



The Lived Experience of Youth in Congregate Care: Youth Perceptions of Safety, Relationships, and Support Through Qualitative Inquiry with 10 Young Adults

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Abstract

This study explores the reported experiences of youth in congregate care facilities, focusing on their perceptions of support, relationships, and safety during their time in care. In-depth interviews were conducted with 10 young adults, previously placed in group homes or residential facilities in Ohio, to identify themes related to their experiences. Three main themes resulted from the analysis: (1) lack of agency, (2) importance of relationships, and (3) coping and transitioning in congregate care. The findings revealed that participants felt a total lack of control over the decisions made on their behalf, and they felt powerless to advocate for their needs. Furthermore, participants reported a lack of support from facility staff, and they faced barriers in maintaining connections with their families. Despite these challenges, many participants demonstrated resilience and gained positive insights from their experiences in congregate care. This study highlights the need for improved support systems, increased focus on youth self-advocacy, and a better understanding of the complex experiences faced by youth in congregate care settings.

Keywords Youth congregate care · Residential foster care · Caseworkers · Child welfare · Resilience · Relationships · Substitute care

Federal child welfare data suggest that about 15% of children in substitute care experience a placement in a congregate settings like residential and group home facilities (Covington et al., 2023; U.S. Department of Health & Human Services, 2011). These facilities, which represent the most restrictive and expensive out of home placement (James et al., 2012), provide placements for youth who require a higher level of supervision than can be provided in-home to address mental health and/or behavioral health problems (Casey Family Programs, 2019). Although limited research has investigated the prevalence of abuse and neglect in residential and group home facilities, some research has suggested

that youth placed in residential care are at a higher risk of physical abuse than the general population or those in home-based foster care placements (Euser et al., 2014). Statewide administrative data of screened-in maltreatment reports from Wisconsin over 7 years indicated that 5% of maltreatment reports were related to children in congregate care settings, indicating that maltreatment in such settings occurs with notable frequency (Font, 2015).

Currently, even less is known about the prevalence of negative experiences in residential and group home facilities that fall below statutory definitions of child abuse and neglect. The negative experiences reported by youth in congregate care that are not classified as abuse and neglect are often pertaining to a violation of their rights while in out of home care. Many states have created a foster children bill of rights for children placed outside the home that specifies youth must have access participation in extracurricular or community activities, educational stability, ensuring mental, behavioral, and physical health care needs are met, and allowing access to or communication with siblings and family members. This document must be posted where the

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foster child will see them and include procedural information for reporting violations (NCLS, 2019). Despite these potential support systems and mechanisms, current literature investigating foster youths' understanding or navigation of their rights while in congregate care is missing (Calheiros & Patricio, 2012; Fathallah & Sullivan, 2021; Freundlich et al., 2007; Kelly et al., 2019). The current study aimed to fill these gaps in knowledge by exploring youths' lived experiences in congregate care facilities, focusing on their perceptions of support, relationships, and safety and the ways in which they navigate their safety concerns during their time in care.

Experiences of Youth in Congregate Care

Several studies have explored the overall experiences of youth living in congregate care related to their socioemotional well-being, needs, and safety. The literature suggests young people are interested in a better outlook on life, and they focus their attention on the future during their time in congregate settings (Kelly et al., 2019; Schofield et al., 2017). Research suggests youth are interested and engaged in learning new ways to respond to challenging adversities and making better choices while in the facility (Kelly et al., 2019). Youth reported they liked the predictable schedule a congregate care facility provides, but this schedule also provided no flexibility based on changes in daily circumstances (Fathallah & Sullivan, 2021). Young people were also concerned with maintaining a sense of normalcy and connection to their previous lives while in care (Kelly et al., 2019). Unfortunately, time in congregate care means restrictions on several normal things for adolescents like cell phones, television, going shopping with friends, or variety in foods (Kelly et al., 2019). Similarly, research suggests youth report wanting normalcy in their living situation like requesting improvements to the physical living situation at congregate care settings including modernization and personalization of their own spaces (Calheiros & Patricio, 2012). Another report suggests young people felt they were only provided with the bare minimum clothing, hair care, and hygiene products leaving little room for other normalcy activities for adolescents (Fathallah & Sullivan, 2021).

Youth have also reported very few opportunities to be part of the decision-making process while in facility care. A narrative review of research on this involvement in decision-making suggests several reasons for this including the facility having no process or opportunity for youth involvement, intimidating jargon, or youth are simply left out of the treatment planning meetings as decided by a professional (ten Brummelaar et al., 2018). Another study suggests youth see their stay in congregate care as a pause on their life activities. They report feeling like their life will resume once they

leave the facility due to feeling like they had no control of their lives (Slaatto et al., 2023). A systematic review of literature on youth experiences in residential care further indicates this lack of perceived freedom or control while in congregate care facilities has a negative effect on youth well-being and their experiences (Cameron-Mathiassen et al., 2022).

Several studies suggest young people were concerned with the quality of their educational well-being while in congregate care settings. A qualitative study with 21 young people indicated youth were concerned about the quality of their education, including the stability and consistency of the educators within congregate care facilities (Calheiros & Patricio, 2012; Kelly et al., 2019). Youth expressed the need for quality relationships with educators. They indicated the need for these relationships to be more supportive, empathetic, and trusting (Calheiros & Patricio, 2012). Youth noted academic achievements were a sign that things were going well for them and there was hope for their future. Youth credited the congregate care facility for providing the structure and support needed to improve their academics (Kelly et al., 2019). Overall, youth saw access to quality education and engaging in academic successes during their time in congregate care as essential to their experiences in facility care (Fathallah & Sullivan, 2021).

Social Connections and Relationships Among Youth in Congregate Care

Previous research suggests relationships between youth and caregivers in congregate care facilities are essential in shaping a young person's experience. Most studies speak to relationships with staff, and more specifically the lack of support received from staff (Cameron-Mathiassen et al., 2022; Fathallah & Sullivan, 2021; Kelly et al., 2019). Fathallah and Sullivan (2021) completed interviews and "cultural probes" with 78 participants representing all forms of live-in, out-of-home, and non-family placements in foster care. While some youth had positive or caring relationships with staff or saw them as having good intentions, staff were often perceived as being "unkind, cruel, untrustworthy, and indifferent" (Fathallah & Sullivan, 2021, p. 13). Youth also felt that staff were not sufficiently trained, lacked professionalism and accountability, and abused their power (Fathallah & Sullivan, 2021). Additionally, another qualitative study of youth experiences in congregate care suggests more administrative barriers to garnering support from staff. Young people reported staff turnover as well as staff needing to adhere to strict rules and guidelines at the facility was a barrier to true support (Kelly et al., 2019).

Other literature suggests there can be times when supportive staff can make a difference for young people

trying to navigate congregate care. In Schofield et al. (2017) youth spoke about staff holding them accountable for their behavior and not giving up on them. Another study reported on what youth desired from staff in congregate care. Overwhelmingly young people stated they just wanted staff to show they cared and wanted to engage with the youth (Slaatto et al., 2023). Youth report needing to have relationships with staff in congregate care facilities that have power to make changes or support them when needed (Moore et al., 2018). Despite this, youth also acknowledged the difficulty in developing trusting and supportive relationships with staff due to things like staff turnover and other administrative barriers (Kelly et al., 2019; Moore et al., 2018; Schofield et al., 2017). A systemic review of youth experiences in congregate care suggests very little research exists on relationships between how the behavioral health staff conducting therapy in these facilities contribute to a youth's experiences (Cameron-Mathiassen et al., 2022).

A great majority of research on social connections in congregate care facilities focuses on peer relationships. This research mainly details how the negative influence of peers in congregate care is associated with increased problem behavior in youth (Dishion & Tipsord, 2011; Dishion et al., 2006). There is less information available around how these relationships influence a youth's experience living in the facility. A qualitative study explored what youth wanted from their peer group relationships which suggested youth in congregate care desired trust, safety, and support from peers (Calheiros & Patricio, 2012). Kelly et al. (2019) indicated that peers were a major part of coping with the experience of being involved with the child welfare system and living in a congregate care setting. Moore et al. (2020) detailed that while youth are exposed to safety risks like bullying, risk-taking behaviors, and unwanted sexual advances from peers, they also identified peers as a major source of support. Youth in this study reported as they got to know their peers in the facility better, they often protected each other from harm and were a source of safety for each other (Moore et al., 2020).

Some studies have explored the relationship between young people and their families during their time in congregate care settings. Young people often reported their parents and siblings as supportive during their time in care settings, but they also recognized and longed for new relationships while in the facility. They reported wanting more family-like relationships while in congregate care that were close and easy to access when they needed support (Kelly et al., 2019). Other literature suggests relationships between young people and their families can be complicated during this time and more research is needed to better understand this situation (Cameron-Mathiassen et al., 2022). Youth reports about their relationships during their time in congregate care settings amount to many reports of loneliness given

the difficulty in maintaining previous relationship and garnering new ones while in the facility (Cameron-Mathiassen et al., 2022).

Perspectives of Safety in Congregate Care

Safety is an essential factor to consider when examining a young people's experience while in congregate care (Moore et al., 2017). Several studies on youth in congregate care settings touch on the topic of safety. Research suggests youth identify safety while in residential care as having a private, safe physical space around people they feel are safe (Slaatto et al., 2023). Few studies report on actual physical abuse occurring in facilities, but almost all report on psychological harm from staff and peers (Cameron-Mathiassen et al., 2022). A qualitative study including six young adults who were formerly in congregate care gave examples of their safety concerns in these settings. These concerns included harm from other residents such as physical harm (e.g., rape, "jumping"), fire starting, group fights, gang activity, verbal abuse, threats and intimidation, and stealing (Freundlich et al., 2007). Reported harm from residential staff included physical abuse, sexual abuse, verbal abuse and intimidation, provision of drugs, inappropriate use of restraints and isolations, and failure to protect and maintain control (Freundlich et al., 2007).

Moore et al. (2017) suggests witnessing violence between peers in congregate facilities to be a normal occurrence with little support provided to the young people after the incidents. Additionally, there are reports about staff waiting to become involved in an altercation between youth to create a more threatening environment by creating fear (Moore et al., 2017). Some youth even said they experienced mental abuse from staff and others reported physical and/or sexual abuse during their time in congregate care (Fathallah & Sullivan, 2021). Despite this concerning behavior from staff, youth report needing to turn to them to address safety issues. In a qualitative study of safety in residential facilities, youth report they needed supportive staff to be more aware of the safety risks in the facility and to act on them when appropriate (Moore et al., 2018). Young people see staff as the avenue for reporting safety concerns, but they are not confident in staff willingness to advocate for change based on their reports (Moore et al., 2018).

The Current Study

The current study seeks to explore youths' lived experiences in congregate care facilities, focusing on their perceptions of support, relationships, and safety during their time in care. This study addressed the following research

questions: (1) With whom do youth connect and communicate while in congregate care settings? (2) How do youths utilize their relationships or support systems to report safety concerns? and (3) What are youths' lived experiences while in congregate care settings?

Method

A cross-sectional descriptive qualitative study was carried out as part of a research effort initiated by the Citizen Review Panel (CRP) in Ohio. The CRP is responsible for providing recommendations to the state's Department Children and Youth to enhance the state's Child Protective Services (CPS) system and involves interaction with the many agencies that provide foster services. This manuscript is an original work and does not derive its content from any theoretical framework. The broader research primary aim was to understand the state's ability to monitor and respond to the circumstances of children in residential facilities. To contextualize and gain a deeper understanding of the congregate care experience, primary qualitative data was collected from young adults aged 18–25 who had lived in residential care during their youth in Ohio. In-depth interviews were conducted to obtain a qualitative retrospective analysis of their experiences in congregate care. The research followed the consolidated criteria for reporting qualitative research (COREQ) (Tong et al., 2007). The COREQ is a 32-item checklist that provides a structured framework to promote uniform and accurate reporting of qualitative studies; Appendix A provides the completed COREQ checklist.

Study Participants

The participants in the study were young adults who had experienced living in congregate care during their youth. Congregate care is typically provided to youth who require a higher level of supervision than what can be offered in a foster home environment. This group is often understudied, and for this research, we focused on those who had lived experiences in such settings. Youth in congregate care are particularly vulnerable due to their age and the circumstances that led them to this care setting. Given these vulnerabilities, it can be ethically complex to involve them directly in research. Therefore, the Citizen Review Panel (CRP) and the research team decided to gather information retrospectively from adults who had previously lived in residential care during their youth. These alumni adults, with their lived experiences and mature perspectives, offer a valuable and ethically sound source of information for the study. Table 1 presents sample characteristics.

Table 1 The descriptive information of participants ($N=10$)

	<i>n</i> (%)	<i>M</i> (SD)
Gender (female)	9 (90%)	
Age		22.9 (2.59)
Race		
White	3 (30%)	
Black	5 (50%)	
Black and White	1 (10%)	
Black and Indian	1 (10%)	
Age at first placement		14.4 (2.13)
Placement type		
Residential	3 (30%)	
Group Home	2 (20%)	
Both	5 (50%)	
Length of stay in placement in months		15.2 (8.43)

Recruitment and Data Collection Procedures

Initial recruitment was interrupted by the onset of COVID-19 and hampered by researchers' limited access to residential foster care alumni. The recruitment process was therefore shifted to partner with an advocacy agency for foster youth and foster alumni in Ohio with access to this population. This agency distributed the recruitment flyer via email to their foster alumni who had received scholarships for secondary education opportunities. The convenience, purposive sampling method proved effective in reaching out to this specific population; of the 21 responses received, 10 individuals met the study requirements of being between the ages of 18 to 25 and having lived in a residential or group home as a youth and participated in the study.

The lead author and another team member conducted the 10 virtual, one-on-one semi-structured interviews from January to March 2021. Zoom software provided the video meeting and recording. The interviewer explained their role and the purpose of the interview, then the participant provided verbal informed consent, agreed to the audio recording of the interview, and provided demographic information. Each interview lasted approximately one hour. The interview guide was developed by the lead author, in consultation with two team members, the fifth and last authors, who were experienced child welfare researchers. Interviewees were first asked to provide identity demographic information (gender, race, ethnicity, age) and congregate care placement information. The guide was structured to elicit information from participants about the support they received from family, friends, staff, caseworkers, and mental health professionals. Participants were asked who visited and communicated with them while they were in congregate care and what they discussed. If and how they came to be aware of their rights

was discussed and the rights were identified for those who were unaware. Participants were also asked to provide their perspective on the reporting processes for rights violations and safety concerns. The full interview guide is available via request to the first author.

Positionality

All six authors are social scientists who root their research in resilience and the strengths-based perspective. The first author is a White female social work doctoral candidate, licensed Master of Social Work, and former child welfare worker whose research focuses on the child welfare system and the well-being of the child welfare workforce; she is also the program manager of the CRP. The second author is a mixed-race female educator, licensed Master of Social Work, who recently completed a social work doctorate whose research includes occupational well-being of helping professionals and the impact of family, educational, and financial systems to well-being. The third author is a Latino Male licensed Master of Social Work and social work doctoral candidate examining trauma exposure and mental health outcomes and is currently practicing as a mental health professional at a pediatric hospital. The fourth author was a female visiting international scholar focused on education and gender issues and has since completed a doctorate in psychology. The fifth author is an Asian female social work associate professor of social work who studies the impact of childhood trauma and the role of fathers to child well-being. The final author is a White female associate professor of social work whose research focuses on child maltreatment and the neighborhood context.

Data Analysis

Data were thematically analyzed and coded using ATLAS.ti Web (Version 3.15.0-2022-03-09). First, all interviews were

transcribed verbatim by Landmark, a professional transcribing service. The transcripts were formatted for analysis and imported into ATLAS.ti. Next, the first author, a doctoral student with child welfare worker and researcher experience, and the third and fourth authors, also doctoral students with child welfare research experience, independently engaged in etic coding of the lengthiest transcript. The authors focused on identification of representative or meaningful or important statements that provided an understanding of the participant's connections with central professional and personal adults and their general experiences while in congregate care. Etic coding was utilized as it involves the application of predetermined research questions in mind to reveal data pertinent to the construct of interest (Watkins & Gioia, 2015). The lengthiest transcript was chosen for its robust content and increased likelihood of sufficient content to capture most codes to minimize additional code development during the analysis of subsequent transcripts. The second author, a seasoned qualitative and child welfare system researcher, reviewed the codes to ensure they were linked to data and to check conformability (Lincoln & Guba, 1985); this was followed by a team meeting to discuss and condense the compilation of preliminary codes. The code compilation process included reflexivity to assess each team member's positionality and to help promote intercoder reliability. The codebook was developed once group agreement of codes and code meanings was achieved and was used to analyze the remaining transcripts.

The remaining nine transcripts were each independently coded by two researchers using the coding frame provided by the codebook. Each coding pair included one researcher who conducted interviews (Raters 1 and 3) and one researcher who did not conduct interviews (Raters 2 and 4). This approach follows best practice guidelines for intercoder reliability (Cofie et al., 2022), reflected in Table 2, and limits bias that may have arisen from personal interaction with the participants.

Table 2 Aspects of intercoder reliability (Cofie et al., 2022)

	Present		Justification (If 'no' selected)
There was a minimum of two coders	Yes	No	
At least one coder was more removed from data collection (to address bias)	Yes	No	
At least one coder had expertise and previous experience with coding qualitative data	Yes	No	
If there were multiple participant groups, a minimum of two researchers (coders) coded transcripts from each participant group	Yes	No	
The coders used the same framework for analysis (e.g., inductive, deductive, abductive)	Yes	No	
Coders focused on shared meaning of codes through dialogue and consensus	Yes	No	
Another coder with expertise in qualitative methods was consulted to resolve outstanding conflicts	No	No	NA- coders reached consensus
Coder consensus resulted in a codebook that was applied when coding the remaining transcripts	No	No	

Table 3 Cohen's kappa interrater reliability

Rater	2	4
1	0.652 ($p=0.002$)	0.679 ($p=0.001$)
3	0.646 ($p=0.002$)	0.697 ($p<0.001$)
Project average	0.669	

The transcript used to develop the codebook was re-coded using the finalized codebook. Recommended by O'Connor and Joffe (2020), the coded data files were exported from ATLAS.ti to SPSS to determine consistency among raters by calculating interrater reliability using Cohen's kappa statistic. As shown in Table 3, each coding pair exceeded the recommended 0.61 kappa value to indicate substantial interrater agreement (Landis & Koch, 1977).

The sample size of 10 interviews and achieving saturation falls within the Hennink and Kaiser (2022) systematic review findings of needing 9–17 interviews to reach saturation. The use of a semi-structured interview guide focused the discussion of the shared phenomenon and promoted in-depth exploration. Most of the codes emerged from coding the initial, most robust transcript and additional transcripts reinforced saturation because they did not result in additional codes. However, coders utilized a "Miscellaneous" code to include poignant quotations the rater did not initially determine to fit in an existing code. However, reflexive discussion at the completion of the coding process determined that these participant reflections primarily concerned interpersonal relationships, safety, and lack of normalcy – areas already included in the codebook. Therefore, the team determined that the initial codebook inclusively captured the phenomenon of the lived experiences of adult participants reflecting on their youth spent in congregate care; the lack of additional codes as an indicator of saturation is supported by the Guest et al. (2020) method and reinforces the adequacy of the sample size. Thematic analysis was then applied to the codes and three collective themes were revealed and are discussed in the results section.

Results

Three major themes emerged from the data regarding these young people's lived experiences in congregate care: (1) *lack of agency*, (2) *importance of relationships*, and (3) *coping and transitioning in congregate care*. The first theme, *lack of agency*, was a salient theme as young people overwhelmingly felt invisible during their time in congregate settings with little sense of control. They reported being left out of the child welfare decisions resulting in their move to and from these facilities. Young people considered their experience in care as something to overcome rather than a healing

experience. The second theme, *the importance of relationships*, was seen throughout a range of interactions with mental health staff at the facility, the residential staff, the child welfare professionals involved in a young person's case, and the young person's family. Each group provided a unique opportunity for connection, but each also failed to provide real support to youth through this residential experience. Finally, the theme *coping and transitioning in congregate care* encompassed young people's narratives of what they learned throughout their time in residential settings. Participants overall demonstrated significant levels of resilience in their reports of learned life lessons and life skills above and beyond the intended goals of the residential program.

Each theme will be comprehensively discussed using quotes from participants to provide insight into each theme. To protect the confidentiality of participants, we used pseudonyms throughout the results and limited the details of each young person's experiences leading up to their placement in a residential facility. Table 4 summarizes themes and sub-concepts.

Theme 1: Lack of Agency

The first theme describing experiences in residential and group home facilities is a lack of agency. Nine of the 10 participants in the study reported information about their lack of agency. Seven of the participants described being completely left out of the child welfare decision-making process that resulted in their entering the facility. Five different young people described the experience as things happening to them, not things happening for them or for their benefit. Jessie, who spent 4 months in a residential facility at age 17, was in a foster home working two jobs when she reported she suddenly was informed she would be entering a residential facility. "No one even informed me of what was goin' on. I understand that some people could be a flight risk, but they knew just from dealin' with me over the years... that I'm

Table 4 Themes and sub-concepts

Themes	Sub-concepts
Lack of agency	
Importance of relationships	<ul style="list-style-type: none"> • Mental health professionals as the anchor for support • Child welfare caseworkers as a missed opportunity for support • The extremes of residential staff support • Total lack of connection and limited communication with family
Coping and transitioning in congregate care	<ul style="list-style-type: none"> • Gaining positive insights • Evidence of resilience • Attempting to find normalization

mature enough.” She went on to describe her relationship with the child welfare agency following this placement, “... when I was placed in that group home, I feel like my agency of my county just washed their hands with me at that point.”

Once at the facility, three young people also spoke about their overall feeling of powerlessness. Ashley spent time in both residential facilities and group homes throughout her childhood. Being ignored by staff was her prominent memory from her first time in a residential facility; she shared, “I was doing good the first 3 months I was there. No one batted an eye. No one said anything about discharge—nothing. I’m like, ‘Okay, let’s see what people start saying when I’m not being good.’” What was meant to be a healing experience is described by some participants as a place to endure and overcome. Tara, who spent 2 months in a residential facility at age 15, elaborated on this point by stating, “I did not really want to talk about it because, by this point—I mean, you hear it from the other youth, just do your time quietly kind of thing, and, if you don’t make problems, you’ll get out sooner.” Young people report entering congregate care feeling helpless and unheard in the placement decision, and then they describe being forced into working a program dictated by rules and consequences in order to return home.

Children placed in out of home care are in a particularly vulnerable situation without their main advocates, their family and friends, present for support. States take particular care to protect children who have been removed from their homes and placed in congregate care settings, going as far as outlining their rights while in the care of the state. Unfortunately, young people’s knowledge about these rights appears limited based on the interview results. The interviews suggest young people are very aware of the rules of the congregate care setting but are significantly less familiar with their rights as young people placed out of their homes. Participants had little to say when it came to a discussion of their rights and focused the conversation on what they knew about the rules. Erin reported one stay in a residential facility at age 16 and summarized her stay by reporting, “I don’t wanna feel like a slave again.”

Interview results suggest young people reporting feeling powerless to address what they viewed as a violation of their rights, adding another layer to their lack of agency. Lena detailed a situation regarding the food served at the facility which she was placed. When she tried to advocate for herself and request more fresh foods be provided rather than frozen foods, she became a target and labeled a problem by the staff and administration. When she took the issue to her caseworker, Lena reported the worker suggested she keep her head down for the short time she had to remain in the facility. The lack of interview results and quotations around how youth reported issues and advocate for change provide evidence of this issue. When asked about the process for reporting rights violations or safety concerns, all the

participants reported either they did not know the process, or they did report the issue to staff or caseworker which resulted in no solution. The emphasis in congregate care settings appears to be on following the rules rather than focusing on the rights of youth and advocacy for their needs. Despite attempts by young people to raise awareness of their rights and advocate for themselves, they were further shown they had no ability to act on their own behalf.

Theme 2: Importance of Relationships

The second theme regarding youth relationships with adults in their lives can be described in four different subthemes from the data analysis: (1) mental health professionals as the anchor for support, (2) child welfare caseworkers as a missed opportunity for support, (3) the extremes of residential staff support, and (4) total lack of connection and limited communication with family.

Mental Health Professionals as the Anchor for Support

Participants were asked about support systems and people in their lives with whom they communicated during their time in residential care. Four participants identified the mental health provider at the facility as a main anchor of support. These participants reported they were comfortable talking to these professionals and felt the mental health professionals were one of the only advocates during their stay. Hector spent time in a group home and residential facilities for long periods of time during his childhood and simply stated, “He [the mental health professional] was the only one I had rapport with.” When it came to advocacy, Jessie described their therapist as the only person attempting to help her continue her connections with friends and family back at home. They stated, “I can say that the counselor that they gave me, she was the one that was the most—she was my biggest advocate when it came to communicating with my loved ones and people that I felt were a support system in my life.”

Unfortunately, while these professionals were identified as the main source of support to young people, five participants reported the professionals were powerless to make any real change. These participants reported they felt comfortable bringing their safety concerns about the facility to their therapist, yet no change would ever come from the disclosure. Hector stated about this experience, “It was kind of, ‘Oh, that’s terrible, and we’ll look into that.’ Then we never discussed it again.” Similarly, Jessie described a situation where the mental health professional reached out to the child welfare caseworker on behalf of the young person to amend her approved contacts. While she was appreciative of the effort, the caseworker was unwilling to work with her and the mental health staff. She stated, “She did reach out on that part, and she did offer to call my mother and maybe

have us all on the phone. She was concerned, and I know she did reach out to my caseworker. I don't know how it went or what exactly—but I know that happened.”

Child Welfare Caseworkers as a Missed Opportunity for Support

All participants in this study had an open child welfare case at the time of their congregated care placement. Caseworkers are required to visit young people every month while in the facility, providing a regular opportunity for communication about their experiences and any potential safety concerns. Gina was the only participant who reported having a supportive caseworker. She stated, “I had a great caseworker. She would ask me if I felt safe, things along those lines, was I being fed, was anybody being verbally abusive, physically abusive, was there anything I needed. She was great.” Gina reported her caseworker would address her reported concerns to the facility staff in an attempt to find a solution. Unfortunately, seven of the participants reported a strained or absent relationship with the child welfare caseworker. Alice spoke about her experiences in a group home and summarized their relationship with the child welfare caseworker stating, “They would just come and go. They would just come when they come and then go when they go.” Additionally, four participants reported telling their child welfare caseworker about concerning behaviors or incidents occurring in the facility, but the workers were not responsive. Ashley stated, “Children services thinks we're making this up when we talk about it. They think we're crazy.” Three other young people reported the child welfare worker believed them but may have downplayed the incident. For example, Tara stated, “She didn't think it was that big of a deal, and I guess—yeah. I don't know. It didn't go anywhere.” Two participants reported they don't even remember receiving a visit from their caseworker.

The Extremes of Residential Staff Support

Youth in residential facilities spend most of their day interacting with the residential staff rather than child welfare caseworkers or mental health professionals. The data suggest relationships between youth and residential staff have two extremes. Participants reported either supportive relationships, or unsupportive and harmful relationships with staff. In fact, eight participants reported supportive relationships with staff, while nine reported unsupportive and harmful relationships. On the positive side, Erin reported she felt staff really played a part in the healing process for young people. “It was definitely some staff that I feel like that was there not just for a check, there's some staff that are really here to help us... We need the emotional support.” Four young people described instances where staff

went out of their way to help them prepare for life on the outside. Alice reported an instance, “...one of the group home staff members and I actually did a college tour at my top school of interest, which was incredibly nice and was really helpful.” Two participants described staff cooking homemade meals for youth to make them feel more comfortable. Four participants described staff as down-to-earth, genuine people just trying to help kids. Ashley further described how the supportive staff member helped her move through the levels of the treatment program at the facility. She said, “...when you had to move to the other areas and staff actually trusting you, is amazing, and it's something you're still having to work towards.” Unfortunately, three participants also reported organizational issues that inhibited staff ability to truly support young people. For example, Ashley also described a situation where staff reported safety concerns to upper-level management. She stated, “There was staff that I watched lose their jobs because they spoke up about the things going on and them not being okay.” Additionally, she summarized the instance stating, “There are staff that care, but they get talked over.”

At the other extreme, five participants reported about the general unwillingness of staff to engage with young people. In many cases this had to do with staff enforcing rules between young people to maintain a safe environment. Ashley summarized this by saying, “I would literally point to them which rules they were breaking, and I'd have to go to my room because I was causing issues and making a scene on the unit and making other residents upset.” Another instance reported by Tara described a serious safety concern with a roommate attempting to engage in sexual activity with her during her time in a residential facility. Upon reporting this to staff nothing was done to protect her, and she stated, “I had told a staff member, and they told me just to deal with it, so I moved my mattress into the hallway so staff could see me, without their permission, and I got in trouble for it.” Three other participants simply summarized this concept like Dawn who experienced placements in several different congregated settings by stating, “They are just in it for the money. They hire whoever.”

Additionally, staff were identified as those mainly responsible for enforcing the rules of the facility as well as allocating punishments. Four of the participants reported they felt staff were ruling the facilities with fear and made youth feel like there would be harsh physical punishment when they did not follow the rules, detracting from the actual intent of the facility's therapeutic intent. When participants did receive punishments, three participants described them as harsh. Gina even reported the punishments felt “aggressive” and “basically verbal abuse.” She stated, “I felt like some of the punishments were aggressive. I feel as though—it was definitely a lot of verbal abuse, which is something I grew

up with..." Two participants reported they felt this harsh punishment was a way to scare young people into behaving.

Punishment also included the use of physical restraints like being pinned against the wall for endangering other residents. One participant even described their time in congregate care as "military-like." Hector described the staff as military officers, "I saw them as, this is—I don't know—in a military term, like this is the master sergeant, or the staff sergeant, and I have to respect them." Ashley explained her relationship with staff in this way, "You breathe the wrong way, 'We need to pin you to the wall. You're endangering another resident.'" The emphasis facility staff placed on rules made participants feel like they were spending time in congregate care as a punishment rather than a place of healing with a focus on treatment. Tara emphasized that she simply "learned how to behave," and three others reported they learned how to respect authority. Tara summarized this by stating, "I mean, just being removed from your family is traumatic enough—they have the right to receive actual usable treatment and not be punished for things that are out of their control."

Total Lack of connection and Limited Communication with Family

While youth may have varying plans for reunification upon exiting a group home or residential facility, most often a consistent connection with family and friends are essential support systems for vulnerable youth. The data here suggests a concerning trend about young people's access to and connection with family during their time in these facilities. All 10 participants reported they did not have access to cell phones and needed to communicate via facility phones that may or may not provide privacy for conversations. Alice stated, "They took away our phones. They took away our communication, the thing that made us sane because we were all put in a bad situation." Alice also added that they were only allowed to put three people on their contact list for regular communication, which for this participant was their father, mother, and sister. Jessie reported that she could only speak with their caseworker while in the facility. She stated, "My contact list consisted of my caseworker and my caseworker only." She followed up on this issue by reporting being confused about why they were not allowed to have family and friends on their contact list. She stated:

My biggest issue was they weren't communicating with me. I feel like, yes, at this point, I'm still a child, you know what I mean, but, at the end of the day, I am getting ready for emancipation. I will be 18 soon. I will be doing adult things and be considered an adult soon, so why can't you communicate these things with me? Why can't you allow me to speak with my family?

Beyond the limiting of phone communication, five participants stated that their families were likewise unable to visit. Erin reported her biological mother lived three hours away from the facility and was unable to find a reliable ride to visit. Gina, who spent time in congregate care at the early age of 11, stated, "Then at the group home, I wasn't able to have family visitors, but my social worker could come." This participant elaborated on why the facility stated they could not have any family visitors, "They just said it—they worded it as it would not be beneficial for me to have family visiting. They kind of worded it as I needed to be away from my family because my family was the root of my problems in a sense." While the details of the reason for this out-of-home placement are not the intent of this data collection, the very presence of family dysfunction would warrant the need for intervention as the family is so often the place young people will return upon their exit from these facilities.

Theme 3: Coping and Transitioning in Congregate Care

The final theme identified from the interview results described how these young people coped during their time in congregate care and how they prepared to transition out of the facility. Since this sample of young people were reflecting on their time in congregate care potentially several years ago, they were able to provide interesting insight into their experiences and what they learned. This theme can be described through three subthemes: gaining positive insights, evidence of resilience, and attempting to find normalization.

Gaining Positive Insights

All ten participants reported on several positive takeaways from their time in congregate settings. Five participants spoke about specific skills they learned, such as time management skills. Ashley described that the structured time while in a residential setting allowed her to develop habits and skills in managing work and study time. Erin spoke about learning how to cook, clean, and fish during her time in care. Finally, Hector was grateful for the opportunity to volunteer with Habitat for Humanity and learn to use public transportation. Three participants also described how being with peers and learning about other's situations gave them a new perspective on their lives. From her conversations with peers, Alice described how they wanted to do better and make something positive from their experience. Some related that their congregate care situation had not been as bad as that experienced by others. They also discussed how learning more about the experiences of others impacted how they view their current situation. Hector, who is a white man, spoke specifically about learning

about privilege. He stated, “I really think that race plays a role in terms of how students and people are perceived, particularly when it came to thinking about community placement.” He felt he was given more leniency from residential staff simply due to his race, and he was grateful for his experiences providing him a new worldview. It is worth noting that only one participant, Alice, identified the actual treatment programming or coping skills learned in treatment as a positive outcome. Lena went as far as to say she did not remember a single goal she set or achieved while in out of home care.

Evidence of Resilience

Several signs of resilience among these young people were evident despite their often negative experiences in congregate care. Five participants described either working multiple jobs, living successfully in their own homes, completing college coursework, and even getting ready to finish a bachelor’s program. Gina described that she was getting ready to complete her nursing program and had spent a great deal of time reflecting on her interactions with staff at the facilities. She stated she went into nursing specifically to help others, but she questions the intentions of the staff at the residential facility where she was placed. She emphasized that she recognizes working with young people can be difficult but treating them poorly while in a treatment facility is inexcusable when these youth have already experienced such traumatic lives. Jessie also touched on this topic, stating that they have recovered and grown from their experiences in congregate care, but they equally question the intentions of the people who work in this field with children. They summarized this by stating, “All I can think of is this is not an industry or a field or a particular something that you just get into because of the whim of the wind. You really gotta be passionate about it. You really gotta care about the lives of other human beings.”

Three participants spoke about their learning process and growth as well. Alice described learning a great deal about herself, growing in her faith, and learning how to be alone. She summarized this experience stating, “Well, just learning to be by myself, learning about me, and even though it was not the best group home or whatever, I know—I had to be there by myself, and that was definitely a time where I had to get closer with God and stop running from myself.” Dawn reflected on her successes now based on what they learned throughout their time in congregate care. Dawn stated, “How to ask for help from—I mean at that time from adults, but now just in general, I find that I have an easier time letting other people in when I have struggles.”

Attempting to Find Normalization

Unsurprisingly, young people who have experienced placement in a congregate care facility may feel different from their peers. This was clear in the interview results as six participants described how they wanted to be normal and experience things like what their peers at home might experience such as dating or preparing for college. Hector summarized this need saying, “You always wanna go out in the community and try to live a normal teenaged life, which you couldn’t, ‘cause normalcy was not a thing. You wanted as much freedom as possible, so yeah.” He stated he threw himself into school as much as possible in the facilities to be normal. Lena spent several years in a group home and described how she was attending college classes during her time in a group home. She would spend as much as possible on campus with peers to feel like a normal college student, although this regularly resulted in breaking curfew with the group home. Jessie reported she tried to find normalization in preparation for adulthood, but she stated she was totally wrong. She said, “I was preparing for all of the wrong things and still not knowing what was goin’ on while I was preparing for those wrong things.” The solution to achieve normalcy for some participants came in the way of emancipation from the child welfare system. Three participants stated they tried to emancipate as soon as possible so they could be on their own and out from under the rules of the state.

Discussion

These findings underscore the importance of fostering and maintaining strong relationships between young people in congregate care and the various adults in their lives. This is particularly salient given that youth in congregate care often face disrupted relationships due to multiple placements, trauma histories, or caregiver challenges (González-García et al., 2017). Our results suggest that the facility staff and child welfare professionals involved in these young people’s lives may be a missed opportunity for support. Youth are vulnerable during their time in out of home care given their separation from family and friends. They in turn must rely on the facility staff, mental health professionals, and child welfare professionals to look out for their best interest. The data from this study suggests there are improvements to be made in this relationship building process. Building and maintaining trust with these young people may take additional effort and time, but the positive impact of such relationships cannot be overstated.

The first theme about youth feeling virtually powerless during their time in congregate care settings was particularly concerning. Placement in these facilities often indicated an intense need for behavioral health care, yet

participants described the experience as anything but healing. This lack of agency spanned both a youth's time in the facility as well as the decisions made on their behalf prior to the placement by child welfare caseworkers and the child welfare system at large. Federal child welfare officials stress the importance of not only youth voice and participation in child welfare services but also the authentic inclusion of youth in the process of planning for their future (Child Welfare Information Gateway, 2021). Participants in this study reported they felt they had little participation in the decision to enter the facility, and they felt invisible once inside. Participants reported the desire for autonomy and independence which is consistent with prior research that demonstrated that young people in care often perceive the system as controlling and restrictive (Munro et al., 2011). Prior literature suggests youth involvement in decision-making has historically been of concern in these settings, and these interview results suggest this continues to be a problem (ten Brummelaar et al., 2018). This process of navigating congregate care appears to be disempowering for youth wanting more involvement in their placement decisions as well as disheartening for a child welfare system seeking more authentic inclusion of youth voices.

The second theme, *importance of relationships*, built on the first theme by exploring how youth were connected to others during their time in placement. The child welfare worker was seen as the key decision maker for the child welfare agency and the assumed advocate for the child's best interest. Child welfare workers are mandated to visit youth in their placement facility once per month providing an opportunity to discuss progress in treatment as well as any concerns about the facility. Unfortunately, the results of this study suggest the child welfare worker appeared to be a missed opportunity for connection and support for these young people. Several participants in this study described a strained relationship with their caseworker or stated their caseworker was unresponsive to their needs. A couple participants even spoke about their worker encouraging them to "tough it out" in the placement rather than addressing concerns about the facility practices leaving the youth feeling unheard and unsafe. Several participants acknowledged the difficult nature of child welfare work and described this strained relationship as a manifestation of administrative barriers like high caseloads. Despite this, participants also assigned accountability to these workers for the youth's total lack of involvement in the decision-making process regardless of their workload. The worker is seen as the key connection between the youth, their family, the facility, and the other stakeholders in the child welfare system. Additional research regarding the caseworker's role in addressing youth needs while in congregate

care could focus on the quality of the monthly visits and additional phone contact between youth and caseworkers.

The study also identified the lack of connection with family and friends was a major barrier to support. This could have resulted from facility policies and the suggestion that space between youth and their family is important during this time. Contrary to these policies, best practices in residential-care settings stress the importance of small, family-like units where caregivers are included in the treatment process (James, 2017). The literature suggests several difficulties in maintaining relationships with family members during stays in congregate care given contact is often limited and majority of time is spent forging new connections with staff and peers (Cameron-Mathiassen et al., 2022). Given what is known about this already complex issue, the rules around limiting contact with family and friends and earning time to speak with them while in congregate care facilities reported in this study could further exacerbate the problem and cut off a supportive connection for youth.

Fortunately, study participants highlighted other connections during congregate care that were important to their successes and support while away from family and friends. Mental health professionals provided the center of support for youth in congregate care. Participants reported feeling that these professionals truly cared about them and were comfortable turning to them for support. Previous research focuses heavily on congregate care staff relationships with youth, while this study was one of the first to identify the mental health professional as a major source of emotional support. Youth did not necessarily see this professional as having power to make changes regarding reported safety concerns, but they certainly served an important role in meeting youth's emotional support needs.

Like previous research, this study found congregate staff to be both supportive and unsupportive, even borderline harmful at times. This is in line with several previous studies stating supportive staff can play a major role in a positive experience in facility care but can also be the responsible party for creating restrictive and fearful environments (Cameron-Mathiassen et al., 2022; Fathallah & Sullivan, 2021; Kelly et al., 2019). The duality of this finding underscores the complex nature of interactions between staff and youth in facility care. The identification of staff as both harmful and supportive suggests a dynamic relationship influenced by various factors, including staff behavior, policies, and the overall institutional environment. These findings underscore the importance of further exploration into the specific factors that contribute to youths' positive or negative interactions with staff, to guide efforts aimed at improving the quality of these relationships in congregate care facilities. Additionally, the recognition of staff as potential sources of support underscores the potential for positive relationships to foster resilience and well-being among youth in these settings. Further research should aim to delve

deeper into the mechanisms through which staff support can be optimized while mitigating potential harm often caused by staff through administrative and rules-based barriers.

Finally, the theme of *coping and transitioning* in congregate care emphasized the importance of addressing the youths' emotional and practical needs as they moved through the system. Study participants noted their various coping mechanisms, such as forming friendships with other residents, engaging in hobbies, and seeking support from staff. These coping strategies aligned with previous research highlighting the role of adaptive coping strategies in promoting resilience among youth in out-of-home care (Oshri et al., 2018). Like prior literature, this study also found issues around achieving some level of normalcy for youth placed in facility care (Fathallah & Sullivan, 2021; Kelly et al., 2019). Participants reported they were longing for independence and autonomy for everyday things like dating or navigating their environment yet had little ability to develop these skills. The desire for independence is a rather natural developmental marker for adolescents, yet living in a rule-based congregate care setting inhibits youths' ability to practice autonomy. Additionally, the challenges faced by youth during the transition from congregate care to independent living underscored the necessity for comprehensive transition planning and support services. Prior research identified that youth aging out of care often face difficulties in areas such as education, employment, housing, and mental health (Courtney et al., 2011). Thus, targeted interventions and resources should be made available to better prepare young people for a successful transition to adulthood.

The study also highlighted various policy and practice considerations for addressing the behavioral healthcare needs of youth within the child welfare system, particularly those requiring out-of-home placement. Primarily, it was imperative that child welfare agencies and mental health professionals actively sought opportunities for authentic involvement of youth in decision-making. This involvement prepared youth for a successful transition to adulthood by empowering them to consider their options and identify supportive individuals in the community to facilitate this process. It seemed counterproductive to cut a young person off from all community support during their time in congregate care facilities if the goal was to successfully return to their home or potentially age out of the system. An individualized approach to treatment in congregate care was an opportunity for not only behavioral health treatment but also for planning the transition back to the community.

Limitations

Despite the valuable insights provided by this study, several limitations are acknowledged. First, it's important to note that the sample size was relatively small, and participants

were recruited from a limited pool of young adults who experienced congregate care and received scholarships for secondary education opportunities in Ohio. As a result, the findings may not be generalizable to other populations of youth in congregate care settings or those in different geographic locations. Future research should aim to include larger, more diverse samples to understand better the experiences of youth across various types of care settings and regions. Second, the purpose of this study was to examine the lived experiences of youth who experienced congregate care; therefore, data were comprised of first-hand accounts from young adults who had experienced congregate care. Gaining the perspective of the families and the congregate care staff, caseworkers, and mental health professionals involved with the participants would provide a more comprehensive exploration of the various factors influencing the behaviors and interactions of all involved.

Finally, it's crucial to note that this study primarily delved into the reported experiences of young individuals who have a history of placement within a congregate care setting, overlooking the potential influence of broader systemic factors. Elements like the quality of care, resource availability, and the policies and practices of child welfare systems can significantly impact the experiences and outcomes of youth in congregate care (Narendorf, et al., 2016). Future research should aim to investigate these broader contextual factors and analyze their potential interactions with individual experiences.

Conclusion

The study contributes valuable insights into the experiences and challenges faced by youth in congregate care settings. Findings highlight the importance of relationships with the staff and professionals working with young people in congregate care settings; these interpersonal relationships are of particular importance given the limited access to friends and family while in congregate care. To help youth feel supported and safe while they are placed in congregate care, it is important youth are involved in decision-making regarding placement and behavioral health services, provided information about their rights, and connected to effective channels and opportunities to communicate their rights violations or safety concerns. Child welfare caseworkers, mental health providers, and congregate care staff can play a critical role in helping youth feel connected and supported during their time in congregate care settings. Policies should be revised to require and document conversations between practitioners and youth to ensure that youth are aware of their rights and know how to report when these rights have been violated. Agency-level policies must include prevention-oriented procedures to ensure the safety and well-being of youth in

congregate care, including proper supervision, appropriate channels for confidentially reporting concerns, and swift action in response to problems.

Given the limitations of our study, additional research with larger and more diverse samples is needed to elucidate further the complexities surrounding the experiences of youth in congregate care. A larger and more diverse sample would allow for further exploring experiences of youth across a variety of contexts and representing a variety of groups that face disparate outcomes within the out-of-home care system. Understanding the experiences of a variety of youth is critical for informing appropriate prevention and intervention strategies for improving experiences of all youth. Additionally, it is crucial to examine the impact of broader systemic factors on the experiences and outcomes of these young people to inform policy and practice in the child welfare system. By addressing these limitations and building on the findings of this study, future research can help ensure that youth in congregate care receive the support and resources necessary for a successful transition to independence and adulthood.

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Competing interest We have no known conflict of interest to disclose. All authors certify that they have no affiliations with or involvement in any organization or entity with any financial interest or non-financial interest in the subject matter or materials discussed in this manuscript.

Ethical Approval Approval was obtained from the ethics committee of The Ohio State University. The procedures used in this study adhere to the tenets of the Declaration of Helsinki.

Informed Consent Verbal informed consent was obtained prior to the interviews.

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