, I acknowledge that there were some biases, that is, it was easier to identify some protective mechanisms as they emerged in the data because these have been supported in the wider resilience literature. The same bias applies to the construct of hope, as my previous academic work has also focused on defining and understanding hope. It was harder to identify the characteristics of hope and resilience that emerged from the data if it was not previously identified or was less popular within the respective body of research. Finally, my presumption of the presence of hope and resilience also should be acknowledged as a possible bias that may have hindered me from recognizing other relevant constructs or processes that were important to the participants.

As a black Christian Bahamian, I have been in a position of privilege, being a part of the majority in my country. Additionally, I was raised in a two-parent home for the majority of my childhood, where there were sufficient resources necessary for academic, emotional, and physical development. Given the possible social and economic

differences between me and the participants and the culture of which we are a part, I anticipated that there would be a number of challenges inherent in the present research project. First, culturally, youth are historically socially powerless. The beliefs espoused within a traditional Bahamian culture promote the traditional “children are to be seen and not heard” philosophy. For this reason, I targeted older youth/young adults who would identify more as “equals” in this research process than would their younger counterparts. I feel that this choice of participants facilitated an openness and engagement in the interviews. Additionally, because we share similarities as Bahamians, I was able to understand the dialect and colloquial terms and other cultural norms within which the participants’ experiences were shaped, thus providing another means of connection possibly contributing to the participants’ comfort level. I was, however, aware that I am still an outsider, as I do not have the experience of living in a child care facility and have lived with my biological family since birth. Moreover, since I am older in age than the participants, and because of my educational and socioeconomic status, I also recognize that I have greater social power. Reflecting on the interviews, most, if not all participants seemed sufficiently comfortable with the process, and I did not sense any major uneasiness. In a number of the interviews, I was, however, referred to as ‘ma’am’ which, culturally, is a term of respect used when communicating with a female who is older and/or in authority, thus indicating to me that there was still an awareness of our differences, and more particularly, my greater social power.

Additionally, individuals who reside in these facilities are historically marginalized. Very few resources are provided to them, and this unfortunately includes limited human resources. While not often publicly acknowledged, the personnel who are

assigned to work and care for the youth are often fill-ins with little to no skill set or desire to work with this population. This has sometimes provided an atmosphere where various forms of abuse have been perpetrated. My goal was not to “out” any negative processes that may be at work, but inviting residents to share their stories included the possibility of first-hand accounts of injustice inflicted by those who were designated to protect them. In anticipation of this possibility and to minimize any potential backlash and censoring of the voices of the youth, I chose *former* residents who would be independent of the system. I recognized that this independence from the facilities may be physical (geographical) but not emotional, particularly for residents who may have recently moved out on their own and still have connections with the other residents or child care workers. Finally, I recognized that as much as my goal is that this project helps individuals to realize their strengths, inviting the participants to share their stories included recalling difficult situations that may not only be uncomfortable for them to share, but also for me to hear. I was prepared to journal my own reactions and responses as I conducted the interviews; however, I found I did not need to journal. There were no really “difficult” stories that came up during the interviews. In fact, I found the reverse, and it was a pleasant surprise to me that there was not a major overriding tone of negativity and abuse in the CCFs. I did, however, take notes during the interview and a separate set of notes during the analysis, which helped me to capture my thoughts and where applicable, feelings, during the early stages of interviewing and analysis.

CHAPTER III

METHOD

Sampling and Recruitment

The sampling frame for the study included any individual between the ages of 18 and 25 who had resided in a child care facility in The Bahamas for at least three consecutive years. Based on the Interpretative Phenomenological Analysis framework, research studies should focus on the quality of detail rather than the quantity of participants included in a study. To this end, small sample sizes of as few as three to six participants are acceptable for student projects (Smith et al., 2009). My sample included ten participants.

Participants were recruited by word of mouth and snowball sampling. Initially, I made contact with individuals who are connected with the child care facilities, including social workers or child care workers and members of the board of directors for the facilities. While all of the individuals contacted were positive and excited about the nature of my project, none save one board member was able to connect with former residents. In talking about my project with colleagues at the local Bahamian college, I was connected with a former child care worker, who currently offers his home as a transition home to some residents. He then connected me with one of the residents who lived in his house; this person not only participated but assisted in connecting me with more than half of my sample. As I conducted the interviews, I encouraged the participants to pass along my contact information and a brief description of the study (Appendix C) to any friends or relatives who would be willing to share their experience of living in a facility.

All potential participants were provided with a general summary of the research project at first contact (Appendix C). The script was used for both telephone contact and email. Once the individual agreed to participate, an appointment was made for the interview. Before the interview began, the consent process was initiated; participants were invited to review the consent forms (Appendices D-E). Consent was an ongoing process throughout the interviews. Upon completion of the interview, participants were reminded of their rights, and each person provided their permission to remain in the study after the recording of the interview. The consent process continued as I contacted the participants after their interviews were transcribed for a secondary review. Participants were contacted via email with the transcripts attached. All ten individuals participated in the review; two of the participants met with me to go over the transcripts and the remaining eight reviewed it independently and corresponded via email. Three participants had changes to their transcripts. No information was omitted; in all three cases, the participants offered further clarification on a particular topic area that they felt may not have been explained fully during the initial interview. At this point, all participants gave consent again to have the transcript, either as is or with the new changes, included in the study.

During the analysis phase, three participants were contacted via email as I sought clarity on comments made. For example, in one of the interviews, an individual was identified as being very influential to the participant. However the type of relationship was not described, and I was uncertain how to categorize this person (e.g., mentor, sponsor, role model). All three of the participants provided a response of clarification that was helpful to the interpretation phase. Final contact was made as I emailed the

participants their individual *stories* which are presented in the next chapter. The goal of this contact was twofold: to give the participants another opportunity to check the accuracy of the information that will be shared about them, while also seeking their permission a final time regarding their desire to have their contributions remain a part of the study and to be included in the dissertation document. All ten participants were contacted; however, only nine responded. Eight of the nine responded that they were satisfied with the summary of their stories as is, and gave permission to have it included in the document. One participant felt that the story did not fully capture his definition of hope. He gave me specific directives as to how to strengthen two sentences, and with these changes, provided his approval of the story to be included in the project. It should be noted that all changes requested of the participants, at every point of the process, were included and the participants' stories reflect this. Finally, the story of the one participant who was unable to be contacted to review the final write-up was still included in the document, as he had previously provided permission during the first and second meeting.

Interviews

Before the interview was conducted, participants were invited to complete a short demographic questionnaire (Appendix F), which provided me with descriptive information that may not have been collected during the interview. Once this was completed, participants were then engaged in semi-structured interviews in which they were encouraged to share their experiences living in a child care facility. The focus of the interviews was to obtain the participants' experiences of hope, what hope means to them, and the role it had played (if any) in their lives within the children's home. All interviews were audio-recorded and on average, lasted about 40 minutes.

An interview schedule consisting of open-ended questions guided the interviews (Appendix G). Questions two through six were based on the interview protocol used by Herth (1990) in an exploration of hope among homeless youth. As noted earlier, this interview schedule served as a guideline for conducting interviews; however, I allowed the participants to direct the interview. The questions were designed to engage the participants so that I was able to gain insight into not only their overall experiences living in the child care facilities, but also, where applicable, their experiences of hope living in the child care facilities. The goal was to create an atmosphere where the participant could trust me enough to share openly and freely. Questions that were asked included the following:

Introduction

Would you tell me a little about yourself?

Hope

[*Icebreaker about hope*] My research focuses on hope. It is a word that we often use in day to day conversation and I would ultimately like to know what it means to you (if anything).

- When you hear the word hope, what kinds of things come to mind?
- What does hope mean to you?
- Would you tell me about your hope-
 - Have you ever hoped for anything?
 - If yes, what kinds of things do you hope for?
- If you could identify a source of hope for yourself, what was it?
- What things cause you to lose hope?
- What helps you to maintain your hope or make you feel hopeful?
- What do you do when you are faced with challenges?
- How do you overcome your challenges?
- What things (factors, people or processes) helped you to get through your challenges?

Hope and living at child care centre

Let's switch the focus a bit- thus far, we have primarily talked about hope in general, I would like to know whether or not hope was important to you during your time at the home:

- Does hope mean something different for you now than it did then?
- What kinds of things did you hope for then?
- What sources of hope did you have then?
- What did you do when you were faced with challenges then (if different from now)?
 - What things (factors, people or processes) helped you to get through those challenges?
- How would you say your previous experiences prepared you (or didn't) for your current experiences?

Additional questions about the participant's current experiences were included to get a full picture of hope(ing) while residing in the CCF and also to learn about the influential persons in their lives. Everyone who participated received a gift valued at \$15 for helping in the research. Participants had the choice of a phone card or a movie voucher for two people. Participants were made aware of this incentive at the time of recruitment.

Transcription

All interviews were transcribed verbatim as per the standards for IPA research (Smith et al., 2009). Interviews were transcribed by a paid professional. Once I received the transcripts, I reviewed the audio files in comparison to the word document to ensure accuracy of transcription. Transcripts also included notes to indicate significant conversational elements such as laughter. As noted earlier, transcripts were provided to participants for them to review, correct and/or modify, as they deemed be appropriate. This step was a part of the ongoing consent process.

Data Analytic Procedure

Data analysis within an IPA framework is described as a cyclical process as researchers move “from the particular to the shared and also from the descriptive to the interpretative” (Smith et al., 2009, p. 79). There are six steps that comprise this inductive process. As with other aspects of IPA research, the analytic process is flexible; the steps provide a guide but it is not meant to be linear and there is no right or wrong way to approach the process. The only obligation is the full commitment of the researcher to the research process. It is up to the researcher to determine where and how these steps apply during the analytic process.

One of the first steps in the analytic procedure is the review of the transcript. Transcripts were read and reread one at a time. I moved through the full first level of analysis with one participant before moving to another participant. This stage of analysis was purposefully lengthened as I immersed myself in the transcript. After my initial readings of a transcript, I began the second strategy of note taking. Smith et al. (2009) described this step as exploratory where the researcher becomes more familiar with the transcript and highlights anything that may stand out as interesting. There are no rules about what is commented on and the content of the comments. This step ultimately produced a detailed set of observations and notes on the transcript, which facilitated the third stage. I then reviewed my notes to identify any themes that were beginning to emerge. During this stage, there was a shift in emphasis from the transcript itself to a greater focus on the notes. I then ordered the identified themes chronologically, in the order in which they emerged in that particular transcript. In step four, I organized the themes in a way to make a more coherent story. At the completion of this stage, I was

able to confidently move to the next transcript (step 5). I repeated steps one through four for the new case until I had mapped the themes within each transcript. It is important to note that the themes from the previous transcripts influenced the interpretations of newer ones; however, it was critical that I still approach each transcript with an open mind to allow new themes to develop. Once all of the themes from the individual transcripts were listed, I initiated step six, which included the revision of the lists for patterns across cases. This is the part of the process where the focus was shifted from the particular to the shared. From this stage, I was able to construct a master chart of the themes which were representative of the group. Themes were ordered by frequency of occurrence, with the most frequently occurring theme appearing first. Finally, the themes were reviewed to create sub-themes where applicable and then re-ordered to be presented in a way that best told the story.

CHAPTER IV

PARTICIPANT STORIES

In this chapter, the reader will be introduced to the ten participants in the study. For each person, a brief synopsis of their story will be presented; this includes background information about how they came to be in the child care facilities, their experiences while in the facilities, what hope means to them and a snapshot of their current lives. Also included for each participant is an assessment of resilience based on the information provided through the demographic questionnaire and the content of the interviews. Three domains are evaluated for each of the participants: education, work, and social. Additionally, within each domain, there are three categories that an individual can be characterized: not resilient, adequate, and competent. Table 1 provides the details regarding evaluation of resilience for each of the three domains. Finally, following the 10 stories is a summary table (Table 2) that provides a profile of each participant, including the reason for placement. It should be noted that the names here are not the actual names of the participants, but the pseudonyms that they chose.

Table 1

Resilience Markers for Educational, Work, and Social domains

<i>Educational domain</i>	
Not resilient	Participant dropped out of high school
Adequate	Completion of high school or working toward completion of high school/equivalent)
Competent	Enrolment in post high school formal educational opportunity
<i>Work domain</i>	
Not resilient	Not currently working and/or a choppy work history
Adequate	Must have secured gainful employment consistently (even if part-time, the work history is fairly consistent).
Competent	Must have secured gainful and consistent employment (full time) in an area related to career goals. **If individual is in school full time, and also holding a job, he or she can also be characterized as competent in this domain.
<i>Social domain</i>	
Not resilient	No evidence that individual is engaged in a meaningful relationship.
Adequate	Provides evidence of having healthy relationships with someone; whether a significant other or platonic relationships.
Competent	Provides evidence to support the presence of a healthy/strong social support network.

“Christian”

Location of interview: At the interviewer’s office

Christian, 31, was born to a teen mother who was ill-equipped to care for a child. For this reason, his mother turned him over to Social Services to be cared for in one of the child care facilities when he was still a toddler. After a short time in the facility, his maternal aunt learned of his whereabouts and successfully received guardianship of him. He lived with her for a year or two; however, she decided that the better option for him was to be returned to the CCF. According to Christian’s account of the story, this change in living arrangements was done for his protection. While in care with his aunt, his mother would have him for short periods of time, and her environment was not safe for a young child. Christian noted that his aunt shared that he would sometimes come back to her with burns. Although she knew the injuries were not intentional acts of harm by his mother, she did not feel comfortable keeping him away from his mother, nor could she control the environment his mother lived in, so she chose to return him to custody of the state, rather than risk him being harmed or creating an issue with his mother.

As Christian reflected on his experiences, he generally recalled a positive experience at both facilities he lived in. He felt he was privileged and favoured and was the recipient of benefits that may have not been accessible to others. He shared that he was one of the only children to remain in the facility past 18; in fact, he officially left at the age of 20, after he completed community college. While he was living at the facility, he also worked part-time jobs to earn money for himself, and was given the opportunity to sing in the national choirs, which afforded him more opportunities to travel and spend time off the premises, which was typically not allowed. Christian also recalled fun times

during his time living at the facilities including celebrations of birthdays and holidays and opportunities to connect with other residents. Christian considered the other residents to be family, reflecting on the ups and downs that are characteristic of siblings. It is interesting to note that Christian considered the facility as “home,” which should be differentiated from the colloquial term, “the homes” by which most refer to the child care facilities.

Christian is currently a manager at one of the local hotel establishments. He shared that his life primarily revolves around work, church, and his music, as he is a local recording artist. He also spends time regularly volunteering at the two CCFs where he resided, as he finds it very important to give back to the kids who are currently living there. Family seems to be an important aspect of his life, and he regularly communicates with his mother and other members of his family, although these relationships may not be as strong as he thought they should be. He found role models in the caretakers within the facilities and credits them as helping him to be who he is today. In addition to the caretakers, he also built strong relationships with others who may have been connected to the facilities, although not as workers.

When asked about hope, Christian thinks of “longing for” and working toward something that is meaningful. Christian shared that he did not have to hope for much while he was living in the facility because everything was provided. He also noted that hope doesn’t necessarily need to be for something that is tangible, but it is for something that is positive and good. Christian’s current hopes are varied and include marriage, having his own family, being a good father to his future child(ren) and obtaining a promotion at his job. He shared that he had already applied for this promotion and was

turned down, but he is not discouraged as he continues to hope and work toward getting the promotion when the position is available again. He typically faces disappointments and challenges by finding alternative routes to get at the issue. Sometimes this requires him to get new information or take a break to get a fresh perspective; at other times this requires looking at what has worked in the past; and sometimes, this can also mean seeking help from others.

Resilience evaluation:

Educational	Competent
Work	Competent
Social	Competent

“Remedy”

Location of interview: At the interviewer’s office

Remedy, 23, was orphaned at the age of 3 when his parents died. He experienced another loss at age 5 when his godparents, whom he lived with after his parents’ death, also died. At this point, he was placed in one of the child care facilities where he remained until his 18th birthday. Remedy recalls positive memories of his time in the facilities. This was primarily due to what he calls being the “model child” where he received numerous benefits as rewards for excelling in and out of the classroom and also for following the rules in the facility. Like the other persons interviewed, Remedy also had the privilege of receiving great gifts for special occasions, and sponsorship to private school for grades 9 through 12. Unlike the other participants in this study who all resided in one particular facility, Remedy lived in another facility on New Providence Island. He pointed out that generally residents in this facility did not have much access to activities and functions off campus, as compared to their counterparts at other facilities; however, due to his involvement in school activities, he was the exception to this rule. The only other disadvantage of living in the facility that Remedy talked about was the misappropriation of the gifts, food, and benefits that were earmarked for the residents. Staff reportedly took these resources for their personal family usage. I should note that this behaviour was not unique to this facility as other participants also noted similar circumstances in their accounts.

From early on in his life, it is clear that Remedy was a leader amongst his peers. He reflected on how he was able to advocate on behalf of the residents by sharing about this misuse of the facility’s resources to the authorities, including the Minister of Social

Services, and subsequently feels there was a decrease in this behaviour. This was not the only incident Remedy shared where he rose to be a ‘leader’ amongst his peers. One of his current hopes is to become an advocate for other orphans, where he can bring awareness to the plight of residents who, according to him, are often returned to the environments from which they were removed without any support or preparation to handle the challenges. Numerous times in the interview he shared how this is disconcerting for him and recognizes that seeing his less successful peers from the facility challenged his hope.

Remedy is very academically oriented, so much so that when asked about the source of his hope, he shared that education is the place from which his hope springs. Hope to Remedy means that “there is a bright future.” He sees hope as a reassurance that everything will work out, or get better. While in the home, Remedy shared that his only hope was to be adopted as he was one of the only residents who did not have family to visit him while he lived at the facility. Being connected and building relationships seemed to be a consistent theme in his story. Remedy found his relatives through an Internet search and was able to connect with his birth family. He admits that these relationships aren’t where he would want them to be, but it is a work in progress. Outside of his biological family, Remedy values the mentors who have come alongside him through his stay at the facility and also those who became role-models through his interactions in the extracurricular groups.

One of Remedy’s low points while living in the facility occurred regularly each time family members of the other residents came to visit. He recalls being one of the only ones with no visitors. He shared about a dark place in his childhood, where he spent two months as a patient at the local mental health institution. This visit was due to his

growing frustration with feeling abandoned and alone and subsequently withdrawing in response to these feelings. From this experience, he recognizes his weaknesses, and is very careful about how he manages stressors in his life.

In spite of the challenges, Remedy is very focused on excelling. He values hard work and looks forward to reaping the benefits of his efforts in the various areas of his life. While growing up, Remedy held executive positions in merit-based extracurricular groups and also received numerous awards related to achievement and leadership in these areas. He graduated amongst the top in his class and was able to move out on his own after living in the facilities, then obtain a job (through connections at the facility), save sufficient money, and independently prepare for life as a full time university student where he primarily supports himself. He was able to secure a merit-based scholarship to study at a university in the United States, where he currently is a junior.

Resilience evaluation:

Educational	Competent
Work	Not applicable
Social	Competent

“Sierra Leone”

Location of interview: At the participant’s place of work

Sierra Leone is a 23-year-old female who spent four years in one child care facility. She was placed there due to neglect as her mother was on drugs and unable to care for her and her siblings, and her father was absent from the home. Sierra Leone is the eldest of three children, all belonging to the same parents. Sierra Leone’s experiences in the facilities, like others interviewed, were a mixture of good and bad, but her overall experiences were positive. Sierra Leone explained that despite the negative reputation and myths about individuals who lived in the child care facilities, she was actually grateful for the opportunity. She shared her story about her life before being removed from the family home, where she experienced both abundance and poverty. Her parents were involved with drugs and for a period of time, Sierra Leone recalls that their lifestyle was luxurious due to the direct benefits of having parents who were drug dealers. However, this luxurious lifestyle was short lived after her mother became addicted to the drugs and could no longer provide and care for her children. As the eldest, Sierra Leone took responsibility for her siblings and learned how to hustle food and money (for food) from neighbours and local institutions without alerting the individuals to the dire state of their circumstances. She felt that being placed in the facility was a good thing because it provided for her basic needs and removed her and her siblings from an unstable home environment. During her time in the facility, she and her siblings were provided with better academic opportunities through private school. In addition to her basic needs being met, Sierra Leone was also grateful for birthday and Christmas gifts and opportunities to visit local activity centres. Although the majority of her time in the

facility was enjoyable, this was not without some instances that were not so positive. She recounted that the staff were not always fair; they would steal items, supplies, and food that was donated for the residents. Additionally, she felt that some of the staff were verbally abusive toward them.

Sierra Leone was kicked out of the facility due to insubordination at the age of 16. Sierra Leone admits in hindsight that in her grief at the loss of her mother, who died within the first year of her placement in the facility, she rebelled, was oppositional to the authority figures, and overall was not pleasant to live with. She lived with an aunt for some time after her removal from the CCF and then moved out on her own. Around the time that she was grieving, specifically after receiving the decision that her stay would be prematurely terminated, she struggled with suicidal thoughts and admits to multiple failed attempts. She only shared this with her brother, whom she credits as assisting her to move through the grief. Her brother helped her gain perspective on the value of life, and subsequently she no longer felt the need to end her life. Since the suicide attempt, Sierra Leone shared that she has adopted more effective means of addressing her challenges and issues; these include creating small goals to work toward and talking with her sister who helps her through words of encouragement, motivation, and problem solving.

Additionally, she uses her past challenges and situations to motivate her forward. Her main hope is to be successful, which is primarily seen as not returning to the life of poverty and uncertainty that she experienced before being placed in the CCF. This hope is not only for herself, but for her siblings. While she lived in the facility, Sierra Leone notes that she did not have many hopes. This, she shared, was because everything was provided for. The only other hope she had was to eventually leave the facility and go to

college. She saw the value of education as a means to make her successful and this is the crux of her current efforts. Sierra Leone finds her hope in God and maintains her hope through words of encouragement and through reflecting and being motivated by previous achievements. Finally, Sierra Leone believes in giving back to the community through the work of local civic organizations, of which she was once a recipient.

Resilience evaluation:

Educational	Competent
Work	Competent
Social	Competent

“Jacob”

Location of interview: At the interviewer’s office

Jacob is a 22-year-old young man who also spent most of his life in the child care facility. Jacob came to the CCF when he was five due to neglect. He recalls living with his mother, who had a medical disability, in the USA and then living in The Bahamas with his father who was unable to care for him. He remembers being taken by the police from his home and being placed in the child care facility. Throughout his time in the facility he did not have a relationship with either of his biological parents and he still has no contact with either of them.

According to Jacob, living in the CCF was a fun experience for him. He recalls occasions where he travelled, received great gifts, and had many privileges (e.g., having a sponsor pay for high school and college). Most of his positive experiences were tied to the involvement of individuals from the community as well as foreigners who offered financial support to the residents. In general, this support made life for him at the facilities more comfortable. Jacob reflected on his experiences in the home as being helpful for preparing him for independent living. Like some of the other former residents, Jacob had some negative experiences in the facility. Specifically, he shared that the caretakers used corporal punishment to discipline. He recalled that this was used excessively, and many times without provocation. This excessive use of corporal punishment, however, was tied to one person who had responsibility for one specific cottage, so that after he moved to another cottage, he was no longer the recipient of this unfair punishment.

Jacob currently lives with a couple that he met through his time at the facility. He considers them his family, with the male partner, whom he refers to as father, being credited as one of the most influential people in his life. This father-figure has been a source of encouragement and a motivator; like other people Jacob looks up to, this man was credited as a source of his hope. In addition to his “father,” Jacob is also very grateful to his sponsor who has paid his way through private school and currently pays for his college.

Jacob’s hopes are an expectation for the future that evokes positive feelings. His hope is closely tied to his goals and subsequently related to achievement. Jacob hopes to be a successful chef who grows his own crops. He recalled that his hopes while living in the CCF were more superficial, for example, he hoped for clothes, video games, and popularity. He noted that these things were more easily obtained because he had access to them while there. Jacob’s hope is negatively impacted by his own failures and mistakes; however in these instances, he finds alternative options to arrive at his goals which in turn, helps to renew his hope. For Jacob, personal effort brings about a positive result. This positive result subsequently brings him closer to attaining his hope and this makes him more hopeful. Jacob admitted to not liking challenges but simultaneously he was able to recognize the character building opportunities in each of his challenges.

Resilience evaluation:

Educational	Competent
Work	Competent
Social	Competent

“John”

Location of interview: At the participant’s apartment

John, 22, was removed from his mother’s care due to neglect. He was placed in a CCF at age 8 and lived there until he was about 12 years old. He was then placed in another facility where he remained until he was 17 years old. Although he lived in the CCFs for most of his childhood, John remained in contact with family members including his mother, aunts, and cousins. He likened the CCFs to a “normal home” with good and bad experiences as well as benefits/rewards for good behaviour and consequences for breaking rules. The facility offered him a structured life where all his needs were provided. It also prepared him for independent living through experiences living there, for example chores, but also through interaction with community groups who volunteered their time to mentor and teach the residents. Finally, John fondly recalled that through his time at the facility, he got the opportunity to meet people who ended up being very influential in his life. John admitted that he challenged the rules often and subsequently did not get to enjoy all the “rewards.” He talked about opportunities for travel, scholarships and sponsorships to private school, and other fun opportunities that he missed out on. However, he still had numerous fond memories of fun occasions. John is currently unemployed and not in college/university but has completed a certificate program at the local college where he specialized in culinary arts. It is in this area that he is interested in pursuing a career.

John sees hope as a drive, a desire, and the ability to get that which he desires. He sees hope as generally positive and his hopes are for a better life for himself, to get a job, car, money, gadgets and a house for him and his mother to reside in. While he was in the

home, John shared that his hopes were for gifts and privileges. He also hoped to reconnect with his father and also to leave the facility. Hope to John is a robust concept, such that his hopes remain even in the face of disappointments. He continues to hope and wish that what he wants comes to fruition. It is his personal determination to get that which he hopes for, that is, those objects that he want and desires, that helps to motivate his hope (over time and through challenges).

When faced with challenges that block him from getting what he wants, John shared that he would try to find alternative means to arrive at his goal. He also seeks advice from older persons who can offer wisdom. Success to John is having a home, a family of his own, money in a bank account, and a well-paying head chef position at a 5-star restaurant. He sees himself as somewhat successful because he is able to live on his own and financially support himself.

Resilience evaluation:

Educational	Not resilient
Work	Not resilient
Social	Adequate

“Miller”

Location of interview: At the interviewer’s office

Miller, 22, was removed from his home at the age of four and remained in the CCF until he completed high school at the age of 15. At the time of his exit from the CCF, Miller lived on his own; however he encountered some financial struggles and moved in with a local couple. This couple has a history with the CCF where Miller spent most of his time, where they worked as caretakers, and they currently offer their home as somewhat of a transition house for young adults who have aged out of the system but still need additional support. Miller’s parents got divorced when he was a toddler, and he and his brother remained in the custody of their biological father. Miller recalled that his father worked long shifts, and they were often left unsupervised. His father was found to be unfit to care for his two sons and subsequently they were removed from his care. Miller shared that he was unmotivated, angry, and emotionally withdrawn while living in the facility. He noted that he did whatever was needed to move through the process and get out of the CCF faster. For him, this meant completing school and staying out of trouble. Miller shared that it was the kindness of one of his mentors who eventually broke through his walls, helped him to reconnect, and find something to hope for.

Despite this self-described disconnection, Miller’s recollection of living in the CCF is generally positive; he recalls being cared for, celebrating birthdays and other events, and having fun. He described it as being a “regular home.” He credits his time in the CCF for him being who he is today. Specifically, the experiences and people with whom he interacted helped to prepare him for his current experiences, for example, getting and keeping a job and being able to relate to non-Bahamians.

Miller's hopes are tied to his goals; more specifically, it is his goals that he hopes for. He identified that his hoping started when he realized that he was on his own and needed to "fend for himself." He looked at others setting and achieving goals to be successful and this motivated him to do the same. His current goals are to be a musician and a photographer. In general, hope for him has to do with achievement, attainment, and success. He is very involved with his church and considers this to be one vehicle that provides opportunities for him to achieve the goal of being a musician that he is hoping for. Through church activities, he receives mentorship and an opportunity to hone his musical skills. Like some of the other participants, Miller doesn't recall hoping for anything while he was living in the CCF because everything was provided. Moreover, he shared that he was not motivated to hope for anything beyond the basics.

Another current hope is to reunite with his family. Miller seemed very family-oriented and pointed out that this was what was missing from his time in the CCF. He recalled not hoping for this reunion while living in the CCF because he was still very angry with his father. However, upon leaving the CCF and living on his own, he began to become more interested in his family of origin. He had a small "reunion" with his brother and father and this intensified his hope to meet his mother. He eventually got to meet his mother and a half-sister and this made him feel good. Religion, success, and his brother were all identified as being sources of his hope. Miller recalled that at first his hopes came from the desire to be like his brother, who at the time was successful and thriving. Since this time, he is still motivated by his brother but now to be successful *for* him -- as his brother has had to start over after being incarcerated. He also finds his hopes have been strengthened and/or maintained by the presence of his new "family,"

i.e., the couple that he currently lives with. He looks up to the male partner as a father-figure and role model. It is this family which modeled a way of living which he now hopes for. When faced with challenges, Miller likes to find a place to get away where he can think and process, and relax with his music. He writes songs which helps him to release stress.

Resilience evaluation:

Educational	Adequate
Work	Competent
Social	Competent

“Samantha”

Location of interview: At adopted parent’s house

Samantha is a 22-year-old full-time University student. She currently lives part-time in New York, where her university is located, and in The Bahamas with her adopted parents. While they never officially adopted Samantha, this family was a part of her life through her teen years, and subsequently offered her a place to stay upon her exit from the facility. Samantha is one of three children who were removed from their mother’s custody and placed in a child care facility due to neglect. Samantha is the younger sister of Sierra Leone, who was introduced earlier. Samantha recalled that life before living in the facility was fairly unstable and undesirable due to the lifestyle of her parents. Her mother was often not present and she suspected that she abused drugs, and her father was a drug dealer. She vividly recalls the night when she and her siblings were placed in the child care facility as they were home alone, and were awakened by the police. Samantha had hopes that the removal from the home was temporary and that she and her siblings would be returned to their mother; however, this ended up not being the case. About two years after being placed in the facility, she learned that her mother had died. Rather than exploring reunification with her father and other family members, she chose to remain at the facility.

Like many of the other participants, Samantha’s memories of growing up in the CCF were generally positive. In addition to the regular gifts and privileges awarded to the residents, Samantha shared that she received bonus gifts for her outstanding achievement in school. Each year in the home, students with the highest grade point averages would receive extra gifts and money as incentives to continue to excel and

Samantha was the recipient of this award numerous times while living in the facility. Samantha shared appreciation for her time in the facility, recognizing that she was only able to have certain opportunities, for example, going to a private school, because she was a resident. However on the other side, her achievements brought favour among the staff and also jealousy from the other residents. Samantha shared that her moments of sadness while living in the facility were due to the harassment she experienced from the other girls. She noted that she often tried to not make it a “big deal” because she knew that she wouldn’t be living in the facility forever. This was a hope for Samantha that she would graduate from high school, leave the facility, and go to college.

She described hope to be a “longing” that pushes her to work toward her goals and aspirations. Samantha shared that her hope has changed over the years. As a teenager in the facility, her hopes were tied to goals that were short-term and less important. Now she feels that her hopes are expanded and tied to more long-term aspirations, based on who she wants to be as a person and her impact on society. Samantha identified three sources of her hope: her family, her past, and God. She explained that she wants to achieve her goals because her siblings, and other persons in her life, have hope for her and she doesn’t want to disappoint them. Additionally, she wants to do better for her future family than her parents did for her. And finally, she feels that God has been instrumental in a lot of her achievements, and thus, part of her hope springs from wanting to be her best so she doesn’t disappoint Him. Losing hope to Samantha is equivalent to her relinquishing all of her goals and giving up on everything; this she shared will most likely not happen due to her own intrinsic motivation and the support of others. Samantha motivates and encourages herself when she gets down and

looks to the support, advice, and life of her mentors and adopted parents for guidance and wisdom when she is faced with challenges.

Resilience evaluation:

Educational	Competent
Work	Not applicable
Social	Competent

“Kim”

Location of interview: At the interviewer’s office

Kim is a 20-year-old young woman who spent five years in the CCF with her twin sister. She is currently working toward the goal of beginning university in Fall 2014. Unlike the other participants, Kim indicated that she chose to be placed in the facility when she was given the option, after being removed from her father’s care. Her preferred parent is her father, but during her teenage years he was abusing drugs and was not fit to have custody of her and her sister. At the time, she did not have a good relationship with her mother nor with other members of her extended family, so the child care facility seemed like the better option. Kim and her sister were placed in the facility when they were 13 years old and remained there until after their 18th birthday. Kim’s experiences were generally positive and she does not have any regrets about the decision she made. The facility provided a safe and stable place to live where she could get meals regularly and also provided an opportunity for private education and educational support. Through her living at the CCF, Kim also got to build relationships with the residents and also with individuals from the community who became very important in her life. She also got to travel and received gifts as a resident of the facility. As she described her time in the facility, it became evident that Kim felt she was favoured amongst the other residents; however, this brought benefits and challenges alike. She was able to enjoy privileges such as having a personal cellular phone and remaining in the facility past her 18th birthday. Kim shared that she also challenged the rules and received very few consequences. For example, she stayed out late past curfew with no repercussions. Because of these exemptions, some of the other residents took offense and she found

herself sometimes as the recipient of retaliations from the other residents. Despite these episodes, Kim reportedly made good connections with the residents during her time there.

Now, as an adult, Kim has a better relationship with her dad, who no longer uses drugs. She explained that she always saw her father as her protector, even when he wasn't fit to be their guardian. She has regular daily conversations with him, although she and her sister live on their own. On the other hand, she and her mother continue to have a strained relationship. She feels obligated to love her, although she still has not worked through some of the issues associated with the deterioration of the relationship from her teen years. Hope for Kim was not something that held great importance in her day-to-day living. She is familiar with the word, but shared that she rarely uses it. On one hand, she shared that she has significant individuals in her life who have encouraged her to hope. These individuals became sources of hope for her while she was living in the facility as they encouraged, provided mentoring, and motivated her to succeed. However, because hoping to her has more to do with the future, she finds herself more focused on the tasks and goals for the current day, and less on future plans. Kim defines hope as a belief, and an opportunity for a second chance, which for her is primarily found in school, as education represents the vehicle by which to access her desires. In general, her hopes are for intangible things like forgiveness and success. She also hopes to operate her own orphanage one day. These hopes are maintained by need, such that as long as the hope is not yet actualized, she will continue to hope for them.

Kim admits that she doesn't typically have a lot of challenges because she is well liked, favoured, and generally gets along with others. However, when challenges may arise, she approaches each situation carefully, taking time to think, process, and

sometimes pray before addressing the presenting issue. Kim also finds journaling, listening to music and talking with her adopted mother (mentor) are helpful when she is faced with challenging situations.

Resilience evaluation:

Educational	Adequate
Work	Competent
Social	Competent

“Natario”

Location of interviews: 1st at office in his school
2nd follow up was done in school cafeteria

Natario is an 18-year-old male whose mother physically abused him during early childhood. He was removed from the home and placed with his father. After some time, he was moved again from his father to the child care facility. Natario was about 11 years old when he was moved to Cat Island to the first CCF he lived in. He remained there for two years, before he was moved back to Nassau to another CCF where he remained until he left at age 16. Not much more detail was provided about his life before residing in the CCF.

In general, Natario shared that he has enjoyed his time in the CCF; he reports being loved and favoured by the caretakers and other individuals connected with the CCF. The CCFs represented a place where his needs and wants were met, a training ground for real life, and a place where he was supported and encouraged. Despite living in the two CCFs, Natario remained connected with his mother, who reportedly visited, called, and emailed regularly. Because of this connection, at each phase of his journey in the facilities, he recalled being torn about remaining. On one hand, moving meant being closer to or being with his mother, but it also meant leaving the people whom he had formed a connection with.

From the interview, it seems that Natario’s hope has been nurtured through his experiences in the CCFs, through care, love, and encouraging words. Essentially, it seemed that the caretakers taught him how to hope. His hope is fairly constant, such that it hasn’t changed over the years. It is future oriented and usually tied to an “object” but

not always. His hope seems to be foundational to life. In general, he described hope to be positive and having to do with achievement; it requires effort toward a good end. His hope is maintained through successes. Natario shared that he has hoped for material things such as clothes, but also for non-tangible things such as greater independence while in the CCFs. His current hopes are tied to who he wants to be as an adult, i.e., his professional aspirations. The encouragement he has received from the adults around him has continued to foster his hope; however, his hopes have been negatively impacted when he experienced lack of support, negativity, and disappointments. When faced with challenges, Natario talks to people who care about him and whom he trusts, and he also prays. Natario shared that he tends to avoid thinking or focusing on the issue but instead readjusts his focus on the positive in an effort to move forward.

Resilience evaluation:

Educational	Adequate
Work	Not applicable
Social	Competent

“Jonathon”

Location of interviews: 1st at public beach/park
2nd follow up was done at local fast food restaurant

Jonathon is an 18-year-old young man who lived in two CCFs for the majority of his life. He was brought there when he was a baby because his mother was unable to take care of him. He remained at that CCF until age 12; from there he was transferred to another facility that housed older residents. Jonathon remained at this second facility until about age 16 when he returned to his mother due to overcrowding. Although his mother did not abuse him, he experienced physical and sexual abuse while in the care of the CCF. Jonathon recounted being taken advantage of sexually by another resident and also by a volunteer. He never reported it because of the cultural stigma regarding men and sexual abuse. In addition to the instances of sexual abuse, Jonathon also shared that he was teased and picked on because he lived in the CCFs. However, despite the negative events occurring while in the CCFs, Jonathon has developed a balanced perspective on life, such that he has an ability to find the positives among the negative situations. For example, Jonathon credits his time in the CCFs as being instrumental in creating the man he currently is -- he is more compassionate and empathetic to the plight of others. He also recognized that had he not been removed from his home of origin and placed in the facility, he would not have met a number of people, most of whom turned out to be very influential to his life. In particular, one person served the role as mentor in his life. She came alongside Jonathon very early in his placement in the facility and made him a part of her family, even to the point of including him on family trips. He looks up to her and considers her to be a mother. Throughout the years since she's been in his life, she has been a consistent source of support and love. He currently lives with his

biological mother and despite them being strangers, he is making the best of the situation. Jonathon has a sense of obligation to love and build a relationship with his mother now that he is returned to her care. He feels that having parents, despite the quality of the relationship, is better than not having them at all.

Jonathon sets goals and puts a lot of value in working toward such goals. This process seemed to be very connected to his experience with hope. Hope for Jonathon is future-oriented, and similar to the other participants, hope is tied to achievement. It is experienced through those who push, support, motivate, and encourage him. These same individuals function to help him maintain his hopes. Being pushed and pushing himself toward that which he is hoping for is an important aspect of his hoping. Jonathon hopes to be successful in life and to have a family of his own.

Resilience evaluation:

Educational	Competent
Work	Competent
Social	Adequate

Table 2

Participant Demographics (N=10)

Name	Age	Gender	Length of time in child care facility (ages)	Reason for placement	# of facilities	Nationality	Position
Christian	31	M	1-20	Relinquish parental rights*	2	Bahamian	Work full time
Remedy	23	M	5-18	Orphaned (parents died)	1	Haitian- Bahamian	School full time
Sierra Leone	23	F	12-16	Neglect	1	Bahamian	School full time/ work part time
Jacob	22	M	5-17	Neglect	1	Bahamian	School full time/ work part time
John	22	M	8-17	Neglect	2	Bahamian	None (looking for a job)
Miller	22	M	4-15	Neglect	1	Bahamian	Work full time
Samantha	22	F	10-18	Neglect	1	Bahamian	School full time
Kim	20	F	13-18	Neglect	1	Bahamian	Work full time
Natario	18	M	11-16	Physical abuse	2	Bahamian	School full time

Notes. *The mothers were unable to care for the child; the term “relinquish parental rights” is used because I was unable to glean the nature of their experiences while the participants were with their biological parent prior to placement because they were so young.

CHAPTER V

FINDINGS

All text extracts that follow are verbatim from the transcripts of the participant interviews. In some cases, I have added words in square brackets, i.e., [], to provide context to the reader for better understanding. In limited cases, I have also added a few words in round brackets, i.e., (), to make a given extract more readable -- this was usually the case where slang or unfamiliar colloquial terms were used. Punctuation marks were also carefully used to assist with readability of the transcripts. Ellipses (...) were added to indicate that the text quoted was extracted from a sentence or paragraph. This was done carefully to ensure that the meaning or context within which the statement was made was not distorted. It should be noted that I have listed the themes in an order that flows and tells the story about the participants' journey of hope more smoothly, which may not necessarily be representative of the order in which the themes emerged from the participants' narratives. It was not unusual for themes to appear in several places throughout each transcript.

This study set out to explore former residents' experiences living in child care facilities and the role of hope in their lives. This chapter presents the major themes that emerged from the narratives. Interpretative Phenomenological Analysis (IPA) is the methodology used in the project design. Consequently, the transcripts were analysed following the inductive process ascribed to IPA research outlined above. The themes presented are based on my understanding of the narratives during the analysis process, as it is recognized that the lens through which I interpret information is subjective. Also important to note is that the participants' narratives were taken at face-value, that is, I did

not question or ask for corroboration of their experiences or statements. This was also in accordance with the tenets of IPA methodology where the participants are considered to be experts of their experiences. Corroboration of some of the experiences was obtained because almost all of the participants spent some years at the same child care facility and tended to give similar accounts, but even when this was not obtained, the narratives were accepted as what was real for each person.

Additionally, the themes presented are not exhaustive, as only those that are most relevant to the research questions of the present project are presented. As it relates to the conceptualization of hope that emerged, I acknowledge that my interpretation and synthesis may be coloured not only by my own definition and experiences, but also by my engagement with the literature on hope prior to this project. Table 3 provides context for some of the terms that are used in the text that may have a slightly different meaning from the standard dictionary definition.

Table 3

Reference for Terms Used Non-Traditionally

Term	Meaning
Home; homes; the homes	Shortened version for “Children’s homes”; colloquial term referring to a child care facility (CCF). Nine of the 10 participants lived in the same facility (although at different times) as teenagers, during the latter part of their tenure in a CCF.
Adopted mother/adopted father	Significant person in the participant’s life who fills in the parent role. The term <i>adopted</i> does not refer to legal custody. None of the 10 participants was legally adopted. Also, having an adopted parent does not mean there is no contact/relationship with a biological parent. However, the term refers to an adult with whom the individual has a stronger, more influential relationship.
Mentor	Significant person in the participant’s life. The mentor role is not necessarily an official role, i.e., this is not a position formally assigned through a program or the CCF. In most cases, mentors are volunteers who build a relationship with the individual. Sometimes there are overlaps in roles; for example, one participant refers to her adopted parent as a mentor. Another participant identified the administrator of the facility as one of his mentors.
Sponsor	An individual who offers financial support to a CCF resident. It is possible that more than one of the participants had the same sponsor. Sponsors provide support from their personal resources, or sometimes represent a company or organization. In one case, a participant indicated that their sponsor also filled the role of mentor, but the impression received in other cases was that sponsors had not spent a lot of time with the recipients of the gifts. Sponsors offered funding for school tuition, extra classes, fun outings (e.g., swim with the dolphins), and even travel opportunities.

Administrator	The person who was responsible for the child care facility. This person was the equivalent to the principal of a school.
Private schools	In The Bahamas, individual professionals, groups/organizations, and churches offer private education to any student whose parent/guardian has the financial resources to cover the tuition. The education offered is usually a different curriculum than what is offered in the public schools. However, the content is comparable as all students in The Bahamas sit national exams at 3 rd , 6 th , 9 th , and 12 th grades. Anecdotally, students who attend private schools are thought to have greater opportunities and better academic outcomes, as many private schools tout smaller teacher: student ratio, rigorous curriculum, and multi-modal learning opportunities. Two of the participants, Natario and Jonathon, attended a private school that caters to children with learning challenges and cognitive delays, which is differentiated from general education private schools.

The goal of the present study was to gain insight into the experiences of the participants as residents of child care facilities, with an interest in the presence and role of hope in their lives. Hope emerged to be best considered as a process, rather than a static construct in the lives of the participants. This process of hope looked like a journey, beginning with the participants' earliest recollections as residents in the child care facilities, moving through to their experiences with hope now as adults. With this in mind, the findings, specifically, the four themes that emerged from the current project, are organized and presented around this idea of the participants' *journey through the process of hope*. Figure 1 depicts the process.

Figure 1. Journey through the Process of Hope

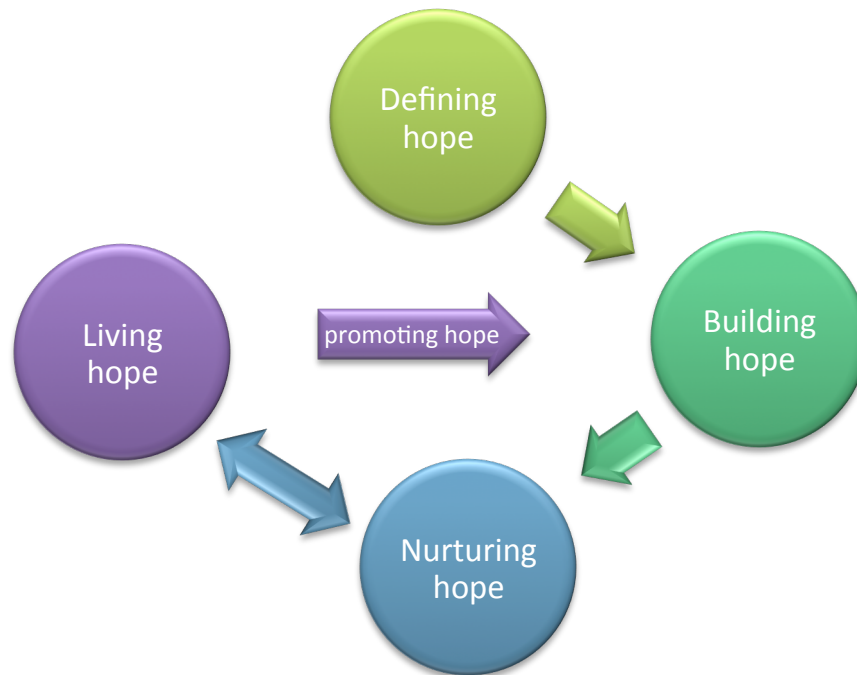


Figure 1. Symbolic depiction of the process of hope based on the findings from the interviews.

The findings are organized within four themes in a way to present the journey through the process of hope. The first theme presents the participants' definitions and personal meanings of hope. The second theme addresses life in the facilities where the foundations of hope were laid. The third theme explores how hope functions in the lives of the participants, presenting the factors that impact fluctuations of hope. Within this theme, the aspect of the participants' social support network is presented as a major factor from which hope grows, is maintained and on occasion, also through which hope decreases. The final theme looks at the participants' current activities, many of which are centred on the fulfillment of their hopes. Table 4 outlines the themes in order of presentation in this chapter.

Table 4

List of Themes

Theme 1	Defining hope: What it means
Theme 2	Building hope: Laying the foundation for hope through residential living
Subtheme 1	The homes are a good place
Subtheme 2	Retrospective evaluation of the homes as the right place to live
Subtheme 3	Living in the facilities felt like a "normal" home
Subtheme 4	Difficult experiences in the homes
Theme 3	Nurturing hope: Helping it grow
Subtheme 1	Hope is fostered primarily through the participants' support system
Subtheme 2	Other factors that impact hope
Theme 4	Living hope: Putting hope into action
Subtheme 1	Competently managing the demands of adulthood
Subtheme 2	Being successful is an important goal of adulthood
Subtheme 3	Seeding hope through giving back

Theme 1: Defining hope: What it means

Hope is a phenomenon that everyone agreed existed in their life, but most did not spend much time reflecting on. I found that not everyone could easily answer the questions about hope. An even more difficult task for all of the participants was defining hope. However, as the interviews progressed, the participants' personal meanings of hope became clearer. For the majority of the participants, I suspect that because most of the interview centred on hope, it somewhat compelled the participants to really think about hope and to put a label, i.e., *hope*, to an experience or concept with which they are presently engaged.

Chapter IV provided each participant's story and what hope meant to them in the context of that story. Table 5 further expands upon the stories by presenting the participants' responses to three of the questions regarding hope. It should be noted that all entries in Table 4 are direct quotes from transcripts. What has emerged is that hope has some general overlapping qualities amongst all participants, although the function and role of hope is more unique to the individual.

In general, all of the participants expressed the idea that hope is a belief or expectation that has to do with the future. In light of the types of things that the participants hoped for, it appears that hoping can be for both tangible and intangible things. However, hope seems to be more applicable for those things that have meaning for the participants. Additionally, hope seems to be more of a verb than a noun. For example, I found that some participants felt that hope required some aspect of work or effort to get that which is hoped for. Similarly, for others, hope took the form of an internal drive that pushes one toward getting something that is really desired.

Table 5

Hope Defined and Sources of Hope

Name	When you hear the word hope, what kinds of things come to mind?	Meaning	Source of hope
Christian	<ul style="list-style-type: none"> • Anticipation. • Something to work towards; a goal. • Certain aspirations being worked on or accomplished. • I think of something bright, beautiful • If I am hopeful for something, I hope it's something worth the time I'm putting into it, waiting... worth achieving something 	<ul style="list-style-type: none"> • The longing for something. • Hope also can mean assistance for me, too. Like hoping that something would come along to either strengthen you in weak times or to assist with stuff that you really can't handle yourself. 	<ul style="list-style-type: none"> • Music
Remedy	<ul style="list-style-type: none"> • It means a peace of mind, • Everything is gonna be ok, you don't have to worry about anything. • Hope means that there's a bright future, it's something that you're expecting. • That something that you're expecting is bright. 	<ul style="list-style-type: none"> • Hope is just belief that there's gonna be better. 	<ul style="list-style-type: none"> • Academics
Sierra Leone	<ul style="list-style-type: none"> • I think good because I'm hopeful for the future • I'm hopeful that my siblings and I can be successful 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • God
Jacob	<ul style="list-style-type: none"> • Hope to do well in school 	<ul style="list-style-type: none"> • Expectation • Something you are looking forward to • It's like a reality coming to pass • A feeling inside (happiness when you think of what you expect) 	<ul style="list-style-type: none"> • Teachers in college • Adopted parents

John	<ul style="list-style-type: none"> • Well if I plan for something and I wanna reach somewhere, I'd be like "I hope I get this" you know just hoping and praying that everything will come through and get the best 	<ul style="list-style-type: none"> • Hope, the desire to want something with a positive mindset and the duration: [ability to stick with it] to get what you want. • Hope is a drive that forces a positive energy for what it is we want 	<ul style="list-style-type: none"> • Don't know
Miller	<ul style="list-style-type: none"> • How to live on in today's society • Striving for excellence • Doing the best you can so you can have something to hold on to....to push you 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Religion • Striving to be something • Brother
Samantha	<ul style="list-style-type: none"> • The way I envision my future to be • Hopeful for something to happen • Hopeful that the things I'm doing now will eventually make my future better 	<ul style="list-style-type: none"> • Longing for something to happen that you really can't see presently but you know that if you continually work toward this goal or an aspiration that eventually you gonna get it. You will achieve it. • This desire to do well or to be someone 	<ul style="list-style-type: none"> • Siblings • My past • God
Kim	<ul style="list-style-type: none"> • Second chance • Belief 	<ul style="list-style-type: none"> • - 	<ul style="list-style-type: none"> • Going to college • Adopted mother
Natario	<ul style="list-style-type: none"> • If you don't have hope, you can't make it now/here 	<ul style="list-style-type: none"> • Hope means to me if you really want something and you really trying to push towards it you have to have good thoughts and you have to go with your thoughts and stuff like that and you really have to stick to one plan and stuff like that. 	<ul style="list-style-type: none"> • Encouragement from friends and relatives
Jonathon	<ul style="list-style-type: none"> • Hope is having faith, that anything is possible, that there is a possibility, that there is a tomorrow, • There's hope for us that we could become someone successful, that we can do anything if we put our mind to it 	<ul style="list-style-type: none"> • Same 	<ul style="list-style-type: none"> • Mentor • Counsellors • Motivational videos and books

There seems to be a relationship between goals and hoping. Seven of the participants talked about having goals that brought them closer to their hopes or was linked to their hoping. Exceptions were found in John, Kim, and Remedy's interviews, where hoping seemed to be something that they just did that was not really tied to specific goals. In this case, hoping, although present, took a more abstract role in their lives. Regarding the relation between goals and hoping, for some of the participants, their hopes were the same as their goals. This was not necessarily always explicitly stated, but the way in which both terms were used interchangeably within the interview suggested this.

When I hope for something, it's something I'm working towards, a goal, and chance is I may get this. – Christian

For others, hope was to achieve the goals; stated another way, the personal goals set by the participants were what was hoped for.

Hopeful! Really, really hopeful, for [obtaining a 3.0 GPA] that's like the goal right now. – Sierra Leone

In another example, Samantha's hopes are built upon the realization of her goals. In this instance, Samantha looks forward to a good and successful future because she has set goals that she hopes will bring her to this point.

It's almost like my goals and everything, my aspirations tied together, they give me this hope that things will be different...-Samantha

Finally, there were others who did not explicitly refer to the things they were looking forward to as goals. However, two out of these four individuals, Natario and Jonathon, talked about desires that they were looking forward to and hoping for, although there was no classification of these as "goals."

Another characteristic of hoping that emerged from the findings is that the hope object matures. This was evidenced in that participants reported that many of the things they hoped for not only changed as they grew older, but almost transitioned from what could be considered superficial to things that are more meaningful. For example, Christian commented:

Well, there wasn't...when I looked at hope, what we are talking about now, it's more realistic stuff that is meaningful, that has meat to it right now. And back then, things you hoped for as a kid... 'Okay I want this, I want that. I wish I had this bike, I wish...' It was just frivolous stuff. – Christian

Jacob also noted that the things he hoped for changed from clothing and games to success; where success including obtaining his college degree, building a farm and using the products from the farm in a restaurant where he will be proprietor and head chef. Similarly, Samantha distinguished between hoping while living in the facility, describing her goals then as “acute,” as compared to her goals now, which have implications for who she wants to become and how she will impact her community.

Participants only hoped for things that were good and that positively impacted their lives. Seemingly hand-in-hand with this is how hoping impacted their feelings; hoping or thinking about their hopes produced happy feelings.

Like, you could have like a happiness inside you when you think of what you expect. -Jacob

Joyful feelings also ensued when that which was hoped for had been obtained or achieved. To this end, the general conversation of hope evoked good, happy, and comfortable feelings. Despite the fact that there was no mention of challenges, roadblocks, or barriers in the participants' description of hoping (Table 5), there seemed

to be a quality about hoping that the participants described which comprised persistence, overcoming, and ultimately, success.

The kind of things hoped for varied, although some semblance of trends began to emerge when comparing past and current hopes (Table 6). While living in the facility, some participants hoped for gifts and privileges. Many hoped to be out of the facility, although I suspect this was not necessarily because of bad experiences, but just the idea of being out of the system. The exception was Samantha who hoped to get out of the facility to get away from the ostracism she experienced from the other residents. Other participants' hopes revolved around family. This included reunification, adoption, and/or meeting specific family members. The other major hope shared by the participants was to go to college. The only person who did not provide specific things that he hoped for while living in the facility was Christian. He and some others felt there wasn't much to hope for, because all their needs and most of their wants were met while living in the child care facilities. Sierra Leone, John, and Miller echoed this sentiment, although Sierra Leone was able to share specifics about what she hoped for.

... because there were points in time where there were no care in the world, you didn't have anything to hope for. But when you did, it was for stuff that any kid wanted or longed for. I can say that I never longed to say that I really wanted to be with my parents, but there were a lot of kids that hoped, especially after seeing others that moved on to like a better family...you know being adopted. -Christian

Yes it is different [hoping now, as compared to hoping while living in the CCF]. Because being in the home, basically everything was given to you. And you didn't have to fend; we didn't have to fight for a lot of things. Not fight physically but...like for instance, they would have after school study hour you have to go in that study hour. That's one of the things we had to do and being out here now; that I'm out the home, we have to set responsibilities and priorities so we could keep on track basically. Yes I didn't have to hope for as much. The only big hope I had was going to college. Sierra Leone

Being in the home, it [hope] didn't mean anything to me. Just like at the break like probably 12th grade, I really started rethinking things because like I had to go into the world and I had to fend for myself. In the home-no. But when I got out the home there was a lot of hope there for me. – Miller

I can't remember [what he hoped for], everything was right there, practically given. No need or want for nothing. – John

As mentioned earlier, most of what the participants hoped for changed when comparing their time living in the child care facility to now. It seems that the changes in the objects of hope are directly tied to the participants' maturation and stage of life, as their current hopes (Table 5) revolve around their professional life, having a family, and overall, making or having a successful and happy life. Remedy and Kim both have similar hopes related to child care facilities. Remedy wants to bring attention to the existing needs, which occur after individuals are 18 and no longer eligible to live in a facility. Kim, on the other hand, wants to own her own orphanage to provide housing and shelter for others who may find themselves in situations like she experienced.

Building upon the things hoped for, a further analysis revealed three classifications within which the participants' hopes can be categorized: generic, specific, and obligatory. Generic hopes are the general, broad hope objects or outcomes that are desired; examples from Table 5 are to get out of the facility, have a good/better life, and to be successful. These were outcomes that the participants looked forward to, although there wasn't a strategy necessarily attached to attainment of that which is being hoped for. On the other hand, there are objects that are hoped for that may be more specific in nature; it was these that typically had goals attached to them. It is possible for one hope target, for example, going to college, to be either a generic or a specific hope depending

on who is hoping. The third category of obligatory hopes was seen primarily in relationships with biological parents. Both Jonathon and Kim held obligatory hopes; for Jonathon it was the idea of living with his mother and Kim, it was forgiveness of and building a relationship with her mom.

Yes it's that I'm glad I get to know who's my mom and no matter what I still have to love my mom because she is my mom. I do love my mom but I just have to get to know her some more – Jonathon

Even though I have forgiven her and I respect my mom. I just don't feel like- I have to love her, but I don't have to be in her environment, I don't have to adapt to her way of life. So I just keep my distance or if she need something I would go and do it. Or she would ask what are we doing this weekend can we hang out and I'll be like sure but to say this is my mom and I think I love my mom but I don't really love her...-Kim

Table 6

Past and Current Hopes

Name	Hopes (then)	Hopes (Now)
Christian	<ul style="list-style-type: none"> - 	<ul style="list-style-type: none"> Marriage Children Financial stability
Remedy	<ul style="list-style-type: none"> Adopted 	<ul style="list-style-type: none"> Help and bring awareness about orphans Having family of his own
Sierra Leone	<ul style="list-style-type: none"> Get out of the facility To go to college Success Good life 	<ul style="list-style-type: none"> For the future That she and her siblings would be successful
Jacob	<ul style="list-style-type: none"> Clothes Games Popularity 	<ul style="list-style-type: none"> College degree Good job Make a lot of money Build a farm Become successful
John	<ul style="list-style-type: none"> Clothes (name brand) Meet his birth father Travel Get out of the facility 	<ul style="list-style-type: none"> House Job Money Gadgets A better life Car
Miller	<ul style="list-style-type: none"> Reunification with parents/family 	<ul style="list-style-type: none"> Reunification To be a musician To be a photographer
Samantha	<ul style="list-style-type: none"> Get out of the facility Graduate with honours To go to college 	<ul style="list-style-type: none"> Better future (hard work pays off)
Kim	<ul style="list-style-type: none"> To go to college Get out of the facility 	<ul style="list-style-type: none"> To go to college Forgiveness The best person she could be Good life Own orphanage
Natario	<ul style="list-style-type: none"> Clothes and tennis shoes Privileges (go off campus) Get out of the facility 	<ul style="list-style-type: none"> To go off to college Become a professional basketball player Have a successful business
Jonathon	<ul style="list-style-type: none"> To be with his parents (either) 	<ul style="list-style-type: none"> A better life To be successful Family of own

Theme 2: Building hope: Laying the foundation for hope through residential living

The experiences of the participants during their time in the child care facilities was the first of the findings to emerge. Participants shared both positive and negative moments; however, there was an overarching positive opinion of the facilities. All but one of the participants spent most of their time in one particular facility on the island of New Providence, Bahamas. Within this sample, there were four participants who lived in multiple facilities; however, everyone spent at least four years in the facilities altogether. At this stage in the journey, the general sense I got from the participants' responses was that hope was not as relevant to their lives. However, through examination of each story, the bigger picture revealed that the facilities provided the basis on which the foundations of hope were set.

Although nine of the participants resided in the same facility, the personal experiences of the participants differed, due to a number of factors. Factors that emerged which affected their experiences included age of entry and length of time in the facilities, whether or not the participant was academically adept, and personality or more accurately, likeability. For example, some of the participants who reported better experiences also shared that they were more liked by staff and/or administrators. In addition to these factors, one participant had a slightly different experience because of the time frame when he lived in the facility. Christian is at least eight years older than the other participants, and he left the facility about 10 years ago, as compared to many others in this sample who would have only left the facility in the last three to five years. He noted that there are currently more financial sponsors involved with the facilities and that he and others in his cohort did not have access to some of the financial benefits, like

private education, which are now more common for the residents who have come along after him. Despite the differences in the participants' experiences, there were some commonalities, the first of which was that living in a child care facility was advantageous to the participants' lives.

Subtheme 1: The homes are a good place

The findings challenged one of my assumptions; that is, that living in the child care facilities would be a challenge or an overwhelmingly negative experience that needed to be overcome. What I found was that the child care facility was not only sometimes a better option than remaining in the home of origin or living with other family members, because it removed the individual from negative environments, but living in the facilities became the best option for **thriving** for the majority of the people I interviewed. These findings also challenge the general view that the wider public may have about living in the facilities. Christian, Jonathon, and Samantha spoke directly about this stigma in their interviews.

It's hard because you don't want people to always think or have that stigma on kids that grow up in those places, because it's there...but I told people I am gonna go to the orphanage to visit kids, and they ask "Well why you going there?" and I say "I grew up there." And they would say, "You're joking." They wouldn't believe me, because they don't expect that out of somebody. And I be like "Why don't you expect that?" I came to find out too when I had friends there, like in school too, some people would be scared to drive pass there because parents would use that as a threat - "If you don't behave, I will take you right there and leave you right there at the orphanage." -Christian

Sometimes I used to be teased because I was in the home or this boy in the home or people will look less of me sometimes so it's like that. - Jonathon

One thing was evident in all of the interviews; all of the participants' needs and seemingly most of their wants were met while they resided in the child care facilities.

Participants noted that the facilities provided a safe place in which to live, regular meals, and in most instances, care and attention, whether from the facility's caretakers or from the involvement of others in the wider community. Above and beyond the basic needs, the interviews were filled with stories of fun and favours, as these participants had access to many luxuries. This idea of privilege seemed pervasive through the interviews. This quote from Christian's interview sums it up:

As privileged kids, privileged- underprivileged kids because a lot of people thought we weren't privileged. But we were extremely privileged...We had too much, which was good. I think you should, it was always good to have those things, because the kids at the orphanage would long for, and you shouldn't have them longing for anything. And I think that's something they [orphanage] did well with. -Christian

Among the privileges noted were great gifts for birthday and Christmas, opportunities for private education, travel, and other fun activities. According to the participants' accounts, these gifts were made available to all of the residents, although some of the favours were provided as awards for academic successes.

I always remember, every summer we would go to Chicago and then we'll always go and we'll have a good time there because this lady would take us.

... so when I was in the nursery he [community volunteer] took a few of us out and he carried us to his house, he had a nice house and everything. We play a lot of games; it just used to be fun. We used to swim in his pool and everything. So I mean you have a lot of people that come and just do a lot of stuff for you and then a lot of times, we have a lot of guests that comes in like Americans and they just have a good time with you. -Jacob

"I would like one gift, a piano." So she said, "We will see what's what." It probably was something in the budget to redo the piano. But she asked me "What would you like -like a really good keyboard or a piano?" And I said, "Really and truly- the piano because the sound would be more rich and it would be..." and come Christmas the piano was there. That was one of my high, high points because I always told people it was my piano. -Christian

...then we had a lot of sponsors from Atlantis, they'll tell us okay- "Y'all go over to the water park for the day" or "Y'all could go to dolphin encounters for the day" or "Y'all could speed power boating", stuff like that. So they were the good stuff so... –Sierra Leone

*...at Christmas we use to write down stuff what we wished for or what we needed and some white people use to come and collect the papers and they used to grant us the desire of our hearts. That's what I mostly enjoy. -
Natario*

Subtheme 2: Retrospective evaluation of the facilities as the right place to live

As noted earlier, there is a fairly common stigma and negative tone that is associated with being a child living in a child care facility. Based on the feedback from the participants interviewed for this project, this stigma may be unfounded, as the facilities generally offered a positive and safe experience for the youth who were interviewed in the present study. Even beyond this aspect of their experiences in the facility, the majority of the participants expressed (or alluded to) gratitude rather than displeasure or regret at being placed in the facility. What was found was that participants were happy to have lived in the child care facility, because, in retrospect, it was the better option for them compared to what they would have been exposed to, or for the role the experiences played in making them who they are.

When I was younger I used to always think; why I'm in a home? Why this happen? Or why I couldn't have a better life? But I'm kind of happy that I experienced the good and the bad in the home because it kind of change me and made me have a better way of thinking and approaching things in life differently. – Jonathon

I think that God had this all planned out, because I think if I did not move from where I used to live with my mom, what other situations she was in, I think I would have end up in a worse situation. I would end up worse than where I am now. It [living with mom] would have been really bad. So I think growing up in the Home, it was all planned from God's perspective to help me to be where I'm at. –Jacob

But I can definitely say that I consider myself to be very blessed and I don't think that if I had [not] went into the home, that my life would have turned out the same. I've always did well in school, from primary school, but I felt as if I hadn't gone into the home, it would have been different. I don't know how different and I don't even want to know. But it's definitely better. – Samantha

Samantha also noted that she chose to remain in the facility, because it seemed to be the better option than living with her father (who was dealing drugs) or going to other family members who may not have treated her fairly. Kim also chose to live in a child care facility over staying with her mom, with whom she had an ongoing turbulent relationship. In addition to avoiding the strain of the relationship, Kim felt grateful to be living in a place that offered security, which was something that living with either parent would not have offered. Similarly, Sierra Leone found solace and comfort in living in the facilities if only because it took away the stress of her having to provide safety and food for her younger siblings.

...and social services eventually came in, and they asked "What you wanna do?" If I wanna live with my aunt or where do I wanna go into a home. So I said I'll go into a home because I never was really cool with my family, never. – Kim

In summary, the sense I got from this aspect of the stories was that as the participants were looking back on their experiences, they were able to see how being placed in the facility was beneficial to their well-being.

Subtheme 3: Living in the facilities felt like a “normal” home

Complementing the previous subtheme, some of the participants not only found the facility to be a good place to live, but also likened life there to living in an ordinary home. It seems that despite the circumstances that brought children into the facilities, the environment that was created there mimicked that of a “normal” home. Normal is put in quotes because a number of the participants referred to it as a normal home, although they were careful to qualify that they may not have had the experience with a normal home, to really know what “normal” was.

In the home too as well, we had some good times as well, like we played together with each other in the home. Went out together, hang out, we help each other, we had arguments here and there as well, as usual, but overall it was alright, at some points. – Jonathon

Well it was just like a normal home. You get punish for doing wrong things. You get to go out and enjoy life, just like what any other parent do for their kids.- John

It was just like a regular house. You weren't really prepped, and I don't know how normal houses are...but I don't think...well, it's the same way we did, we went to school just like everyone else. –Christian

Eight of the participants noted that spending time together created a bond amongst the residents. The experience, in some ways, seemed to become an example of what family looks like. Kim spoke most passionately about this aspect of her experience while living in the facility.

Being in the home, I guess helped [me] to realize what being around a family really was because there were 30 plus kids in there. And I never got along with my family. So even though the girls and I had our times, there were still other times when we all just got together and have fun. And there we talk about our differences rather than when I was home, if my family upset me I didn't care if I ever talk to them again. - Kim

For Kim and Christian specifically, they considered other residents to be, and referred to them as, their siblings.

But I found ties with people that I was really cool with. Even up to nowadays I still call people, my close friends, like my brothers, my sisters. People say, "You have so much brothers." And I be like, "Yea I grew up with 43 siblings." So, yea, that's what I tell people- I grew up with 43 siblings. I don't think you would know how many people I call my family and I don't think it's the longing for because as far as I knew I was always a single kid. I think it was just that connection of family because at the orphanage, that's mostly how they try to be. – Christian

A month or two after we came there was this guy, he came as well, and he had a little brother and we became so close till he started calling me his sister. So I guess overall that was one of my best experiences being able to share and listen to his story and him listening to mine and then bonding, to the point where when me and my sister came out of the home, he was able to come and live with us a year later when he came out. So just meeting him was a good experience and to actually introduce him to people as my brother- not my foster home brother-but just my brother. – Kim

Remedy was the only participant who did not explicitly or implicitly present this idea. Upon closer inspection of the major differences between him and the others, two factors may be particularly relevant to understanding his experience, one of which is the fact that he was from a different facility than the others. As I have noted earlier in the paper, these facilities are privately owned, and there are no laws/guidelines specific to the operations of the facilities. During his interview, Remedy shared about the differences between living at the facility which he was assigned to as compared to the others. At his facility, the set-up was more formal; there are bars and gates that separate various sections of the facility and security bars over the windows, a gate that separates the residents within the facility from the rest of the grounds (e.g., playground), and an exterior wall which separates the buildings from the other properties in the area. The

facility where the others resided only had one main wall/gate that surrounds the exterior of the property. Remedy likened his child care facility to a prison.

R: ...another thing was the bars. It had a lot of bars.

G: Physical bars, you mean around the building?

R: Yes and it seemed like a prison more of a prison than an orphanage. As compared to the other Home...

Additionally, at the facility where Remedy lived, individuals were not allowed to have visits off the property, did not travel, and had fewer resources due to funding differences between the organizations. It is possible that the physical features of the facility where all the other participants lived, in addition to the “culture” of the facility, contributed to the sense of normalcy that most of the participants discussed. Remedy did not share this experience of normalcy, and it may have impacted his overall experience, which seemed to have been less pleasant than the others.

In addition to living at a different facility, Remedy was the only participant who was a true orphan. Remedy’s parents died while he was a toddler and he was an only child with no connections to any of his biological family. He briefly stayed with godparents, but they also died, leaving him a ward of the state as a very young child. He only learned of and met his extended family as an adult. In some ways, Remedy’s challenging conditions or experiences were very different from the challenges faced by the other participants. Additionally, because of the lack of family connections, Remedy had no knowledge (until leaving the facility) of what life could have looked like for him. It is probable that the gratitude expressed by the other participants in the previous subtheme emerged from an awareness of what they were protected from by living in the facilities. Since Remedy was not exposed to anything else, and living in his facility felt prison-like to him, it seems that there was no basis for the gratitude expressed by others.

Subtheme 4: Difficult experiences in the homes

Unfortunately, despite the many good experiences, there were some instances and situations where the participants' experiences were not so pleasant. Some of the participants shared instances of inappropriate discipline practices (e.g., isolation, verbal, and physical abuse). In addition, participants also recalled how staff would misuse the resources, taking food and supplies for themselves and their own children.

Well when I was in the nursery, I used to feel abused because she used to beat you for nothing. And I wasn't like a rude type of person and so it use to be like simple things. – Jacob

...with them [staff] not giving us any lunch money, their kids using the system. They would lock us up in isolation because they knew they couldn't beat us. -Remedy

We had sponsors and we had people that brought stuff to the home. And staff, we feel like staff used to go in the bags first- take out for them or their kids, put it in their car and then the children get the scraps. And I felt like that was wrong, ya know. It came for us, not for you. You work here. That was the injustice. Or sometimes it felt like they used to talk to the children too bad; sometimes they would use profanity, if we make you that mad...I mean, you come to work as a child's caretaker so...-Sierra Leone

In one interview, a participant, Jonathon, shared about being physically and sexually abused while in the care of the child care facilities. Some of these negative experiences were at the hands of the child care workers, and in other circumstances, by volunteers.

Well I remember a time that an older girl came on to me; she started touching me or whatever and what's not. I never really wanted to say anything because I didn't know what to do. Like I was scared, I think and I probably would of get in trouble too. So I didn't know whether they would believe me or at the time when it first started, I just happen to move into it. -Jonathon

Surprisingly, despite the presence of these negative experiences, the overall experience as shared by the participants was not bad. In some sense, the impression I

received was that the good associated with living in the homes outweighed the bad, even if only in retrospect. Additionally, for all of the participants who noted these injustices, the negative experiences were seemingly confined to one time frame and did not persist for the length of their stay. Whether or not living in the facilities was perceived to be a better option to all participants, there was sufficient evidence from the stories to support the impression that life in the homes was a generally positive experience. In summary, from the stories we see that life in the homes provided a family style atmosphere for many of the participants where they were not only safe, but got their basic needs met. It also was depicted as a fun place, where milestones were celebrated, gifts were plentiful, and other enjoyable opportunities was made available. As residents, many of the participants had access to educational opportunities and connections with others which otherwise may have not been available to them. Taken together, the picture painted leaves little for the participants to hope for. At the same time, the accounts describe a place where skills were acquired and encouragement and support were in abundance, setting the groundwork for the development of more mature hope.

Theme 3: Nurturing hope: Helping it grow

Through the responses in theme one, we begin to understand what hope means to these former residents. In theme two, we see that hope was not relevant to the participants because at this stage in life, everything was provided for. This provides us with one understanding of how hope functioned in their lives, in the place of need. Hope becomes a relevant construct when an individual needs to move from a negative to a positive state in her or his life. Through the interviews we see that participants' hopes originate from somewhere, a source. When thinking about sources of hope, I am referring to that person, process, or thing from which an individual's hope forms. The responses received were truly unique to the individual. However, there was some overlap amongst the responses with the greatest overlap being found in the participants' perception of the importance of their support systems to their hoping.

Subtheme 1: Hope is fostered primarily through the participants' support system

Almost inextricably tied to the participants' experiences within the CCF and a central component of their hoping was the role and importance of supportive individuals in their lives. Their support system was wide and consisted of biological relatives, adopted family, staff, administration and volunteers at the facilities, and mentors and sponsors who were found within the wider community. It should be noted that some mentors and sponsors were also from other countries and not just local to The Bahamas.

Family emerged as an important part of the participants' social support network. Family, for the participants, includes biological kin, as well as those individuals they adopted. Except for Remedy, the participants all held connections with either their family of origin or with adopted family. It should be noted that none of the participants

were formally adopted; however, many of them referenced a significant person(s) who was regarded as family as an adopted mother or father. The only person who mentioned neither was Remedy. His birth parents died during childhood and throughout the interview he did not refer to anyone as adopted as many of the others did.

Because the participants were removed from the day-to-day interactions with their families of origin, it seems they created surrogates, building familial type relationships with other residents and with other individuals outside of the facilities. As noted in the second theme, life in the facilities was likened to being in a normal home and so a “family” was created within the facility amongst the residents. Moreover, in the interviews, we see how individuals from the community became adopted mothers and fathers to them. In these cases, the participants often experienced stronger connections with the adopted parent(s) than with their biological parents, which were sometimes described as strained. In addition, these adopted parents became role models and sometimes provided their home for the participants to live.

So they have been like my parents for my whole life 'cause they were there in the home [CCF]. -Jacob

My adopted dad had a lot of obstacles himself as a young teenager as well growing up. And he didn't have it easy and people think he had it easy. I always tell him, you are my role model and when I grow up, I want to be like you. And he's like a really big push in me doing well and me wanting to be like him, or be a version of him. - Samantha

She's basically like my adopted mom. From maybe age 14 to now she's always been that role model, like in every way. (At another point in the interview, she added). She's [adopted mother] someone that I can always talk to. - Kim

All of the participants except Remedy and Jacob have relationships with their biological parents. The type of relationships vary along a continuum from strained to

close. Despite the current state of the relationship, the impression I got from Natario, Miller, Kim, John, and Jonathon was that their respective relationships with their parent(s) was important to their life. Both Natario and Jonathon live with their biological mothers and they are both working hard to improve the respective relationships. Miller's situation is most different as he was estranged from both parents throughout his time living in the facility. He shared about holding animosity toward his father for most of his life, even into adulthood, and only recently began to resolve this. As an adult, he made his own arrangements to meet both parents on separate occasions. While he was happy for the opportunity to speak with them, he shared that he was still left unfulfilled from both conversations, resulting in him wanting more from the relationships but not knowing how to obtain this.

Well, my father I met first. Cause I knew what he look like. I know where he lived. So I went down -me and my brother took him out. He didn't talk much. I had so much questions even up to day he still ain't answer all, he still kind of pushes us away. I think he still have some mental stuff going on. Just sitting there seeing him kind of give me, like I wanna know more, I wanna do more, as in go see my mom. –Miller

Sierra Leone and Samantha, sisters, and John are in contact with their biological father, but neither expressed any major issues within the relationship. John does seem to have a closer relationship with his biological mother, and at one point in the interview, he shared his hope to purchase a house to provide a better life for them both. Like Remedy, Jacob also has no relationship with either of his parents and did not express any emotion or desire regarding reconnecting. Although neither Remedy nor Jacob have a relationship with their biological family, we still got a glimpse into the value of family to their life story as Remedy reflected on a lonely and depressing childhood as an orphan and how integral Jacob's surrogate family has become to his current experience.

While many of the participants shared about relationships with their biological and adopted family, another component of their support system that emerged from the findings was the relationship between the participants and their mentors. It should be noted that most of the mentors were present in the lives of the participants as supporters; however, others played dual roles, such that they also provided financially for the participants, as sponsors.

*I actually had a mentor, she was a sponsor too as well for me, and during the holidays like summer, Christmas, I would spend the weekends with her or every weekend too as well. Once they get a pass to come see you they can come see you which during that day and that time period...
With my mentor, I felt more like family with her. She was like a mother, so my mentor is more like my mom than my real mom; I guess because how long I've been with my mentor and a short time that I've known my mom.
– Jonathon*

K: Well there was always this lady she was a...well- two [ladies] they were always my mentors in the home. Yes, this next lady is a person that paid my school fee.

G: So this is more like your sponsor?

K: Yea. She's still in my life now, to today. Both of them (mentors). And she's the first person ever took me away (travel out of the country). So she got my sister and I passport and she took us away to meet her family. So she was just basically the things I hoped for, like going away and stuff, she was always a person who provided. - Kim

Almost all of the participants directly credited their life in the facility as playing a role in their current success, and a closer look revealed that many feel the same way about the relationships developed with individuals while living there. Mentors were primarily individuals from within the community; however, one or two of the participants found themselves being unofficially mentored by members of the administration of the facility. In these instances, the participants shared that more individual attention was provided, and they received direct instruction or assistance to help them move toward

their goals. John received assistance and motivation from three individuals associated with the facility where he lived at various points during his stay. While he is grateful for their influence in his life while living in the facilities, he admitted that he has lost touch with them after moving out on his own. On the other hand, Sierra Leone is still in contact with one of the administrators who was influential to her life.

She help me find a job for the summer bout two years ago. She contact people for me to get my, finish take my BGCSE's and BJC's [local standardized examinations]. And she got (name removed) for me, the director of COB [local 4-year college], for my culinary classes. -John

There was this lady, she was the administrator, at that point her name was Ms. G. Ms. G was always a leader. In my eyesight to say she is a role model, I'd like to be like her because she always had aspirations. ...and I think they showed more attention to me especially Ms. G, she showed a lot more attention to me. At one point, she had this savings for me, she was like "you working, every time you get paid, you do this, because this will be a down payment for whatever you want." I never saw the reason for it; I just want to spend the money that's why I work for it. But I saw, eventually... "Oh that's why!" I was able to buy my car, my first car, which wasn't much but it was good because I had the money to do that. - Christian

S: One of the administrators, she was an old administrator. Even though she was tough, we thought she was too tough. She actually, she made sure you got grounded.

G: What do you mean grounded?

S: Like if you was trying to go this way, trying to get off the path. If you trying to, trying to do...you know as a child for instance if you trying to go one way...(talking to herself: how do I explain this?). Umm, you trying to do good in school, but then you want play with the rest of the children, and neglect your studies or neglect what you had to do. She would push you back, "You say you want to do this." She's one of the persons in my life now that is still steering me to move forward. She give me words of encouragement like like "Go girl!" or "I know you always had it in you!" or stuff like that. – Sierra Leone

Mentors also offered encouragement, practical advice, and provided new experiences and opportunities that proved invaluable to many of the participants' lives. In addition, by creating a home for the participants, mentors offered the participants, and specifically Jacob and Miller, an idea of what family could be.

I had like 3 or 4 mentors while I was living in the home. One of my mentors became my adopted mom and so I'm living with her now. And she has helped to shape me spiritually and like that stuff. I had another one, who would be more like, I guess, in terms of my career path, she would help me along with that. In terms of all my summer jobs and everything, internships, I started working at a very young age at big companies in Nassau and I'm really appreciative- I think without her I wouldn't have even gotten in the door. I had another one from England and she helped me with my educational, my schoolwork and stuff like that. I also had another mentor. – Samantha

The Home was just like a place for encouragement. Like my tutor, he encouraged me too. –Natario

He (mentor's name removed for privacy) was basically one of the top people who I look up too. And he inspired me to do a lot of things. As looking forward to having a family, and how to deal with kids and the whole aspect of family. He helped me with that. Other than that my pastor, yea. – Miller

Basically he [mentor] has similar circumstances like myself and overcame all odds. Got honoured by the Queen of England. He has a charity for orphans and donates a lot. I give him credit because he's always been there when I was down to encourage me to keep on pushing. - Remedy

Looking specifically at the development of hope and the support system, the findings support the idea that hope is a relational process. For Miller, Jacob, and Kim, who identified a person as the source of their hope, the identified person cultivated hope through modeling and encouragement. For example, Jacob's hope sprung from his brother who emulated success, the same success that he was hoping for. Likewise, other participants had similar experiences where they identified with the individual and found

themselves hopeful to achieve their aspirations, based on the successful example set by this particular person. Sierra Leone both looked up to and received direct encouragement from her sister as it relates to the acquisition of her hope.

My sister is the main encourager. Even though she's my younger sister, I want to be like her. –Sierra Leone

So she [mentor/adopted mom] would always be like “Oh Kim, you know...” She would always say, “There's hope.” She would always say “you're never too young to make a difference or never too old to dream or never too far gone to change.” So that's basically one of the things that I always lived my life by. And she was like...when I looked at her and the life she lived, it gave me hope; to realize that it doesn't matter where you are now, that you can always amount to better, if that's what you really want. – Kim

... but when I got out the home there was a lot of hope there for me. Like (name removed for privacy), he took me in, I stayed with him. And he became a family. That was more of a hope; because he was someone I could look up to. I never looked up to anybody except for my brother. So he was someone I could have looked up to and he inspired me. He taught me everything -basically how to talk to people, how to socialize with people. - Miller

In other instances, hope may not have been “modeled” through the person's life experiences but rather through the instructions and suggestions offered by the individuals. This was evidenced in Natario and Jonathon's stories.

Close friends (and) relatives - It was them who told me if you hope for something you have to work and push towards what you hope for. - Natario

Samantha's experience was slightly different. She talked about hope being more than what one has for themselves, but sometimes hope is for another person.

Additionally, she identified her siblings as being the source of her hope, because she did not want to disappoint them. In this scenario, she shared that her siblings actually had

their hopes in her, thus creating an environment where they serve as motivators for each other.

A source of hope is definitely my siblings. I want to do well for them. I want to achieve my goals, either spiritually, if it's career-oriented and so on. They are my source of hope, because even they look up to me as well.
– Samantha

Similarly, as relationships have helped to develop and nurture hope, so they can also negatively impact hope. This seemed to occur when disappointments come through people; both John and Christian talked about how their hope wanes when a person who they were depending on does not follow through as expected. Remedy also experienced something similar where the people who he was hoping for continued to not achieve the outcomes he wanted for them and this decreased his hope. Natario found his hope waning when he received negative words from other people.

What things causes me to lose hope? Back to the post orphans, when I see them, see them in their difference circumstances. You know, there's a lot of, they know...we both know a lot of people. Cause when you are an orphan, a lot of people come there (facilities) to you and visit you. So you can go there, there's BFM, there's Women's Corona Society, Kiwanis, Rotary. You can go to them, but I mean, a lot of them (residents) are kinda full of pride and like "ahh, I'm not going to them." (G: okay). So when they don't take advantage...

... yea, to see my peers not do well. They have kids, some 2 kids. Twenty years old and have 2 kids and you grow up in the home with me. -Remedy

People that discourage you and stuff like that telling me that I won't be anything in life and stuff like that so those type stuff where people downing you and you dumb and you this and you that them type stuff really causes you to have no hope.- Natario

Christian and Miller also presented an interesting perspective on how relationships negatively impact their hope. Christian shared about friends who he was mismatched with regarding their goals and value systems. He would build hope for a

particular outcome with them, only to be disappointed because their priorities did not align with his. Miller shared a similar experience where he and his brother were supposed to be working toward reunification with their parents (his hope), and his brother's lack of interest or initiative in the actions necessary to make it happen made him feel bad and less confident that the reunification could happen.

C: Some people that don't believe in the same thing that you believe in or that don't share your...um, I would say, people that you probably looked up to and let you down; that don't share the same aspirations and goals as you do. And eventually, the people that you found out, that you really thought were your close friends or whatever. –Christian

Like when we talk about stuff like uniting families when I see he (brother) don't wanna get into it or he don't wanna talk to this person or talk to that person... (he) kind of like strays away from or not want to deal with it or just leave it alone – Miller

The relationships in which the participants are currently and previously engaged have played a significant role in their stories and for their hope. Many of the participants indicated that it was these very individuals who helped them manoeuvre through and overcome life's challenges. Whether the person is revered or despised, each story would be incomplete if these individuals were taken out. It is important to note that each participant currently has a well-developed social support system, even Miller, who did not have strong connections while living in the facility. In addition, and most frequently, hope was maintained, supported, and strengthened through relationships. It should be noted that while not all participants may have actually identified that a person was the source of their hope, in each story, all of the participants had at least one person who was influential in helping them to maintain their hope. This person may have motivated, encouraged, or provided advice through challenging situations, which helped to renew

their hopes. Although not explicitly identified in any of the interviews, the pattern that emerged was that hope was built upon or strengthened through a significant relationship

Subtheme 2: Other factors that impact hope

For each person, hope needed to be sustained and maintained, and this was often through the same means that it originated, as seen in the function and role of their significant relationships. I found that many of the participants shared that previous successes and accomplished goals helped to strengthen their hoping. In essence, successes functioned as positive reinforcement. As noted earlier, Jonathon's hope is strengthened through positive people, but also through other resources, like motivational books and videos.

I mean like once the grade report comes out as a result of my effort, it makes me feel like I can do it. Yea. (smiles)...(he goes on to say), It [good grades] makes me feel like I still could become what I want to become. – Jacob

...but what I do is keep on reading motivational books to encourage me and watching videos that will build me up. – Jonathon

Well when I came to (name of school) and I saw that I was able to pronounce a huge word that I couldn't pronounce from I don't know when... That alone cause me to have hope. (he goes on to say)...That I could do whatever I put my mind to I could do it. - Natario

Similarly, failures and disappointments threatened their hopes. For the participants who are current students, the examples of losing hope typically centred around achievement in the classroom, i.e., a bad grade would cause their hope to wane.

Like if I mess up, if I make a mistake. Then, I would lose that hope and I would think that this ain't ga happen. –Jacob

Just a disappointment. A disappointing call; like if you was expecting a job and the boss or human resources call and tell you, that you can't have it. That's a disappointment. –John

Like if I wasn't able to pass an exam and if I fail or came last in a sport or whatever, I'll feel kind of down and lower myself (feel bad about himself) and get depressed. – Jonathon

Definitely when I don't do well in school. I feel as if, I'm not going to be the best person, or be the best...I'm not going to get the job, or accomplish my goals because of this one bad grade that I got - Samantha.

When I getting a bad grade in school. Like for instance, my maths, I'm not really good at maths. We just had a mid term exam and I know I didn't pass it, so I know that right there that causes me, that deters me from being hopeful for the future. – Sierra Leone

Although the participants in their individual interviews shared about not-so-good experiences, hope and all that it meant to each person seemed to be associated with the successes and triumphs and not with the failures. For Remedy and Kim, the source of their hopes was in academics. In both cases, education was considered to be the process through which they could attain the aspirations hoped for. Remedy noted that from early on, he saw how excelling in school provided opportunities for him that he would otherwise not have access to. In the quote below, his point was emphasised as he noted that he has a friend who lives in one of the most exclusive, wealthiest communities in The Bahamas, even though Remedy currently resides in an area that is representative of poverty and dilapidation on the island.

... when you educate yourself; it breaks down a lot of barriers and opens a lot of doors. I would never thought, I would know, be good friends with president of (specific name removed) Bank's son and I live in Bain Town, (specific street name removed). A lil Bain Town boy, know Lyford Cay people. - Remedy

Why would I label it [education] my source of hope because I feel like knowledge is power, like they say. And once you further your education and then you then get the chance to do what you wanna do. The things you hoped for, which is to always have the home [orphanage] I wanted, the car I wanted, and the life I wanted. I would be able to do the things that I wanna do. -Kim

Samantha, Miller, and Christian all had unique places from which their hope developed. Samantha looks to her past, and subsequently sets goals for herself so that she does not create the same environment for her future children. She is motivated by her past not to repeat it. Miller wants to be “somebody,” and it is this goal upon which his hope grows. He did not provide much explanation for this, but based on the entirety of his interview where this idea of being “somebody” emerged multiple times, I have concluded that this is his idea of success, to make a name for himself. Christian shared that his hope is borne through music, because music is the constant in his life, regardless of the situation.

It's this saying “music is life” and I believe it because in everything people use music and I'm glad to have the song that I have, with the love of music, being able to sing and all that stuff. And music you can find so many different genres, so many different feelings to stuff; whereas hope is always there, when it comes to music, and I get it [music] from church. I get it from everyday living. From staying home, from driving in my car and listening to music in my car. I think music is what personifies hope for me because you can do so much with it...music is more than even hope because you can always turn to music. And there are not always times where you are going to be high-spirited. And I hope for this, or I'm looking or I'm working toward this, sometimes you're gonna have those down times, those crappy times, but you can always turn to music. Always. –Christian

The final category encompassed those who identified that God or their religion (Christianity) was a source of their hope. For all three of these participants, Samantha, Sierra Leone, and Miller, Christianity was the identified religion to which they subscribed. Sierra Leone and Miller provided no explanation beyond the notion that hope was a part of their faith. Samantha, however, explained that God was another source of her hope because she credits God for her current position in life.

Theme 4: Living hope: Putting hope into action

All of the participants described their current lives, post residence, as a mixture of activity largely targeted at achieving their hopes. In this final theme, we see the application of hope as evidenced in their ability to manage the demands of adulthood, obtain success, and become contributing citizens in their communities. It is at this place, where participants are working toward the objects of their hopes, that hope becomes more relevant to their lives. In some instances, the object of the hope will change, as it is attained or hindered; in other cases, the levels of hope will be altered as different situations in life are experienced.

When reviewing all of the transcripts, I found that an important component of the participants' experiences in the child care facilities was the idea of their life after leaving the facility. This part of their stories emerged from two main topic areas: one was when participants were asked about their previous experiences and how these may have prepared them (or not) for their current experiences. The other was related to the general way in which the participants saw and described themselves as residents looking forward to adulthood. In this instance, we got a glimpse into the values and belief systems that are currently important to the individuals, some of which are obviously tied to their experiences surrounding life in the child care facilities, while others are not.

Subtheme 1: Competently managing the demands of adulthood

A seemingly central aspect of post-CCF living that emerged from the interviews is one's ability to live on her or his own, no longer being a dependent. All but one of the participants (Samantha) referenced their ability to live independently successfully, and this was something that they were proud of or looking forward to. I should note that

although this was a goal for many, what I have described as independent living was not a life divorced from others; it was more about being able to manage the demands of adult life in an effective manner. Although not necessarily highlighted in this sub-theme, for each of the participants there was still an awareness and acknowledgement of how key persons facilitated this process of independent living. Some of the impact of others on current functioning was presented in the previous theme.

Natario, Jonathon, Miller, and Jacob were the only participants who did not live on their own at the time of their interview. Natario and Jonathon returned home to their biological mothers after leaving the facility, and Jacob also immediately went to live with his adopted parents. Miller lived on his own for some months post release from the facilities but now currently resides with Jacob and his adopted parents. Natario, Jonathon, and Jacob, despite living with someone, still spoke about this idea of living independently as a future hope that is desired. The current struggle for the two participants living with their biological mothers is to obtain some independence, to gain more “freedom” within the boundaries set by their respective parents. These participants still felt confident about their ability to still do many of the expected chores and tasks for themselves.

Whereas being independent for some meant being able to manage living alone in an apartment or home, for others it meant being able to provide for oneself, even if the living arrangements were shared space. A quick look back at Table 6, where the current hopes are listed, shows the participants’ hopes as it relates to managing their lives as adults. This included having a job, personal transportation, and managing bills, essentially taking care of oneself. This desire to take care of oneself also included

knowing how to cook, clean and do laundry, and provide food and other basic needs for themselves. Sierra Leone found this to be important as a former resident of a child care facility where she was completely dependent. For John, this was a sign of being an adult.

...even though I like to work for mines (work to earn/buy his own stuff), it's still people I could have gone to [for help while living in the CCF]. I'm grown up now and wanna take more responsibility. Take on more stuff. –John

Although the majority of the participants looked forward to living independently, there were differences amongst them related to the CCF's role in preparing them for this undertaking. The majority of the participants credited the facilities as providing the environment where they learned valuable and practical life skills. For example, Natario and Jacob shared that through their participation in chores, they are able to keep a house clean, and do laundry.

When I was in the Home, we always use to just do a lot of chores. I know this might be like simple but I mean even when it comes to like washing dishes, if I never grew up washing dishes, I wouldn't know how to wash dishes. And so now I wash dishes, it's just one chore I have currently, now that I live with my parents [adopted parents]. But in the Home we used to do all sorts of chores, scrub the porch, wash the dishes, pick up the papers, all sorts of those things. And I think that's just a growing stage too and when I get on my own and have my house I will have to do all those stuff and so it's good that I learned how to do them from that past time and now in the present time I can see how it can help me in the future. – Jacob

In other instances, participants noted that living in the child care facilities also prepared them in other ways, beyond simply how to maintain a home. For some, this meant learning how to organize and plan, and for Natario, he also learned how to manage and pay future bills. In general, the responses suggested that these participants learned life lessons that have implications for their professional and social interactions.

Yes. It's a time for this, a time for that. They always taught us it's a place and time for everything. So when we reach home from school we had study hour. Then you have dinner at 5. Then bathe, do your chores, 9pm was bed time. They train you for life. -John

I also learn in a home how to go online to pay the light bill, water bill, and stuff. Those were things that you need in life so that when you go on a BEC (local utility company) line you wouldn't be ignorant and people wouldn't be laughing at you saying "Jesus this boy don't know how to read. This boy don't know how to write. He don't know what to do." And stuff like that, so that was a good push for me. -Natario

*I've learned a lot of stuff-how to deal with the outside world, as in trying to find a job or relationships a lot of stuff. (At another point in the interview, he added),
I think it [the facility] did help me to be who I am right now. Without that I probably would have messed up a lot of things, like my relationship. It help me in my relationship. It helped me now for my job at Dolphin Encounters, it's communication and it really helped me to talk to people like foreigners, and it gave me a wide range on that. - Miller*

Although this idea of being able to take care of oneself was present in all of the interviews, three of the participants did not feel that their experiences living in the facilities were helpful to successful independent living. Kim, Christian, and Remedy all lived on their own post-CCF, and felt that they were prepared for this undertaking, but not to the credit of the facilities where they resided. Kim's challenge was that insufficient opportunities were provided for the residents to understand life outside of the sheltered experience they received.

I don't think I can say that being in the home prepared me for life now. Because in the home, all they just tried to do was shelter you. - Kim

Christian's sentiment was somewhat similar to Kim's, such that he felt that living in the child care facilities was so good, it potentially impaired the residents from being truly independent upon their exit from the facilities. He noted that he took initiative and either watched or helped out around the facilities, and as a result, he was able to do all

that was required to live on his own; for example, cook, clean, and manage bills. However, he recalls others from his cohort who did not share the same experience. Remedy's concerns echo those of Christian and Kim, such that he felt that there were not sufficient opportunities offered to residents to help prepare for life after living in the facility. Like Christian, Remedy was prepared to live on his own because of his own personal qualities; for example, being level-headed and being a good planner.

The thing I was always keen about is reading. I know it sounds cliché but it's really true. When I was younger, I remember this nursery rhyme, Dr. Seuss, I think it is. The more you read, the more you know, the more you know, the further you go. And that stuck with me from young. And I always kept on reading. Even up to getting my student visa or travelling for the first time because I was, because I didn't know anything. I was like reading so much and okay, before I go and get my student visa, I have to make sure I have strong ties to The Bahamas. I have to have enough money to cover for the year, I have to have, just preparing really well. – Remedy

All three of the participants felt more initiatives should have been and can be implemented to prepare the residents for life after they leave the facility. Kim and Remedy felt that greater responsibility should be given to the senior residents, so they can begin to be exposed to life outside of the residences. Similarly, Christian advocates for programs that could address the full gamut of preparedness for each individual. It should be noted that both Remedy and Christian were very passionate about this topic, particularly viewing this as a weakness to the overall experience of the child care facilities.

So sometimes when you have those persons that are as privileged, like the kids right now [current residents], I think it's gonna be worse; it is, because it's so much that is offered to them. But that's what I was trying to tell the board about two years ago when I spoke at one of the meetings. I think there should be a program where they start, like even at the age of 15 where they say, "Look you only have a couple more years, this is what we need to do to prepare you to leave." Yes you can deal with them while

they're there because that's what they want. They want to make sure they're being counselled because that's something that we never had, we never had counsellors and stuff like that. – Christian

It seems that, especially for Remedy and Christian, being ill-equipped for life was seen as increasing the chances of failure among this population. They both shared about their disappointment about the plight of some of their peers.

So you take these kids out of the inner city ghetto, and here it is in the homes they have people who to do things for us like wash our dishes, wash our clothes, do everything for us, and they don't have any life skills or anything like that, like practical living skills. So the child becomes 18 and you send them back to the ghetto, the same circumstances they were in, so they fall into a bunch of crazy things. I know a lot of people that grow up with me, a lot of girls, a lot of guys, are pregnant, some are in jail, sad to say, two died. It really hurts me because here it is I was the model child, academically inclined, everyone looking at me to help them out. –Remedy

Sierra Leone also highly valued her ability to take care of herself, but neither credited, nor discredited her experiences in the facility. Although she did not illuminate the condition of the lives of her peers, it was clear from her interview that not being able to provide for herself was likened to failure. This, in particular, formed one aspect of another theme, being successful, which emerged from the discussions surrounding their lives post-CCF.

Subtheme 2: Being successful as an important goal of adulthood

Although not always verbalized, many of the participants alluded to this ability to take care of oneself as an accomplishment, and by extension, one measure of personal success. Throughout the interviews, participants referenced their desire (hope) to be successful (Table 6). Other than the underlying idea of being able to take care of oneself, which seemed to be a commonality among the participants, many of the responses regarding the definition of success were as varied as the different goals and aspirations

identified by each participant. What was also common was that success was a major motivator for the activities and foci of the participants.

Jacob, Sierra Leone, and John mentioned that having money was an indicator of success; however, both Jacob and Sierra Leone also acknowledged that there were other markers that were more important. John did not make this clarification, but he did identify other indicators when he defined success. I also found that success to this group of participants was tied to achievement, and in particular, to fulfillment of their hopes. This was evidenced in the lives of Remedy and Samantha, who considered success to be tied to their academic achievements and enjoying the subsequent benefits. Samantha looks forward to obtaining her college degree and becoming a professional in her area but when she talked about success, her discussion included both the positive and negative aspects surrounding her achievement. She noted that her successes from excelling academically as a teenager and even now as a young adult have come with both good and bad consequences.

Success does come with a lot of backlash. That's what I'm facing even as I move further in my life, I can definitely see that. It is something that I use as a motivation as well. Something that I use to say well, even though people don't like me because I am doing well. I don't understand why though. It is very puzzling to me. I just use it to push me. –Samantha

Sierra Leone and Jacob also talked about success being the achievement of their goals, which revolved around their professional life. Successful for John meant being able to take care of himself, as he was doing in some capacity, but it also meant having his own family and obtaining the highest position in his career.

Success is to me, having my degree, my highest degree. Having a good job and living life comfortably. – Sierra Leone

When I'm successful I would be an executive chef at a restaurant. And I would be a farmer and my restaurant would be like my farm would be in the back of my restaurant so I would be growing my crops and using the same crops to cook, so on and so forth. Um, a lot of money -I mean, money doesn't really matter... but once I become an executive chef and become a farmer. -Jacob

Success would be a lot of money save up in a bank account. A nice head chef position at a 5 star restaurant, my house, and a family. - John

As mentioned earlier, for Miller, success meant being “somebody.” Although he struggled with defining what being somebody meant, he also shared that success would be obtained when he launched his career and subsequently used his talents to help others. Additionally, Jonathon saw overcoming his challenges as his measure of success. Although not verbalized by others, there was evidence that this definition could be applied to many of the participants, especially those who had significant personal challenges to overcome. Also connected to this idea of overcoming challenges and being successful is using the challenges as motivation to move forward. Sierra Leone, Samantha, Jacob, and Jonathon in particular shared that some of their motivation to succeed originated from a difficulty they experienced or were exposed to.

Just what I said earlier; like children used to pick on me when I was in the home. I learned that no matter what people say that I just have to move forward and I could prove them wrong and I could become someone successful in life if I keep on pushing myself - that's all I could think of. – Jonathon

This theme of being successful emerged primarily from those participants who talked about being successful as something they were hoping for. This discourse, and also the conversation surrounding being able to take care of themselves, provided support for my conclusion that success was an important value held by many of the participants. In addition to these two avenues, the idea of not growing up to make the same mistakes

that their parents made was another value held by a couple of the participants, and this too seemed to be linked to and even possibly a facet of being successful.

Yes, because from a young girl living in the home, I always wanted to be...I don't want my kids to go there [CCF] obviously. So I wanted to be better than my parents, to be better than those who were around me. Those people who were around me, not the good people, but my dad and whatever. I just always had this hope that I was gonna do well in school and by doing well, I was gonna become this big corporate person and my life was gonna be well put together and well you know all those things don't go according to plan... so, but it has so far though. - Samantha

The past emerged as a motivating factor for Sierra Leone, Samantha, Christian, and Jacob. These individuals seemed to be conscious of the reason for being placed in the child care facilities and intend in their current activities to make decisions so they do not have to end up back where they came from or to put their children in a position of having to be raised in the child care facility.

But I always have this fear and I'm not sure if everybody who came up my way, also has this fear --- of any of my kids or my child coming up the way that I did. And that's always a fear of mine, and so, to me even through my frivolous actions with females, I always try to protect myself, because I don't want to say "Okay, this a slip up." Because a lot of people hear it but try to hide stuff like that too. Sometimes people see themselves as mistakes. - Christian

I focus on being a better person and that actually motivates me because, I say to myself "I don't wanna be like my parents", or "I don't wanna be like my dad." What he did and left and didn't take care of his child. And I look at it and say I don't wanna be like that. -Jacob

The impression I got was that to these individuals, being successful meant making better decisions to positively impact themselves and their future children. Sierra Leone mentioned multiple times about being somewhat haunted by her past. She vividly recalls the struggles of childhood and fervently works to not have to return to that lifestyle or the environment.

You know what's one of the major things too, like how we used to live in the ghetto and right before we gone in the home. That's one of the big wolf behind me, in my mind. Every time I get down and feel like I'm gonna give up- that wolf behind me, which is the ghetto where I came from, is be running after me even though I'm trying to get away from it because I don't wanna go back there, you know. - Sierra Leone

Although not explicitly indicated in either of their interviews, I suspect that this may be another aspect to understanding why taking care of oneself is such a strong value for Sierra Leone and Samantha. Not returning to the conditions of their childhood was a strong impetus for them in their day-to-day actions.

Subtheme 3: Seeding hope through giving back

For many of the participants, an important aspect of their lives now involves participating in opportunities to give back to help others. This value of helping others was seen throughout the interviews. I found that the participants had a desire to use their talents to help out other people, particularly other children. Some of this was tied to the participants' personal view of success, as seen in Miller and Natario's stories.

M: I wanna be a musician and I wanna teach music and help people, in that area. If I'm not there, I feel like I'm not- if I'm getting there but I wouldn't call it successful. I'm on the verge to success basically.

G: And what makes you on the verge [of success]?

M: Basically church. It gave me a wide range of people who are affiliated with music. We do a lot of projects and we help a lot of kids. It push me forward to teaching basically. – Miller

...and I really wanna help my family. I really wanna make a difference in my family since I been through the most. I really wanna show people that it isn't where you start, it's where you end up. Because plenty people didn't have hope so I just want them to see that when you have hope. – Natario

While others may not have viewed this as a part of being successful, it was still a significant part of their current activities as evidenced in the lives of Sierra Leone and Christian. Christian visits and volunteers regularly, offering music lessons to the current

residents. He also co-coordinates and participates in an annual concert to raise funds for the facility where he resided. Sierra Leone joined a local civic organization, which she remembers as being significant to her life while she lived in the facility, as an opportunity to begin to give back to others.

That's just what it is. My past is big cloud that stands behind me or sometimes when I feel like I'm failing- it stands over me. And I say "OMG, I can't go there anymore! I just wanna go further." I would like to go back and help the people who in the ghetto, but I don't wanna be there. And one thing is I don't want people who in the ghetto like lil kids running up and down now to think that there's no hope for them or there's no future for them. Because with my story and my sister, whoever...some people will look at us today and say they never even grow up in the ghetto. But we lived it, breathe it and I don't want no kids like I say in the ghetto to think that they don't have no future for themselves. That's why I joined the Kiwanis. So when we do have like community outreach or do community service when we go back in the urban areas we could help these children and give them words of encouragement. 'Cause sometimes children be like look at these rich people, or look at these people, they have money and stuff- but they don't even know the story. They don't know that I was once where you were or even worse. And I don't want them to think that they can't be the same way we are or whoever are they look at us as being out there are. And one of the things I wanna do too is when I get my degree and when I finally have enough money to do certain things I wanna do like an after school programme in the area where I used to live... – Sierra Leone

As noted earlier, Remedy is fuelled by this passion to bring light to the needs of residents upon their leaving the child care facility, and Kim wants to own her own orphanage.

My hope is that I could help the kids of the orphanage. My hope is really to shed light on orphans worldwide, because it's not only The Bahamas, it worldwide. I know The Bahamas, well, we know how The Bahamas is- it's a great country -but more could still be done and it's worldwide. And if I could just shed this worldwide, if I could shed light worldwide. Shed awareness to post orphans. – Remedy

Jonathon is more compassionate to the plight and needs of others because of his own experiences living in the facility. With this compassion, he is moved to assist others through encouraging words and other forms of support when the opportunity arises.

Since I grew up in a home now I have a different approach on life, I'm more emotional with people. If I see people like depressed or if I see people who was in the home too I would help them or encourage them, if anybody need help I would help them. – Jonathon

The essence of this theme is the multi-faceted way that success is seen or, more accurately, lived out in the lives of the participants. Their view of success is linked to their hoping; specifically, success is the outcome for which many of the participants hoped for. In this final theme, we see the fullness of the process of their hoping, such that hope is motivated through both positive and negative experiences, and attained through personal effort. Moreover, hope begets hope in others. The participants' *living hope* essentially plants seed of hope in the lives of others through their acts of volunteerism. Through the stories, we get a glimpse into the personal values, relationships, and systems that have impacted the lives of these former residents. I found that regardless of the length of time participants resided in the CCF, the findings revealed that life in the CCF facilitated lifelong connections, created a home environment, and provided fun opportunities for the participants. Furthermore, through the experiences in the CCF, hope was birthed and nurtured, primarily through positive and supportive relationships.

CHAPTER VI

DISCUSSION

This project was designed to explore the experiences of young adults who lived in child care facilities in The Bahamas. Further to this was an interest in the concept of hope and its possible role in the lives of this group of individuals. Three research questions were explored through the use of interviews. These were: first, how was hope defined by youth who were raised in child care facilities? Second, what were the experiences of the youth in relation to the development of hope? Lastly, did hope influence how the youth dealt with the challenges arising from living in the child care facilities? The semi-structured interview questions were based on the tenets of the Interpretative Phenomenological Analysis (IPA) framework with a focus on the exploration of an individual's experiences of a specific event (living in a child care facility). In addition, I used the resilience framework to guide question development so as to capture within each participant's story the challenges (risk) that the participants faced and the means by which the challenges were overcome.

As with any qualitative exploration, the interviews were rich with content and in keeping with the Interpretative Phenomenological Analytic framework, each individual's account was taken at face value. I embraced the idea that life's experiences are unique to the individual's interpretations, even if the experiences are shared. Therefore, each person's account was first taken individually to understand their experiences living in a child care facility, how they viewed hope, and whether or not it played a role in their lives. Inevitably, there was some overlap in experiences, although interpretations of these experiences may have differed. Moreover, in the analytic process, I was aware as I

interacted with and interpreted the content of the interviews that these were subject to my own experiences and biases. With that said, the stories and lives of the participants were captivating, as many of the participants walked me through the unfortunate circumstances that brought them to the child care facility, the generally positive experiences they had while in the facility, and their current activities, as each one negotiates the challenges of life. In the simplest understanding of the word, the participants' stories are ones of resilience and strength.

As the interviewer, I allowed the participants to guide the direction of the interviews, so that what was important to them became the focus of their accounts. Aside from the questions on the interview schedule, the only additional questions asked were clarification questions. As such, there was less focus on the reason for placement in the interviews; however, what was gleaned from the interviews was that, as a group, there were no severe or repeated instances of abuse or neglect in the home of origin, as might be expected for youth who are removed from their homes. It should be noted that the participants may have chosen not to share all the details or were too young to remember. This is important to note because this sample may not be truly representative of the typical child removed from their home of origin and placed in care.

Of the ten participants, eight were placed in the facilities due to parental neglect. One was a true orphan, both of whose parents died during infancy, and one was a victim of physical abuse by his mother. While living at the child care facility, all of the participants looked forward to leaving the facility, although all of them could recall positive experiences while living there. Common to this group of young adults were their recollections of the gifts, opportunities, and privileges experienced as residents of the

child care facilities. Another commonality among the participants were the connections made while living in the facilities. Each participant had bonded with at least one person who was meaningful to them while residing there. Moreover, many of these individuals became influential for the well-being and thriving of the participants.

Although designed to be a protective factor, where children are no longer in the care of those who harmed them, removal from the home of origin and placement in the foster care system has commonly been seen as a risk factor. This is because the children, while being separated from the perpetrator, are also being separated from other significant people within their social networks (e.g., siblings, friends at school/neighbourhood) and placed with strangers, which can be further distressing (Clausen et al., 1998). Additionally sometimes these out-of-home placements are not positive, healthy environments (Perry et al., 2006). However, based on the experiences shared by the participants of this study, placement in the child care facility functioned more as a protective factor than as a risk factor. This observation does not negate the fact that some of the participants had negative experiences. Three of the ten participants experienced undue and excessive corporal punishment, two others noted staff misuse of resources, and one was sexually abused while living in the facility. The exposure to physical and sexual abuse added to the risk factors present in these individuals' lives, yet they are all living fairly well adjusted lives. Research shows that certain factors, processes, and protective mechanisms work to combat the presence of risk, enabling individuals to not fall prey to the consequences of these risk factors (Luthar et al., 2000; Masten, 2001; Ungar, 2008).

Protective Factors

For this sample of participants, a number of processes and/or factors emerged from the interviews. Closer inspection of the findings reveals that the factors identified by the participants fall within all three of the categories of protective factors that promote resilience: factors within the child, such as self-regulation or intelligence; factors within the family (or other relationships); and those within the broader social environment (Luthar et al., 2000; Snyder & Lopez, 2007).

Beginning with the internal processes, the picture that emerged was that the participants were driven and motivated to succeed. Some of them were intelligent and academically successful and in the absence of natural academic intelligence, others showed good problem solving skills. Additionally, many had good coping or stress management skills and/or were able to set goals and effectively work toward them, and all of the participants, through their hopes, showed that they found life to be meaningful. Spirituality and religious beliefs seemed to be important to a number of the participants, some of whom explicitly shared the impact of their belief systems in their lives. Finally, as it relates to internal processes, hope emerged to be present in the lives of all the participants, although it was not necessarily as significant to some of the participants while they resided in the facilities.

The external protective mechanisms identified in this sample have all been proposed to be associated with good outcomes in at-risk youth (Masten et al., 2008) and seemingly have assisted with the resilience process in the lives of the participants. For example, one participant shared how his relationships with significant others helped to encourage him, boost his self-confidence, and strengthen his hope to achieve his goals.

In addition, he was also fortunate to receive financial sponsorship to be placed in a private school that was designed to meet his academic challenges. Together, the social support and specialized environment have facilitated his success in high school. He passed the national exams and at the point of the interview, he was looking forward to high school graduation.

In examining external factors that influenced the participants, not many of those who remained connected with their parent(s) had healthy relationships. In fact, for this sample, eight of the participants had some contact with a parent but this familial relationship was not supportive of resilience, as six of the participants who currently have relationships with their parent(s) reported that these relationships were strained or disengaged. In this sample, biological parents functioned as a risk factor to all the participants with living parents. For example, some of the participants had parent(s) who were substance abusers, were violent (physical abuse), or who lacked effective parenting skills as evidenced through neglect. This phenomenon supports the aspect of resilience theory that suggests that resilience is a dynamic process (Masten et al.,1999). The same mechanism that promotes resilience in one person or sample of people at a particular time could also be a risk factor for another person at another time. It should be noted that although many of the parent-child relationships were risk rather than protective factors, six of the participants shared descriptions of positive relationships with either a parent or another family member at various points in their stay at the facility. However, the presence of these relationships did not come across as being very influential to their current success, as is traditionally seen in healthy parent-child relationships. It is possible

that the physical limitations, that is, the participants' full time residence in the facilities, may have impeded the positive impact of their parents' presence on their lives.

As evidenced through the stories, in the absence of healthy and strong relationships with biological family members, many of the participants developed close bonds with individuals from the community, staff, and administrators at the facility. It is possible that these relationships developed due to the absence of positive relationships with their biological family, but there was not sufficient evidence to support such an assertion. These relationships were influential in decision-making, providing care and support, and in some cases, these individuals became surrogate parents. When asked about the most influential factor or person in their life, almost all of the participants named a non-familial person with whom they had a relationship. This finding provided additional support for research that has found that, in the absence of parental support, having a significant relationship with a non-familial adult supports resilience (Jones & Lafreniere, 2014; Masten & Coatsworth, 1998; Tusaie, Puskar & Sereika, 2007). Other external factors that support resilience are effective teachers and schools (Masten et al., 2008), and involvement in extracurricular or prosocial activities (Benson, Scales, Hamilton & Sesma, 2006; Jones & Lafreniere, 2014). In this sample, participants shared about support from teachers, access to educational programs to address their academic limitations, and opportunities to participate in civic and community groups while living in the facilities. The protective factors identified among this sample were very similar to the positive factors experienced by a group of youth who were placed in out-of-home care in Ontario, Canada. Legault and Moffat (2005) found that relationships (biological, foster, and non-relative), involvement in various activities and events, including trips,

sports, and camps, academic achievements, being placed in a foster home, and acquisition of a job were some of the positive life experiences that occurred while these youth were in out-of-home care. The youth attributed these events to being most facilitative of their positive development.

Resilience and the child care facilities

The present study was designed based on the assumption that the removal from their homes and subsequent placement in the child care facility created risk or, more realistically, presented a significant challenge for the residents to overcome. This assumption was based on a substantial body of research that identifies placement in foster care systems as another risk factor that abused and neglected children face (Burns et al., 2004; Clausen et al., 1998; Farmer et al., 2001; Leslie et al., 2005a). In the present study, however, the participants' accounts suggest that being placed in the facility was a risk at some points, but more of a protective factor that promoted resilience at many points during their tenure in the facility. These findings further attest to resilience being fluid and dynamic. As previously indicated, the facility provided many protective mechanisms to the residents. Living in the facility connected the participants with caring adults who nurtured, mentored, and invested in them. In addition, through living in the facility, the participants had access and support for their educational and social development. Moreover, based on the findings from the conversations about hope, living in the facility provided an atmosphere where hope could be developed, nurtured, and supported. Thus, the facilities provided protective mechanisms promoting healthy development, in spite of the fact that the individuals were removed from their homes and families.

All the participants had been exposed to risk prior to being placed in the CCF. For the majority of the participants, the threat to development was due to parental neglect, but one participant was a victim of physical abuse, and another participant was orphaned. Additionally, while in the facility, one participant noted that the facility where he resided was challenged with providing sufficient food and clothing; however, this was not the case with the majority of participants who resided in another facility. Other participants were also exposed to additional threats due to experiences with excessive physical punishment, bullying, and sexual abuse. It should be noted that not all of the participants in this sample identified any of the aforementioned negative experiences, so it is likely that for most of the participants, their experience living in the facility was very low risk. This assertion is supported by some of the responses from two of the participants who indicated that they did not have any or many challenges. Many of the participants shared that everything they needed for living was provided while residing in the CCF, and thus there was nothing to hope for. In the same vein, these participants also shared that they evaded many of the typical challenges of adolescence due to the structure of and provisions from the facilities.

However, with that said, Remedy and Christian's interviews helped uncover a greater threat to success among former residents of the child care facilities: life after the facility. This risk occurs when the young adults are aged out of the system and often returned to their original environments with no more support, resources, and largely (in their opinion) no preparation for the "real world." This proposition is supported in the literature, as similar patterns emerged among foster youth in the United States (Reilly, 2003). Because of the dynamics of the experience of living in the facility, it is possible

that residents could be considered resilient at the time they were residents, because of the impact of the protective mechanisms available to them, but after leaving the facility, would not be considered resilient. Again, this finding is supported in the literature that points to the fluid and dynamic nature of resilience. Specifically, individuals would meet markers of success and be considered resilient, yet fall victim to their circumstances in other periods of life (Masten et al., 1999). According to a couple of the participants, some of their peers are now struggling and have made choices that have left them dealing with undesirable consequences, such as unplanned multiple pregnancies and unemployment. It has been proposed that the transition from adolescence into young adulthood, a phase of life sometimes called emerging adulthood, is significant, and that the challenges associated with this transition are even more prominent for those leaving the foster care system (Avery & Freundlich, 2009; Courtney, & Dworsky, 2006; Lammert & Timberlake, 1986; Reilly, 2003). Research has found that North American youth who lived in foster care are more likely to be homeless or lack steady housing and more likely to be unemployed, have trouble with the law, have unplanned pregnancies, have health or mental health problems, and have problems with substance use (Courtney & Dworsky, 2006; Courtney et al., 2011; Reilly, 2003).

The theory of emerging adulthood was coined by Jeffrey Arnett (2000) and suggests that there is another development stage between late teens and adulthood. Emerging adulthood describes a period in life from about 18 to 25 years old. Individuals in this stage of life are distinct from individuals in other stages in three main ways: demographics, subjective, and identity exploration. Arnett (2000) proposed that the variability in demographic is so wide that it differentiates individuals in this stage from

any other stage in life; that is, there have been no established norms to define the demographics of this group. Arnett also proposed that this stage is unique because it is the only stage of life where the individual cannot completely define her or his position. Research has found that during the late teens and early twenties, individuals no longer identify as adolescents, but still they do not fully accept the identity of an adult. Finally, Arnett (2000) proposed that this stage of emerging adulthood offers the individual the greatest flexibility to work out their identity as it relates to “love, work, and worldviews” (p. 473).

The interviews revealed that there is more to independent living than basic life skills, although those are also important. The participants felt that there is great value in having more abstract abilities, like decision-making and money management skills. The need for specific programs or a targeted focus to prepare residents for the transition is not a novel idea (Lammert & Timberlake, 1986). In the United States, Independent Living Programs (ILP) consist of multiple programs all aimed at preparing foster care youth to live independently successfully. These programs address educational, vocational and employment needs, and life skills training. The life skills training programs vary from state to state, but typically offer training in 23 main skill areas:

budgeting money, opening a bank account, balancing a checkbook, obtaining a credit card, buying a car, getting car insurance, getting health insurance, getting health care, family planning, preparing meals, choosing nutritious food, doing housekeeping, shopping, finding a job, finding educational opportunities, finding a place to live, obtaining legal help, locating community resources, making friends, setting and achieving

goals, expressing feelings, expressing opinions, and making decisions
(Cook, 1994, p. 223).

Support groups are also offered within some programs. In the United States, ILPs are offered through the US Department of Health and Human Services, Child Welfare division (<https://www.childwelfare.gov/outofhome/independent/>) and were created to meet five broad goals, although as I mentioned previously, the programs may vary by state. While there is a growing body of literature assessing the impact of ILPs, due to some methodological concerns, namely the lack of non-randomized controlled studies, the findings are less reliable as they relate to confirming the effectiveness of such programs (Montgomery, Donkoh, & Underhill, 2006). Nevertheless, the findings from the eight studies reviewed have shown that individuals who have participated in the ILPs have consistently outperformed in the areas of education, housing, health, and other life skills when compared to those who did not participate in ILP programs (Montgomery, Donkoh, & Underhill, 2006). The implications for these findings for the current system in The Bahamas are significant. It seems one way to promote resilience post-child care facility would be to introduce formal programs that would prepare all residents for life after leaving the shelter of the facilities.

Hope defined

Before assessing the role of hope in their lives, that is, if hope impacted their activities, participants were invited to share their meanings of hope. Their personal definitions were based on their experiences, and for the most part, these were aligned with the characteristics of hope as found in the literature. The working definition I have created based on the feedback of the participants is: *Hope is a positive expectation and a*

conviction that what you desire is possible. Hope works as an internal drive or energy that pushes you to persist to obtain that which is hoped for.

First of all, hope has to do with the future; every reference to hope within the interviews had to do with a desire or longing for something that is yet to come. This future-orientation of hope is also supported in the literature (de Sales, 2005; Dufault & Martocchio, 1985; Herth, 1989; Snyder, 1994). Many of the participants felt that the absence of hope was equivalent to giving up on life; in essence, hope was important to life and living. Similarly, some researchers have proposed that hope is central to life (Cutcliffe, 1997; Dufault & Martocchio, 1985; Herth, 1998; Hinds, 1984; Holt, 2000; Nowotny, 1989). Also suggested by many of the participants, and supported by the literature, was the idea that hope is a force or an energy that motivates (de Sales, 2005; Herth, 1998; Holt, 2000; Miller & Powers, 1988; Snyder, 1994).

Another characteristic of hope that emerged from this study is the idea that the object of hope changes over time. Many of the participants shared that the objects of hope changed in a way that suggests a maturing, such that those things that were hoped for as teenagers were less significant than the outcomes they currently identified as young adults. Beyond this, as the participants talked about hope, we also got a sense that their hopes were impacted by external events. Disappointments and failures resulted in a waning hope while successes and encouragement increased and strengthened their hope. This process of hoping provides support for the literature that proposes that hope is dynamic (Cutcliffe, 1997; Herth, 1998; Hinds, 1984; Holt, 2000; Nowotny, 1989). Additionally, some researchers suggest that hope has multiple dimensions, with affect or feelings being one of those dimensions (Dufault & Martocchio, 1985; Herth, 1998; Holt,

2000). In this project, the participants suggested that their hopes evoked positive feelings; for example, some of the participants used adjectives like “happiness” when describing or defining hope.

Snyder (1994) suggested that hope hinges on the presence of goals which are desired or imagined. Although not explicitly stated in any of the interviews, the presence of goals, or the relationship between goals and hoping, was implied in many of the interviews. In some instances, the participants’ hopes were their goals. In this case, there was no distinguishing between a hope and a goal; the terms were used interchangeably. However, in other accounts, the goals were that which were hoped for. For these participants, hope was something directed toward the achievement/acquisition of a goal. In this case, the goal was the end result that the hoping produced. Some participants were not able to give details about their hope or may not have had something specific to hope for, but felt a general sense that things would get better or that it will all work out. These were all very general references to a good life that they were anticipating. This ability to identify specific goals, and also the general reference to a better or good life, provides additional support as it relates to particularized hopes which were clearly tied to a goal or a desire and generalized hopes that form an overarching environment within which the particularized hopes were nurtured (Cutcliffe, 1997; Dufault & Martocchio, 1985; Herth, 1998.) These generalized hopes as coined by Dufault and Martocchio (1985), were the same as what I classified as generic hopes, and the particularized hopes are what I referred to as specific hopes. In addition to these two classifications, the findings also revealed another (sub) category of hopes, obligatory hopes, which is based on the relational experiences of two participants with their parents. In these instances, the hoped

for outcome was born out of an obligation that is guided by an unspoken social expectation which purports that a person should have a good relationship with her or his biological parent. For Kim, this obligatory hope of forgiving her mother and restoring their relationship was a hope that she had consciously made an effort toward, although in the interview she vacillated between wanting to rebuild the relationship and not wanting to.

Those participants who talked about their hopes in relation to the attainment of goals were more likely to have clearer paths for moving toward those goals. For example, Miller remains connected to the music ministry in his church because it offers him opportunities to hone his skill and help others, as he moves toward becoming a professional musician. Similarly, Sierra Leone shared that one hope of hers was weight loss, to be healthier, and she talked about having smaller goals that she identified to help get her to the major goal. Both Snyder's (1994) work on Hope Theory and the theory which emerged from Dufault and Martocchio's research (1985) propose that hope is a process where a realistic assessment of a future desire is made. In the examples above, this idea of hope being a process is further supported among this sample. Although only these two examples were provided, two other participants had specific goals or specific hopes and referenced this realistic assessment and process that characterizes their hope. One of these two participants, Christian, shared about his hope to be promoted to supervisor; however, he also talked about the reality that it may not happen, as he has been passed up before. He was not discouraged though and shared how he used the first instance as a learning experience to better help him prepare for the upcoming evaluations. This supports Snyder's (1994) assertion that hope is not always "a sure thing"; that which

is being hoped for is attainable but not necessarily 100% obtainable. Regardless of the relationship between goals and hope, there seemed to be no hoping without goals for many of the participants.

Additionally, in the current study, some participants suggested that hope requires activity or work. The idea here is that effort is required to achieve that which is hoped for. The findings from a research study exploring the meaning of hope among a sample of Dominican Republic villagers also revealed a similar finding, where these villagers felt that hope was maintained through effort and physical work (Holt, 2000). Another characteristic of hope that emerged as a minor thread in the analysis and was not explicitly stated is that hope was sometimes associated with challenges. This is where the differences in the function of hope were most pronounced. For some, hope seemed to function as the proverbial “ray of sunshine” when they were down or discouraged. That is, hope provided them with the ability to look toward the future and have personal reassurance that whatever the challenge or situation, things will get better. For others, hope was described as the energy that pushes them to persist toward their goals, in spite of the challenges.

Development of hope

Three factors emerged as salient to the experiences of the participants in relation to the development of hope. These are people, academics, and the past.

People. As presented in the Findings chapter, a theme that emerged from the interviews was the importance of the support system to the hope process. After the participants were removed from their homes of origin and placed in a facility with “strangers,” they all found other people with whom to connect. For many, this was

evidenced in the creation of new adopted families, but even those who may not have found an adoptive parent or sibling still had individuals who became significant to their lives, and even more importantly, to their success in overcoming their challenges. From the findings, I have concluded that the relationships participants had with other people were both influential and essential to their hoping process. This finding is supported by the literature on hope being fostered through relationships (Cutcliffe, 1996; de Sales, 2005; Dufault & Martocchio, 1985; Herth, 1996; Holt, 2000; Miller & Powers, 1988).

People influenced the participants to hope in two primary ways, the first of which was through support. Almost all of the participants had a cheerleader whom they felt was in their corner with words of encouragement and their physical presence as a show of support at various points in their lives. People also impacted the development of hope through their hope for them, and this helped the participants to maintain the confidence that they could achieve what they were hoping for. I suspect this can also work in situations where individuals may not yet have identified goals to hope for; that is, having someone to have hope for that individual can help build up their hope. For example, having a person in an individual's life who communicates that she or he can get a college degree can help build up the person's hope about their future direction, even when the odds are stacked against them. Additionally, as seen through the stories in this project, having this supportive individual also functions to provide advice and strategies toward overcoming obstacles and achieving their goals, which subsequently reinforces the hoping process.

The second way in which the supportive people in the participants' lives impacted the development and maintenance of hope is by modeling hope. Some of the participants

talked about looking at the lives of these significant others and being encouraged. That is, participants felt as though they could achieve their goals because their mentors had similarly humble beginnings and overcame this to become successful. Additionally, if an individual has a goal and it is challenged, the hope for the outcome will be strengthened if a significant person with similar circumstances has achieved similarly positive outcomes. Essentially, the process occurs when an individual says “if she/he can do it, then so can I!” This is what happens with role models and why the mentors were so important to the participants in this sample. I suspect that hope can be developed and/or maintained in various scenarios even when there is no relationship, once the individual is able to identify someone else with similar circumstances who has achieved positive outcomes. This is most exemplified with public figures who are seen as role models by individuals who may never have an opportunity to interact with them, but who identify with them because of similar stories. One interesting finding was that the hoping process did not end with the participants; as the participants’ hopes were nurtured and maintained through relationships, in turn, six of the participants shared that essentially they nurtured (or planned to nurture) hope in others. These individuals wanted to be the positive impact in another person’s life that they had benefitted from through their significant relationships.

Academics. Two individuals in this sample identified that the source of their hope is in their educational pursuits. In addition to those two, another referenced her academic pursuits as being a very important part of her hoping. Beyond these three individuals, there were an additional three persons whose hopes revolved around their educational goals. What has emerged is that education is a channel through which individuals can

attain the goals that they are hoping for. As one participant shared, having an education unlocks opportunities that help one to manoeuvre through and connect with those critical people and places, facilitating the journey toward that which is being hoped for. None of the literature reviewed has looked specifically at a possible relationship between hope and academic pursuits, although education was one of the sources of hope that emerged from the research conducted by Obyuwana and Carter (1982). This may be something unique to this sample, or the role of academics could be more relevant to the greater resilience process of this sample as seen in the Hines et al. (2005) study. Hines et al. sought to understand academic resilience among a sample of former foster care residents. The researchers identified particular internal characteristics, including having goals and being self-motivated, along with having a social support system and capitalizing on educational opportunities provided through the system as promoting academic success. Not only are there overlaps in the actual factors identified to be facilitative, but also the function of these factors in the lives of both groups seem to overlap, providing some insight into the function of the protective mechanisms in the lives of former CCF residents.

The Past. Another motivator and source of hope was the past. When participants talked about the past, this was a direct reference to their experiences prior to placement in the child care facility. The past was explicitly identified as a source of hope by one participant, but also emerged as a consistent factor in the stories of many of the participants. It seems that many of the hopes of the participants hinged on the goals of either not being like their parent(s) or not making decisions that would threaten the well-being of future children. One participant articulately described it as a “big cloud,” and

although not everyone verbalized the impact of the past on their current lives, this still shone through the stories. The past, to these participants, was not anything to necessarily fear, and to some extent many did not even harbour ill feelings toward those associated with it. Instead, the past was used as a motivator to push forward and to do better. Again, this finding was similar to the results found in the Hines et al. (2005) study. Another perspective has to do with past experiences and hope, where five participants were able to identify that past successes and triumphs, and the lessons learned through previous experiences, also helped to fuel their current hopes. Essentially, they believe that if they were able to obtain that which was desired before, then it is likely to happen again. In this instance, somewhat of a feedback loop occurs where attainment of previous hopes fuels energy and belief regarding attainment of future hopes, making it, in fact, more likely to occur. Taken together, both aspects of how the past has influenced this sample provide sufficient evidence to support the idea that hope has temporal qualities as proposed by other researchers (de Sales, 2005; Dufault & Martocchio, 1985). For this sample, past experiences facilitated the development and maintenance of the participants' hopes.

Hope and its relationship to the resilience process

One of the underlying goals of the present study was to explore how hope is related to the resilience process. As noted earlier and evidenced through the participants' accounts, hope was less relevant to the participants' experiences while living in the child care facilities. This seems to be due in part to the experience of having all their physical needs and wants provided for and also, in some ways, because living in the facilities eliminated many challenges that the participants may have had to face if they were not

within that kind of structured environment. Regardless of the reason, the pattern that emerged is that while many did not find themselves hoping for significant things while residing in the facility, the experiences within the facility seemed to be the common factor from which many of their hopes were developed. For four of the participants, hope became more relevant to their lives upon leaving the facility, and because of the foundation built while they were in care, they are more able to identify goals and persevere toward them. What I have concluded from this study is that the hoping process is important to the resilience process. Although I was unable to base this conclusion on the participants' experiences while living in the facility, sufficient evidence was provided from the interviews to examine how hope works for the former residents as independent adults. The term independent here does not mean living alone, but emancipated from the child welfare system. It seems that without hope, it is unlikely that the participants would have overcome the challenges with which they were faced or which they have yet to encounter. Hope has the features of a protective factor that promotes positive outcomes. Because the sample consists of individuals who were all generally doing well despite the challenges, it is difficult to confirm whether or not for this sample, a lack of hope would put the individual at risk. However, research does confirm that hopelessness is associated with depression and suicide (Beck, Steer, Beck, & Newman, 1993; Beck, Weissman, Lester, & Trexler, 1974).

Looking again at the role of hope in the resilience process, in this sample hope was strengthened and supported by the presence of other protective mechanisms in the individuals' lives. For example, the presence of supportive people and self-regulation seemed to be present in the lives of all the participants. Hope seemed to be most

effective for those who had specific things they desired. Thus, it is proposed that hope facilitates the resilience process through the identification of goals which the individual works towards. This ability to identify goals strengthened the individual's goal-setting skills, which increases the likelihood of attainment of that which is desired. As mentioned earlier, one method by which hope is strengthened is based on past successes; thus, attaining something that was hoped for increases the likelihood that the individual will hope again. Subsequently, goal-setting skills are linked with adaptive coping, enabling individuals to plan, modify plans, and anticipate barriers which may threaten goal achievement (Herth, 1989; Herth, 1990; Miller & Powers, 1988; Snyder, 1994).

Limitations and Future Research

Firstly, I acknowledge that there may be some selection bias in the individuals who agreed to participate. The majority of the participants were connected to one person, a former volunteer at one of the facilities who has opened his family's home to former residents. Most likely, the persons he has remained in contact with may be those who had more positive experiences than some others who may have severed all ties with their life at the facility. Additionally, the participants sampled here are all fairly high functioning, as they are either students or working, and fairly successful for their age. Moreover, when comparing the individuals in this sample with the peers whom they described, the possibility that I may have gotten a more resilient sample of individuals is further supported. For example, participants shared that they knew of other former residents who were having a more difficult time with life; they were unemployed, lacking steady shelter, experiencing problems with the law, and/or had experienced early pregnancies.

Secondly, these findings represent the experiences of participants who resided in one of the two child care facilities from which my sample could have been drawn. This under-representation of the second facility serves as a second limitation of the current study. Based on the descriptions of the underrepresented facility, the difference in access to resources, and the variations in the “culture” as described by Remedy, I feel that the findings may have been different if there were more participants who had resided in the same facility as he did. However, this unequal representation was not due to lack of effort on my behalf. It seemed that the connections between individuals from this particular CCF were not as strong, as was found amongst the other participants, therefore it was a challenge to find these individuals. Moreover, when I found two other individuals who fit the criteria to participate and who were also former residents of this particular facility, they both declined to participate. Remedy confirmed this lack of connections during his interview when he talked about only “hearing about” his peers on occasion through social media but not maintaining any real relationships outside of his friendship with one other person.

A third limitation provides a means for expanding the study; this goes to the focus of the study. The study’s focus was on the participants’ experiences while living in the facilities. Within the interview protocol, some questions asked about present day experiences, but those were included primarily to provide context for comparisons. What I found for this sample is that the greater challenges lie in their current experiences, that is, life after the CCF rather than while living in the facilities. As I noted earlier, this challenge is not unique to this sample but research has shown that sometimes additional services and care are required to optimize the positive outcomes of foster youth (Avery &

Freundlich, 2009; Courtney & Dworsky, 2006; Lammert & Timberlake, 1986; Reilly, 2003).

Future research might start with an expansion of the current study to strengthen the findings. There are a number of ways to expand the current study, one of which includes interviewing more participants, particularly sampling those who resided in other facilities. This would broaden the findings to present a more balanced perspective across diverse child care facilities and possibly provide support for the current findings. However, even if the new information does not support the current findings, it would add to our understanding of life within other facilities. Another way to expand the study would be to conduct follow-up interviews with the same participants that thoroughly explore their present day challenges and the meaning of being independent and successful for these individuals. The follow-up interviews might also ask participants for specific suggestions for how to improve their chances of success, as individuals and also as a population, post residence at the facilities.

Most of the information acquired about understanding the challenges faced by former foster youth in the United States was through longitudinal studies; extending this current study by conducting follow ups at various points would also begin to provide an understanding of the long-term challenges faced by former youth who were in care. Additionally, this kind of research project could help provide greater insight into the fluid and dynamic nature of resilience. As the research suggests, individuals can be resilient at one stage of their lives and fail to overcome the challenges associated with another phase. Following up with this group at their 10th and 15th year post release could provide very important information to understanding the long-term impact of placement in the

facilities, as well as the impact of the services, people, and programs that these former residents would have accessed. Additionally, based on Arnett's (2000) theory of emerging adulthood, it is anticipated that the levels of resilience may be higher in the sample when they are 10 and 15 years post release as compared to the levels of resilience assessed in the current study.

Along this line of longitudinal research, future directions for research might include a survey of information from every youth who exits the child welfare system in The Bahamas during a given time period. Based on recent communication with a local professional (L. Duvalier, Director of Child Services, Department of Social Services, Bahamas, personal communication, September 3, 2014), this is not a high number annually; thus, to make an initiative of this nature most effective, one would need to collect this exit information annually for at least 10 years, or embed this within the system so that it is a part of the transition process. Lack of information about this group of individuals is part of the reason why their needs are underrepresented and they are marginalized. If I had records of the residents' ages of departure, their placement at time of departure (e.g., with family of origin, with adopted family, with friends, alone), and other variables (e.g., noting whether the individual has already completed high school), this may help to paint a more accurate picture of youth in care at the point of transition. Following these individuals at regular intervals, for example, 3 months, 9 months, and 15 months after release, and having them provide information on their academic/professional pursuits, current living situations, experiences with the law, health status, etc., would also be a great first step for identifying what type of legislation, policies, and/or programs are needed to increase the likelihood of success for these youth.

Finally, additional research could also explore hope and resilience among the less successful group of former residents. As noted earlier, two of the participants referenced their peers and the fact that these individuals were not doing as well as they were. It would be interesting to understand the dynamics of the protective mechanisms, including the presence of hope and the process of resilience, in the lives of the individuals that seem to be more at risk. Also of interest regarding those individuals is whether their experiences in the facilities mirror those of the participants of the current study; that is, do those who are identified as functioning less well still perceive their overall experience in the CCF to be positive and helpful to their lives?

Applied Implications

Through the exploration of the participants' personal stories and their accounts of their peers, I have found that the greater challenges of their lives begin once they have aged out of the system and are often returned to the same environments from which they were initially protected. This is a general challenge of young adulthood or what some researchers call emerging adulthood (Avery & Freundlich, 2009; Jones, 2008). However, many youth/young adults have parents or family homes to rely on even after completing college (Courtney, Dworsky, Lee, & Raap, 2010). In fact, in the Bahamian culture, it is not rare to find multiple generations in one household, as adult children are generally only expected to leave home when they get married. The youth who are removed from their homes as children and placed in the system may have a different dilemma once they have aged out, as they are expected to maintain independent living much earlier than their peers (Courtney et al., 2010). In the current study, Remedy serves as an example where there may not have been any family members to return to, as he was unaware of his

family until after his release from the facilities. Sierra Leone and Samantha did have a biological family to return to, but the housing options with their biological family members were not appealing, so they both decided to find alternate post-facility living arrangements. Unfortunately, release from care at 18 years old, particularly for Bahamian youth who have remained in consistent housing from their original placement in care, would possibly place them in a fairly vulnerable state.

In North America, two programs have emerged to help fill this gap in the child welfare system. The first of these is legislated in the USA, where foster youth must have access to Independent Living Programs to help prepare them for the transition to adulthood (US Department of Health and Human Services, Child Welfare division). The second program is extended care programs, where foster youth are allowed to remain in care until their 21st birthday (Courtney et al., 2010). In The Bahamas, there are no such programs legislated, nor are there any programs that may be offered as a part of the various child care facilities which are privately owned and operated. One recommendation would be for the facilities to consider providing their residents with a curriculum that addresses the development of skills necessary for successful independent living. Skills such as decision making, financial management, cooking, and finding a job are all necessary to adulthood. Through the introduction of this program while still in care, residents would not only be protected from the impact of the risk while living in the facilities, but better equipped to deal with the numerous challenges of adulthood to be faced during their transition from the facilities.

A second recommendation would be the offering of transitional homes for youth who have aged out of the system but who may not be prepared, whether mentally,

socially, or financially, to live on their own (in the absence of a safe family home). Research has shown that some former foster youth end up homeless at some point in their lives post discharge (Courtney, Piliavin, Grogan-Kaylor & Nesmith, 2001; Dworsky & Courtney, 2009; Reilly, 2001). Results from the Midwest study specifically showed that the implementation of extended care services has helped to curb the likelihood of homelessness among this population until about age 21 (Courtney et al., 2010; Dworsky & Courtney, 2010). Given the benefits of such programs in the USA, I would recommend similar programs be made available to youth who are in care in The Bahamas.

Based on the findings from the current study, but also taking into consideration the approach to child welfare in the United States and Canada, I think The Bahamas' child welfare system would benefit from the organization and implementation of a board or committee whose sole responsibilities are the regulation and monitoring of local residential facilities. For example, this board could be a source of advocacy to bring greater community awareness regarding the needs of the residents, assist with acquisition of necessary resources that are currently lacking or limited, while also helping to shape policy, procedures, and creating or finding applicable programs based on best practices within the field. Of concern is the training of staff who work directly with the youth and the development and implementation of standard programs that are offered across facilities that can help address mental health needs and preparation for life after the facilities. In practical terms, this board would remove some of the burden from the current child care staff, as the Social Services department is small and stretched to capacity given all of the demands of their jobs. Another option would be for this board or

organization to adopt the Looking After Children initiative, which has successfully been implemented in 15 countries, including Canada. The Looking After Children initiative was developed in the United Kingdom with the goal of improving the outcomes of children who are placed in out-of-home care (Flynn, Vincent & Miller, 2011). There are seven domains that are of interest to promoting resilience among this population. These include: health, emotional and behavioural development, education, family and social relationships, identity, social presentation, and self-care skills. Implementation of an initiative like this would include the creation of teams that support the caregivers, social workers, and administration of the children placed in out of home care, while annually monitoring the child's performance in the seven areas, and creating goals to promote positive adjustment and progress (Drolet & Sauvé-Kobylecki, 2005).

Summary

In summary, the participants in this study had both positive and negative experiences while residing in the child care facilities. However, the positive experiences seemed to outweigh and even to negate the impact of the negative experiences in their lives, thus creating a sample of young adults who are fairly well adjusted and sufficiently capable of handling the ongoing challenges of young adulthood and independent living. Through their stories, we see that placement in the child care facilities primarily served as a protective factor, as many recognized that living in the facilities provided a better option for their success. Most commonly found in all the participant accounts was the importance of social connections, whether these were friendships with their peers, mentoring relationships with older adults, ongoing relationships with biological family members, or the development of pseudo parent-child relationships with other adults.

These relationships were also critical to the development and maintenance of the participants' hopes. Other factors which impacted hope in this sample were academic pursuits and their past experiences. Hope was found to be fairly similar to the descriptions and definitions in the literature, functioning as an internal drive that moves these individuals toward their goals. The objects of the participants' hopes changed over the years and generally became more meaningful and directed toward success in their personal and professional lives. In the truest sense, the young adult participants who contributed to this study are resilient, and their successes are credited to a combination of their personal qualities, including hope, their involvement in positive and healthy relationships, and support from the wider community, primarily through the educational system.

REFERENCES

- Afifi, T. O., & Macmillan, H. L. (2011). Resilience following child maltreatment: A review of protective factors. *Canadian Journal of Psychiatry, 56*(5), 266-272.
- Afifi, T. O., Brownridge, D. A., Cox, B. J., & Sareen, J. (2006). Physical punishment, childhood abuse and psychiatric disorders. *Child Abuse & Neglect, 30*, 1093-1103.
- Afifi, T. O., Enns, M. W., Cox, B. J., de Graaf, R., ten Have, M., & Sareen, J. (2007). Child abuse and health-related quality of life in adulthood. *The Journal of Nervous and Mental Disease, 195*, 797-804.
- Arnett J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist, 55*(5), 469–480.
- Arrington, E. G., & Wilson, M. N. (2000). A re-examination of risk and resilience during adolescence: Incorporating culture and diversity. *Journal of Child and Family Studies, 9*, 221-230.
- Avery, R. J., & Freundlich, M. (2009). You're all grown up now: Termination of foster care support at age 18. *Journal of Adolescence, 32*(2), 247-257. doi: <http://dx.doi.org/10.1016/j.adolescence.2008.03.009>
- Avey, J. B., Wernsing, T. S., & Mhatre, K. H. (2011). A longitudinal analysis of positive psychological constructs and emotions on stress, anxiety, and well-being. *Journal of Leadership & Organizational Studies, 18*(2), 216-228.
- Bandura, A. (1982). Self-efficacy mechanism in human agency. *American Psychologist, 37*(2), 122-147.
- Bandura, A. (1990). Perceived self-efficacy in the exercise of personal agency. *Journal of Applied Sport Psychology, 2*(2), 128-163.

- Bandura, A. (2006). Toward a psychology of human agency. *Perspectives on Psychological Science, 1*(2), 164-180.
- Bandura, A., Barbaranelli, C., Caprara, G. V., & Pastorelli, C. (1996). Multifaceted impact of self-efficacy beliefs on academic functioning. *Child Development, 67*, 1206-1222.
- Banyard, V. L., Williams, L.M. & Siegel, J.A. (2001). The long-term mental health consequences of child sexual abuse: An exploratory study of the impact of multiple traumas in a sample of women. *Journal of Traumatic Stress, 14*, 697-715.
- Beck, A. T., Steer, R. A., Beck, J. S., & Newman, C. F. (1993). Hopelessness, depression, suicidal ideation, and clinical diagnosis of depression. *Suicide and Life-Threatening Behavior, 23*, 139-145.
- Beck, A. T., Weissman, A., Lester, D., & Trexler, L. (1974). The measurement of pessimism: The Hopelessness Scale. *Journal of Consulting and Clinical Psychology, 42*, 861-865.
- Benson, P. L., Scales, P., Hamilton, S. & Sesma, A. Jr. (2006). Positive youth development: Theory, research, and applications In Richard M Lerner (Ed.), *Handbook of child psychology (6th Edition): Volume 1, Theoretical models of human development* (pp. 894 -941). NJ: John Wiley and Sons, Inc.
- Brook, J. S., Adams, R. E., Balka, E. B., Whiteman, M., Zhang, C., & Sugarman, R. (2004). Illicit drug use and risky sexual behavior among African American and Puerto Rican urban adolescents: The longitudinal links. *The Journal of Genetic Psychology, 165*(2), 203-220.

- Bruininks, P., & Malle, B. F. (2005). Distinguishing hope from optimism and related affective states. *Motivation and Emotion, 29*(4), 324-352. doi: 10.1007/s11031-006-9010-4
- Bruskas, D. (2008). Children in foster care: A vulnerable population at risk. *Journal of Child and Adolescent Psychiatric Nursing, 21*(2), 70-77.
- Bryant, F. B., & Cvengros, J. A. (2004). Distinguishing hope and optimism: Two sides of a coin, or two separate coins? *Journal of Social and Clinical Psychology, 23*(2), 273-302.
- Burns, B. J., Phillips, S. D., Wagner, H. R., Barth, R. P., Kolko, D. J., Campbell, Y., & Landsverk, J. (2004). Mental health need and access to mental health services by youths involved with child welfare: A national survey. *Journal of the American Academy of Child and Adolescent Psychiatry, 43*(8), 960-970.
doi:10.1097/01.chi.0000127590.95585.65
- Canty-Mitchell, J. (2001). Life change events, hope, and self-care agency in inner-city adolescents. *Journal of Child and Adolescent Psychiatric Nursing, 14*(1), 18-31.
- Carifio, J., & Rhodes, L. (2002). Construct validities and the empirical relationships between optimism, hope, self-efficacy, and locus of control. *Work, 19*(2), 125-136.
- Carver, C. S., & Gaines, J. G. (1987). Optimism, pessimism, and postpartum depression. *Cognitive Therapy and Research, 11*(4), 449-462.
- Carver, C. S., & Scheier, M. F. (2001). Optimism, pessimism, and self-regulation. In E. C. Chang (Ed.), *Optimism and pessimism: Implications for theory, research, and practice* (pp. 31-51). Washington, DC: American Psychological Association.

- Caspi, A., McClay, J., Moffitt, T. E., Mill, J., Martin, J., Craig, I. W., & Poulton, R. (2002). Role of genotype in the cycle of violence in maltreated children. *Science*, *297*, 851-854.
- Cedeno, L. A., Elias, M. J., Kelly, S., & Chu, B. C. (2010). School violence, adjustment, and the influence of hope on low-income, African American youth. *The American Journal of Orthopsychiatry*, *80*(2), 213-226. doi:10.1111/j.1939-0025.2010.01025.x
- Chang, Y., Wang, P. C., Li, H. H., & Liu, Y. C. (2011). Relations among depression, self-efficacy and optimism in a sample of nurses in Taiwan. *Journal of Nursing Management*, *19*(6), 769-776. doi:10.1111/j.1365-2834.2010.01180.x
- Chen, G., Gully, S. M., & Eden, D. (2001). Validation of a new General Self-Efficacy scale. *Organizational Research Methods*, *4*(1), 62-83.
- Clausen, J. M., Landsverk, J., Ganger, W., Chadwick, D., & Litrownik, A. (1998). Mental health problems of children in foster care. *Journal of Child and Family Studies*, *7*(3), 283-296.
- Cook, R. J. (1994). Are we helping foster care youth prepare for their future? *Children and Youth Services Review*, *16*(3-4), 213-229.
- Courtney, M., Dworsky, A., Brown, A., Cary, C., Love, K., & Vorhies, V. (2011). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26*. Chicago, IL: Chapin Hall at the University of Chicago
- Courtney, M.E, Dworsky, A., Lee, J.S., & Rapp, M. (2010). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at ages 23 and 24*. Chicago: Chapin Hall at the University of Chicago.

- Courtney, M. E., & Dworsky, A. (2006). Early outcomes for young adults transitioning from out-of-home care in the USA. *Child and Family Social Work, 11*(3), 209-219. doi:<http://dx.doi.org/10.1111/j.1365-2206.2006.00433.x>
- Courtney, M. E., Piliavin, I., Grogan-Kaylor, A., & Nesmith, A. (2001). Foster youth transitions to adulthood: A longitudinal view of youth leaving care. *Child Welfare, 80*(6), 685-717.
- Cutcliffe, J. R. (1997). Towards a definition of hope. *International Journal of Psychiatric Nursing Research, 3*, 319-332.
- de Sales, T. (2005). Hope seen through the eyes of 10 Australian young people. *Journal of Advanced Nursing, 52*(5), 508-15. doi:10.1111/j.1365-2648.2005.03619.x
- De Vries, H., Dijkstra, M., & Kuhlman, P. (1988). Self-efficacy: The third factor besides attitude and subjective norm as a predictor of behavioural intentions. *Health Education Research, 3*(3), 273-282. doi:10.1093/her/3.3.273
- Department of Statistics, Bahamas (2012). *Key statistics, population by sex and age all Bahamas Report 2012*. Retrieved from <http://statistics.bahamas.gov.bs/key.php?cmd=view&id=272>.
- Dew-Reeves, S., Michele Athay, M., & Kelley, S. D. (2012). Validation and use of the children's hope scale-revised PTPB edition (CHS-PTPB): High initial youth hope and elevated baseline symptomatology predict poor treatment outcomes. *Administration and Policy in Mental Health and Mental Health Services Research, 39*(1-2), 60-70.

- Drolet, M. & Sauvé-Kobylecki, M. (2005). The needs of children in care and the Looking After Children approach: Steps toward promoting children's best interests. In R. Flynn, P. M. Dudding, & J. G. Barber, J. G. (Eds.). *Promoting Resilience in Child Welfare*. Ottawa, ON, CAN: University of Ottawa Press.
- DuFault, K., & Martocchio, B. C. (1985). Hope: Its spheres and dimensions. *The Nursing Clinics of North America*, 20(2), 379-391.
- Dumoulin, A. & Flynn, R. J. (2006). Hope in young people in care: Role of active coping and other predictors. In R. Flynn, P. M. Dudding, & J. G. Barber, J. G. (Eds.). *Promoting Resilience in Child Welfare*. Ottawa, ON, CAN: University of Ottawa Press.
- Dworsky, A., & Courtney, M. E. (2010). *Assessing the impact of extending care beyond age 18 on homelessness: Emerging findings from the Midwest study*. Chicago: Chapin Hall at the University of Chicago.
- Dworsky, A., & Courtney, M. E. (2009). Homelessness and the transition from foster care to adulthood. *Child Welfare*, 88(4), 23–56.
- Edwards, L. M., McDermott, D., Pedrotti, J. T., LaRue, S., Stone, M. E., Diamond, K. L., & Spalitto, S. V. (2000). *Preliminary validation of a Spanish language translation of the children's hope scale*. Paper presented at the 108th Annual Conference of the American Psychological Association, Washington, DC. ERIC Document Reproduction Service No. 453504.

- Edwards, V. J., Holden, G. W., Felitti, V. J., & Anda, R. F. (2003). Relationship between multiple forms of childhood maltreatment and adult mental health in community respondents: Results from the adverse childhood experiences study. *American Journal of Psychiatry, 160*(8), 1453-1460. doi:10.1176/appi.ajp.160.8.1453
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology, 38*(3), 215-229. doi:10.1348/014466599162782
- Enns, M. W., Cox, B. J., & Clara, I. (2002). Parental bonding and adult psychopathology: Results from the US national comorbidity survey. *Psychological Medicine, 32*(6), 997-1008.
- Enns, M. W., Cox, B. J., Afifi, T. O., de Graaf, R., ten Have, M., & Sareen, J. (2006). Childhood adversities and risk for suicidal ideation and attempts: A longitudinal population-based study. *Psychological Medicine, 36*, 1769-1778.
- Fagan, P., Eisenberg, M., Frazier, L., Stoddard, A. M., Avrunin, J. S., & Sorensen, G. (2003). Employed adolescents and beliefs about self-efficacy to avoid smoking. *Addictive Behaviors, 28*(4), 613-26.
- Farmer, E. M. Z., Burns, B. J., Chapman, M. V., Phillips, S. D., Angold, A., & Costello, E. J. (2001). Use of mental health services by youth in contact with social services. *Social Service Review, 75*(4), 605-624.
- Fergusson, D. M., & Horwood, L. J. (2003). Resilience to childhood adversity: Results of a 21-year study. *Resilience and vulnerability: Adaptation in the context of childhood adversities, 130-155.*

- Fergusson, D. M., Boden, J. M., & Horwood, L. J. (2008). Exposure to childhood sexual and physical abuse and adjustment in early adulthood. *Child Abuse & Neglect, 32*, 607-619.
- Ferla, J., Valcke, M., & Cai, Y. (2009). Academic self-efficacy and academic self-concept: Reconsidering structural relationships. *Learning and Individual Differences, 19*(4), 499-505.
- Flores, E., Cicchetti, D., & Rogosch, F. (2005). Predictors of resilience in maltreated and nonmaltreated Latino children. *Developmental Psychology, 41*, 338–351.
- Flynn, R. J., & Biro, C. (1998). Comparing developmental outcomes for children in care with those for other children in Canada. *Children & Society, 12*, 228– 233.
- Flynn, R. J., Ghazal, H., Legault, L., Vandermeulen, G., & Petrick, S. (2004). Use of population measures and norms to identify resilient outcomes in young people in care: An exploratory study. *Child and Family Social Work, 9*(1), 65-79.
- Flynn, R. J., Vincent, C. & Miller, M. (2011). *User's Manual for the AAR-C2-2010*. Ottawa, ON: Centre for Research on Educational and Community Services
- Garnezy, N. (1993). Children in poverty: Resilience despite risk. *Psychiatry, 56*(1), 127-130.
- Garnezy, N., & Masten, A. (1994). Chronic adversities. *Child and Adolescent Psychiatry, 3*, 191-208.
- Gergen, K. J. (1985). The social constructionist movement in modern psychology. *American Psychologist, 40*(3), 266.

- Gilbert, R., Spatz Widom, C., Browne, K., Fergusson, D. Webb, E. & Janson, S. (2008). Burden and consequences of child maltreatment in high-income countries. *The Lancet*. Retrieved from www.thelancet.com. doi: 10.1016/S0140-6736(08)61706-7
- Gilman, R., Dooley, J., & Florell, D. (2006). Relative levels of hope and their relationship with academic and psychological indicators among adolescents. *Journal of Social and Clinical Psychology, 25*(2), 166-178. doi:10.1521/jscp.2006.25.2.166
- Government of the Bahamas (2007). *Child Protection Act*. Retrieved from http://www.oas.org/dil/The_Child_Protection_Act_Bahamas.pdf
- Grewal-Sandhu, P. (2008). *Hope theory: A framework for understanding the relation between childhood maltreatment and adult suicidal action*. University of Windsor (Canada) (Doctoral dissertation). *ProQuest Dissertations and Theses*, 203.
- Halpern-Felsher, B. L., Kropp, R. Y., Boyer, C. B., Tschann, J. M., & Ellen, J. M. (2004). Adolescents' self-efficacy to communicate about sex: Its role in condom attitudes, commitment, and use. *Adolescence, 39*(155), 443-456. doi:15673222
- Haskett, M. E., Nears, K., Ward, C. S., & McPherson, A. V. (2006). Diversity in adjustment of maltreated children: Factors associated with resilient functioning. *Clinical Psychology Review, 26*(6), 796-812.
- Hendricks, C. S., Hoffman, H. P., Robertson-Laxton, L., Tavakoli, A., Mathis, D., Hackett, D., & Byrd, L. (2000). Hope as a predictor of health promoting behavior among rural southern early adolescents. *Journal of Multicultural Nursing and Health, 6*(3), 6-11.

- Hendricks, D. L., & Hendricks, C. S. (2005). The relationship of hope and self-efficacy to health promoting behaviors among student-athletes attending historically black colleges and universities. *Journal of Multicultural Nursing and Health, 11*(3), 23-34.
- Henwood, K. L., & Pidgeon, N. F. (1992). Qualitative research and psychological theorizing. *British Journal of Psychology, 83*(1), 97-111.
- Herrenkohl, E. C., & Herrenkohl, R. C. (2007). Examining the overlap and prediction of multiple forms of child maltreatment, stressors, and socioeconomic status: A longitudinal analysis of youth outcomes. *Journal of Family Violence, 22*, 553-562.
- Herth, K. (1989). The relationship between level of hope and level of coping response and other variables in patients with cancer. *Oncology Nursing Forum, 16*(1), 67-72.
- Herth, K. (1990). Fostering hope in terminally-ill people. *Journal of Advanced Nursing, 15*(11), 1250-1259.
- Herth, K. (1991). Development and refinement of an instrument to measure hope. *Scholarly Inquiry for Nursing Practice, 5*(1), 39-51.
- Herth, K. (1996). Hope from the perspective of homeless families. *Journal of Advanced Nursing, 24*(4), 743-753.
- Herth, K. (1998). Hope as seen through the eyes of homeless children. *Journal of Advanced Nursing, 28*(5), 1053-1062.
- Hinds, P. S. (1984). Inducing a definition of 'hope' through the use of grounded theory methodology. *Journal of Advanced Nursing, 9*(4), 357-362.

- Hines, A. M., Merdinger, J., & Wyatt, P. (2005). Former foster youth attending college: Resilience and the transition to young adulthood. *American Journal of Orthopsychiatry*, 75(3), 381-394.
- Holleran, L. K., & Waller, M. A. (2003). Sources of resilience among chicano/a youth: Forging identities in the borderlands. *Child and Adolescent Social Work Journal*, 20(5), 335-350. doi:10.1023/A:1026043828866
- Holt, J. (2000). Exploration of the concept of hope in the Dominican Republic. *Journal of Advanced Nursing*, 32, 1116-1125.
- Jones, G. (2011). *The context of resilience among at-risk Bahamian youth*. University of Windsor (Canada). (Masters thesis). *ProQuest Dissertations and Theses*, 135.
- Jones, G., & Lafreniere, K. (2014). Exploring the role of school engagement in predicting resilience among Bahamian youth. *Journal of Black Psychology*, 40(1), 47-68. doi:http://dx.doi.org/10.1177/0095798412469230.
- Jones, L. (2008). Adaptation to early adulthood by a sample of youth discharged from a residential education placement. *Child & Youth Care Forum*, 37(5-6), 241-263. doi:http://dx.doi.org/10.1007/s10566-008-9061-7
- Juvakka, T., & Kylmä, J. (2009). Hope in adolescents with cancer. *European Journal of Oncology Nursing : The Official Journal of European Oncology Nursing Society*, 13(3), 193-9. doi:10.1016/j.ejon.2008.12.004
- Kaufman, J., Cook, A., Arny, L., Jones, B., & Pittinsky, T. (1994). Problems defining resiliency: Illustrations from the study of maltreated children. *Development and Psychopathology*, 6(01), 215-229.

- Kessler, R. C., Davis, C. G., & Kendler, K. S. (1997). Childhood adversity and adult psychiatric disorder in the US national comorbidity survey. *Psychological Medicine*, 27, 1101-1119.
- Khan, A., & Husain, A. (2010). Social support as a moderator of positive psychological strengths and subjective well-being. *Psychological Reports*, 106(2), 534-538.
- Kim, T. H., Lee, S. M., Yu, K., Lee, S., & Puig, A. (2005). Hope and the meaning of life as influences on Korean adolescents resilience: Implications for counselors. *Asia Pacific Education Review*, 6(2), 143-152.
- Kim-Cohen, J., Caspi, A., Taylor, A., Williams, B., Newcombe, R., Craig, I. W., & Moffitt, T. E. (2006). MAOA, maltreatment, and gene-environment interaction predicting children's mental health: New evidence and a meta-analysis. *Molecular Psychiatry*, 11(10), 903-913.
- Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *The American Journal of Occupational Therapy : Official Publication of the American Occupational Therapy Association*, 45(3), 214-22.
- Lammert, M., & Timberlake, E. M. (1986). Termination of foster care for the older adolescent: Issues of emancipation and individuation. *Child & Adolescent Social Work Journal*, 3(1), 26-37.
- Leeb R.T., Paulozzi L., Melanson C., Simon T., & Arias I. (2008). *Child maltreatment surveillance: Uniform definitions for public health and recommended data elements*, Version 1.0. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

- Legault, L. & Moffat, S. (2005). Positive life experiences that promote resilience in young people in care. In R. Flynn, P. M. Dudding, & J. G. Barber, J. G. (Eds.). *Promoting Resilience in Child Welfare*. Ottawa, ON, CAN: University of Ottawa Press.
- Leslie, L. K., Gordon, J. N., Meneken, L., Premji, K., Michelmore, K. L., & Ganger, W. (2005a). The physical, developmental, and mental health needs of young children in child welfare by initial placement type. *Journal of Developmental and Behavioral Pediatrics*, 26(3), 177-185.
- Li, J., & Lee, S. (2010). Latent class analysis of antisocial behavior: Interaction of serotonin transporter genotype and maltreatment. *Journal of Abnormal Child Psychology*, 38(6), 789-801. doi:10.1007/s10802-010-9409-y
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.
- Loeber, R., & Dishion, T. (1983). Early predictors of male delinquency: A review. *Psychological Bulletin*, 94(1), 68. doi:10.1037/0033-2909.94.1.68
- Luthans, F., & Jensen, S. M. (2002). Hope: A new positive strength for human resource development. *Human Resource Development Review*, 1, 304-322.
- Luthans, F., Avey, J. B., Avolio, B. J., Norman, S. M., & Combs, G. M. (2006). Psychological capital development: Toward a micro-intervention. *Journal of Organizational Behavior*, 27, 387-393.
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71, 543-562. doi:10.1111/1467-8624.00164

- Luthar, S. S., Doernberger, C. H., & Zigler, E. (1993). Resilience is not a unidimensional construct: Insights from a prospective study of inner-city adolescents. *Development and Psychopathology, 5*, 703-703.
- MacMillan, H. L., Fleming, J. E., Streiner, D. L., Lin, E., Boyle, M. H., Jamieson, E., ... Beardslee, W. R. (2001). Childhood abuse and lifetime psychopathology in a community sample. *American Journal of Psychiatry, 158*, 1878-1883.
doi:10.1176/appi.ajp.158.11.1878
- Madill, A., Jordan, A., & Shirley, C. (2000). Objectivity and reliability in qualitative analysis: Realist, contextualist and radical constructionist epistemologies. *British Journal of Psychology, 91*(1), 1-20. doi:10.1348/000712600161646
- Magaletta, P. R., & Oliver, J. M. (1999). The hope construct, will, and ways: Their relations with self-efficacy, optimism, and general well-being. *Journal of Clinical Psychology, 55*, 539-551.
- Marques, S. C., Pais-Ribeiro, J. L., & Lopez, S. J. (2009). Validation of a Portuguese version of the Children's Hope Scale. *School Psychology International, 30*, 538-551.
- Masten, A. S. (2001). Ordinary magic. Resilience processes in development. *The American Psychologist, 56*(3), 227-38.
- Masten, A. S., & Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American Psychologist, 53*, 205-220.

- Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology*, 2, 425-444.
- Masten, A. S., Herbers, J. E., Cutuli, J. J., & Lafort, T. L. (2008). Promoting competence and resilience in the school context. *Professional School Counseling*, 12(2), 76-84.
- Masten, A. S., Hubbard, J. J., Gest, S. D., Tellegen, A., Garmezy, N., & Ramirez, M. (1999). Competence in the context of adversity: Pathways to resilience and maladaptation from childhood to late adolescence. *Development and Psychopathology*, 11(1), 143-169.
- McGloin, J. M., & Widom, C. S. (2001). Resilience among abused and neglected children grown up. *Development and Psychopathology*, 13(4), 1021-1038.
- McKenzie, R. B. (1997). Orphanage alumni: How they have done and how they evaluate their experience. *Child and Youth Care Forum*, 26(2), 87-111.
- Meekers, D., & Klein, M. (2002). Understanding gender differences in condom use self-efficacy among youth in urban Cameroon. *AIDS Education and Prevention*, 14(1), 62-72.
- Menninger, K. (1959). The academic lecture: Hope. *The American Journal of Psychiatry*, 116, 481-491.
- Miller, J. F., & Powers, M. J. (1988). Development of an instrument to measure hope. *Nursing Research*, 37(1), 6-10.

- Montgomery, P., Donkoh, C., & Underhill, K. (2006). Independent living programs for young people leaving the care system: The state of the evidence. *Children and Youth Services Review, 28*(12), 1435-1448.
- Myers, L. L., & Rittner, B. (1999). Family functioning and satisfaction of former residents of a non-therapeutic residential care facility. *Journal of Family Social Work, 3*(3), 53-68.
- Nowotny, M. L. (1989). Assessment of hope in patients with cancer: Development of an instrument. *Oncology Nursing Forum, 16*(1), 57-61.
- Obayuwana, A. O., & Carter, A. L. (1982). The anatomy of hope. *Journal of the National Medical Association, 74*(3), 229-234. doi:PMC2552852
- Out-of-home care (n.d.). On Canadian Child Welfare Portal. Retrieved from <http://cwrp.ca/out-of-home-care>
- Out-of-home care (n.d.). On Child Welfare Information Gateway. Retrieved from <https://www.childwelfare.gov/outofhome/>
- Owen, D. C. (1989). Nurses' perspectives on the meaning of hope in patients with cancer: A qualitative study. *Oncology Nursing Forum, 16*(1), 75-79.
- Pajares, F. (1996). Self-efficacy beliefs in academic settings. *Review of Educational Research, 66*(4), 543-578.
- Parse, R. R. (1999). *Hope: An international human becoming perspective*. New York: National League for Nursing Press.
- Perry, J. C., Sigal, J. J., Boucher, S. & Pare, N. (2006). Seven institutionalized children and their adaptation in late adulthood: The children of Duplessis. *Psychiatry, 69*(4), 283-301.

- Peterson, C. (2000). The future of optimism. *American Psychologist*, 55(1), 44-55.
- Public Health Agency of Canada. Canadian Incidence Study of Reported Child Abuse and Neglect – 2008: Major Findings. Ottawa, 2010.
- Rand, K. L. (2009). Hope and optimism: Latent structures and influences on grade expectancy and academic performance. *Journal of Personality*, 77(1), 231-260.
doi:10.1111/j.1467-6494.2008.00544.x
- Rand, K. L., Martin, A. D., & Shea, A. M. (2011). Hope, but not optimism, predicts academic performance of law students beyond previous academic achievement. *Journal of Research in Personality*, 45(6), 683-686.
- Reicher, S. (2000). Against methodolatry: Some comments on Elliott, Fischer, and Rennie. *The British Journal of Clinical Psychology*, 39, 1-6.
- Reilly, T. (2003). Transition from care: Status and outcomes of youth who age out of foster care. *Child Welfare*, 82(6), 727-746.
- Resnick, G., & Burt, M. R. (1996). Youth at risk: Definitions and implications for service delivery. *American Journal of Orthopsychiatry*, 66(2), 172-188.
doi:10.1037/h0080169
- Roesch, S. C., Duangado, K. M., Vaughn, A. A., Aldridge, A. A., & Villodas, F. (2010). Dispositional hope and the propensity to cope: A daily diary assessment of minority adolescents. *Cultural Diversity & Ethnic Minority Psychology*, 16(2), 191-8.
- Rolle, K. (2012, February 7). 636 child abuse cases reported last year. *The Nassau Guardian*. Retrieved from
http://www.thenassauguardian.com/index.php?option=com_content&view=article&id=23522:636-child-abuse-cases-reported-last-year&catid=3:news&Itemid=27.

- Rutter, M. (2000). Children in substitute care: Some conceptual considerations and research implications. *Children and Youth Services Review, 22*(9-10), 685-703.
- Rutter, M., Silberg, J., O'Connor, T., & Simonoff, E. (1999). Genetics and child psychiatry: II empirical research findings. *Journal of Child Psychology and Psychiatry, and Allied Disciplines, 40*(1), 19-55.
- Scheier, M. F., & Carver, C. S. (1985). Optimism, coping, and health: Assessment and implications of generalized outcome expectancies. *Health Psychology : Official Journal of the Division of Health Psychology, American Psychological Association, 4*(3), 219-47.
- Scheier, M. F., Carver, C. S., & Bridges, M. W. (1994). Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): A reevaluation of the life orientation test. *Journal of Personality and Social Psychology, 67*(6), 1063-1078.
- Scheier, M. F., Matthews, K. A., Owens, J. F., Magovern, G. J., Lefebvre, R. C., Abbott, R. A., & Carver, C. S. (1989). Dispositional optimism and recovery from coronary artery bypass surgery: The beneficial effects on physical and psychological well-being. *Journal of Personality and Social Psychology, 57*(6), 1024-1040.
- Schofield, G., & Beek, M. (2005). Risk and resilience in long-term foster care. *British Journal of Social Work, 35*, 1283-1301.
- Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston, *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35-37). Windsor, UK: NFER-NELSON.

- Sethi, S., & Seligman, M. E. P. (1994). The hope of fundamentalists. *Psychological Science*, 5(1), 58-59.
- Sherer, M., James, E. M., Mercandante, B., Prentice-Dunn, S., Jacobs, B., & Ronald, W. R. (1982). The self-efficacy scale: Construction and validation. *Psychological Reports*, 51(2), 663-671.
- Small, S. A., & Luster, T. (1994). Adolescent sexual activity: An ecological, risk-factor approach. *Journal of Marriage and the Family*, 181-192.
- Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology and Health*, 11(2), 261-271. doi:10.1080/08870449608400256
- Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1(1), 39-54. doi:10.1191/1478088704qp004oa
- Smith, J. A., Larkin, M., & Flowers, P. (2009). *Interpretative phenomenological analysis: Theory, method and research*. Sage Publications Limited.
- Snyder, C. R. (1994). *The psychology of hope: You can get here from there*. New York, NY: Free Press.
- Snyder, C. R. (2000). The past and possible futures of hope. *Journal of Social and Clinical Psychology*, 19(1), 11-28.
- Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., ... Harney, P. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology*, 60(4), 570-585.

- Snyder, C. R., Hoza, B., Pelham, W. E., Rapoff, M., Ware, L., Danovsky, M., ... Stahl, K. J. (1997). The development and validation of the Children's Hope Scale. *Journal of Pediatric Psychology, 22*, 399-421.
- Stephenson, C. (1991). The concept of hope revisited for nursing. *Journal of Advanced Nursing, 16*, 1456-1461.
- Stoddard, S. A., Henly, S. J., Sieving, R. E., & Bolland, J. (2011). Social connections, trajectories of hopelessness, and serious violence in impoverished urban youth. *Journal of Youth and Adolescence, 40*(3), 278-295. doi:10.1007/s10964-010-9580-z
- Stotland, E. (1969). *The psychology of hope (1st ed)*. San Francisco: Jossey-Bass.
- Swanston, H. Y., Nunn, K. P., Oates, R. K., Tebbutt, J. S., & O'Toole, B. I. (1999). Hoping and coping in young people who have been sexually abused. *European Child & Adolescent Psychiatry, 8*(2), 134-142.
- Thato, S., Hanna, K. M., & Rodcumdee, B. (2005). Translation and validation of the condom self-efficacy scale with Thai adolescents and young adults. *Journal of Nursing Scholarship, 37*(1), 36-40.
- Thompson, T. (2013, December 14). 636 child abuse cases reported last year. *The Nassau Guardian*. Retrieved from <http://www.thenassauguardian.com/news/43915-more-than-4300-child-abuse-cases-since-2006>
- Tusaie, K., Puskar, K. & Sereika, S. M. (2007). A predictive and moderating model of psychosocial resilience in adolescents. *Journal of Nursing Scholarship, 39*, 54-60. doi: 10.1111/j.1547-5069.2007.00143.x
- Ungar, M. (2008). Resilience across cultures. *British Journal of Social Work, 38*(2), 218-235. doi:10.1093/bjsw/bcl343

- U.S. Department of Health and Human Services, Administration for Children and Families. (2013). Child Welfare Outcomes 2008–2011: Report to Congress. Retrieved from <http://www.acf.hhs.gov/programs/cb/resource/cwo-08-11>.
- Vacek, K. R., Coyle, L. D., & Vera, E. M. (2010). Stress, self-esteem, hope, optimism, and well-being in urban, ethnic minority adolescents. *Journal of Multicultural Counseling and Development, 38*(2), 99-111.
- Valle, M. F., Huebner, E. S., & Suldo, S. M. (2006). An analysis of hope as a psychological strength. *Journal of School Psychology, 44*(5), 393-406. doi:10.1016/j.jsp.2006.03.005
- Van Ryzin, M. J. (2011). Protective factors at school: Reciprocal effects among adolescents' perceptions of the school environment, engagement in learning, and hope. *Journal of Youth and Adolescence, 40*(12), 1568-1580. doi:10.1007/s10964-011-9637-7
- Waller, M. (2001). Resilience in ecosystemic context: Evolution of the concept. *American Journal of Orthopsychiatry, 71*, 290-297.
- Walsh, W. A., Dawson, J., & Mattingly, M. J. (2010). How are we measuring resilience following childhood maltreatment? Is the research adequate and consistent? What is the impact on research, practice, and policy? *Trauma, Violence & Abuse, 11*(1), 27-41. doi:10.1177/1524838009358892
- Widom, C. S., & Brzustowicz, L. M. (2006). MAOA and the "cycle of violence:" Childhood abuse and neglect, MAOA genotype, and risk for violent and antisocial behavior. *Biological Psychiatry, 60*(7), 684-689. doi:10.1016/j.biopsych.2006.03.039

- Willig, C. (2008). *Introducing qualitative research in psychology: Adventures in theory and method, Second Edition*. Buckingham, UK: Open University Press.
- Wilson, N., Syme, S. L., Boyce, W. T., Battistich, V. A., & Selvin, S. (2005). Adolescent alcohol, tobacco, and marijuana use: The influence of neighborhood disorder and hope. *American Journal of Health Promotion, 20*(1), 11-19.
- Wong, S. S., & Lim, T. (2009). Hope versus optimism in Singaporean adolescents: Contributions to depression and life satisfaction. *Personality and Individual Differences, 46*(5), 648-652.
- Yarcheski, A., Mahon, N. E., & Yarcheski, T. J. (2011). Stress, hope, and loneliness in young adolescents. *Psychological Reports, 108*(3), 919-922.
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health, 15*(2), 215-228. doi:10.1080/08870440008400302
- Zajacova, A., Lynch, S. M., & Espenshade, T. J. (2005). Self-efficacy, stress, and academic success in college. *Research in Higher Education, 46*, 677-706.
- Zhao, B.-H., & Sun, Y. (2011). Reliability and validity of the Chinese vision of Children's Hope Scale. *Chinese Mental Health Journal, 25*(6), 454-459.

APPENDIX A
Map of the Bahamas



APPENDIX B

Distinguishing hope from other constructs

As noted in the main body of this paper and supported through the findings, hope is a construct that has greater significance during challenging situations or in conditions where there is lack. The hoping process then facilitates individuals' movement toward positive outcomes and/or acquisition of goals. However, hope is not the only construct that functions in this capacity. Both optimism and self-efficacy are widely used psychological constructs that are also associated with positive outcomes. For this reason, although the focus of the present study was hope, I have provided a summary of optimism and self-efficacy for persons to clarify the relationship among the three constructs.

Optimism

Optimism has been defined as a positive general expectancy of the future, a stable personality trait based on a model of behavioural self-regulation that impacts how individuals view the world (Scheier & Carver, 1985; Scheier, Carver & Bridges, 1994). Like many conceptualizations of hope, optimism is also considered a function of an individual's cognitive processes; however, unlike some conceptualizations of hope, it is accepted as having emotional and motivational components. Peterson (2000) suggested that "optimism is both motivated and motivating" (p. 45). He also advocated for an exploration of the feelings associated with optimism to be included when considering the construct. Optimism is proposed to have implications for which behaviours people engage in and is very much related to their outcome expectancies. Optimism has been included in a number of empirical research studies, assessing its relationship with other psychological variables. Optimism has been positively associated with engagement

coping, where an individual chooses to deal with the source of the stress or the resultant emotions (Carver & Scheier, 2001; Scheier et al., 1994), and positive reappraisal coping, where an individual focuses on the positive aspects of the stressful experience (Bryant & Cvengros, 2004). Additionally, optimism is associated with overall positive well-being (Carver & Gaines, 1987; Scheier et al., 1989). Optimists are credited with being able to adjust more favourably in the face of difficult circumstances (Scheier et al., 1989) and with being better students (Carver & Scheier, 2001).

Optimism is a construct that is often associated with hope. Rand (2009) proposed that hope and optimism, although distinct, together are contributors to a proposed overarching trait called goal attitude. In other instances, hope and optimism are measured differently but not theoretically disentangled (Vacek, Coyle & Vera, 2010). In still other studies, hope and optimism are even considered to be the same construct and are used interchangeably (Sethi & Seligman, 1994). Finally, Peterson (2000) conceptualized hope as one of three conceptualizations of optimism. Peterson (2000) also conceptualized optimism as a personality variable and an explanatory style, that is, how an individual explains the origins of unpleasant events. Undoubtedly, there are clear similarities between the constructs, as both refer to future positive expectations regardless of which definition is used (Dufault & Martocchio, 1985; Herth, 1991; Scheier & Carver, 1985; Snyder, 1994). Notwithstanding the similarities, the preponderance of research suggests that, in fact, hope and optimism are distinct constructs (Bruininks & Malle, 2005; Bryant & Cvengros, 2004; Magaletta & Oliver, 1999; Rand, Martin & Shea, 2011).

In his explanation of hope, Snyder (1994) hypothesized that optimism is differentiated from hope based on the understanding that hope is not just positive

thinking, but also includes the identification of goals and the ability to create plans to achieve these goals. Snyder suggested that an optimistic person, on the other hand, may have an identified goal but lack the plans to arrive at the goal. Not much work was done by Snyder on disentangling the constructs themselves, but when hope and optimism were studied, there was sufficient evidence to support his theoretical propositions. Researchers have since followed up Snyder's line of research and found support for differentiating between hope and optimism (Rand, 2009; Rand et al., 2011).

Bryant and Cvengros (2004) found that hope and optimism were different, although related, constructs that should be investigated as such, particularly in studies where the objective is to assess the impact of hope and/or optimism on specific outcomes. The researchers suggested that if a general assessment of future orientation is the goal of a research project, then hope and optimism could be assessed together. Through the assessment of the structures of both hope and optimism, the researchers were also able to conclude that hope was more strongly related to self-efficacy, while optimism had a more powerful relationship with positive reappraisal coping. Results from the studies conducted by Wong and Lim (2009), Bruininks and Malle (2005), and Rand et al., (2011) all revealed similar findings. Specifically, the results indicated that hope and optimism, although related, each significantly accounted for a unique but small amount of the variance in both depression and life satisfaction (Rand et al., 2011; Wong & Lim, 2009). The findings from the studies conducted by Bruininks and Malle (2005) revealed that there were similarities between the two constructs; however, hope was differentiated from optimism in terms of outcomes, where hope was associated with specific outcomes and optimism with more general outcomes. Hope and optimism also differed as they

related to personal control, such that optimism was associated with outcomes that were within the individual's control. Lastly, optimism differed from hope, such that it was generally associated with more positive outcomes. Further exploration revealed that hope was characterized as both an emotion and a cognition, while optimism was always described as a cognition.

In summary, results from empirical studies support the idea that while hope and optimism are related, there are nuances that differentiate the two constructs. Scheier and Carver (1985) proposed that optimism had to do with a more general outlook on positive future expectations, while hope is usually associated with more specific goals. Additionally, results support the idea that hope and optimism may function differently when looking at specific outcomes such as academic performance (Rand et al., 2011) with both contributing to the positive outcomes, but in unique ways.

Self-Efficacy

Perceived self-efficacy refers to a person's belief in her or his abilities to accomplish a particular aim (Bandura, 1982, 1990, 2006). How an individual perceives her or his abilities for specific outcomes impacts not only whether she or he will pursue activity toward the goal but also how much effort will be expended in acquisition of the particular goal (Bandura, 1990, 2006). It is important to note that perceived self-efficacy differs from outcome expectancies, the latter having to do with one's perception that certain behaviours will produce a desired outcome, while self-efficacy has to do with the personal belief that an individual has in her or his capabilities. It should be noted that efficacious beliefs have been proposed to impact outcome expectancies; that is, an individual will expect a particular outcome based on her or his perception of how well

they can perform in the particular situation (Bandura, 2006). Additionally, efficacious beliefs impact the types of goals and challenges that an individual sets, and how long they persist in the pursuit of such outcomes. Self-efficacy is different from an individual's knowledge on a particular topic; neither is it a fixed action (Bandura, 1982). Self-efficacy is multi-faceted and includes cognitive, social, and behavioural components. Additionally, Bandura hypothesized that efficacy is not an all-encompassing trait, as different tasks require different skill sets (Bandura, 1982, 2006). With this in mind, it is important to identify the outcome, or domain of interest when considering self-efficacy (Bandura, 1986; Pajares, 1996). While researchers have continued to use self-efficacy in studies, there is a subset of researchers who have moved away from Bandura's original conceptualization such that a *general* self-efficacy has been proposed, operationalized, and employed in current explorations of self-efficacy (Carifio & Rhodes, 2002; Chen, Gully & Eden, 2001; Schwarzer & Jerusalem, 1995; Sherer et al., 1982).

Similar to hope, perceived self-efficacy impacts every aspect of life and as such, has been studied across domains. It is often assessed as the primary focus in relation to a particular outcome, for example academic achievement (Bandura, 1990; Bandura, Barbaranelli, Caprara & Pastorelli, 1996; Ferla, Valcke & Cai, 2009; Zajacova, Lynch & Espenshade, 2005), depression (Chang, Wang, Li & Liu, 2011), condom usage (Halpern-Felsher, Kropp, Boyer, Tschann, & Ellen, 2004; Meekers & Klein, 2002; Thato, Hanna, & Branom, 2005) and smoking and drug engagement/abstinence (De Vries, Dijkstra, & Kuhlman, 1988; Fagan, et al., 2003). However, only a limited body of research has focused on hope and self-efficacy (Hendricks & Hendricks, 2005), or hope, optimism, and self-efficacy (Bryant & Cvengros, 2004; Carifio & Rhodes, 2002; Magaletta &

Oliver, 1999). In the organizational behaviour literature, hope, optimism, and self-efficacy are recognized as separate constructs but are considered together with other concepts being collectively conceptualized as positive psychological capital, measured by the Positive Psychological Strengths Questionnaire (Avey, Wernsing & Mhatre, 2011; Khan & Husain, 2010; Luthans, Avey, Avolio, Norman & Combs, 2006; Luthans & Jensen, 2002).

Additionally, in the wider pool of literature, when considered together, it has been found that hope, optimism, and self-efficacy tend to be positively related (Bryant & Cvenegros, 2004; Carifio & Rhodes, 2002; Magaletta & Oliver, 1999). Hendricks and Hendricks (2005) found that both hope and self-efficacy significantly predicted health-promoting behaviours, although hope was the stronger of the two constructs. Bryant and Cvenegros (2004) found that hope had a stronger relationship with general self-efficacy than optimism, while optimism had the stronger relationship with coping than hope. This provided them with a sufficient basis to assess a model in which hope, self-efficacy, and optimism were all conceptually overlapping, and thus they were proposed to load onto a single overarching factor. The results indicated that this was not, in fact, the case, providing evidence that the three structures, although conceptually related, are not overlapping and are best employed as separate constructs. The results from the studies conducted by Carifio and Rhodes (2002) and Magaletta and Oliver (1999) also found that hope, optimism, and academic self-efficacy were positively related yet different. In addition, Magaletta and Oliver (1999) also found that hope, optimism, and self-efficacy were all significant predictors of well-being, each significantly contributing a unique proportion of the variance in overall well-being.

In summary, when looking at the three constructs of self-efficacy, optimism, and hope, it is proposed that these are three related constructs, which serve different functions in obtaining positive outcomes. All three constructs are based upon expectancies, are future oriented, and include a cognitive component that relates to an individual's goals. Optimism is a broad positive expectancy that accounts for multiple means of achieving the outcome; this includes personal agency, luck and other external sources. Self-efficacy is typically conceptualized as a domain-specific expectancy that an individual can accomplish something, specifically, that she or he has the ability; however, this ability is solely dependent on personal agency.

APPENDIX C
Introduction to Project/Invitation to project

This script will be used as the first contact with potential participants. It will be provided via email and hard copy to the social workers to pass along to potential participants. The primary researcher will also use it if she is provided with direct contact with a potential participant.

My name is Gia Jones and I am a student at the University of Windsor in Ontario, Canada. I am conducting research for my doctoral dissertation and would like you to participate if you are interested.

If you choose to participate, you will be invited to participate in an interview with me where we will discuss your experiences living in the children's home. There are no right or wrong answers, as I want to learn about your experiences and how these have shaped you to be the person you are today. **The aim of the proposed study is to gain a better understanding of your perception and meaning of hope and the role it has played during your experiences growing up in a child care facility.**

If you are interested in participating or simply want more information, please contact me at 424-8777; you can call or text me at that number. Additionally, you can contact me via email at jones123@uwindsor.ca.

I will offer each person who participates a small gift valued at \$15 as an appreciation for your time.

I look forward to hearing from you.

Gia Jones

APPENDIX D
Consent Form



CONSENT TO PARTICIPATE IN RESEARCH

Title of Study: **Hope and resilience: An exploration of young adults' experiences being raised in child care facilities**

You are asked to participate in a research study conducted by Giavana Jones, M.S., a graduate student from the Department of Psychology the University of Windsor. Information gathered from this study will be used as part of her Doctoral dissertation. This research will be supervised by Dr. Kathryn Lafreniere, a professor from the Department of Psychology.

If you have any questions or concerns about this research, or would like any extra information, please feel free to contact me through e-mail at jones123@uwindsor.ca. You may also contact my research supervisor, Dr. Kathryn Lafreniere, through e-mail (lafren1@uwindsor.ca) or by telephone (519-253-3000 ext. 2233).

PURPOSE OF THE STUDY

The study will seek to understand your perception and meaning of hope and the role it has played during your experiences growing up in a child care facility.

PROCEDURES

If you volunteer to participate in this study, we would ask you to take part in an interview that will last no more than 90 minutes. You will be invited to share about your experiences living in the child care facility and also about what hope means to you. The session will be digitally audio recorded.

Additionally, you will also be asked to complete a short demographic questionnaire after the study.

POTENTIAL RISKS AND DISCOMFORTS

This study does not have any major risks; however, the discussions will be fairly personal as you share your experiences, insights and opinions. If a particular part of the interview brings up negative feelings, (e.g., sadness or embarrassment) you can choose to skip that

topic or question and continue or you can choose to terminate the interview without any consequences.

POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

The results of the study will help us understand more about the process of hope as it is experienced by Bahamian youth. The researcher is also interested in understanding the experiences of youth living in child care facilities and the relationship between hope and positive outcomes.

PAYMENT FOR PARTICIPATION

Everyone who participates, even if you choose to terminate the interview early, will receive a gift valued at \$15 (phone card or movie tickets for two adults) for helping in the research.

CONFIDENTIALITY

The following steps will be taken in an effort to keep the information you share here, in the focus groups, confidential:

1. You will be given the option to use whatever name you are comfortable with, whether this is your real name or a fake name. Additionally, in the transcripts, a generic participant number will identify you.
2. The transcripts created from the digital recording will be stored in a secure, limited access filing cabinet.
3. The information provided on the demographic questionnaire will also be stored in a secure limited access filing cabinet.
4. Only researchers directly involved with the study will have access to your information
5. In accordance with the American Psychological Association, the transcripts of the group session and demographic information will be kept for 5 years and then destroyed.

PARTICIPATION AND WITHDRAWAL

You can choose whether you want to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study.

FEEDBACK OF THE RESULTS OF THIS STUDY TO THE PARTICIPANTS

When this research study is finished, we will write a summary of the study results that you can access through the following website: www.uwindsor.ca/reb. (You will need to click on "Study Results: Participants/Visitors"). It is anticipated that results will be posted by May 2014.

SUBSEQUENT USE OF DATA

The data from this study may be used in subsequent studies.

RIGHTS OF RESEARCH PARTICIPANTS

You may withdraw your consent at any time and discontinue participation without penalty. If you have questions regarding your rights as a research participant, contact: Research Ethics Coordinator, University of Windsor, Windsor, Ontario N9B 3P4; Telephone: 519-253-3000, ext. 3948; e-mail: ethics@uwindsor.ca

SIGNATURE OF PARTICIPANT

I understand the information provided for the study **Hope and resilience: An exploration of young adults' experiences being raised in child care facilities** as described herein. My questions have been answered to my satisfaction, and

I agree to participate

SIGNATURE OF INVESTIGATOR

These are the terms under which I will conduct research.

Signature of Investigator

Date

APPENDIX E
Consent for Audio Taping



CONSENT FOR AUDIO TAPING

Study title: Hope and resilience: An exploration of young adults' experiences being raised in child care facilities

I consent to the digital recording of the interview.

I understand these are voluntary procedures and that I can quit at any time by requesting that the taping be stopped. I also understand that my name will not be revealed to anyone and that taping will be kept confidential. Transcripts are stored in a locked cabinet.

I understand that confidentiality will be respected and that the digital recording will be for professional use only.

I understand and I agree to participate.

APPENDIX F
Demographic Questionnaire



1. What is your gender? male female other

2. How old are you? _____

3. Which island do you currently live on? _____

4. Have you lived on any island other than New Providence? Yes No
If yes, please specify: _____

5. What are your current living arrangements?
Alone with non family member with family member
other: _____

6. To what ethnic/racial group do you belong?
 - Bahamian
 - American
 - Haitian
 - Jamaican
 - Cuban
 - Haitian-Bahamian
 - Other

7. What is the last level of high school that you have completed?
 - 10th grade
 - 11th grade
 - 12th grade

8. Are you currently: (circle all that apply)

- In high school? if yes, which school: _____
- college/university full time
- college/university part time
- working full time
- working part time
- other: _____

9. What are your career aspirations?

APPENDIX G

Interview Protocol

Thank you for agreeing to participate in this interview. As we discussed already, I want to learn more about your experiences living in the home and how these have shaped you to be the person you are today. This interview is about you and as such, there are no right or wrong answers.

I've got a list of questions to guide the interview, however, I don't have to follow them. It is important that you share what you feel has been important to you. With that said, if you do not understand a question, let me know. If you do not want to answer a question (or simply can't answer a question), also let me know and we can move on. We can also stop the interview at any point and that is also okay.

Please remember that your responses will not be tied to you because your identity will be kept private. The only exception is that Child Abuse laws require that if you tell us about any child (under 18) who is currently being sexually or physically abused, I must report it by law.

Do you have any questions?

If not, then interview begins with opening question.

Opening

To begin, would you tell me a little about yourself?

Probes (if needed):

- What are you currently doing? E.g. professionally? Academically?
- How did you come to be living at the home? How long were you there?
What were some of your experiences living there (highs and lows)?

Hope

My research focuses on hope. It is a word that we often use in day to day conversation and I would ultimately like to know what it means to you (if anything).

- When you hear the word hope, what kinds of things come to mind?
- What does hope mean to you?
- Would you tell me about your hope-
 - Have you ever hoped for anything?
 - If yes, what kinds of things did you hope for (while living in the child care facility)?
- If you could identify a source of hope for yourself, what was it?
- What things cause you to lose hope?

- What helps you to maintain your hope or make you feel hopeful?
- What do you do when you are faced with challenges?
- How do you overcome your challenges?
- What things (factors, people or processes) helped you to get through your challenges?

Hope and living at child care centre

Let's switch the focus a bit- thus far, we have primarily talked about hope in general, I would like to know whether or not hope was important to you during your time at the home:

- Does hope mean something different for you now than it did then?
- What kinds of things did you hope for then?
- What sources of hope did you have then?
- What did you do when you were faced with challenges then (if different from now)?
 - What things (factors, people or processes) helped you to get through those challenges?
- How would you say your previous experiences prepared you (or didn't) for your current experiences?

Is there anything else you would like to add?

VITA AUCTORIS

NAME: Giavana Jones

PLACE OF BIRTH: Nassau, Bahamas

YEAR OF BIRTH: 1981

EDUCATION: College of St. Benedict, B.A. in Psychology., St. Joseph, MN, USA, 2002

Palm Beach Atlantic University, M.S. in Counselling Psychology, West Palm Beach, FL, USA, 2004

University of Windsor, M.S. in Applied Social Psychology, Windsor, ON, Canada 2011

University of Windsor, Ph.D. in Applied Social Psychology, Windsor, ON, Canada, 2015