

# Life after residential care: A narrative life-course case study

**Amanda Keller**

## **Abstract**

This exploratory narrative case study delves into the life trajectories of two English-speaking adults age 50+ who spent over three years in youth protection-based congregate care and aged out of these services in Quebec, Canada. It examines how residential foster care alumni describe their life history and what insights they can provide regarding their transitions to adulthood and parenthood, and their placement experiences. Policy makers, clinicians, and researchers should observe that insights from adults over age 40 are under-examined, and these data point to complex interpersonal difficulties that continue well beyond emerging adulthood. The research indicates intergenerational challenges as an important theme, with both individuals reporting relationship struggles with their families of origin, and healing during their fourth decade of life after crises related to their parental roles. Exploring care leavers' perspectives on healing across their life course may provide invaluable insights about resilience and youth protection practices. These narratives highlight several promising areas of future inquiry that may lead to restitution, healing, and transformative change in child welfare practices.

## **Keywords**

Residential care, congregate care, life course, foster care, narrative analysis, case study, Canada

## **Corresponding author:**

Amanda Keller Ph.D. Candidate, McGill University School of Social Work, 3506 University Street Suite 300, [Amanda.keller@mail.mcgill.ca](mailto:Amanda.keller@mail.mcgill.ca)

## Introduction

Follow-up youth protection studies in North America tend to track children leaving care for three to nine years, roughly from the ages of 17-27 (Courtney et al., 2010; Goyette, et al., 2019; Pecora et al., 2006; Hook & Courtney, 2017). The exception to this rule is the Casey Family Alumni study, which follows a cohort including some individuals in their 40s who were placed in foster homes by Casey Family Services, a private American agency operating in several US states (Garcia et al., 2012; Roller-White et al., 2011). However, the Casey family longitudinal study does not report on congregate care outcomes at all, or specifically document youth who age out of the system. Instead, it reports on a subset of adults serviced in foster care placements by Casey Family Services at any point during their childhood, not necessarily those who age out of care. Therefore, scant attention has been paid to individuals over the age of 27, or towards those who spent many years in residential care. The well-documented challenges facing this population in early adulthood necessitate a closer examination of later adulthood. Despite the calls of other narrative researchers such as Refaeli (2017) to explore the experiences of alumni of care beyond their mid-twenties, the dominant research paradigm focuses on the transition to adulthood, missing large portions of the life course. Exploring the life history of older individuals may provide unforeseen insights into the transition to adulthood for this under-examined population and help to identify needs across the lifespan and areas to improve within clinical interventions, and to document the pathways to emerging and sustained resilience later in life.

Congregate care services are often considered last-resort placement, and children assigned to these facilities have significantly higher trauma exposure rates, behavioural, and mental health issues than children who reside in traditional foster care (Briggs et al., 2012; Collin-Vézina et. al., 2011; Li et al., 2019). In North America, during the sensitive transition to adulthood, youth from congregate care demonstrate significantly higher rates of mental health and behavioural issues (Dregan & Gulliford, 2012), lower rates of high school graduation (Courtney & Hook, 2017; Goyette et al., 2019), increased rates of homelessness (Reilly, 2003; Dworksky et al., 2013), and higher criminal justice

involvement (Shook et al., 2009) than youth in transitional family-based foster care placement. These disproportionalities suggest that the challenges faced by youth aging out of congregate care are more severe and persist well into adulthood.

To document the life course of this population, this narrative case study examines the life stories of two adults aged 50+ who spent over three years in residential and group care placements, 'aging out' of services between 17-18. Seeking to illuminate residential foster care alumni's own meaning-making of their life history, this exploratory study garners insights about how these individuals transition to adulthood and parenthood decades after their congregate care placement experiences. Using rich pilot data originating from English-speaking Quebec alumni, the study explores care-leavers' life course history in detail along with relevant research, policy, and practice recommendations.

## **Theoretical framework**

Residential care in this paper refers to youth-protection-based institutionalised-care, often rehabilitative or psychiatric in nature (Frensch et al., 2001; Sholevar, 1995). It is sometimes referred to as congregate care (Freundlich & Avery, 2006) and these terms will be used interchangeably throughout this paper. Mishler (1995) describes narrative as a problem-centred area of inquiry, an assumption this writer shares. It employs a social justice (Caine et al., 2018; Johnson & Parry, 2015) and feminist lens (Doucet & Mauthner, 2008) with strengths-based perspective (Saleebey, 2000) to examine the struggles surrounding the transition to adulthood for alumni of residential care. It postulates that simply telling untold stories is an act of social justice (Caine et al., 2018) and that all individuals, regardless of life condition, have strengths that can be examined and harvested (Saleebey, 2000). This research examines these stories with life course perspective (Elder et al., 1998).

## **Methodology**

### **Approach**

A narrative case study design was developed to engage a modest number of people to bring to light the longer-term life trajectories of individuals who spent several years in residential care services as children. This investigation uses elements of both peer research methodology (Lushey & Munro, 2015) and episodic interview approaches in the interview process (Flick, 1997). For example, the interviewer, who is an alumna of group care, employed self-disclosure at times during the recruitment and interview process. Given the focus on the transition to adulthood and parenthood, a four-question interview guide was developed to concentrate on these temporal periods, employing a modified episodic interview method.

### **Recruitment**

Two adults over the age of 50 participated in my in-depth narrative case study. I recruited both participants directly from Quebec Province's public Laurent Commission hearings in January 2020. The Laurent commission was a year-long public inquiry into youth protection challenges following the untimely death of a young child failed by the system. I individually approached these two adults at the commission after they gave testimonies on their congregate care placement history. I informed them about the study's purposes, and both subjects provided their contact information. The participants were provided a consent form via email a few weeks later, and subsequently agreed to schedule an in-person interview. There were no individuals who refused or dropped out of this pilot study.

### **Data collection**

Two semi-structured audio-taped interviews were scheduled in person with each participant in early March 2020. The interviews lasted roughly one hour each. I did not execute the second interview with participant one, referred to as Thomas, owing to research restrictions connected to the COVID-19 outbreak. However, I believe that participant one's first interview provided a 'saturation of

knowledge' (Bertaux, 1981, p.37) such that the second interview was unnecessary.

The first interview had a predesigned interview guide which featured four broad questions pertaining to experiences in late adolescence, transitions from care, as well as perceived challenges and strengths across adulthood. The opening of the initial interview was largely unstructured. Participants were invited to direct the interview process and share their insights and concerns.

The second interview with participant two focused on themes pulled from the first interview of trauma within care and healing aftercare. Member-checking occurred with both parties over the phone after they had read their transcripts and again when a final report was written.

## **Analysis**

Both participants' interviews were transcribed. The narratives were examined for holistic content to create their individual lifelines (Gramling & Carr, 2004). The turning points of their life course (Beal, 2013) were scrutinised for their episodic commonalities (Flick, 2000, p. 81).

## **Researcher positionality statement**

I am personally and professionally connected to this research area. Professionally, I am the founder of CARE Jeunesse, a grassroots non-profit organisation that provides support to youth and alumni of child protection services. Furthermore, I worked as a case manager for 10 years with youth leaving care in Montreal. Personally, I am an alumna of residential and group home care. I spent five years in these placements between the ages of 13 and 18.

## **Ethical considerations**

Given the emotional quality of the content, I advised interviewees before starting the interview and reminded in the mid-point of the interviews, they could decline to respond to any query, take a break, or stop. Both participants

received the contact information to an independent rapid response clinical service should they require clinical support related to the interview process.

The study used member-checking to ensure participants were comfortable with the material they shared. Participants viewed their full transcripts and lifelines. I invited them to adjust any content which they felt inaccurate or uncomfortable sharing prior to submission for publication. To ensure confidentiality, I refer to both individuals by aliases. Their residential care placements names, when mentioned, are also obscured, and referred by pseudonyms. I deliberately left information out such as identifiable descriptions of ethnicity, birthplaces, and residential districts. The study design was approved by McGill University Human Ethics Research Committee, approval # 20-09-043.

## **Results**

A written summary of both individuals' profiles, including a pictorial display of the lifeline of both participants is summarised below.

### **Profiles**

#### **Thomas**

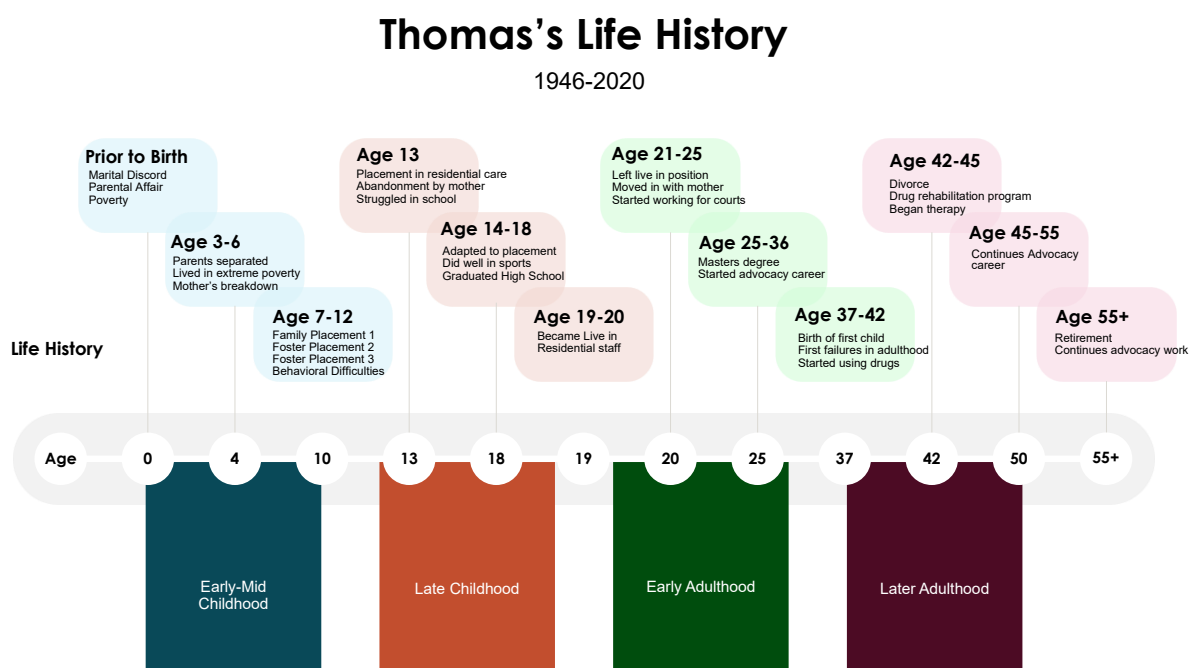
Thomas is a 74-year-old, self-identified biracial alumnus of care. Attributing his placement in care to poverty, he shared that his single mother became overwhelmed raising three boys during the 1940s-1950s, when little public assistance was provided to parents in need, and she suffered a breakdown. Thomas was unclear on the exact dates of his placements; however, he reports leaving his home around age six, spending a certain amount of time with family friends, then spending roughly four years in foster care between two traditional family-based foster care placements and a subsequent five-year placement in a cottage-based residential care facility campus in Montréal, Québec. Thomas shared he was fortunate to be placed in the same well-resourced public school district for much of his education, something his brother did not experience.

When Thomas aged out of services, he was invited to stay on as a live-in residential care staff. Unclear on dates, he reported becoming a staff for a

couple of years after aging out of placement, mostly while he was in university which was funded in part by child welfare related scholarships. Thomas achieved his B.A. in his early twenties and worked for several years as a criminal justice professional. Going back to university to pursue his master’s degree in social work in his late twenties resulted him becoming a well-known social justice advocate.

Thomas got married in his late thirties and became a father in his early forties. Thomas reported although he always dreamed of being a father, he could not cope as a parent because of his unresolved childhood wounds which were triggered by parenting. Reporting that he became addicted to drugs, which ultimately cost him his marriage, intact family life, and career shortly after his children’s births. He divorced his wife and his children stayed with their mother. Undergoing substance abuse treatment and therapies in his 40s he recovered from drug addictions and regained a successful professional career. He has remained actively involved with his children across their lives. Thomas has developed a meaningful life maintaining an active mentoring relationship with other alumni of residential care, engaging in social justice advocacy, and playing an active role as a father of his two adult children. Thomas’s timeline is displayed in Figure 1.

**Figure 1: Thomas’s life history**



## **Carmen**

Carmen is a 50-year-old Caucasian woman who attributes her placement to childhood behavioural and mental health issues, including undiagnosed autism, post-traumatic stress disorder, and early hyper-sexualisation. After becoming pregnant around age 13, she was forced against her will to have an abortion by her mother and medical professionals, irrevocably harming the maternal bond and her trust in authorities. She reported being placed shortly after her abortion and spending roughly four years alternating between 12 unlocked and locked facilities. She described frequent run-away episodes, unmet emotional needs in most of her placements, and the abusive use of restraint in some facilities.

Victimised by peers and unprotected by residential care staff while in placement, she and her group home sisters were often approached by pimps and older men outside facilities. Carmen reports that staff actively encouraged the girls' involvement with older men, particularly when they bought gifts or picked girls up in cars. Furthermore, Carmen met her first serious boyfriend while in her group home, a man in his late twenties who made an attempt on her life when she subsequently fell pregnant.

Around the age of 16, Carmen went on a youth protection outward-bound-type sailing adventure that altered her entire life trajectory. Rife with challenges and a near-death experience, this programme reconnected her to nature and changed her perspective. Leaving care after completing high school at age 17, she reports she quickly became pregnant gave birth to her first daughter at age 18. Feeling unsafe in her romantic relationship and ill-prepared to protect or care for her child, she ultimately gave her first daughter up for adoption and struggled emotionally for the following year.

Leaving Quebec to work on farms across Canada as a day labourer, she found her first well-paid job around age 19 on a sailboat and enrolled in sailing school in her early twenties. Her subsequent sailing career enabled her to travel the world and move abroad, ultimately developing multiple successful businesses with her now ex-husband in a foreign country.

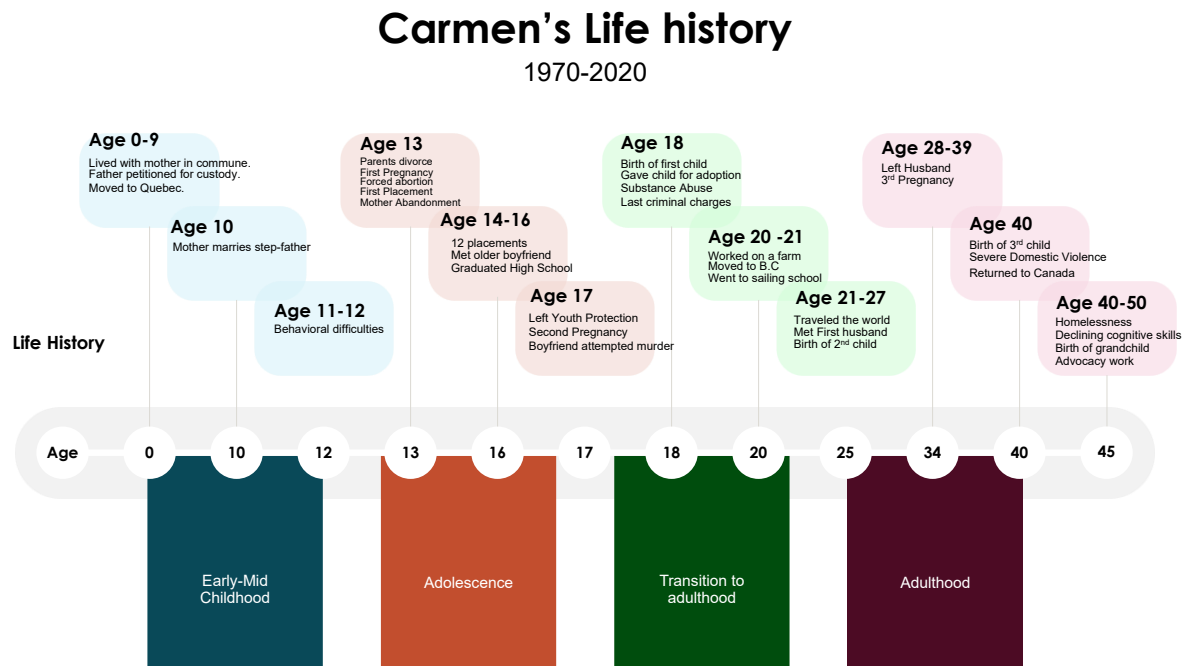


However, her romantic life has not been one of safety, as she reports severe episodes of domestic violence by all three men who fathered her three children. Beyond the psychological trauma associated with domestic violence, Carmen fears that her lifetime of traumatic injuries, specifically her head traumas, has affected her cognitive capacities. She reports that she currently suffers from a progressive neurodegenerative condition which is affecting her balance, impulse control, and memory. She identified these issues became more pronounced following a severe domestic violence episode that occurred 10 years ago, when she was forty years old. She reports she felt forced to flee the country she was living in and that her oldest daughter was taken from her at the border. She eventually regained custody of her second daughter. She maintains her maternal role with all her children.

Carmen reports self-chosen celibacy as she recognises an inability to choose romantic partners safely. She reports experiencing periods of homelessness and food insecurity over the past decade, because of her sudden inability to maintain employment. Carmen reports struggling with basic tasks such as adherence to the bureaucratic demands of maintaining welfare benefits.

However, Carmen reports being proud of everything that she has accomplished despite struggling a great deal. She has recently become a grandmother and she reconnected to her daughter that she gave up for adoption. Carmen finds meaning in life through parenthood and engaging with nature. She supports women experiencing domestic violence and continues to advocate for children in care. She is also currently working on a business plan offering educational services for children like her with special needs. The outline of her life story is depicted below in Figure 2.

Figure 2: Carmen's life history



## Summary

This investigation highlights the complex life histories of two older alumni of residential care. It explores their cumulative losses and traumatic experiences. Seeking to provide a forum for these two adults to share their experiences, this research documents both their experiences and insights towards recovery from trauma. Notably, both participants experienced early losses and neglect prior to care, multiple moves, paternal and maternal abandonment, traumatic experiences in care, loss of their communities of origin, as well as difficulties adapting to both adulthood and parenthood. They both reported a lack of access to mental health services in placement. Furthermore, both found themselves faced in a state of personal crisis in their fourth decade of life related to their parental roles and this forced a period of post-traumatic growth. Admirably, both continue to advocate for reform, to serve others, despite extraordinary hardships. They both show significant resilience, but researchers and clinicians should nonetheless take note of important challenges over their lifespan.

## Discussion

This narrative case study shares compelling stories of trauma and resilience in two alumni of residential care over the age of fifty. These stories highlight the need to better understand the long-term impact of residential care and early childhood trauma on the life course. Both participants reported witnessing and experiencing multiple traumas while in placement. Their narratives are consistent with the literature, which documents greater rates of maltreatment and cumulative losses for children in placement (Greeson et al., 2011; Riebschleger et al., 2015), and trauma exposure is particularly elevated for children and adolescents in residential care (Euser et al., 2013; 2014; Hobbs et al., 1999). Studying transitions from care into adulthood is critical to inform policy discussions, but we must better recognise the evolution of strengths and needs across the life course as people enter different phases of life and assume new roles.

While the interviews focused on examining the transition to adulthood, both individuals demonstrated a preoccupation with the multiple losses and traumas accumulated prior to and during placement. In addition to discussing their lost relationships with their mothers, they both also reported the lack of a positive relationship with their fathers. While less prominent a preoccupation for both subjects, the absence of their fathers may nonetheless have played an important role in the breakdown of their families. Beyond experiencing critical parental losses, they each moved multiple times, losing personal and communal connections, which ultimately created a gap in their support system. Major separations and traumatic experiences have cumulative effects for youth in congregate care and can create a lifetime of vulnerabilities if unattended (Euser et al., 2014; Hobbs et al., 1999; Hyde & Kammerer, 2009). It is important to consider the impact of cumulative losses across the life course, and potential harms to future relationships and other developmental domains. Clinicians should thus consider developing programming geared at maintaining relationships with parents, extended family members, or their broader community.

Carmen's story illustrates a poignant example of how young women from congregate care are vulnerable to increased victimisation and exploitation (Coy, 2009; Giordano, 2021). Carmen's reports of being groomed by older men for relationships and sex work reflect the issue of sex trafficking minors in care across jurisdictions, which researchers have acknowledged since the mid-2000s (Badawy, 2010; Gragg et al., 2007; Kotrla, 2010). However, Carmen's experiences during the early 1980s reveal a longer history of abuses, with decades of governmental failure to protect children from sexual exploitation and trafficking. The fact she was routinely approached by pimps indicates co-ordinated victimisation of vulnerable minors in care. Unfortunately, Canada continues to lack the co-ordination between agencies to monitor and prevent sex trafficking of this young population (Kimber & Ferdossifard, 2020). Carmen's story also highlights that domestic violence may continue across the lifespan for vulnerable women — an issue with dire health and child safety consequences. While I was unable to locate post-care literature on domestic violence, one study confirmed that seventeen-year-old youths in care have significantly higher rates of intimate partner violence, particularly young women (Jonson-Reid et al., 2007). If women from foster care experience higher rates of intimate partner violence while simultaneously having fewer resources and limited support systems, interventions that support care leavers experiencing domestic violence may be warranted. I would argue that this is a moral obligation of society, who served as their 'corporate parent', but I would also point out that a contextually sensitive response could prevent intergenerational child welfare involvement, thereby mitigating societal expenses.

Thomas showed remarkable resilience and expediently achieved life's milestones in early adulthood, showing great academic and sporting capacity for which social workers touted him as a success. Employable at a young age, he was the first young adult from his large residential care facility known to pursue a graduate education. However, even with his clear resilience, his unresolved trauma and grief ultimately resulted in the breakdown of his growing family, thus showing that we may lack clear insights about the developmental trajectories of 'resilient' individuals if we examine them in snapshots in time. Thomas's later life experiences with parenting add to Mark Courtney's

concerning findings that 67% of 21-year-old men who age out of foster care do not live with their own children (Courtney et al., 2007). However, Thomas was over age 40, with an established career and a graduate-level education when he first had children, demonstrating that it is not merely immaturity or economic instability that hinder a healthy transition to parenthood. Indeed, parenting itself may trigger memories of traumatic experiences from childhood. Parenting from individuals on the full spectrum of profiles should be better examined in future, ensuring that researchers include mature and resilient alumni in their participant pools, as those studies of very young care leavers may miss nuances that can only be understood by examining individuals with diverse placement histories, capacities, and outcomes.

Despite significant hardships, these two individuals have shown tremendous resilience and post-traumatic growth. They both have raised healthy children and continue to contribute to their communities. Furthermore, both individuals had insights about what supported their strengths. Thomas is thankful for the sense of community he received from his high school while in placement. His flourishing in high school set him up for a lifetime of career successes, while Carmen's lack of placement and educational stability prevented her from following an academic path after graduating high school. However, she was thankful that the sailing programme not only helped her emotionally but also redirected her career path in a rewarding way. While life-course flashpoints are hard to predict, Thomas and Carmen's narratives show that offering youth placement stability, educational stability, and traditional and alternative therapies can provide greater opportunities for future success.

Finally, these stories point to the importance of understanding and documenting historical trauma in childcare institutions (Karim 2017). Thomas and Carmen's stories are but two of many, as the province of Quebec has an ongoing class action litigation in process for abused alumni of residential care (Feith, 2019). Examining these stories between regions, placement types, and decades may yield valuable insights about both positive and negative childcare practices that may affect children currently in placement, while equally helping identify paths to restitution and healing.

## **Limitations**

This research selected subjects from a public forum that included politically active alumni of care, and therefore the sample is not representative. It did not aim to develop generalisable conclusions. Since they were reporting on experiences that took place decades ago, it is challenging to use their life stories to shape current policies and programmes, which have transformed over the decades. However, while the details of their histories are period-specific, the overarching theme of loss and trauma continues to be pertinent to the youth protection system today, and this study further underscores the importance of life course developmental perspectives (Elder, 1998) in child welfare research to better inform care-leaving practice and policy.

Finally, while the peer interview process has tremendous merits, it also involved unanticipated challenges. One participant took on a mentor-like role during the interview process, which is common in the alumni movement but altered the content of the interview, possibly due to the age differences between the interviewer and both participants. Peer interviews are an appropriate way to approach marginalized individuals or those with traumatic life histories. Yet the content of each interview may qualitatively differ depending on discrepancies between the ethnicities, cultures, ages, and life conditions of the interviewer and participants, even if they have important commonalities.

## **Implications for future research**

This paper highlights the long-term struggles that alumni of congregate care face (Copeland et al., 2018). These findings suggest that healing is a lengthy process (Fahs, 2011) occurring well into the forties of both individuals. This research extends the findings of Dregan & Guilliford (2012), who found life course impacts up to age 30. Few researchers examine alumnae of care beyond the third decade of life. I was unable to locate a single peer-reviewed Canadian child welfare outcome study focused on emancipatory youth. I was additionally unable to locate a single qualitative study that interviewed care-leavers over the age of 40 in North America.

Therefore, this article identifies several important gaps. Canadian outcomes need to be better documented in the peer-reviewed literature, while longitudinal research needs to follow alumni of all forms of care longer to understand life course outcomes. Research focusing on domestic violence and parenting experiences for alumni of congregate care should likewise be better developed. Researchers may want to examine resilience less from a snapshot in time of care-leaver deficits, and more through the progressive and frequent documentation of development, possibly with a typographical approach scrutinizing more holistic areas of functioning. Given the intergenerational impact of trauma (Bar-On et al., 1998; Bombay et al., 2009), future research could delve into the intergenerational impact of congregate care, as both participants verbalized some challenges in family life. Working to understand how social networks and family relationships evolve for care-leavers from various types of placements would also be beneficial. Developing community-based responses for this population with a research-based framework may help to build the case for appropriate and sensitive community responses while simultaneously helping to expand the available life course data.

## **Conclusion**

This case history analysis captures the life stories of two adults over age fifty who spent more than three years in residential care, to share their stories and highlight the need for an expanded research agenda that incorporates life course developmental perspectives. It highlights important and complex histories of loss and trauma, which suggests that recovery is a lifelong process, and that healing can emerge later in adulthood than the period on which researchers currently focus. In sharing these life stories of hardship and resilience, I hope that understanding and awareness can be gained about the plight of youth from residential care across the lifespan. Future research protocols must be advanced to better understand the developmental, ecological, and intergenerational trajectories of these individuals to help guide more holistic and responsive interventions and to improve upon transition age supports.

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## **About the author**

Amanda Keller is a PhD Candidate and Vanier Scholar at McGill University in the Centre for Research on Children and Families. She uses multidisciplinary and mixed method approaches to examine child welfare policies and practices, to help improve child welfare outcomes. She has a particular focus on informing and reforming congregate care. Through her advocacy work and novel research, she is recognised as being one of the most prominent voices fighting for transformative change to child welfare services. She is the founder of CARE Jeunesse, a grassroots peer support organisation for alumni of foster care in Quebec. Beginning her career as a homeless youth outreach worker she has ten years of community based clinical experience working with youth aging out of care. She combines her personal, professional, and academic knowledge to help transform child welfare practices.