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The Way to Well-Being Through Safety, Trust and Freedom: A Youth-Driven Framework for Older Youth in Child Welfare

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THE WAY TO WELL-BEING THROUGH SAFETY, TRUST AND FREEDOM:

A YOUTH-DRIVEN FRAMEWORK FOR OLDER YOUTH IN CHILD WELFARE

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To all those who have experienced foster care.
You, your lives and your well-being matter.

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ABSTRACT

The current study looks at the experience of well-being among young people who experienced foster care in the United States. The objective of the project was to seek a comprehensive understanding of the phenomenon of well-being from the perspective of those with most direct knowledge of it: youth in care themselves. Chapter 1 includes an overview of the social, historical, policy, and clinical landscape underpinning the study, starting with a summary of the current state of the child welfare system in the United States. This includes a look at two key contextual factors – structural racism and neoliberalism – that impact child welfare. This is followed by the relevant history and policy framings of well-being as a concept of importance within the field. Then, the chapter explores various theories and models of well-being that are relevant to the focal population of this study. Finally, it offers a comprehensive summary of the outcomes, risks and strengths of youth in care.

Chapter 2 reviews the extant literature base related to defining the well-being concept in child welfare. This includes literature in the realms of child welfare policy, research and practice from the US and around the world. The latter part of the chapter is dedicated to methodological considerations that can best engage young people in the research process, which informed the current study's design. The methodology for the study was an integrated qualitative approach combining phenomenology, Participatory Action Research (PAR) and photovoice-inspired art elicitation.

The next three chapters relate directly to the current study. The methodological process

of this study is covered in Chapter 3. The chapter begins with an exploration of the researcher's positionality and other factors that informed the research. Then, it describes in detail all phases of the multi-faceted approach to the methods, from engaging young people as co-researchers who helped shape the study design, through the participant recruitment, data collection, and comprehensive qualitative analysis. Chapter 4 outlines the comprehensive findings, which through the researcher's theoretical sensitivity, point to a framework of well-being for youth in the child welfare system. The framework considers the trauma context of youths' previous and on-going experiences of harm and loss, then illustrates a set of elements that either contribute to or detract from their well-being in and through the system. The youth-informed conceptualization of well-being concludes this chapter. Lastly, these findings are discussed in Chapter 5, as are the methodological processes employed to reach the results. I also relate the study process and findings back to the literature of the first two chapters. This final chapter concludes with a set of implications and recommendations for the field of child welfare and beyond based on the study's process and results, while acknowledging the study's limitations. The study's well-being framework offers a promising direction for future policy, practice and research activities to understand, measure and intervene to provide for the well-being of youth in care.

CHAPTER 1

INTRODUCTION

To introduce this study, this chapter provides context for the need for a study on the well-being of young people in foster care. The current state of the child welfare system is reviewed, pointing to serious concerns about the short and long-term outcomes of youth who experience foster care. Additional context related to the social landscape of the United States is also considered. The history of the child welfare system as it relates to well-being is described to track the evolution of the concept in policy and practice over the last century. The conceptualizations of well-being outside of the child welfare context are included for comparison. because of the sensitive nature of the experience of young people in foster care a theoretical orientation in feminist standpoint theory is included to anchor the need to hear directly from youth in care in order to understand their experiences

Brief Overview of the State of Child Welfare

There are over 437,000 youth involved in the U.S. child welfare system in any given time (Children's Bureau, 2020). Of these, 56% are Black, Indigenous or other children of color, including 23% Black, compared to 50% and 14% respectively in the general population (NCSL, 2021). While the experience of children and youth in care varies greatly regarding their entry into, duration and experience within, and exit from the system, this racial disproportionality is a well-documented concern in child welfare (e.g., Child Welfare Information Gateway, 2016; Courtney & Skyles, 2003). Families enter the child welfare system upon reports of child abuse or neglect. African American families are overrepresented in reports of suspected maltreatment

(Krase, 2013), and are subjected to child protective services investigations at higher rates than other families (Kim et al., 2017). Additionally, families in poverty are overrepresented in child welfare (Casanueva et al., 2011) and experts in the field question if the procedures in place to distinguish between poverty and neglect are adequate to determine the true risk to children (Milner & Kelly, 2020).

If those reports of abuse and neglect are substantiated, the children may be taken into the custody of the state, or placed "in care." Seventy-five percent (75%) of children in care enter the system because of substantiated neglect; 33% enter for substantiated abuse (Children's Bureau, 2019). Initial foster care placement options for children and youth in care include traditional foster homes, kinship foster homes and residential or group homes. Of all the children and youth in care, many eventually achieve 'permanency,' or a permanent residential situation, by returning to their original home, or to a substitute parent who elects to adopt them or be their legal guardian. However, over a quarter of youth in care, or more than 125,000 children per year, will not return home and are awaiting adoption; of these, 54% have been in foster care for two years or more (Children's Bureau, 2019). When permanency is not achieved, children and youth stay in the system, with 28% living within the child welfare system for two or more years, and 4% for five years or more (Children's Bureau, 2020).

Long stays in care are particularly concerning for older children and adolescents. There are generally more foster care placement options for younger children in child welfare, as more foster parents are open to parenting younger rather than older children (Wiltz, 2019). While 95% of children in care aged 12 and under live with a foster family, only 58% of adolescents in care live with a foster family (Annie E. Casey Foundation, 2019). The others live in group homes or

other institutional, residential facilities. This places an additional burden on the prospects of placement and permanency for older youth; thus, their distinct experience as older youth and adolescents in foster care is important to understand and consider. Older youth in care, between 13-20 years old, account for 30% of all youth in the system (Children's Bureau, 2019). Youth who remain in the system into their adolescence are likely to reach the age of majority within the system (18 or 21, depending on the state) without a permanent placement. In Illinois, youth in care are eligible for state support – both financially, and in terms of housing and other support services – until age 21, or 23 if they are enrolled in college (Illinois Department of Child and Family Services, n.d). After that point, youth are emancipated from the child welfare system, a milestone often referred to as 'aging out'. Nine percent of all youth in care nationwide, nearly 23,000 young people, emancipate from the child welfare system each year (Children's Bureau, 2019). Once youth have aged out of the system, they no longer receive formal support (financial or otherwise) from a caseworker, foster care agency, or the Department of Child and Family Services at large. This means they do not achieve *permanency* within a family context, which is one of the three primary goals of the child welfare system, along with safety and well-being (Adoptions and Safe Families Act, 1997). In addition to the withdrawal of formal institutional support, youth who age out of foster care also do so without familial stability as they transition into adulthood. Without that permanency in place, they age out of the system and are left to navigate academic, financial, medical, housing, professional and other systems on their own.

Racial distinctions and disparities also factor into permanency statistics. Relative to other children, African American and American Indian or Alaska Native children are more likely than other children to be removed from their homes in the first place (Maguire-Jack et al., 2020) and

to experience a termination of parental rights (TPR) (Wildeman et al., 2020). In addition, African American children spend more time in foster care (U.S. Government Accountability Office, 2007a) and are less likely to reunify with their families (Lu et al., 2004). As compared with White children, they are less likely to receive necessary services during their stead in care (Garcia et al., 2016). By virtue of being minors, survivors of abuse or neglect, and subjects within a massive bureaucratic system of corporate guardianship, children and youth in care are a marginalized and often invisible population in our society, with added marginalization experienced by children and youth of color.

Overall, the population of youth in care is quite diverse, with some subsets of the larger group experiencing more hardships than others, such as children and youth of color and those who remain in the system for many years until they age out. Despite the distinctions among children and youth in care, research shows that there are also similarities. Most notably, youth who experience foster care share many challenges into their adulthood, regardless of race, years in care, foster care settings, or other variables. In short, the long-term impact of the foster care experience on formerly involved individuals includes various poor bio-psycho-social functional outcomes (Courtney et al., 2007; Dworsky & Gitlow, 2017; Gypen et al., 2017; Longhofer et al., 2011; Maschi et al., 2008; Steele & Buchi, 2008). These outcomes are described in more detail below.

In addition to the challenges faced directly by those in the system, society also pays a high financial cost for the care of children and youth in foster care. Direct costs for federal and state child welfare programs under Title IV-E of the Social Security Act amount to over $8.6 billion in spending each year, with the total maintenance and administrative costs per child per

year averaging \$25,782 (ACF, 2017). This does not include indirect costs for publicly subsidized medical care for foster children, nor for Food Stamps, TANF (Temporary Assistance for Needy Families), or the monthly childcare payments made by the state to the caregivers that care for children and youth in care. Other social costs, which may be harder to quantify, result from the challenges former youth in care encounter into their adulthood. For many, such challenges include contact with the criminal justice system. In 2004, people with a history of foster care during their childhood or adolescence – or foster care "alumni" – represented at least 15 percent of the inmates of state prisons and almost eight percent in federal prisons at a cost of approximately \$5.1 billion per year (Zill, 2011). In 2016, nearly one-fifth of the entire US prison population had a foster care history (Beatty & Snell, 2021). The significance of the problems associated with foster care extends beyond the effects on the youth themselves; there is a high cost borne by all of society for the poor outcomes experienced by foster care alumni.

Youth Well-Being in Child Welfare

These statistics provide an important frame, but only tell a small part of the lived stories of youth in care. The child welfare system fundamentally seeks to provide for three central aims: the safety, permanency, and well-being of involved youth (USDHHS, 2012). As discussed at length below, until 2012, well-being was not an overt focal area of child welfare. Of course, well-being is a critical component of the lives and experience of all human beings, youth in care among them, yet it is a difficult phenomenon to conceptualize. Within the child welfare literature, well-being is defined in myriad ways, such as cognitive, social, emotional, behavioral and physical functioning (Jones et al., 2015; USDHHS, 2012). Some in the field have worked to expand the definition of well-being to include other components of their lives, such as network

relationships (Blakeslee et al., 2017). Regardless of the definition, research shows that outcomes for youth in care in many areas of functioning and well-being are poor compared to their non-fostered peers (Pecora, et al., 2006; Dworsky & Gitlow, 2017; Courtney et al., 2004; Gypen et al., 2017). The risk of poor outcomes is magnified for two groups: youth of color (particularly Black or African American children and youth), and older youth. These youth often repeat grades, experiment with drugs and alcohol, engage in criminal activities, engage in risky sexual activities, experience early pregnancies, run away from home, are sexually trafficked, become homeless, and become incarcerated (Child Welfare Information Gateway, 2016; Courtney & Skyles, 2003; Dworsky et al., 2013; Dworsky, et al., 2010; Herz, et al., 2012; Marshall & Haight, 2014). These two groups also have worse educational outcomes (Theiss, 2010). Because the child welfare system is intended to improve the lives of children and families, it is concerning that youth in care – who are disproportionately from minoritized communities – continue to demonstrate such challenges as they exit the system charged with their care and move on to adulthood. This begs the question: How and to what extent is the well-being of youth in care being attended?

To answer that question, child welfare and social work researchers and practitioners must have a multi-dimensional and more nuanced understanding of what well-being truly means for young people, both in theory and in their lived experience. As demonstrated throughout the next chapter, without a clear and accurate definition of the well-being phenomenon used to understand the lives of youth in care, it will not be possible to properly identify, measure, intervene in, and promote youth well-being. The present study looked to the youth themselves to provide insight into their experience of well-being and its meaning in order to help shape the

field's conceptualization. In doing so, this study aims to inform future research, policy and practice in child welfare.

As explained further in the methodology, the target age of this study's participants was older youth in care, those over the age of 18. The World Health Organization defines 'adolescents' as individuals aged 10-19 years and 'youth' as aged 15-24 years (WHO, n.d.), overlapping at the age of the study's sample. Research and theory of youth, older adolescents and young adults also overlap. Therefore, these terms will be used interchangeably throughout this dissertation. In addition, in lieu of the term "foster youth," I use the person-first language of "youth in care" to describe the target population of this study.

Additional Introductory Considerations: Racism, Neoliberalism, and Rugged Individualism.

While a thorough discussion of these phenomena is outside the scope of this dissertation, it bears articulating that the state of the child welfare system is indelibly impacted by the history, values, and practices that maintain the racism, neoliberalism and rugged individualism that are endemic in US culture.

Racism in the US is pervasive and negatively affects people who identify as Black, Indigenous, and other People of Color (BIPOC) (Pieterse & Powell, 2016), as well as people who identify as White (Austin & Bowser, 2021). From health inequities (Bailey et al., 2021) to education (Dixson et al., 2016), politics (Tesler, 2013), and criminal justice (Erikson, 2014), racism impacts all systems, institutions and individuals in this society. The impact of racism is also evident in the child welfare system. Not only are BIPOC families and children overrepresented in the US child welfare system (Knott & Donovan, 2010), but there is also evidence that at all levels of the system, individuals of color face more barriers and hardship.

Child welfare professionals experience racism that remains unacknowledged even while it impacts organizational culture, career advancement and access to leadership positions for workers of color (Chakravarty & Lawrence, 2022). Families of color involved in the system report the impact of surveillance, mistreatment and unfair judgement (Merritt, 2021) and difficulty accessing services (Cheng & Lo, 2012). Foster caregivers of color, especially kinship caregivers (Hill, 2004), experience biased treatment attributed to their racial group. In addition, children and youth of color experience the racism of the system, from disparities in use of mental health services (Garland et al., 2003) to provision of medical treatment at all points in the child welfare journey (Rosenthal et al., 2022). When racism is the lens through which decisions are made in child welfare, children, youth and families of color will experience the negative effects (Hill, 2004).

Another important contextual influence in this discussion is neoliberal capitalism and its cascade of American societal norms and values. Defined as a collective belief in the powers of unregulated markets to optimize society (Esposito, 2011), neoliberalism is a version of capitalism that reduces systems to mechanisms that benefit capital gain at all costs. Of course, only some members of society have access to those mechanisms and gains: disproportionately White people. The related belief set devalues the collective and promotes societal values such as self-reliance and "rugged individualism." The latter phenomenon, whose roots are traced back to the 1700's (Bazzi et al., 2020), is relevant for this discussion as well. When Herbert Hoover coined the term rugged individualism, his intent was to convey the ability (and expectation) that individuals help themselves and rely less on government assistance and intervention (Davenport & Lloyd, 2017). The legacy of this value includes assumptions that individuals with power and

economic means are individually responsible for their successes, while those in positions of oppression and depravity are similarly accountable for their lot. Rugged individualism promotes the expectation that individual people can achieve heights of their economic and other personal and social goals by their own sheer will and effort; they do this by working for and helping themselves (Bazzi et al., 2020). In reality, this leads people to feel isolated, alienated, and subjugated (Love, 2008); this is particularly harmful when individuals are additionally subjected to racist structures. Neoliberalism fuels morality codes that systematically create barriers for BIPOC in many social arenas, including child welfare (Roth, 2013).

Rugged individualism is seen as an obstacle to fair and comprehensive care for families involved in child welfare (Cabrera Jr, 2009). This may be in part because individuals in poverty and otherwise marginalized in society are held to higher standards of rugged individualism than their more affluent or privileged peers (Stevens, n.d.). Thus, the burden on children and youth in child welfare – marginalized by the circumstances that brought them into the system, by their stead in a government program, and by racism for those in minoritized racial groups – is even greater. They encounter disproportionate expectations to help and take care of themselves, or to "pull themselves up by their bootstraps" (Fusarelli, 2015). The interconnected context of racism and a systemic attitude of neoliberalism and rugged individualism leaves many children and families in a doubly precarious situation, especially those of color. Given the sociopolitical context of the United States and its history of deeply ingrained capitalistic ideals and racism, these factors compelled consideration throughout this study. Of particular interest was how these dynamics that reward individualism and disenfranchise and disproportionately harm children and youth of color, may influence how youth experience the child welfare system.

Background and Significance

The well-being of youth in care is important for several reasons. First and foremost, youth in care are struggling, particularly youth of color. As an already marginalized group of people in our communities, the challenges facing youth in care are of great concern. Beyond intrinsic concern for the well-being of youth in care, various theories explain the critical importance of well-being for all people. Child welfare policies over the past many decades in the U.S. demonstrate concern for the well-being of all American children, with special attention to youth in care. Scholars have formulated definitions of the concept, but the field is still early in development of studies seeking to understand the meaning and conceptualization of well-being in child welfare according to those who directly experience it: youth in care themselves. To support the critical need for this study, the following sections expand upon the aforementioned poor outcomes for youth in care by exploring what the field already knows about well-being, through the lenses of history and policy, theory, and youth outcomes.

History and Policy Context of Well-Being in Child Welfare

The policy and historical contexts of child welfare are useful in framing how well-being has evolved as a core aim of child welfare in the United States. The evolution of the concept of well-being is informative to the present study as the contextual definitions of well-being necessarily influence policy decisions and practice approaches for children and youth in care. In particular, if policies do not reflect the lived well-being experiences of children and youth, then the programs, practitioners, substitute caregivers, attorneys, therapists and other child welfare professionals in children's lives will not have the opportunity to properly assess, understand or

intervene in their well-being. Thus, a diversely sourced, youth-driven definition of well-being is critical.

The trajectory of the definition of well-being in child welfare from the late 19th century to the present moved from broad, holistic and existential conceptualizations of childhood flourishing to today's narrower, operationalized and easily measurable areas of child and youth functioning. This study presented the opportunity to uncover the lived experiences of well-being for youth in care in today's context. The following is a brief historical overview of understandings of well-being in U.S. child welfare policy, against which the perspectives of this study's participants will be discussed.

Early Conceptualizations of Well-Being for All Children

In 1889, when social work's Hull House began, Jane Addams and her colleagues advocated for various social policies and programs, including protections for abused and neglected children (Roberts & Brownell, 1999). The Children's Bureau, established in 1912, grew out of that work and was charged with looking at infant mortality, the birth rate, orphanages, juvenile courts, dangerous occupations, accidents and diseases of children, and child employment (Children's Bureau, 2013). These were among some of the earliest areas of policy concern regarding the well-being of children. It is important to note that these early efforts and those that follow demonstrate the U.S. legacy of racism noted above. While concerns for the well-being and protection of White children emerged at this time, U.S. policies and social structures largely worked against the well-being of Black and Indigenous children. Children of color endured slavery-era working conditions and expectations and were criminalized through the growing juvenile justice system, leading to a tangential social work movement of Black

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child-savers (Ward, 2019) who worked to integrate juvenile justice to protect the well-being of Black children.

In 1919, the national conference on child welfare saw to the creation of minimum standards of care for all children, with particular focus on those in 'special circumstances', which included children and youth in foster care (Children's Bureau, 2013; Connolly & Golden, 2018). The conference concluded that the fundamental rights of childhood include: "normal home life, opportunities for education, recreation, vocational preparation for life, and moral, religious, and physical development in harmony with American ideals" (Children's Bureau, 1914, p. 17). This conceptualization of children's well-being covered many dimensions of developmental functioning and affirmed that living a life of general wellness was the right of all children.

During the decades that followed during pre- and post-war times, policy advocates made progress in the expansion of research and resources for child welfare, particularly regarding foster care. In 1960, the sixth White House Conference advanced the conceptualization of child welfare and well-being as it sought to promote "opportunities for children and youth to realize their full potential for a creative life in freedom and dignity" (Michael & Goldstein, 2008, p. 13). This conceptualization moved beyond distinct areas of development and into an existential understanding of what well-being should look like – that is, creativity, freedom and dignity – in the lives of children. Then in 1970, the new director of the federal Office of Child Development wrote that any government-assisted program for any children should raise the quality of children's lives, whereby being in a government program constituted a necessary improvement to a child's life. The specific programmatic goals all spoke to child well-being: (1) the child's physical health and abilities; (2) the child's self-confidence, spontaneity, curiosity and self-

discipline; (3) the child's capacity to relate positively to others, and the family's ability to relate positively to him [sic] and understand his [sic] problems; (4) child and family's responsible attitude toward improving society and social conditions; and (5) child and family sense of dignity and self-worth (Zigler, 1970; Zigler & Valentine, 1979). This was another broad and holistic conceptualization of well-being, and constituted the foundational goals for the federal Head Start program providing access to early childhood education to all children. Later that same year, the 1970 White House Conference on Children explored ways to strengthen children's individuality and identity and called for a reordering of national priorities to provide opportunities for every child to "learn, grow, and live creatively" (Robertson, 1970). These comprehensive conceptualizations of child and youth well-being were ascribed to all American children and included many dimensions: a child's practical or functional areas; considerations of the strengths and needs of their families and society at large; as well as existential and identity-centered realms of holistic growth and development.

A Bill of Rights for Children and Youth in Foster Care

Within the context of this holistic view of the lives of all American children arose the 1973 Bill of Rights for Foster Children (Bill of Rights for Foster Children, 1973). The statements in this document descriptively illuminate a rich, well-rounded experience of well-being for children and youth in care (See Appendix A). This Bill of Rights is a set of expectations or standards for the lives of children in care marked in part by the assumption of positive relational bonds. It includes many markers of well-being, such as being "cherished by a family of his [sic] own"; receiving "continuing loving care and respect as a unique human being" and "help in overcoming deprivation or whatever distortion in his emotional, physical, intellectual, social and

spiritual growth may have resulted from his early experiences" (Bill of Rights for Foster Children, 1973). It also points to the child's right to be raised in a family who has adequate resources and support to properly care for the child as she reaches her potential. It is easy to imagine how the life of a child as described here might lead to a state of well-being and positive outcomes for a healthy, successful adulthood. This Bill of Rights amplifies the positive intent of child welfare policy many decades ago to provide a healthy and supportive environment toward a whole and healing life for abused and neglected children in foster care. However, there is little evidence to support whether the standards outlined in the Bill of Rights were being met in the lived experiences of children at the time, or are being met for contemporary youth in care.

This expansive and holistic collection of rights ascribed to youth in care is one way to conceive of their overall well-being. The language is specific and strong. While the Bill of Rights has endured 45 years amidst changes to child welfare policy and practice, its language does not appear in other contemporary child welfare documents or contexts. Still, its components warrant investigation into whether the lived experience of current youth in care exemplify these ideals. The present study provided the opportunity to explore youths' well-being definitions and compare them to these policy frameworks, which is addressed in the Chapter 5 Discussion.

Contemporary Conceptualizations of Well-Being in Child Welfare

During the 1970's and 1980's, more legislation was passed to respond to the needs and realities of abused and neglected children. This included their need for permanency and the challenges faced by youth who age out of foster care directly into adulthood with no family safety net (Child Welfare Information Gateway, 2013). During this time, well-being was not named explicitly, but was operationalized as youth functioning and other easily measurable

metrics of life, such as academic achievement and medical diagnoses. Well-being as a key term in child welfare entered the scene when the 1997 Adoption and Safe Families Act (ASFA) was passed to improve the safety of children, and to promote adoption and other permanent homes for children who need them, among other aims to generally support families (ASFA, 1997). This legislation introduced explicit language for three primary goals of child welfare: safety, permanency and well-being.

Efforts to describe and measure youth well-being continued into the turn of the century. For instance, the Foster Care Independence Act (FCIA) of 1999 increased funding and flexibility for States and Tribes to support young adults leaving the child welfare system in a wide variety of ways, including help with education, employment, financial management, housing, and connections to caring adults (FCIA, 1999). In 2000, the Children's Bureau released a process by which to evaluate each of the three objectives for children: safety, permanency and well-being. At that time, well-being was considered attained by whether or not: (1) families had enhanced capacity to provide for their children's needs, (2) children received appropriate services to meet their educational needs, and (3) children received adequate services to meet their physical and mental health needs (Children's Bureau, 2016). By this time, 27 years after the Bill of Rights for Foster Children was released, the expansive, holistic, existential language of the previous century had been scaled back significantly. The concept of well-being in 2000 had narrowed considerably to focus on educational and mental health functionality and access to resources. Discourse and focus on more expansive human experiences such as dignity, freedom, creativity, self-worth and positive relationships were no longer present in the well-being aims for children and youth in care.

That reality was affirmed when the Department of Health and Human Services released a memorandum in 2012 that outlined a conceptual framework for defining and measuring well-being for children and youth in care (USDHHS, 2012). Notably, the memo explicated the poignancies of attending to well-being as a means of achieving meaningful impact in the system at large: "As child welfare systems continue to improve and refine their work to promote safety and permanency for children, a strengthened focus on the social and emotional well-being of children who have experienced maltreatment is the logical next step in reforming the child welfare system" (USDHHS, 2012, p. 1). It then conveyed that well-being is the expression of the total functioning of youth in four key areas of functioning: (a) cognitive functioning, (b) physical health and development, (c) emotional/behavioral functioning, and (d) social functioning (USDHHS, 2012). The memo emphasized the latter two areas – emotional and social – as central for the future direction of child welfare policy and practice. This framework provides a contemporary conceptualization for the meaning of well-being, utilizing observable areas of youth functioning as markers of the presence or absence of well-being.

Taken together, these latter policy definitions suggest that child and youth well-being is defined as good overall functioning that is facilitated by meeting their needs through familial care and provider services. However, these policy definitions do not include elements of more aspirational conceptualizations of the term as those included in earlier definitions, such as love, respect, growth, self-worth, identity, freedom, and nurturing relationships, all of which were present in the 1973 Bill of Rights. The definitions of well-being evident in relevant federal policies have clearly shifted over time. While some states and child-oriented child welfare organizations reference the 1973 document (e.g., The Children's Law Center of Minnesota, n.d.),

the federal child welfare agencies do not. At present, 15 states and Puerto Rico have enacted

Foster Children's Bills of Rights. Of note, major features of these bills include: requiring

children in care to be informed about why they are in foster care and how the process will

proceed as well as requiring their "participation in extracurricular or community activities,

efforts to maintain educational stability, access to guardians ad litem, access to mental,

behavioral and physical health care, [and] access to or communication with siblings and family

members" (National Center for State Legislatures, n.d.). The language in these statutes reflect the

DHHS 2012 memo, with a focus on measurable outcomes of well-being and other situational

expectations for the lives of youth in care. Regardless of the language proffered by legislative

bodies to define expectations and rights, there is no indication that the experience of those in the

foster care system have informed the creation or enactment of their legislative efforts.

This historical overview of the well-being concept sets the context in which this study is

situated. This is particularly important now that the definition of well-being has become so tied

to outcomes and focused on observable functioning (USDHHS, 2012). Child-welfare policies

demonstrate a concern for youth well-being yet fail to incorporate child or youth voice in those

policies. This study is in part responsive to the changes in well-being conceptualizations over

time, from an early view of well-being in child welfare as a holistic and existential experience to

the recent more easily operationalized and observable measures of well-being. This study aimed

to explore the meaning of well-being from the youths' perspective to explore the contemporary

relevance of these older policy understandings of well-being in today's context.

Models and Theories of Youth Well-Being

Historical and contemporary child welfare policies demonstrate a concern for the well-being of children and youth in care, while lacking a discernable contribution to policy formation from a youth perspective. Another avenue for understanding well-being is through related theories and models that define and describe complex human experience as a condition for human flourishing. Among relevant theories are national and international models of optimal well-being, attachment theory, and adolescent and emerging adult development theories. Like child welfare policies, these theories and models are developed by adult stakeholders on behalf of the individuals or children they relate to. While these theories and models apply to the experiences of all people, not specifically to current or former youth in care, they do provide a useful background and set of frameworks within which to understand and consider the well-being of those who experience foster care. As explored below, what is theorized to be the typical well-being expectations of the population at large (with specific attention on older adolescents) differs from the developmental and well-being experience of youth in care.

Well-Being According to Conceptualizations of Human Rights and Needs

In various international settings and documents, the centrality of well-being and related factors for the lives of children, youth and adults is affirmed. In 1989, the United Nations ratified the Convention on the Rights of the Child, an international treaty that articulates the civil, political, economic, social, health and cultural rights of all children and youth. The treaty offers a conceptualization of well-being for children and youth across the planet. The Convention declared that safety, protection, opportunity and well-being are rights of all human youth, and that children and young people have a particular need for security and care (United Nations

General Assembly, 1989). The declaration points to the crucial role of family in the lives and rights of the child, and the need for children to be fully prepared to live an individual adult life within society, "in the spirit of peace, dignity, tolerance, freedom, equality and solidarity". To that end, "[t]he child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding…" (United Nations General Assembly, 1989). This conceptualization is relevant for youth in care who experience various degrees of disruption to their family environments and ongoing threats to their harmonious development. It includes holistic values and an all-encompassing view of human existence. As such, it resembles the progressive language of the Bill of Rights for Foster Children (1973; Appendix A), discussed above.

Another international institution, the World Health Organization, also describes well-being as a multi-faceted state of existence dominated by good mental health, self-awareness and self-regulation, and productive contributions to one's community. They describe that good mental health is a state of well-being where, "the individual realises his or her own abilities, can cope with the normal stresses of everyday life, can work productively and fruitfully, and is able to make a contribution to his or her community" (World Health Organization, 2005). This well-being definition encapsulates individual capacities and positive outcomes in the realms of work and community. With a slightly different focus, this definition resembles the Convention on the Rights of the Child in its affirmation of the internal and relational dimensions of child well-being.

Maslow's hierarchy of human needs (1943) provides another framework for understanding the needs and experiences of human beings. It illustrates a full cadre of

requirements of human life in the shape of a pyramid, suggesting that the base sections of the pyramid – physiological and safety needs such as food, water and shelter – comprise elements of the human experience whose fulfillment is necessary in order to reach the upper levels. Comparing this with the previous frameworks, the WHO and the Convention on the Rights of the Child appear focused on the upper levels of Maslow's articulation of human needs, in areas such as love, belonging, self-understanding and reaching one's potential. In those models of well-being, the more primitive levels of human needs – for safety, food, shelter, etc. – appear to be presumed met or taken for granted. Thus, in those models, it is the uniquely human experiences of meaning making and identity work that comprise the definitions of well-being. Taken together, these frameworks describe an optimal existence where well-being goes beyond basic levels of functioning and meeting primal needs. These provide a set of conceptualizations of optimal well-being for all human beings, compared to which the well-being experience of youth in care can be understood through this study.

Well-Being and Attachment Theory

For children and youth in care and foster alumni whose childhoods include disruptions to attachment or even failure to establish secure attachment at all, attachment theory offers a framework for understanding why their well-being and other outcomes are poor. Attachment theory is frequently referenced in empirical literature and utilized as a framework for both understanding and intervening in the lives of youth in care. The theory – originally conceptualized by John Bowlby (1969) – explains the significance of early relational bonds between mothers and babies as the underpinning of overall well-being and functionality in future functioning and relationships (Bowlby, 1969; Bretherton, 1992). Bowlby proposed that

attachment, which references the strength and quality of the connection between a baby or young child and her primary caregiver, was the result of an instinctive behavioral system that centered an all-or-nothing manifestation and trajectory. However, later theoretical and clinical work demonstrated the more nuanced existence of a range of attachment 'types' (Ainsworth et al., 1978). This latter understanding has endured in the attachment theory and literature.

When secure, the attachment relationship functions as the basis for the child's experiences of safety and emotional regulation. After childhood, individuals who experienced secure primary attachment are effectively able to appropriate their anchors of trust and worthiness over to other relative, peer, and romantic relationships (Bowlby, 1969; Ainsworth et al., 1978). A secure attachment is considered a foundational building block for future well-being. Alternatives to secure attachment are various levels of avoidance and distrust in others, or anxiety and feelings of worthlessness (Bowlby, 1969; Ainsworth et al., 1978), and an overall sense of moving about the world without a safe anchor. Poor attachment, classified as 'insecure' or 'disorganized,' has been linked to later difficulties, such as juvenile criminal behavior (Hoeve, et al., 2012; Wampler & Downs, 2010). Thus, attachment is a critical and innate bond that promotes early bio-psycho-social survival in infancy, and later holistic growth and capacities – or well-being – throughout childhood and adulthood (Allen et al., 1998; Elgar et al., 2003; Hirschi, 1969).

Children and youth in foster care largely enter the child welfare system when agents of the system determine that they are at risk of abuse or neglect in the care of their parents' or caregivers'. They may not have benefited from secure attachment to a caregiver, or they may suffer from the negative effects of the rupture or loss of their secure attachment when removed

from their original homes. This can have lasting effects on their future well-being, exposing them to additional risks in areas such as criminality, drug use, and mental health (Andersson, 2005). Bowlby's later work acknowledges how adolescents and adults also express attachment behaviors – that is, reaching out to a significant adult and seeking comfort and acceptance in times of need (Bowlby, 1988). Attachment disruptions that occur in childhood and adolescence can have many negative ramifications, including in areas of well-being. For example, negative well-being ratings for adults formerly in foster care have been found to be related to ruptured attachment at the time of out-of-home placement in childhood (Cook-Fong, 2000). Attachment theory provides a framework for understanding the establishment and maintenance of human well-being, as well as insight into how the disrupted relationships of children and youth in care might affect their well-being.

Well-Being by Life Stage: Theories of Human Development and Late Adolescence

The life stage of late adolescence into emerging adulthood is a critical time for all individuals, including for youth in care. Research demonstrates how impactful even one year of additional state support and care can be for the outcomes of older youth exiting the foster care system (Courtney et al., 2010). Thus, life stage theories of human development can provide more insight into the well-being of youth in foster care. Theory and research show that the development and future outcomes of children and adolescents in care is impacted by their experiences of trauma and relational disruptions (Sroufe & Jacobvitz, 1989); as such, their development differs from and may lag behind that which is theorized as "typical" for their non-fostered peers. Examining developmental norms and expectations among the population of youth

and older adolescents in general provides a frame of reference for the differential experience of older youth in care.

Erik Erikson initiated his theoretical work on human development through longitudinal studies of children and adolescents (1968). His articulation of eight distinct stages of psychosocial development points to the need for balancing competing tensions between individual needs and societal needs or expectations. Within this framework, achieving balance is considered the path to well-being (1993). According to Erikson, that central quest for adolescents is one of identity, as adolescents navigate a time of intense exploration of values, beliefs and goals. Adolescence is broadly understood as a time of relative tumult in one's development. While spurred by rapid physiological changes in the brain and body, the intense, wakened longings of adolescence are likely misunderstood when simply ascribed to hormonal fluctuations (Kessler, 2000). Instead, the challenges or instability during adolescence may be more closely tied to "(t)he larger questions about meaning, identity, responsibility and purpose [that] begin to press with an urgency and loneliness we can all remember" (Kessler, 2000). Thus, making meaning may be the focal point of adolescent and youth development (Ingersoll & Orr, 1989). To be *well* during this time is to "establish a sense of individual identity and feelings of self-worth which include an acceptance of his or her body image, adaptation to more mature intellectual abilities, adjustments to society's demands for behavioural maturity, internalising a personal value system, and preparing for adult roles" (Ingersoll & Orr, 1989). Well-being is not solely an individual or isolated phenomenon. As in other stages of life, adolescent and youth well-being is related to strong, healthy relationships and the presence of support systems (Erikson, 1993; Arnett, 2000; Arnett & Jensen, 2019; AIHW, 2007). Of course, youth in foster

care negotiate this tumultuous adolescent life stage, as well. However, their trajectory may include added pressures and obstacles related to trauma, as well as unstable or disrupted relationships with key members of their support networks.

Decades after Erikson's theorizing on stages of life, Arnett (2000) introduced an additional phase of development: emerging adulthood. This phase of development builds on Erikson's stages while acknowledging that the period between high school and age 30 is a time in one's life that is also wrought by key tensions and development, as well as uncertainty. He describes that this unique phase is one defined by identity exploration, instability, self-focus, feeling in-between, and discerning possibilities for the future (Arnett, 2000; Arnett & Jensen, 2019). A state of well-being in this theoretical context includes both freedom and support to explore, make meaning, and find stability and success in the areas of work, relationships and belief systems. Again, these are the same rich tensions and opportunities that define the lives of former youth in care; and these individuals may also face additional challenges as a result of their stead in foster care.

According to these conceptualizations, the work of achieving well-being during late adolescence and early emerging adulthood requires balancing many competing needs and priorities while also striving for understanding and self-actualization on multiple life dimensions. This is the case for all people, including youth in care. Of course, these descriptions of optimal well-being and 'normal' development are dependent upon available resources – financial, educational, relational, and otherwise. Research shows that relative wealth and resources impact child and adolescent outcomes, such as cognitive and social-emotional functioning (Brooks-Gunn et al., 1993). In situations of deprivation, abuse, poverty, or trauma, such as those

experienced by youth in foster care, these conceptualizations and developmental models may prove inaccurate or insufficient to fully describe their lived experiences and developmental trajectories.

The developmental trajectories of youth in care – from neurobiology (Bernard et al., 2018) to affect regulation (Narendorf et al., 2016) - have necessarily been influenced by their trauma. Research on emerging adulthood among former youth in care confirms this concern. Studies show that emerging adults who have experience with child protective services or foster care may be more vulnerable than their non-involved peers. For example, emerging adults with histories of investigated maltreatment were 3 and 24 times more likely to be victims of robbery or physical assault (respectively) than their non-involved peers (Helton & Gochez-Kerr, 2017). In another study, young adults with a history of foster or out-of-home care demonstrated higher risks compared with the general population on many measures of well-being: self-support, education, mental health, criminality, teenage parenthood, mortality, suicidality, alcohol and drug use, and disability (Kääriälä & Hiilamo, 2017), even after adjusting for various birth parents' socio-economic, demographic, and mental health–related factors. Emerging adults with foster or other out-of-home care experience struggle in many areas of well-being. While developmental models and theories are foundational for understanding the critical role of well-being in the lives of all people, the supporting literature demonstrates the barriers to well-being that youth in care often face. Thus, this study into the experience of well-being among youth in care during the older adolescent life stage is an opportunity to better understand and support their well-being into adulthood.

Outcomes, Risks and Strengths Related to Well-Being among Older Youth in Care

Theory suggests that adolescence and emerging adulthood are pivotal times in the life course, while research shows it is a time of continued risk and vulnerability for former and current youth in care (Courtney etal., 2001; Gochez-Kerr & Helton, 2017). According to the 2012 Department of Health and Human Services memo, well-being of children and youth in care should focus on four areas of functioning: physical, cognitive, emotional and social (USDHHS, 2012). The literature demonstrates that in all of these realms, youth in care are found to have poor outcomes relative to their non-fostered counterparts (Biglan et al., 2004; Klee et al., 1997; Longhofer et al., 2011; Maschi et al., 2008; Rubin et al., 2005; Steele & Buchi, 2008; Urquiza et al., 1994). Specifically, in each of these functional areas, research has shown that youth in care consistently demonstrate difficulties or low attainment. Youth in care more often struggle with their physical functioning, with more chronic medical problems (Rubin et al., 2005) and poor access to medical care (Steele & Buchi, 2008). Their cognitive functioning is a concern, as evidenced by greater prevalence of low IQ, learning differences, and developmental delays (Klee et al., 1997; Urquiza et al., 1994). The psychological or emotional functioning of youth in care is impacted by significant mental health diagnoses (Steele & Buchi, 2008) and high rates of psychotropic medication prescriptions (Longhofer et al., 2011). The social or behavioral functioning of youth in care is also a concern, as evidenced by significant internalizing behaviors (e.g., depression, anxiety, suicidal ideation) and externalizing behaviors (e.g., drug use, aggression or opposition) (Biglan et al., 2004; Maschi et al., 2008). From these data, one can conclude that policy- and practice-as-usual yields untenable outcomes for youth in

care and exposes them to dangerous risks that may gravely threaten their current and future well-being.

There is additional evidence related to the specific age group of this study – older adolescents or early emerging adults – showing that this group of youth in care are at particular risk of poor outcomes. Approximately 23,000 youth in foster care will "age out" of the system each year. Those youth experience more homelessness (Brandford & English, 2004; Pecora, et al., 2006), lower educational attainment (Courtney et al., 2004), and barriers to gainful employment (Dworsky & Gitlow, 2017). Former youth in care are also found to engage in more criminal activity than their non-fostered peers (Gypen et al., 2017). In fact, outcomes for these youth have been consistently poor for decades. In 1998, a national study of youth in care aging out of the system found that 38% reported emotional problems, 50% reported illegal drug use, and 25% were involved in the legal system (Courtney & Piliavin, 1998). Only 48% of the youth had graduated from high school at the time of discharge from the system, and only 54% had graduated high school two to four years after discharge (Courtney & Piliavin, 1998). Despite policy changes to improve the lives of youth over the past few decades and since the time of that study, outcomes for former youth in care have remained poor. A later set of studies out of Chapin Hall at the University of Chicago found that by age 26, less than 7% of former youth in care who have aged out of the system have two- or four-year degrees and 20% had no higher school diploma nor GED. The same studies showed that over 72% of the women and 53% of the men have at least one living child; almost 43% of the women and 74% of the men have been incarcerated; and over 31% were homeless (or "couch surfing") at some point after leaving foster care (Courtney et al., 2011; Courtney et al., 2004). By these measures, youth who age out of care

continue to struggle in key areas of well-being into their adulthood. These consistent findings demonstrate the pervasive conditions of risk and challenge for current and former youth in care across many domains associated with well-being. Together, this evidence highlights the need for more attention and understanding of well-being for this population.

Youth Strengths

On the other hand, even in the face of serious risk and troubling projected outcomes, youth in care also demonstrate notable strengths and capabilities for survival and thriving, despite and sometimes because of their stead in the child welfare system. For many youth who spend many years in child welfare and reach the age of majority, they do indeed demonstrate both assets and resources that convey a protective function for their transition into adulthood. In a recent meta-analysis of the strengths and resilience literature for youth in care (Nuñez et al., 2022), a team reviewed over 3000 articles and analyzed 12 to understand the resilience landscape for youth exiting the child welfare system. Participants in the 12 studies were aged 17-26 with N = 33 - 7,449. The researchers identified 55 factors of resilience and 38 youth outcomes, organized into six domains related to well-being: mental health (e.g., depression, quality of life, attachment styles), physical health (e.g., homelessness, sexual practices), substance use, education (e.g., college enrollment, educational attainment), employment, and criminal justice involvement (e.g., arrests). The protective factors were related to two central dimensions: (1) the youths' foster care experience, such as time in extended foster care (Prince et al., 2019; Okpych & Courtney, 2017), placement stability (Katz et al., 2017) and the presence of positive adult relationships - like mentors (Munson & McMillen, 2009) or foster caregivers (Ahrens et al., 2013); and (2) youth characteristics or assets, such as emotional intelligence (Kennedy et al.,

2019) and educational aspirations (Courtney & Hook, 2017). Overall, the statistically significant protective factors demonstrate a wide array of pathways to positive well-being outcomes for youth exiting care. The meta-analysis team points out that these areas of resilience in the form of both assets and resources or helpful circumstances would be valuable foci of intervention to improve the outcomes of youth in care (Nuñez, Beal & Jacquez, 2022).

While resilience literature points to evidence of resilience on the part of individual youth in care, the field of social work compels us to challenge the notion of individual resilience in the face of systemic violence and oppression. As a profession, we must grapple with the expectation that any one person can or should cultivate and apply sufficient grit, perseverance or resilience within recalcitrant systems that subject children and youth to inhumane levels of trauma and harm. A focus on resilience tacitly absolves responsible parties from their actions, policies and practices that create the conditions where resilience is required. There are some situations human beings should not be expected to bounce back from; instead, those with power ought to work not to build up the skills of resilience in individuals, but to dismantle the systems causing the harm in the first place. Still, the importance of youth strength, values, beliefs and perseverance cannot be overstated. These themes are addressed further in the findings and discussion chapters below.

Additional Theoretical Considerations: Feminist Standpoint Theory

The preceding background demonstrates the well-being arenas where definitions are informative, but in which the voices of youth in care are missing. The evidence of youths' strengths in the face of crippling odds against them is a testament not only to their capabilities for perseverance and survival, but also the value of their unique perspectives on this issue of well-being. While this all points to the need for and value of a study of well-being for youth in

care of the state, I felt additional framing was necessary given the significance of the youths societal marginalization. Other marginalized groups have also elevated the importance of perspective and voice through social movements and theoretical and academic discourse, leading to the development of theories that can be applied to youth in care.

Youth in care are often unable to access pertinent and valuable resources, knowledge and power by virtue of their age, often their social class or race, and generalized stereotypes erroneously claiming their agency or fault for winding up in foster care. As an oppressed group of individuals in society and within the child welfare system (Bruskas, 2009), youth in foster care have limited opportunities to express their needs, strengths and opinions. Social position shapes what we can know, while control and influence likely obstruct the ability of people in power to know the position of the marginalized. Standpoint theory was developed as a response to the squandered perspectives of oppressed people and is applicable to this study.

The original standpoint theory, as conceived by philosopher Georg Wilhelm Friedrich Hegel (1977), evolved from considerations of the divergent possible epistemologies of people who were enslaved and enslavers. Hegel recognized that although they shared many experiences, the two groups would not have the same ideas or knowledge, nor make the same meaning of those shared experiences. Yet, the perspectives of the people who were enslaved were not historically sought or understood. Standpoint theory endeavors to uncover those forgotten or invisible sources of knowledge. The feminist lens and approach to standpoint theory brought elements of feminist theory to bare on the challenges and disenfranchisement of women in academia, as both scholars and subjects.

Early feminist standpoint theorists include Dorothy Smith (1987), Nancy Hartsock (1983)

and Sandra Harding (1986, 1991), who emphasized the importance of centering women's knowledge and ways of knowing. Harding argued that it is typical for people "at the top of social hierarchies to lose sight of real human relations and the true nature of social reality and thus miss critical questions about the social and natural world" (Borland, 2020). In fact, it is people at the 'bottom' of social hierarchies who are in a formidable position and favorable starting place for academic inquiry into human conditions, including communication, behavior and social position. Feminist standpoint theory seeks to provide a view of humanity – predominantly through the social sciences – beyond that of dominant power groups, affirming that "when one starts from the perspective of women or other marginalized people, one is more likely to acknowledge the importance of standpoint and to create knowledge that is embodied, self-critical, and coherent." (Borland, 2020).

Feminist standpoint theory also challenges the assertion that science and research are objective, a claim that often ignores the inherent biases of male-centric norms in societal life and scientific inquiry. In introducing the unique perspectives of people of intersectional identities, for instance gender and race, Patricia Hill Collins (1986, 1990) harkened a black feminist standpoint theory. She not only called for female-centric knowledge, but also for the rejection of science and knowledge that dehumanizes or objectifies people. In these theories, centering female epistemologies and eventually those of other marginalized groups, allows for more holistic and nuanced understanding of human perspectives and experiences. Nancy Medina-Minton suggests a distinctly child-centric standpoint theory (Medina-Minton, 2019), noting that children experience the marginalization and powerlessness of oppression. Children and youth in care experience this and more. As an epistemological guide, feminist standpoint theory supports the

notion that although Western positivistic scientific knowledge continues to dominate research fields, including social work, other ways of knowing are equally valuable.

There are multiple compelling reasons for the inclusion of feminist standpoint theory as a valuable guidepost and lens for the current study. First, feminist standpoint theory centers the lived experiences and perspectives of forgotten or invisible people. Because youth in foster care are a marginalized group, this critical theoretical orientation promotes the foundational impetus for the study. The theory endorses the inclusion of folks on the margins in the knowledge generation process, not just as subjects but as embodied and self-critical co-creators of knowledge around an issue or experience of importance to their social realities. This is directly relevant to the present study's research question that invites youth in care to express their life experiences in their own words. The need for more knowledge to emerge directly from the words and experiences of youth in care is supported in detail in the following literature review chapter.

Second, feminist standpoint theory provides the ontological and epistemological argument – affirming that systems and individuals in power cannot rightly know the realty of a marginalized group – that prompts this study to look at the chasm between the well-being expectations for youth in care and their realized outcomes. As a field, child welfare acknowledges a continual concern over poor well-being and other outcomes for current and former youth in care, signaling that at least some of the knowledge, and related practices and policies, related to children and youth in care are incorrect. Lastly, the critical lens of feminist standpoint theory supports the use of alternative research protocol that challenge male- and Western-dominated scientific inquiry. Rather, it centers the value of knowledge generation from the population under study, which can be accomplished through Participatory Action Research.

These methodological decisions and plans are explored in further detail in the Methods section.

Conclusion

There is a clear disconnect between theorized and realized well-being for youth in care. Theory and research demonstrate the foundational importance of well-being for all people, including marginalized groups such as children and youth in foster care. The field of child welfare has a history of policy-related efforts to secure the well-being of children and youth involved in the system. However, research consistently shows poor outcomes for youth in care, demonstrating their deficiency in many areas related to well-being. To attend appropriately to the well-being of youth in care, there must be a better understanding of the youths' lived experience of well-being, acknowledging their unique positionality and perspective through a critical lens like feminist standpoint theory. The perspectives of youth themselves are essential to understanding how they experience and make meaning of their well-being; phenomenology and Participatory Action Research (PAR) as methods to achieve this end are discussed below. This study allows the field to better understand and name the chasm between optimal well-being definitions and the lived experience of well-being for youth in care.

Chapter 2 reviews the literature for definitions and descriptions of well-being, particularly those informed by subjective perspectives of young people—an area of study with accompanying methodological approaches that appear more commonplace outside the U.S. Thus, many of the studies included in the literature review below are from international research studies conducted outside the U.S.. The implications of this reality on the present study are discussed throughout. The literature review reveals a need for a study where young people in foster care in the United States can share their lived experience and definitions of well-being.

CHAPTER 2

LITERATURE REVIEW

Well-being as a state of human existence matter for all people and is especially important to understand for a marginalized group like youth in care. Of particular concern, though, is the observation that well-being has only recently resurfaced as a primary, explicit consideration and objective for youth in the foster care system (USDHHS, 2012). Additionally, youth in care are struggling in areas of well-being, and are thus falling behind in reaching their full human potential as described by relevant theories and child welfare policies. Further, these concerning outcomes are experienced at a disproportionate rate by young people of color in the child welfare system. In support of this study, which seeks an understanding of well-being from the standpoint of youth in care, the following literature review explores relevant conceptual directions and methodological lessons from a range of studies exploring child and youth well-being.

The literature review supports the present study by outlining the current state of literature around the definition of well-being in child welfare. Overall, there is limited literature in this area. Definitions of well-being available in child welfare are formed by adults in the realms of child welfare policy, research and practice and frequently, definitions are not named explicitly, Instead, these conceptualizations must be induced from other information such as research variables. There are also understandings of well-being determined through engagement directly with children and youth, however these studies are from outside the United States and the youth are not involved in child welfare. The clear gap in this literature base is the lack of a definition informed directly by children or youth in the US foster care system. To fill this gap, the literature

review further considers what methodological anchors exist in the literature to guide the direct

involvement of youth in research around their experiences. Table 1, read left to right,

summarizes these areas of research and captures the summary of the arch of the following

literature review:

Table 1. Summary of Literature Review

Current Conceptualizations of Well-Being for Youth in Care	Gap in Literature	Guidance for Addressing this Gap with the Current Study
- Policy - Bill of Rights 2012 memo - Research - Tools - Frameworks - Variables - Practice - Child welfare professionals - Measurements & instruments	A well-being definition informed directly by youth in the US foster care system	- Methodological approach - Participatory-action research (PAR) - Art-based research - Data collection

Current Conceptualizations of Well-Being for Youth in Care

Child welfare policy makers, researchers and practitioners acknowledge that well-being

is a multi-faceted concept whose definition is important to policy and practice (McGhee et al.,

2015; USDHHS, 2012), yet is difficult to articulate (Jones et al., 2015). It is important to have a

comprehensive and accurate definition of well-being for youth in care, both because the well-

being outcomes for youth in care continue to be poor, and because "the definition used becomes

the reality of practice" (Jones et al., 2015). With this logic, if the definition is inaccurate or

incomplete, we can assume that child welfare practice will mirror the false definition and

ultimately fail to meet the true or underlying well-being needs of children and youth in care. As addressed in the previous chapter, people who have experienced foster care struggle in many areas of their functioning, from poor health (Rubin et al., 2005) to their social behavior (Maschi et al., 2008). Judging from relevant outcomes studies on how well former youth in care fare, one can conclude that "treatment as usual" for the well-being of youth in care is not sufficient for these young people to thrive and reach their full human potential.

Policy-Related Understandings of Well-Being

Child welfare policy has attempted to conceptualize and define well-being for children and youth in care. As noted in the previous chapter, well-being as a concept in child welfare policy has evolved over time. To recap the policy discussion in Chapter 1, early conceptualizations of well-being in child welfare policy in the early 20th century leaned toward broad, holistic and expansive descriptions of human flourishing and dignity, while more current policy definitions of well-being focus on more narrowly defined child and youth functionality with highly measurable outcomes. These dichotomous conceptualizations are best characterized by two formal child welfare documents: (1) the 1973 Bill of Rights for Foster Children (1973; Appendix A) – which states that children and youth in care should be cherished by a family, receive loving care and respect, and be treated as a unique human being and (2) the 2012 DHHS memo, which defined the well-being framework to include child or youth functioning in four areas: cognitive, physical, emotional/behavioral and social (USDHHS, 2012). As noted in the previous chapter, US child welfare is impacted by the forces of racism and neoliberalism, however neither policy document acknowledges the racial or economic disparities among families involved in child welfare. The incongruous conceptual realms represented in these

seminal documents illustrate the historical trajectory of well-being definitions in child welfare and provide a wide range of foundational understandings upon which the current study was built. Through the current study, youth in care in today's U.S. context had an opportunity to explain their experience of well-being, which was later compared to these frameworks (see Chapter 5: Discussion).

Defining Well-Being in Research

Well-being is a well-researched concept for scholars interested in the lives of all children and youth, including youth in care. Researchers utilize measurement tools and variables that point to operationalized definitions of well-being. Survey questions with phrases related to well-being, like "enjoying and achieving" (Barker, 2009) point to assumptions about well-being definitions, as do discrete measurement tools aimed at assessing and tracking the well-being experience of all young people, such as the Child and Youth Well-Being Index (Land et al., 2001) and Huebner's Multi-Dimensional Student Life Satisfaction Scale (Huebner, 1994). A large federally funded longitudinal study, the National Survey of Child and Adolescent Well-Being, or NSCAW, looks at the well-being of thousands of children and youth around the country, a subset of whom are involved in child welfare. The study includes nationally representative, longitudinal data collected from 1999 to 2012. Analysis of the NSCAW data substantiates the racial disproportionality of foster care placements, showing Black/African American children being 44% more likely to be placed in foster care than White children (Knott & Donovan, 2010). Numerous outcomes studies of youth in care have also utilized data from NSCAW (Dolan et al., 2011; Farineau et al., 2013; Rajendran et al., 2015; Rubin et al., 2007).

For this multi-faceted study, child well-being data was collected through nearly 40 modules of youth functioning, peer and family relationships, and youths' future plans. The measures included in NSCAW look at well-being as the collection of physical health and special health care needs; cognitive functioning and academic achievement; social, emotional, and behavioral health; developmental milestones of young children; and risky behavior in adolescents (Dolan et al., 2011). Through these measures, the NSCAW provides a framework for conceptualizing well-being among youth in care. Its focus on multi-dimensional functioning aligns with the DHHS well-being framework, which centers on the same. Though internally consistent, these understandings of well-being miss elements of human experiences captured by other frameworks and definitions.

Other approaches to conceptualize a comprehensive definition of well-being directly include the synthesis of terms and creation of models or frameworks aimed at capturing the concept (Jones et al., 2015; McGhee et al., 2015; Orme, et al., 2006). One such framework is The Well-being Indicator Tool for Youth (WIT-Y), created in 2013 by Anu Family Services (2013), which includes eight dimensions of well-being: safety and security; relationships; mental health; cognitive health; physical health; community; purpose; and environment. The model suggests that it is the sum of these interrelated elements of well-being that constitute the full well-being experience of young people.

Well-being is also approximated in some research by proxy variables, such as resilience (Drapeau et al., 2007) or self-esteem (Farineau et al., 2013), which are also complex phenomena. Other variables of the human experience, which are more easily observable and measurable - such as criminality, educational attainment, or economic or career outcomes (Mersky &

Janczweski, 2013) or internalizing and externalizing behaviors (Rosanbalm, et al., 2016) - can approximate well-being by their presence or absence. While research using these variables points to a robust set of observable behaviors and outcomes to describe the well-being of children and youth in care, these approaches to considering well-being largely neglect discussion of other critical factors for human flourishing, such as relationships, safety and security, and life direction.

What this research also broadly has in common is a focus on child and youth well-being from the perspective of the policy makers and researchers who determine the conceptual bounds of well-being before collecting data about or from children and youth participants. Because they choose the variables and measurement tools, their conceptualizations of what constitutes well-being are reinforced and the perspectives of children and youth remain unrepresented in crafting the conceptual narrative and measurement of their well-being.

Defining Well-Being in Practice

Lastly, the field of child welfare practice also promulgates definitions of well-being. The studies reviewed below are in the realm of exploratory research, where the research participants are practitioners. The findings point to definitions of well-being that practitioners apply to their work in child welfare, and therefore directly influence the experience of young people with whom they work.

Perspectives of Child Welfare Professionals

While the key studies noted above explored how individuals describe what well-being looks and feels like for children and youth in care, their intent was not to craft a well-being definition from their findings. This is an essential gap that this current study addresses.

Previously, I worked with two other scholars to look at the meaning and essence of child and youth well-being according to child welfare professionals (Wesley [nka Colacchio] et al., 2019). Caseworkers and other child welfare professionals play an important role in the lives of children in care and have a unique vantage point on their experiences of well-being. Because of the centrality of well-being in the policies and practices that govern and support youth in care, we felt it was important to explore a nuanced and practice-informed definition. In the secondary data analysis, we utilized a subset of data from an original study (Gibson et al., 2018), where my second and third authors had interviewed child welfare professionals regarding their understanding of well-being in the practice context.

The study participants were 29 child welfare professionals holding various positions within the field, but all had practice experience with children and youth in foster care. The research team on the original study conducted in-depth, semi-structured interviews with the participants, asking questions related to their understanding of various concepts – including well-being, trauma-informed practice, and relational practice – and to their experiences of barriers to and facilitators of these practice approaches. The initial analysis exposed a more nuanced question around the distinct definition of well-being. This prompted the secondary data analysis, or retrospective analysis (Thorne, 1994), of a subset of the complete data related directly to participants' well-being definitions. We used a phenomenological approach to analysis for this phase of analysis.

As was evident in the previous chapter, this study's participants also acknowledged the nebulous nature of well-being as a concept. Still, findings from this study pointed to a succinct understanding of well-being that includes two central domains of meaning: well-being as a

practice approach and well-being as a lived experience. The well-being practice approach was described by participants as a lens and set of actions and behaviors undertaken by child welfare professionals and other adults in the system. Thus, well-being was something that these individuals could *do* with and for children in care. The other domain, the lived experience of well-being, was the subjective, deeply felt experiences and understandings of children and youth in care. Here, well-being was something that the children and youth themselves could sense and feel. These two domains shared thematic details across three themes, or clusters of meaning: humanization; fulfilling connections with responsive adults; and a long-term, hopeful future orientation (Wesley [nka Colacchio] et al., 2019).

Child welfare practitioners are often interested in ways to intervene to support youth well-being. Before practitioners can prescribe and monitor interventions, exploratory research can be useful in pointing to new or improved mechanisms for measurement. Accurate and comprehensive definitions of well-being would be a first step toward better measurement, tracking and intervention. A team in England was interested in the ways in which child welfare organizations and professionals measure and track the well-being of youth in care. They argued that proper measurement of the well-being experience of youth in care is required in order for the system to accurately determine the well-being needs of children in care, and to ensure that children's lives were being improved by their stead in foster care (Ryder, Edwards & Clements, 2017). In order to arrive at a comprehensive understanding of the measurement issues, the team saw a need to first explore how individuals close to the child welfare system define well-being for children in care.

In their report from the National Children's Bureau of England, the researchers shared findings from a study conducted with child welfare professionals and children in care. The study was conducted with 118 child welfare professionals in England. All participants completed surveys and a subset of the sample also participated in interviews with the research team. The aim of the surveys and interviews was to gather the child welfare professionals' understanding of well-being from their experience working with and observing children in the system. They were asked to offer their definitions of the concept. They were also asked extensively about the measurement tools and procedures they use to capture data on the well-being of children on their caseloads. Additionally, the researchers convened five focus groups with children in care and reported on those findings (Ryder et al., 2017). However, there was a dearth of details regarding the methods used in recruitment or data collection for the youth focus groups, a weakness of the study.

The central aim of the report was to discuss the importance of, and procedures related to, measuring well-being. Still, the findings from the study's inquiry into the definitions of well-being yielded categories of meaning reminiscent of others reviewed in this chapter. According to the child welfare professionals, well-being is a vague concept, yet participants were clear that well-being is both relational and subjective, echoing themes from the U.S study with child welfare professionals (Wesley et al., 2020). From the English study, the definition of well-being included a holistic experience of physical, emotional, relational and spiritual health and happiness. Additional themes from the survey's open responses included well-being as "being safe, secure and feeling cared for and loved" (Ryder et al., 2017). Well-being was also described as a state where one's needs are met to achieve one's potential and thrive now and, in the future,

including the ability to build positive, stable relationships. In the focus groups, the children defined well-being in terms of multiple dimensions of health, as well as feeling happy, confident and cared for. These definitions are reminiscent of the U.S. Bill of Rights for Foster Children (1973).

This study contributes greatly to the effort to define well-being for youth in care. Again, the perspective of child welfare professionals is valuable to the discussion, and the research team in England did make attempts to engage children themselves into the process of defining well-being. However, because the recruitment and data collection procedures related to the youth participation was unclear, this leaves a significant gap and opportunity in the field to intentionally gather and report on both the research process and findings related to a well-being definition according to youth themselves. The English team also acknowledged the continued gap in this understanding from the perspective of youth. Through their discussion, they further conveyed the need for improved understanding and measurement of well-being for children and youth in care. The present study addresses these needs. It directly attends to that gap by involving youth in care as co-researchers in the participatory action research study and points to opportunities for improved measurement of well-being. This study advances the discussion of defining well-being for children and youth in care and points quite directly to the need for the current study.

International, Non-Child Welfare Context

Up to this point, the literature review explored well-being definitions as conceptualized through child welfare policy, research and practice. What is missing is a child- or youth-informed definition. In this section, the literature points to examples of child and youth

explorations of the well-being concept in a large, multi-national study. Based in the United Kingdom, this study was conducted with vulnerable child and youth populations.

In multiple studies of child well-being, researchers utilized sources of data from a longitudinal international study of children and youth called Young Lives (e.g. Barnett et al., 2013; Crivello et al., 2009). The central project collects longitudinal data from 12,000 children and youth living in poverty in four countries around the world: India, Peru, Ethiopia and Vietnam. Data includes measures looking at poverty, education, health, work and other areas of child and family life. One paper looked at data aimed at understanding the well-being of children from their own perspective. Engaging the children and youth directly in data collection contributes to the understanding of the "objective, subjective, and inter-subjective dimensions of their experiences in ways that are holistic, contextualized and longitudinal" (Crivello et al., 2009, pg. 1).

This study had a dual focus: to uncover how the children and their caregivers understand well-being, and to explore the utility and procedures of specific child-centered, qualitative methodologies, which in this case were a Wellbeing Exercise, Life-course Timeline and Body Mapping (Crivello et al., 2009). The research team termed the study as participatory, pointing to the children's direct engagement in providing data. This differs from other understandings of participatory research, where members of the population under study participate as part of the research team (McIntyre, 2000; Tandon, 1988). For this multi-national study, the data collection was part of a pilot study to evaluate the value and procedural feasibility of these new methods to the Young Lives project. The sample was 200 children across the four countries, from two cohorts of study participants, ages 6-7 and 12-13. Some of the children's caregivers also

participated in the study. In the Wellbeing Exercise, researchers led participants through an activity to describe what a child would be like who was doing well, and then one who was doing poorly. The Life-Course Timeline exercise invited children to explore what they consider memorable or important moments from their lives – both positive or happy, and negative or sad – on a chronological timeline. Through Body Mapping, children were invited to use a drawing of their bodies to articulate the location and meaning of positive and negative experiences and feelings that they experience in their body. The language considerations across the four countries required using slightly distinctive phrases for the activity prompts in each country.

The descriptions of well-being (and ill-being) differed across the four countries, and between the various data collection activities. For instance, during the Wellbeing Exercise, children in Vietnam described well-being as (1) having a happy and healthy life with no sickness, and (2) being loved by parents and others. Older boys from India described well-being in terms of the household appliances a child has in their home, that they eat good food, study hard, appear clean and physically healthy, and seem happy. In the Life-Course Timeline, children from Ethiopia shared some similar ideas regarding their health, food and material goods, and also spoke about hopes and intentions for their future. The research team did not attempt to synthesize the definitions derived across the countries or activities, perhaps because the emphasis of the pilot study was to determine the future utility of the data collection methods.

This research demonstrated the critical component of context in understanding well-being for children and youth across cultural and experiential differences. The research team asserted the importance of using multiple child-centered methodologies to uncover the experience of the concept. The research team acknowledged their *a priori* perspectives on well-being, namely that

"wellbeing is a socially contingent, culturally-anchored construct that changes over time" (Crivello et al., 2009, pg. 53). This points to the potential limitations of well-being definitions that are broadly applied across different populations, cultures, contexts and life circumstances, and supports the need for tailored explorations of well-being for specialized populations, such as older youth in care in the United States in this study.

Their approach to discussing the well-being concept informed the current study, namely utilizing a timeline to elicit narratives about the youth or child's life and inquiring hypothetically about what a good life or bad life would look like for children. Compared to the present study's sample, this sample was younger children and from multiple international sites, yet the population of this study shares the experience of disadvantage and marginalization with the population of interest for the present study. Still, as the authors noted regarding the importance of culture and context in understanding well-being, the experience of older American youth in foster care is distinctive and requires a dedicated study to understand.

Gaps in the Literature

There is a dearth of literature aimed at developing a definition of well-being. Inductive definitions of well-being in child welfare can be seen in work in the realms of policy, research and practice. However, the overwhelming gap in these is the voice of youth themselves who are both in the United States and involved in child welfare. The studies described above invited children and youth to define well-being employed creative activities to elicit their understandings of well-being involved youth in poverty, but who were not involved in child welfare. The present study aims to fill these gaps. The remainder of the literature review explores methodological

considerations to most effectively engage youth in a research project aimed at uncovering their understanding of well-being to inform a youth-driven definition of the concept.

Methodological Approaches to Engage Youth in Research

The following sections explore literature of relevant methodological approaches that have been successful in engaging young people in research about their experiences. These helped inform the design of the current project.

Participatory Action Research

It is critical to include children and youth in the conversation about their own well-being. Much of the literature base on the foster care experience is focused on functional outcomes (as reviewed in the previous chapter) or is derived from adults looking back on their time in foster care. This might include adults' reflections on the perceived impact of multiple foster care placements (Unrau et al., 2008) or the experience of transitioning to independence (Adley & Jupp Kina, 2017). Few studies explore the direct, present-oriented foster care experience of children and youth while they are still residing in foster care (Mitchell & Kuczynski, 2010; Mitchell et al., 2010).

Because of the unique experiences and often marginalized positions of youth in foster care, it is critical that youth can give voice to their own lived experience within the system. As discussed in the previous chapter, feminist standpoint theory points to the critical value of centering marginalized voices in research. One way that youth voice is incorporated in research of youth in care is through participant (or participatory) action research (PAR). PAR is considered one method to involve marginalized individuals more directly in the research process, whereby the implicit imbalance of power between the researcher and the researched is

eliminated, or at least improved upon (Kemmis et al., 2014; McIntyre, 2000; McIntyre, 2007; Tandon, 1988). As a marginalized group with limited access to the resources or conversations necessary to improve their stead (Unrau, 2007), PAR is indicated for use with youth in care. It promotes the valuation of their perspective or standpoint. While a critical and feminist application of PAR has been used in other research areas, such as with LGBTQA+ youth (Fine & Torre, 2019), at the time of this study, a thorough review of the literature evidenced no other studies published utilizing PAR with a feminist standpoint theoretical lens in child welfare.

A related methodological approach that was considered but dismissed for this study is *Youth* Participant Action Research, or YPAR. Although the focus of YPAR is to engage children and youth directly in research exploring their life experiences (Anyon et al., 2018), the target populations are younger than this study's population of interest. Participants in this study are older adolescents and emerging adults. As young people move into emerging adulthood, they require more opportunities to explore and assert their independence (Arnett, 2020). In addition to the misalignment in terms of their age category, YPAR is also not indicated for this group because of the dynamics of their marginalization and disregard while in the child welfare system. At times, youth in care feel as though they have little to no power or control over their lives, while at the same time they are expected to carry heavy burdens of daily, adult responsibilities before they are ready to do so (Mares, 2010). Using PAR instead of YPAR and treating the research participants as fully capable and autonomous agents and partners in the description of their own well-being experiences is an opportunity to push back against these dynamics.

Typically, in a PAR research project, individuals from the group or population of interest join the research team to contribute to the development and execution of a research study, from

conceptualization, sample recruitment and data collection, to analyses (Kemmis et al., 2014; McIntyre, 2007). This is usually followed by the creation of an action-oriented plan to disseminate the findings for the benefit of the home community (McIntyre, 2000). There is a focus on the reflective, iterative process of research as an avenue to reach a place of action and advocacy, to do something with the newly uncovered knowledge (Kemmis et al., 2014). This extension of the research endeavor into practical application and action is appropriate in the field of social work, which aims toward social justice and action (NASW, 2015).

When PAR is followed through to the end of the research process, the participant-researchers are empowered to use their new knowledge in service to their communities. For instance, a PAR project with a different group of vulnerable youth, street youth in the Philippines (Wartenweiler & Mansukhani, 2016), sought to understand the general lived experience of those young people. The research findings were related to youths' experience of violence, including severe corporal punishment at the hands of their parents. To effect change in their community, the youth researchers then leveraged the findings to create an educational and advocacy endeavor for adults in their community related to violence and corporal punishment, explaining the choice youth make to run away and live on the streets. This study shows the value of youth as co-creators of a research study to uncover unexpected findings in the lived experience of a vulnerable group, as well as their capacity to then offer meaningful dissemination of the information and even intervention to address the social problems they endure.

Role of co-researchers. While the underpinnings of PAR invite the collaboration of participants in the research activities, the manner and extent of that collaboration varies greatly across projects (Ponciano, 2013; Törrönen & Vornanen, 2014). A PAR study that sought the

perspective and experiences of youth in care collected multiple layers of data by involving five youth researchers (YRs), who were themselves young adults who recently aged out of foster care (Ponciano, 2013). In this study, the YRs served in multiple capacities over the life of the project. YRs volunteered to work with the lead researcher to learn about research methods and subsequently create and conduct a research study for 16 younger peers in foster care to learn about their lived experiences. The YRs assisted with crafting research questions, overall methods, data collection and analysis, and interpretation of findings. The formal data collection chosen by the team included two parts: a group activity and individual, semi-structured interviews. The YR team used their own experiences in foster care to determine what themes might be important and relevant to their peers to steer the group activity. Recognizing that the activity had limitations in terms of the depth of data collected, the YR team also planned and executed interviews with participants.

The data analysis and extraction of common themes was also a participatory process with the YRs. Through a collaborative process, the YRs contributed to arriving at the study's findings, showing that youth in foster care: 1) value education, though do not have a realistic understanding of their own educational pathway; 2) seek and find love and support outside of the family; 3) have a positive attitude about their future; and 4) are resourceful and discover ways meet their own needs. Quantitative methods were utilized to draw further conclusions from the data. The team found that a large percentage of the youth affirmed that they trust someone (88%) and feel loved (69%), although few (31%) find support within their family. Though the study did not address the concept of well-being directly, some of the findings point to areas of well-being from the policy and theoretical frames explored previously.

This study was an opportunity for youth voices to be shared from both the YRs on the research team and the participants. This study points to the value of youth in care engaging as co-researchers when seeking understanding from other youth with similar experiences and emphasizes the multitude of roles youth researchers can fill on a project. This is a valuable example that informed the present study regarding the overall PAR methodological process, with particular guidance around the roles co-researchers can fill. The last element of the PAR process, crafting an advocacy project or action agenda based upon the findings, was not completed in this study. The present study also passed on this final component of the complete PAR process (Kemmis et al., 2014).

Art-Based Data Collection

Additional methodological considerations related to data collection also helped inform this study, namely the use of art-based research practices. Artwork can allow individuals to access different parts of their brain and therefore their experiences (Dunphy, et al., 2019) and to make meaning of those experiences (Darling-McQuistan, 2017). This is especially true for those who have experienced trauma (Lobban, 2016). Art-based research methods are often utilized to enhance engagement with marginalized populations (e.g. Wang & Burris, 1997), thus these methodological enhancements were indicated for this study.

Photography, Art, and Object Sharing. In addition to PAR, researchers in various disciplines also find that exploring and amplifying the voice and perspective of study participants is aided using alternative or supplementary sources of data, alongside interviews or focus groups. Some researchers achieve this by incorporating Photovoice in their collaborative research endeavors (e.g., McIntyre 2000; 2003; 2007). The aim is for participants to document and reflect

their reality through photography. Photovoice is itself a participatory research methodology that was first formally articulated by Caroline Wang and Mary Anne Burris (1997). Early on, it was used to capture information for needs assessments in communities. Since then, there has been a wide diversity of protocols and contexts for using Photovoice (Catalani & Minkler, 2010). Though crafted to enable maximum flexibility and responsiveness to the needs of the users, the process generally includes a five-step procedure: (1) lead researchers train participants around the aim of the project and in using the cameras; (2) participants take photos; (3) all participants view their photos and everyone else's together; (4) participants have a group discussion regarding photos; and (5) participants offer codes and themes for formal data analysis of photos (Wang & Burris, 1997). The latter two steps take place in a format similar to a focus group (Morgan, 1997).

Photography and art have been utilized by researchers as a way for youth in care to better engage with adults and to express themselves and their experiences (Rice et al., 2013; Rice et al., 2014). With other populations, a few studies combine PAR, phenomenology (explored at length below) and the arts to gather and interpret a rich set of data. In a study of the learning experience of young children in school (Darling-McQuistan, 2017), the researcher engaged 5- to 7-year-olds in a dynamic project to use their drawings as a mechanism for reflecting upon and talking about their lived experiences. Another study of adults living with the disfiguring Crouzon Syndrome (Wheeler & Early, 2018), explored patients' well-being using Photovoice to understand what participants view as factors contributing to their quality of life, a commonly used equivalent of well-being. As explored below, much of the current research in this area of art-informed PAR

with children or youth is being conducted outside the U.S. (Honkanen et al., 2018; Karlsson, L. 2006; Karlsson, 2010; Poikolainen, 2014).

In a recent study conducted in a low-to-middle income suburb in Finland, researchers sought to understand how to produce and analyze data by engaging children and youth as co-researchers in the process (Honkanen et al., 2018). The research team has a record of child-centered research, particularly in the area of children and youth perspectives on subjective well-being (Karlsson, L. 2006; Karlsson, 2010; Poikolainen, 2014), and child-centered methodologies (Karlsson, 2013; Poikolainen, 2013). Thus, this study convenes a body of valuable literature in this area. While the population is different from that of the current study, the epistemology and methodology remain instructive. The epistemological underpinnings of the study included the assertion that knowledge is co-created by research participants and researchers, and that the perspectives of young people are inherently valued and can be tainted or skewed when taken only through the filter of the researcher's lens. As feminist standpoint theory acknowledges and embraces a balance between objectivity and relativism (Harding, 1991), this set of epistemological assumptions also informed the present study, pointing to the use of PAR as an informed methodological outgrowth of that perspective.

The Finish researchers looked at the well-being experience for children and youth, employing a multi-pronged approach to data collection, including non-verbal tools and methods, photo elicitation and drawing discussions to explore the phenomenon with the children and youth. This approach was used to heighten engagement with the young participants, and to widen the opportunity to fully understand the experience of the youth and children. The research team anchored and narrowed the focus of the study for the children, prompting them to specifically

consider their residential experiences and the spaces in which they reside and experience well-being, or not. This study also pointed to the value of engaging multiple modes of data collection with youth.

There were two phases to data collection for this study. The first was a photo elicitation interview, where 16 children and youth (aged 2-16) were asked to take photos of their living surroundings that represented well-being to them, specifically where they "feel good." In subsequent interviews, researchers provided the children and youth an opportunity to explain their photographs, both the objective contents therein as well as their meaning. The next phase of collection was a series of six drawing discussion groups with 49 children (aged 7-11) total. In these groups, to learn about their experiences of well-being, the children were invited to draw pictures of a "nice place in the suburbs" and a situation where they feel happy. After the children made their drawings, the research team engaged them in group conversations to discuss their drawings.

Because they were interested in both the way children define well-being, as well as the procedures and considerations of working with children as co-researchers, the study's findings covered both areas. From the photo elicitation analysis offered by the children and youth, the research team found three key themes emerged: supporting environment of well-being, social relations, and action (Honkanen et al., 2018). Different meaning was derived from the drawing discussions, from which the researchers gathered a meaningful distinction between place, or a physical location or situation, and space, or an environment where relationships and experiences contribute to one's feelings, including well-being (Honkanen et al., 2018). Regarding the co-researching process, the authors concluded that the children and youth were indeed competent

and valuable contributors to the reciprocity of research and the knowledge creation process. Even a two-year-old was able to express an important place and space to her through her picture of a staircase; in her interview, she described her father encouraging her to take the stairs herself, ensuring her safety along the way, and celebrating her when she completed the flight. The research team concluded that the photography facilitated the children's communication by offering them multiple entry points to describe their experiences, and that it expanded their power and agency as they had the permission and responsibility to drive the content of their reflections on well-being.

This study contributes to the understanding of well-being for children and young people, and also points to valuable processes and outcomes that informed the present study. The research team asserted the epistemological and empirical value to including children and youth directly in the data collection process. This supported the plan to use PAR in the current study, as well. The multi-faceted, non-verbal methodologies employed point to the value of these tools for eliciting rich data from youth and children, which was the purpose of using photography and art in this study as well. The Finland sample represented a younger youth population without recognized disadvantage or trauma, and thus does not resemble the sample of older youth in care for this current study.

Considerations for Interview Protocol

In addition to alternative or creative approaches to collect data from children and youth, the structure and protocol of the interviews is also critical to a high-quality study of well-being among youth in care. A mixed-methods study in California sought to understand children's experience in child welfare specifically related to key concepts in the field: safety, permanency

and well-being (Fox et al., 2008). The cross-sectional survey design involved in-home, semi-structured interviews with 100 children ages 6 to 13 in two urban California counties. Youth were residing in kinship care placements (n=59) and traditional foster homes (n=41), and on average had been in foster care long-term, as their average length of stay in their current placement was 5.4 years. The interviews were aided by the availability of age-appropriate props and toys to quell potential discomfort during the interviews and support engagement of the children with the interviewer.

Findings were reported on measures of safety, permanency and well-being. Children generally identified their homes as safe, but not necessarily their neighborhoods. Many expressed feelings of impermanence and challenges in their relationships with their caregivers. Still, children generally reported overall positive regard for the care their caregivers provide; additionally, they reported feeling optimistic about the future. Findings related to the children's well-being specifically included the kids' perspective of their caregivers' support for their well-being. Children reported that well-being is supported when caregivers attend to their physical well-being, their school-related well-being, as well as their hopes for the future, functioning and self-esteem. Because the interview questions narrowly probed into the child's physical, school-related, and future-oriented well-being, their findings were narrowly related to those three specific areas. Similar to the Finland study, which also utilized a narrower scope for understanding well-being, this study suggested the importance of maintaining a broad and open approach to collect child or youth responses and perspectives about their well-being.

The young children's view of their future was generally positive. However, other data shows that once youth in care move into adolescence and adulthood, their positive outlooks and

hopes for their future successes generally do not bear true. There is a missing link that requires attention between youth hope and poor outcomes for adults who experienced out of home care. Within the child welfare system, billions of dollars are spent to house and care for children and youth in care (ACF, 2017). With mixed reviews on effectiveness, there exists skill development programming designed to prepare youth and adolescents in care for successes in life, for instance in their academics (Engell et al., 2018) and financial literacy (Peters et al., 2016). There are structured strategies in place to provide guidance around how to engage with youth in care, such as the use of motivational interviewing (Richmond & Borden, 2019). Yet this gap remains. The present study explored the meaning of well-being according to the youth in care, and the findings and discussion indicate promising opportunity for a coherent, comprehensive, youth-informed understanding of well-being to instrumentally address this gap.

Lessons from the Literature for the Current Study

As indicated throughout, this literature review points to gaps that the current study sought to address as well as several lessons that informed the methodology. First, literature shows many efforts to define well-being in child welfare through policy, research and practice, yet there lacked studies that involve children or youth in those efforts. Additional studies that involved children and youth most directly and intentionally in the efforts to define well-being were conducted outside the United States, in England, Finland and in India, Ethiopia, Peru and Vietnam specifically. These studies demonstrate that well-being is an internationally recognized concept of interest for young people. Researchers and others are still grappling to understand what it means, and how to honor contextual differences while also providing common conceptual guideposts to drive measurement and intervention. Further exploration of the concept with direct

youth input and participation is required in the United States, with a focus on the population of interest: youth in care. This is the central gap that the current study addresses.

In the reviewed studies, researchers used youth-centered, verbal as well as creative non-verbal methodologies to fully engage young participants in the construction of their own meaning of their life experiences. The studies conveyed the importance and validity of youth-centeredness in research as well as the value of including youths' voices in the research process. There is a shared recognition that people close to the phenomenon need to be the ones to define it. This aligns well with feminist standpoint theory. There was also an acknowledgement that the lack of a clear definition of well-being has implications for the measurement, intervention and ultimately the healing trajectory for youths' well-being, especially in contexts of disadvantage. As described at length below, this study builds upon these efforts to engage youth in naming the meaning of well-being in their lives.

The literature also points to valuable methodological lessons for conducting research, particularly through PAR and arts-based research with children and youth. Beyond the clear indication of using PAR and creative data collection, the literature illuminates how creating connections and comfort within interviews, defining the roles of youth co-researchers, and managing the topical focus within the broad well-being concept can help shape a productive study. These lessons directly informed the methodological process undertaken in this study, the details of which are described in the following chapter.

Conclusion

In order to improve the lives of youth in care, attending specifically to their well-being, it is paramount that the field of child welfare determine how to accurately measure, evaluate and

intervene on both policy and practice levels. In order to do that, the field must first fully understand what constitutes well-being for youth in care, from their perspective. This study will explore the meaning and conceptualizations of well-being in foster care according to the youth who have lived the experience themselves.

Overall, this literature review supported the need for the present study and also provided guidance for how to design the study. The field is missing a youth-centered, participatory action project that engages diverse youth in care in using multiple verbal and non-verbal methodologies to share their lived experience of well-being in the United States foster care system. The current study, described in detail in the following Methods chapter, fills this gap in the literature.

CHAPTER 3

THE PRESENT STUDY & METHODOLOGY

This chapter covers all dimensions of the methodological process undertaken for this

study. The methods and approach start at the beginning of defining the problem and purpose of

the study and my positionality as a researcher. Then, the remainder of the chapter details the

procedures used in the blending of three methodological approaches – phenomenology,

participatory action research, and arts-based research - to craft the research design, engage a

team of young adult co-researchers, recruit participants, and collect and analyze rich qualitative

data from in-depth interviews and creative artefacts. The chapter ends with a review of the

processes that contribute to the trustworthiness of the study.

Problem and Purpose Statements

As exploratory qualitative research, this study was initiated to draw on the lived

experience of older youth who have experienced foster care. The evidence is clear that youth in

foster care have poor outcomes that extend from their time in care well into their adulthoods. It

would seem, then, that the status quo of services in child welfare do not sufficiently meet their

needs to heal from the trauma they endured before entering care, nor to stave off additional harm

and disruption to their futures while in care. Even when safety and permanence are secured for

these youth, their well-being may still suffer (Morton, 2015). Youth who experienced care are

toiling to survive according to the outcome metrics described in the previous chapters, while not

set up to thrive in their adulthood. In response to this reality, the purpose of this study was to

uncover a youth-driven definition of well-being according to the youth themselves, so that their

definition could better inform policies and practices aimed at setting them up for optimal well-being and other successes in their future. Through this study, and in multiple roles, youth had the opportunity to describe their lived experiences of the central, yet insufficiently understood concept of well-being within the context of their lives in the US child welfare system. Using their own words and artistic creations, youth described what it feels like to be them, and how they understand, make meaning of, and experience their functioning and wellness.

Researcher Positionality, Ontology and Epistemology

I approached this research with a distinctive and highly relevant set of roles and experiences. Professionally, I have held roles as both a clinician and program director with children and youth in foster care, which included individual, family and group therapeutic intervention as well as local, state and federal advocacy for the needs and rights of youth in care. As cited in the literature review chapter, some of my previous scholarly work pointed to the need for this study to explore the experience of well-being for youth in care. In my personal life and for many years, I have been a mentor and substitute parent figure for several former youth in care. In many ways, this project and its foundational questions were theirs, for it has been from these youth sharing their lives, experiences, hopes, dreams, pains and fears with me that I understand the urgent need to listen to youth who have experienced care and try to understand – and then advocate for – their well-being. My positionality vis-à-vis this important population includes a deep fondness and concern for and commitment to them as individuals and as a group. Ontologically, I believe that the lived experience of children and youth is valid, real and distinctive from that which the adults around them presume of them. I also embrace the reality that systems, such as the child welfare system - which tend to disproportionally objectify and

harm the most vulnerable – have direct impact on and meaning for individuals, which even children and youth experience and discern. My epistemological orientation is toward the assumption that this reality can be most directly and thoroughly understood by young people articulating their experiences in ways that they choose. I also have experienced and thus believe that the sharing of one's reality is facilitated by positive relationships.

As a researcher, I am expected to uphold certain standards set forth by my field of social work, such as honoring the dignity of all individuals and striving toward social justice in my practice and research (NASW, 2015). My home institution through the Institutional Review Board and CITI training ensure I uphold ethical standards of research procedures (Braunschweiger & Hansen, 2010). I contend that beyond these, I also carry more revelatory responsibilities to and for the people who were catalysts for my research questions, as well as my co-researchers and participants. I feel compelled to not only 'do no harm' in my research, but to provide direct and meaningful benefits to everyone involved in the project and to humanity in general. I am relationally accountable (Wilson, 2008; Reich et al, 2017) to them. This compels me to consider my role as a researcher while focusing on the development, respect and maintenance of all relationships throughout the research process (Wilson, 2001; Wilson, 2008). As further described below, these are among the perspectives that led me to this project. They are the elements of my experience that had to be intentionally considered for their effect on the research process.

Research Question, Nature of the Study and Assumptions

The specific research question for this study to advance the existing body of knowledge in child welfare was: *How do older youth in care understand, describe, and make meaning of*

their lived experience of well-being? I approached the research with a committed belief in the value of the emergent, endogenic, and co-created production – or revelation – of knowledge. From this perspective, I find resonance with feminist standpoint theory (Collins, 1986, 1990; Harding, 1986, 1991), and the value of marginalized individuals' nuanced perspectives on their lives, as described in Chapter 1. My approach to this research also embraces embodied, implicit intersubjectivity, or the mutual knowing between people of the other's perspective (Merleau-Ponty, 1945; Coelho & Figueiredo, 2003).

As thoroughly described in the following sections, the study was a mixed approach arts-based, participatory action and phenomenological research project. These approaches combined to allow for greater engagement of youth in care in the crafting and implementation of the study, while ensuring that the essence of the phenomenon was revealed through their perspectives and voices. It was critical for all the included methodologies that I maintain intentional awareness of the impact that I as the researcher may have had on the research process and outcomes (Berger, 2015; Mruch & Breuer, 2003). My positionality as a mother, substitute parent, clinician, mentor, researcher, and foster youth advocate informed this project, from formulation of the questions of inquiry through every step of the process. My relationships with individuals related to this project and with the child welfare system as a whole were part of the kaleidoscope of context and experience undergirding this project. I wanted to make use of these connections while not interfering with the process of collecting and analyzing data to understand the experience of the youth in the system. I leaned into these previous experiences as distinct assets to heighten my awareness of the subtleties of the meaning in the data, which in grounded theory is known as theoretical sensitivity (Glaser, 1978; Strauss & Corbin, 1998; Orland-Barak, 2002). Because of

my deep connections to and history within the field of child welfare, theoretical sensitivity compelled me to embrace my positionality and experiences as sources of wisdom and guidance for the study while also continually discerning how to remain focused on and sensitive to the experiences presented by the youth. As I explain throughout these methods, I used memoing and consultation with my dissertation Chair and committee members to attend to the possible effects of dual roles vis-a-vis this project.

In the way qualitative research compels us to lean into sources of knowledge beyond numbers and statistics, I know that reflexivity and inter-subjectivity are inherent in and critical to this research. As such, I chose to utilize the first person in the description of the methodology. While naming hypotheses is not indicated in phenomenological inquiry, nor qualitative research in general, before the project began, I expected the youth participants to share about their physical, psychological, relational, spiritual, existential, environmental, intellectual, educational, and vocational experiences as they explained and demonstrated their own lived experience of well-being. I am deeply humbled that I was able to pursue this line of inquiry in partnership with youth themselves, whose very lives depend upon child welfare's care and support, and which now compel an evolution toward improving their policies and practices for future generations.

Methodological Approaches

As evidenced in the previous chapters, outcomes for youth in care related to well-being, a key focus within the child welfare system, have been well documented in the literature. Yet American youths' descriptions of their own experiences of well-being within child welfare are lacking in the literature. To address this gap of knowledge, this study sought to uncover the lived experience of well-being according to youth in care themselves. Specifically, the study explored

how youth define and make meaning of well-being in their lives by exploring the research question: How do older youth in care understand, describe and make meaning of their lived experience of well-being? This question required a qualitative research study to answer it. Because the question sought meaning of a lived experience, I employed phenomenology (Finlay, 2014; Husserl, 1913; Hycner, 1999; Patton, 2015) as the predominant research methodological approach. Because the question refers to the experience of a marginalized group, the method was also deeply informed by Participatory Action Research (PAR; Kemmis, McTaggart & Nixon, 2014; McIntyre, 2000; McIntyre, 2007; Tandon, 1988) and a modification of the arts-based methodology, photovoice (Wang & Burris, 1997; Catalani & Minkler, 2010), which seek to amplify the voices and experiences of individuals, particularly those from marginalized populations.

To answer my research question about the experience of well-being for older youth in care, I was drawn to the promise of a combined method that delved into the meaning of the phenomenon (phenomenology), engaged youth directly in the knowledge creation process (PAR) and provided the participants additional angles to explore and share their experiences beyond their verbal articulation in interviews (art elicitation). These approaches uplift research practices aligned with key values in humanistic social work, including care for those margins, honoring individual autonomy, centering relationships as the avenue for greatest impact on individuals and communities, and prioritizing activities in the direction of human equality and social justice (Banks, 2020; Payne, 2011). A summary of the role each methodological approach played in each phase of the research is captured in Table 2. The table illustrates that phenomenology influenced every step of the research process. Youth participation and PAR values and practices

factored into most steps of the process, as did art elicitation. Detailed description of each phase of the research is provided below.

Table 2. Methods Approach for Each Research Step

Research process steps	Phenomenology	PAR	Art elicitation
Research question formulation	X	X	
Project design	X	X	X
– Sampling frame	X	X	
– Recruitment strategy	X	X	
– Data collection strategy	X	X	X
– Interview protocol	X	X	X
– Data analysis strategy	X		X
Recruitment activities	X	X	X
Data collection activities	X		X
Data analysis activities	X	X	
Reporting findings	X		X
Discussion of findings	X	X	X

Methodological Process

Following the identification and selection of the methodological approaches described above, I created a detailed proposal for every step of the methodological process for this study. That proposal was presented to and approved by my dissertation committee in November 2020. Then in early 2021, I secured Institutional Review Board (IRB) approval from my home institution, Loyola University Chicago, as well as from the IRB at the Illinois' Department of Child and Family Services (DCFS). I sought the latter IRB approval because I planned to recruit youth participants who were still currently in the care of the state through the child welfare system, with DCFS as their legal guardian. Of course, as the research project proceeded, the reality of the unfolding process at times deviated from the proposed steps. To capture both the intended procedures and the reality of the research, the following descriptions include both the

proposed steps and the lived methodological experiences of me, my co-researchers and the student participants.

Building the Research Team: Young Adults in Care as Co-Researchers

Reflective of the PAR tradition, this study was invaluably enhanced by the participation of an expanded research team: older youth who experienced foster care who joined me as co-researchers on the project. There is a group of 32 youth in care I have known for seven years through a college preparatory program I once directed, and in which they participated from 2015-2019. I chose this cohort of youth to invite into the research collaboration opportunity not only given our existing positive working relationships, but also because of their record of dedication to a project, demonstrated through their commitment to the college prep program, which required considerable commitment and follow-through. By the time this project was underway, many within this cohort had exited state care to guardianship, adoption, aging out or emancipation.

Young Adult Co-Researchers (YARs) Recruitment and Selection

I planned to invite individuals from the cohort of youth as Young Adult Co-Researchers, or YARs, to join me as co-researchers on the study. Because they were aged 20-23 years old at the time of the invitation, I decided "young adults" was a better age descriptor than "youth." I planned to send all former program participants an invitation to join the project via text, email or Facebook messenger. I aimed to select three to four YAR's from the group of 32 based on who had interest in the details of the project and who could commit to the required time commitment (Fox & Fine, 2013).

While memoing and consulting with my chair for this phase of the project, I closely considered the group of youth and recognized that certain factors related to including them in the project presented concerns for the study. Specifically, three youth had been dismissed from the program for disciplinary infractions; three had sizable developmental delays; and I had become a substitute parent figure for three others, each of which factors might have complicated their participation beyond the scope manageable for this project. Thus, I created the following exclusion criteria for the YAR team: Youth invited from the program cohort to consider joining the project: (1) cannot have developmental delays that would make full engagement in research activities difficult or impossible; (2) cannot present a potential conflict of interest with me as the principal investigator on the study (e.g. a current student at the university where I work and teach); (3) must currently maintain contact with me or be part of the cohort Facebook group for ease of communication. This criterion frame left 23 youth from the group of 32 to invite to join the YAR team. Upon further consideration, I was concerned that by inviting all 23 at the same time, there was a possibility that more than four individuals from the group could choose to join the project. I did not want to have to turn anyone away, so to manage that possibility I decided to use an online tool (https://www.textfixer.com/tools/random-choice.php) to randomly place the youth on a numbered list and then invite the first five youth on the list to become YARs on the project. If I did not achieve the three to four YARs as planned, I would move down the list offering additional invitations until I reached the desired size of the team.

I sent an invitation to participate via Facebook messenger or text message to the first five youth on the list. The invitation briefly described the project, its purpose and rough plan, and the outlined time commitment I proposed for the YARs (described below). I offered to answer any

questions about the project via continued messaging or in a one-on-one conversation, which all five youth requested and I obliged. Ultimately, all five of the invitees indicated their interest in joining the project, so I did not reach out to any others at that time. I sent these five individuals an electronic consent form that described the YAR position expectations, compensation ($20 per hour) and their rights in the position. (See Appendix B for the YAR consent form). The consent form also indicates that YARs would be invited to complete a participant interview for inclusion in the data for the project, but that their decision to do so or not would not affect their ability to complete the duties as a YAR.

Each YAR digitally signed the consent form, each of which was downloaded and saved on my password protected university digital filing account. Once selected, I planned to invite the YARs to be involved in all phases of the project design and implementation. I planned to take thorough memos to: identify and understand our relevant assumptions and experiences; set appropriate guidelines, boundaries and expectations for our participation in the project; and then track the iterative progression of our conversations and decisions throughout. The ideas, feedback and plans discussed and documented provided direction on the subsequent elements of the project (Fox & Fine, 2013) and are described at length in a separate publication on the methodological process with the YARs. The initial plan included involving the YARs in research team meetings, discussions and strategy sessions to help plan and execute the research design, sampling and recruitment design, data collection and analysis, as well as an action plan related to the study findings. As described below, YARs did not elect to contribute directly to the latter phases of the project.

Research Team Structure. The proposed structure for the YARs participation in the project included introductory research team meetings to orient the group to the project and discuss the key concept under investigation, well-being, followed by more focused strategy meetings to plan out the details of each phase of the project. I proposed that YARs could co-present at participant recruitment sessions and assist with data collection, data analysis, and action planning based on the findings (Fox & Fine, 2013; Freundlich et al., 2006; Greene et al., 2018). I planned that the decisions made during the planning sessions would inform the research design, but those group conversations would not be included as data in the dissertation findings. Recordings of those meetings would be maintained for future analysis. The main idea was to start by reconnecting with the YARs and building community within the group. I would then orient them to the purpose of the project, get their impressions and understandings of well-being, and then introduce them to each phase of a typical research design (i.e. conceptualization, sample recruitment, data collection and analysis) so they could craft or revise the protocols. I expected the discussions and outputs from the research team sessions to inform all elements of the research planning and execution. Thus, the methods described below represent both the proposed methods and the evolved result after the YAR's iteratively engaged with the project. To appropriately compensate the YAR's for their time and efforts, I paid the YARs $20 per hour for their work with the research team. I gave each of the participants a $25 gift card to a place of their choosing as compensation for their time and contributions to the research.

Methodological Decisions Process with YARs

Because this research project was conceived for a dissertation, the methodological procedures had to be formulated at the time of the proposal of the project. Therefore, I drafted

more of the research design elements myself before the YAR's joined the team, which diverges

from typical PAR procedures. Still, the contributions of the YAR's were significant. In total, I

had five meetings with the team of YARs. I describe each meeting in great detail in a separate

publication with rich detail to honor the significant contributions the group made to all phases of

the project's research design. In summary, the group started by sharing their understandings of

the well-being concept as well as some general stories from their experience in foster care. We

then turned our attention to these dimensions of the research design: sampling; recruitment

strategy; interview protocol with demographic data collection and art solicitation. The principal

methodological decisions that the YARs made or significantly influenced are in Table 3 below,

noting both the decision made and the YARs' role. Each of these decisions and subsequent

modifications to the methodological process is also referenced in the relevant sections later in

this chapter.

Table 3. Methodological Decisions Made With YARs

Decision	YARs role/influence
Collect demographic information in an online form	Created and revised form
Do not use term "well-being" without explaining	Provided alternate language around how to talk about well-being to participants; suggested a spectrum idea for participants to reflect upon, comparing one's best times and worst times
Expand inclusion criteria	Suggested including people who are no longer in the system and those who live outside Chicago
Create ground rules for interviews	Highlighted these priorities: focus on making participants feel comfortable, respect multiple perspectives
Change sampling design from convenience only	Suggested adding a snowball component starting with themselves as referrals

Change the explanation of the art component	Created paragraph to explain art as a free-form invitation; suggested invitation of two pieces to represent both ends of the well-being spectrum
Change art expectations	Suggested inviting participants to create new art or share something they already made at another time
Give participants as many choices as possible	Promoted these options: interview in-person or over Zoom; complete written exchange in lieu of interview
Limit the timeframe for life reflections during the interviews and artwork	Decided to focus on childhood and adolescence, rather than their current or more recent experiences as young adults
Add interviews with YARs as additional dataset in analysis	Suggested that their interviews could help finalize the interview questions and help them understand the interview process, as well as contribute to the data for analysis
Set boundaries with participants	Remind participants that interviewers would not have any on-going contact with them; strongly suggest having cameras on for Zoom interviews

My institution's IRB approval included the expectation that the YARs complete the CITI training to be able to conduct interviews with participants. I explained the CITI training process to the group and two of the YARs completed the very initial step in the process to create their account in the CITI training portal. However, as the research meetings progressed and it was time to complete the training and initiate the participant recruitment and interview process, none of the YARs wanted to complete the training. I followed up with them regularly over the course of 5 months regarding the need to complete this training to be able to participate in the interviews and offered to directly support their completion of the training by completing it alongside them. Still, none of the YARs elected to complete this step. The CITI training was a

critical and unfortunate barrier to the YARs' further involvement in the project. This barrier is discussed further in Chapter 5.

Locating Research Participants

The nature of my research question dictated the process to identify participants who have direct experience with the phenomenon under inquiry (Kruger, 1988). The proposed aim of the sampling design was to generate a purposive sample (Patton, 2015). However, this plan changed once the YARs provided their perspectives during our planning meetings, leading to a convenience, snowball sampling approach. During our team meetings, the YARs suggested that recruiting through caseworkers and other agency staff would not yield a representative sample of youth in care. Their experience was that only some youth followed the suggestions of their caseworkers, thus that approach would miss out on youth whose relationships with their agencies were strained; the YARs further contended that this latter population of youth in care was more common and thus should not be overlooked. They suggested instead that word-of-mouth, starting with themselves, would yield a more representative sample. I explained that this would result in something called snowball sampling. The team agreed that using both approaches would be best, therefore I contacted the agency staff I had pre-existing relationships with from my previous work and the YARs committed to connecting us with individuals they knew personally who fit the sampling criteria.[1]

The proposed sample inclusion criteria included youth who had an open case with the state's Department of Child and Family Services, had permanency goals of independence or emancipation (i.e., 'aging out') and lived in the Chicago area. Participants were to be 18-years-old or older, and of any identified gender or race. Current living arrangements could include

traditional foster homes, kinship or fictive kin foster placements, Transitional Living Programs (TLP), Independent Living Option (ILO) or group homes. Proposed exclusion criteria included: (1) diagnoses of severe mental illness or cognitive delays that would preclude participation in a 60-minute interview; (2) barriers to orally interviewing in English; or (3) current mental health hospitalization. The YARs determined that the project would benefit from altering two factors in these criteria, suggesting that youth who have experienced foster care but are no longer part of the system (i.e. do not have an open case with DCFS) should also be included in the project, as well as those living outside the metro region of Chicago. I adjusted the recruitment process to reflect these changes.

Qualitative sample size is oriented toward achieving saturation of thematic meaning regarding the phenomenon under study (Patton, 2015). The intent of this research is to thoroughly explore the meaning of a phenomenon, while achieving a saturation of themes as a measure of rigor and sufficiency of the sample size and data (Groenwald, 2004). Phenomenological studies can have as few as 8 and as many as 51 participants (Guetterman, 2015) or more. PAR studies similarly range in sample size (Greene et al., 2018.) Boyd (2001) regards two to 10 participants or research subjects as sufficient to reach saturation and Creswell (1998, pp. 65 & 113) recommends "long interviews with up to 10 people" for a phenomenological study. Qualitative researchers caution that having too many participants could compromise the depth and richness of the findings, while also potentially wasting resources and inconveniencing more participants than is necessary for the successful study of a phenomenon (Guetterman, 2015). More important than the quantity of participants is the selection of individuals with the relevant experiences to speak to the phenomenon of interest.

To address the considerations noted above, and in acknowledgement of the time and resource restraints on this doctoral-level research, when I proposed the study I aimed for 12-15 total participants. Discussion and decisions from the research team strategy sessions with YAR's informed the final sampling design, which resulted in 15 total participants. These 15 individual interviewees included two from the YAR team. The complete recruitment effort endured for 10 months and multiple communications with referral sources at the child welfare agency and other professional and academic contacts of mine and the YARs (see Appendix C and Appendix D for the email and recruitment flyers) as well as social media, following an amendment from the IRB to shift the recruitment strategy. The resulting sample is described further below. After approximately 10 interviews, the same themes were being repeated during the interviews and I surmised I was reaching saturation. Therefore, after completing the scheduled 15 interviews in June 2022, I ceased my recruitment efforts. Of the 15 participants, I knew five from the foster youth program.

Since all participants were from the same sampling frame, there is no need to distinguish between those I knew, those in the YAR group, and others. Therefore, as explained below, the data and artefacts from all interviews were analyzed as one set. For ease of language, from this point forward in the manuscript, all interviewees are referred to as 'participants.' Any further references to 'YARs' are related to the group of five young people who assisted with the research design only. Demographics data was collected using an online form before each interview. To acquaint the reader with each participants, key demographics for each participant are included in Table 4: the name they chose to use for the study, their age, gender and racial identities and relevant factors related to their foster care journeys: total number of placements

(including foster homes and group or institutional settings) and their status within the child welfare system at the time of their interviews. The latter category includes: those who are still in the care of the state (in foster care or other placements) or "youth in care;" and those who left the system by reaching the age of majority or "emancipated," were returned to their family of origin or "returned home," or "adopted." The sample's overall diversity within each category lends additional credibility to the breadth and representation of the findings.

Table 4. Key Participant Demographics

Name	Gender Identity	Age	Racial Identity	Total Placements	Status in Child Welfare
Dark Knight	Male	32	Black/African American	7	Emancipated
Day	Female	18	Black/African American	2	Youth in care
Erika	Female	21	Latinx/Hispanic	5	Emancipated
Eros	Male	21	Latinx/Hispanic	3	Emancipated
Jaimie	Female	32	White	8+	Emancipated
Jasmine	Female	18	Latinx/Hispanic; White	2	Returned home
Jeff	Male	21	Black/African American	4	Emancipated
Justin	Male	22	Black/African American	5	Emancipated
Kalhan	Female	18	White	6	Adopted
Marie	Female	18	White	2	Returned home
Selina	Female	21	Black/African American	2	Adopted
Quincy	Male	23	Black/African American	12+	Emancipated
Turbo	Male	23	Black/African American	20+	Emancipated
William	Male	20	Black/African American	3	Youth in care
Wyatt	Male	21	Black/African American	1	Youth in care

+ Some participants could not recall their total number of placements, so they gave an estimate.

Data Collection: Interviews and Artistic Representations

At the root of phenomenology, the intent is to understand a phenomenon in the participants' own terms, providing a description of the human experience as it is experienced by the person(s) themselves, and allowing the essence of the phenomenon to emerge (Bentz & Shapiro, 1998, and Cameron et al., 2002, as referenced in Groenwald, 2004). For this qualitative, phenomenological PAR study, my intent was to collect rich data about the participants' lived experiences of well-being while in foster care. I accomplished this by conducting in-depth, semi-structured interviews with 15 individuals who had experienced foster care in their youth, collecting representative artwork from 12 of the 15 participants. Interviews centered on their experiences of well-being and discussing their artistic representations (drawings, photography, and other creative means) of well-being. All artwork that was shared was included in the findings chapter.

Role of the YARs

In the proposed design for this study, I intended to include one YAR in each of the interviews with participants. Unfortunately, once I started scheduling the participant interviews, I was unable to reach any of the YARs to request and coordinate their participation as co-interviewers. I will return to this issue of the YARs' engagement beyond the initial planning phase, noting the challenges and obstacles I experienced and observed, in the discussion chapter. In order to adhere to the values and processes of a PAR project, it was still valuable to gain participant contributions to the data analysis. Thus, as explained further below, I decided to invite all participants – those I knew before the interviews and those I did not – to weigh in on the data analysis process. While this shift to the research design plans was unplanned, the

integrity of the PAR project remained intact with the inclusion of participants in the analysis at multiple points for member-checking.

Initial Contacts with Eventual Research Participants

As described above, the recruitment and sampling design led to a snowballing process of engagement with participants. I was put in contact with the first couple participants through a YAR or one of the child welfare professionals whom I asked to share the opportunity with youth. Each contact with prospective participants began over email or Facebook messenger. Once I made initial contact, I invited each person to ask any questions they might have about the project before the interview. Because of the continuing precautions due to the COVID-19 pandemic, and because the revision to the sampling design and recruitment procedures yielded a national sample, all interviews were conducted over Zoom.

Once confirming an interview time, I sent a formal follow-up email (see full email in Appendix E) with the date, time and Zoom details, as well as access to the electronic consent form (see consent form in Appendix F) and online demographics form (see demographics form in Appendix G). In this email I also explained the invitation to share some artwork during the interview. The art component of the data collection was included in all the initial solicitations for participants; this additional reminder about the artwork was intended to affirm the participants' agency and ownership over if and how much they shared and lower their anxiety about sharing their artwork. After the first interview when the participant did not want to create any artwork during the interview time, nor brought any artefacts to share during the interview, I learned that it was necessary to better explain this component. Subsequent participants who were identified

through the snowball recruitment channels received the same information within the same process.

Interviewing Participants

After the initial communications with each participant, we met via Zoom for the interviews. Each interview was scheduled to last one hour. Interviews ranged from 40-80 minutes in length. At the start of each interview, I obtained the participants' consent to audio-record the interview, and then recorded their oral consent to participate again once the recording began. I explained the overall structure of the interview and invited each participant to ask questions before starting the interview. Each youth was invited to choose a pseudonym for the duration of the project. All names that appear throughout the rest of this manuscript are the participants' chosen name for the project.

Interview Protocol

With assistance and direction from the YARs as noted above, the interview protocol was established for in-depth, unstructured interviews (Legard et al., 2003; Patton, 2015). The interview protocol co-created with the YARs included four general segments: (1) introductory, background or "warm-up" questions; (2) questions about their experience of well-being as illustrated by two contrasting extremes: a time when they felt like they were thriving and well, and a time when they felt at their lowest and just getting by; (3) additional questions to encourage discussion of their artwork; and (4) concluding questions to wrap up the interview. The full list of prepared interview questions can be found in Appendix H. The team prepared many additional, specific questions as possible avenues to encourage the participants to share, though I found that those were generally not necessary as the broader scoped questions were

sufficient for all participants to thoroughly share their experiences. At times, I asked clarifying or probing questions to delve more deeply into the participants' experiences, but again, that was infrequently necessary given how openly the participants described their experiences.

During the interviews, I took minimal notes for in-vivo memoing of central ideas and themes that emerged. Being aware of the alternate dynamics of interviewing over Zoom as opposed to in person, I wanted to be sure that my attention was clearly demonstrated to the participants through my sustained eye contact over video. In addition to those brief memos, I regularly repeated back to the participants the ideas I heard them sharing for real-time member checking for in-vivo validation (Zairul, 2021), ensuring that I was understanding the meaning of their comments as they intended them. This gave the interviewees a chance to confirm or correct my initial understanding. I took more thorough memos after each interview to note my observations, thoughts about emergent themes, and procedural notes to impact any adjustments that might need to be made to the interview protocol, such as shifting the description of the artefact component, described further below.

Creative Artefacts

The key adjustment that I made after the first two participant interviews was regarding the art component. The first participant, Quincy, did not have any art to share and did not want to create a drawing or piece of art while we talked. At the end of the interview, he indicated that maybe he would make something in the near future and share it with me later (which he did not). The second participant, Marie, had extensive artwork to share, which she created over the past several years. She wanted to share those items with me because she felt it best represented her time in foster care as she created the art pieces during those years of her life. Thus, it seemed

more meaningful to her to describe those artefacts to me as illustrations of her experiences rather than to make a new piece of art to retrospectively reflect her ups and downs in care. This prompted me to adjust the request for creative artefacts to include anything the youth wanted to share, including old artwork they may have created in the past. The majority of the artwork shared by participants was created years prior to the interviews, while the individuals were still in care.

Closing Each Interview

At the conclusion of each interview, I asked the participants if they would be willing to communicate with me as a follow-up (i.e. further member-checking) to validate the findings once I started analyzing the data. All 15 participants indicated that they would be willing to provide additional feedback later. I also asked each participant if they would be willing to share the opportunity with other older adults who have experienced foster care, as part of the snowball sampling approach. Lastly, I confirmed how to send them the $25 gift card of their choosing as compensation for their time and effort with the project.

During one of the final interviews, the participant indicated that she planned to write a book about her life story, but that it would be difficult because her detailed journals had been lost years before. I suggested that once I completed the project, I could share the transcript of her interview back with her so she could have a head start on her book. She expressed her sincere gratitude and affirmed her desire to receive the transcript. This felt to me like an even more meaningful 'compensation' and expression of *my* gratitude to my participants, so I decided to offer the same opportunity to each participant.

Data Analysis

In the proposal, I planned to approach data analysis for this project by following

principles of phenomenology within the context of PAR. I knew that the data being analyzed

would be comprised of transcriptions from all youth interviews, including descriptions of their

photos or other art or objects, as well as the artefacts themselves. I intended that analysis would

begin during the interviews themselves as I planned to take notes during interviews and memo

after each one to capture evolving impressions and themes from the youths' descriptions of their

lived experiences and artistic impressions of well-being. As noted above, these memos and the

in-vivo member-checking I did during the interviews helped to shape some initial impressions of

the dataset during the data collection process. I expected that the interview questions might

evolve iteratively from one interview to the next, but this was not the case because the YARs had

helped to create such a rich set of questions.

Choosing an Analytical Approach

As noted above, neither PAR nor phenomenological methods prescribe a particular set of

action steps for the analytic process. Nonetheless, frameworks do exist to provide some structure

and guidance for the phenomenological data analysis process I intended. One such analytical

framework is from Thomas Groenewald (2004), who created a simplified set of phases of

analysis based on the extensive work of Richard Hycner (1985) to describe the intricate phases

of meaning extrication in phenomenology. Groenewald named five discrete steps to data analysis

(2004, p. 17): (1) bracketing and phenomenological reduction; (2) delineating units of meaning;

(3) clustering units of meaning to form themes; (4) summarizing each interview, validating and

modifying where necessary; and (5) extracting general and unique themes from all the interviews

and making a composite summary. In my proposal, I planned to follow these steps and include elaborations based on the work of others (e.g. Finlay, 2014; Hycner, 1985; Patton, 2015). All steps would include analysis of the artefacts the youth would share as well, following the process suggested by Rose (2007). In the sections below, I explain both my proposed analytical process as well as the actual steps that I took with assistance from the participants and my committee for each phase of the phenomenological analysis.

(1) Bracketing and Phenomenological Reduction

Bracketing and phenomenological reduction includes identifying and – as much as possible – putting aside one's experiences with and preconceptions about the central phenomenon in order to allow for the emergence of the participants' meaning and lived experiences. Similar to the process undertaken during data collection, this effort aims to achieve a state of openness to the meaning of a phenomenon as captured by a set of data. With respect to the tradition, I acknowledge the limitations inherent in eliminating one's experiences that impact how to interpret and understand complex data such as the in-depth interviews I conducted. I also embrace the roles that the researcher's subjectivity and an interview dyad's intersubjectivity play in the identification of themes and meaning. Therefore, instead of bracketing out my previous knowledge and experiences, I leaned into the rich opportunity my experience provided for theoretical sensitivity. I used my reflections, memoing and early ideas about the data to differentiate between significant and less important data and utilize my own insight into their meanings throughout the process (Glaser, 1978; Orland-Barak, 2002), while remaining attuned to the meaning expressed by the participants. To reach this end, I kept continual memos to explicate and document my own understandings, experiences, memories, beliefs and

preconceptions about the well-being phenomenon before, during and after all the interviews. I added to these reflections as the interviews went on, and I returned to these during the analysis process.

Immersion in Data. In phenomenology, after bracketing the next step is to purposefully enter the experience and achieve deep understanding of the experience of study participants. This concept, referred to as *verstehen* (Patton, 2015), translates to 'meaningful understanding.' As suggested by some phenomenological thinkers (Finlay, 2014; Hycner, 1999), the researcher is to spend as much time with the data as possible in order to see and understand the themes of meaning coalescing. This may be achieved by listening to, watching and reading recorded interviews multiple times in order to get a sense of the 'whole' or the 'essence' of the phenomenon from the participants' perspectives. A researcher can also rely on notetaking, memo-ing, and detailed memory transcripts to review the data toward this end, all while actively imagining being back in the interview, conjuring up the gestalt and affective experience of each interview as much as possible. With each pass over and through the data, the researcher may add her own reflexive notes to the data. Through constant comparative analysis (Glaser 1965), the researcher begins to interpret the meaning the participants conveyed in the interviews.

Transcriptions. After all interviews were complete, I had planned to have them auto transcribed by the Zoom application, then to manually and individually double-check the integrity of the transcriptions. The Zoom auto-transcription lacked accuracy, so I purchased monthly access to an online tool called Trint to do another round of auto-transcriptions. These were better, but still inconsistent; some transcripts were quite accurate, and others were unusable. Therefore, I manually double-checked and corrected all the transcripts, a process that took

between 2-8 times as long to complete as the interviews themselves. However, as noted again below, this step was instrumental in the analysis, as it allowed me to immerse myself in the data to initiate the analysis process. During this phase in the analysis process in the past, I have found value in using both transcripts as well as audio recordings of interviews to fully engage with the data and maintain the integrity of the participants' language and word choices (Wesley et al., 2019). Working with each transcript for many hours allowed for this level of immersion.

I kept detailed notes during and after completing each transcription to document my observations of themes from each individual interview. These notes included suspected thematic units of meaning (described below), which I then set aside for later review. Once I was satisfied with the veracity of the transcripts, I uploaded the interview transcripts into NVIVO software to aid my organization for the next phase of analysis, which is described in depth below.

(2) Delineating Units of Meaning

The next step in the phenomenological analysis process as articulated by Groenewald (2004) is delineating units of meaning. This follows the thorough review and immersion in the data to identify and delineate pieces of meaning, or individual concepts and ideas, within the data. I began by reading interview transcripts at random from the list in NVIVO. But this time instead of taking generalized notes, I used the NVIVO tool to continually identify and mark sections of the data with units of meaning using the "nodes" function. This process was similar to line-by-line coding (Khandkar, 2009) in other qualitative methods. The units of meaning were words or phrases to describe a particular experience, event, feeling, message or idea that a participant shared. Through this iterative and on-going exercise, I used each individual participant's own vocabulary and descriptions of their experiences and artwork to record

particular words, phrases, or ideas that constituted a distinct unit of meaning. For each subsequent interview, I used the growing list of units of meaning I had already identified and added additional ones as necessary. Because the participants described their creative artefacts during the interviews, their interpretations of their own artwork were integrated into the analysis process like the rest of the data. I did not add my own interpretations of the artwork as separate visual entities, as I wanted to stay true to the themes and richness of the participants' descriptions that they described during the interviews.

After this process through four interviews chosen at random, I noticed that there were no new units of meaning to identify. I had reached sufficient saturation of the ideas (Glaser, 1965). I continued the process for one more interview to be sure no new ideas surfaced. From these five interviews, a list of 121 units of meaning were captured in the NVIVO list of nodes. The units of meaning were not identified by virtue of their frequency in the interviews, but because of their salient meaning to the essence conveyed by participants. Units of meaning were not quantified or counted because the quantification of the data is not deemed significant to the phenomenological process (Patton, 2015). In consultation with my dissertation chair, we determined that with the data that was currently analyzed for initial units of meaning and having reached saturation, I could move on to the next phase of the analysis process to read and analyze all interview transcripts.

(3) Clustering Units of Meaning

The process of further considering units of meaning to form clusters includes rigorously discerning from the individual units of meaning for each participant a set of broader themes or categories – i.e. clusters – within which the units naturally gather. While overlapping of themes

is likely, this step of identifying larger clusters of meaning moves the researcher toward a deeper and more complete understanding of the essence of the phenomenon from the perspective of the participants. To do this, I needed to narrow down the list of 121 units of meaning. (See list of units of meaning in Appendix I). I followed a procedure I established as a doctoral student for a class project, one which I repeated in a published study with a secondary dataset for a phenomenological analysis (Wesley, Pryce & Samuels, 2020). The procedure includes repeated, extensive review of the units of meaning then using color-coding to group them into expanding categories, or 'clusters of meaning'. Through multiple iterations, I arrived at 19 'clusters of meaning' and crafted data-based definitions and an illustrative, fictional youth statement for each.

While this phase of the process was pain-staking and time-consuming, it was deeply fulfilling and impactful for the analysis. As I identified and articulated the units of meaning and then refined points and larger clusters of meaning, I sought input from my dissertation chair and one of the participants for member checking (Patton, 2015) and to confirm the face validity (Kidd & Kral, 2005) of the clusters and definitions. I met with each of them over Zoom to describe my process thus far and share the cluster names, definitions, points of meaning and fictional youth statements. Each asked questions and provided feedback. The participant was instrumental in advancing the definitions with more nuance and helping to identify alternative vocabulary to describe the clusters. The final list of cluster definitions can be seen in Appendix J. The adjustments that were made from participant member checking are noted in yellow highlighted text or text with strikethrough lines (~~strikethrough~~). Text with green highlight are

nuances I noted during the next phase of analysis. With the clusters of meaning fully articulated and validated, it was time to return to each of the interviews.

(4) Summarizing Interviews

Summarizing each interview, validating it, and where necessary, modifying the summary includes writing a summary of all the themes identified for each interview, then sharing the summary back with the interviewee for validation, when possible. Instead, I accomplished this through the in-vivo member-checking during the interviews when I offered summaries to the participants as they shared their experiences. To facilitate the creation of summaries of each interview, I used the previously generated list of clusters of meaning with their definitions to return to each interview in NVIVO and categorize all interview data by the clusters. Again, this is similar to line-by-line coding in other qualitative methods.

As I reviewed each interview individually, I regularly consulted the list of clusters of meaning with their definitions, as well as the original list of units of meaning, to ensure I was accurate and consistent with my application of clusters of meaning to different pieces of data. In addition to the categorization of data, I was looking for validating examples to add evidence to the clusters I had identified, while also looking for contradictory examples that do not fit into any of the currently identified clusters. Throughout this phase of analysis, the conceptualization of each cluster of meaning evolved, becoming richer and better defined to capture the meaning shared by the participants. As I went along with each interview, my understandings of the clusters of meaning were reconfirmed repeatedly, and I was making fewer revisions to the definitions.

As this process continued, I recorded my evolving interpretations of the data in my memos. This includes the start of diagrams to outline the connections I noticed between concepts in the data, eventually recognizing that the data was not so much a definition of well-being, but more of a roadmap or framework for a well-being journey. I made an initial outline in my memos of how the concepts seemed to be coming together into an interrelated schema. That outline can be seen in Appendix K.

(5) Extracting Themes

Extracting general and unique themes from all the interviews and making a composite summary includes considering the themes present in each interview as part of a new whole in describing the phenomenon, and crafting an overall summary that highlights the commonalities while honoring the individual distinctions of each participant's perspective of the phenomenon. In my proposal, I planned to return to the data again at this step with the refined, youth-inspired and YAR-confirmed themes multiple times, spending time with them in order to best discern how the themes fit together. Although the member-checking did not happen before this step, I did indeed return to the data after categorizing by clusters and crafting the interview summaries.

Fully immersed in the data, the connections between concepts became more clear. As Creswell (1998) points out, this is when the researcher can rely upon "intuition, imagination and universal structures to obtain a picture" (p.52) of the experiences under study (Bednall, 2006). Time spent in deep consideration of the dataset allowed me to begin extracting larger themes from the data, which were pointing toward an integrative model or system of concepts related to well-being as articulated by the participants. To understand how the concepts were coming together, I first created a written outline (Appendix K) from which, after iterating on the

concepts further, I created a diagram to represent the concepts as they were coalescing in my understanding. The first image was scribbled with a pen on paper, from which I created a diagram using a Microsoft application. (Appendix L, Images 1, 2 & 3). The remainder of the analysis included iterations of the evolving illustration to represent the inter-related concepts in the data and build a framework. This was facilitated through sharing my illustrations with participants for member-checking and sharing them with my committee members for their feedback. These iterations can be seen in Appendix L. Extensive details of what is contained within the diagrams can be found in the Findings chapter below.

Memos

As indicated above, throughout the entire data collection and analysis process, I kept thorough and timely memos to record my evolving thinking, questions and interpretations, including the feedback and suggestions from my dissertation committee and the participants during member-checking. As I proposed initially, I sought to both categorize the data to understand the meaning of well-being according to the youth, and also contextualize their stories by crafting a narrative of their well-being experiences (Given, 2008). This narrative took the form of a framework of well-being for youth in care, which is detailed in Chapter 4.

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Enhancing Trustworthiness

</div>

In order to enhance the trustworthiness of my research findings, I attended to the four main sources of quality and rigor in qualitative inquiries: credibility, transferability, dependability, and confirmability (Patton, 2015; Lincoln & Guba, 1986). In addition to best practices with qualitative and phenomenological research, these areas are supported in PAR as well (Kidd & Kral, 2005).

Credibility

To achieve credibility in my project and demonstrate reliability or trust in the truth discovered about the youths' experiences of well-being, I used multiple strategies to triangulate the youth's meaning-making of well-being: initial YAR conversations about the concept, two sources of participant data (youth interviews and youth artwork), in-vivo validation during interviews and member-checking during analysis. Although I did not have the benefit of sufficient time on the project to pursue prolonged engagement, persistent observation or negative case analysis (Henry, 2015), the involvement of the YAR's in the project design and engagement with the participants in member-checking throughout the data collection and analysis lends significant credibility and trust in the process and findings.

Transferability

To achieve transferability and the notion that the findings are applicable in other contexts or with other people, I point to the diversity of the project's participants. Across genders, racial identities, case status, longevity in the system, and location in the United States, participants in this national study represent the diversity of youth in care, including appropriate racial representation. Additionally, I use rich or thick (Geertz, 1973) descriptions in my accounts of the youths' experiences of well-being in the Findings chapter below (Lincoln & Guba, 1986; Patton, 2015). This illustrates how the participants' lived experiences are relevant to the larger population of youth in care in the U.S. The description of the participant interviews and findings are detail-oriented and comprehensive, with the breadth and depth of findings enhanced by my systematic, well-planned and fully documented data collection and analytical methods.

Dependability

The value of gaining an outside perspective on a project to test one's interpretations and findings is highlighted in qualitative research design (Patton, 2015; Padgett, 2016). However, because of the subjective nature of data analysis in phenomenology, phenomenologists actually advise against peer debriefing as a method of enhancing trustworthiness of a study (Patton, 2015). Still, for this project the contributions of the YAR's in the research design and the participants throughout data analysis add to the dependability of the findings. I also utilized the memoing process to both create an audit trail and to continually validate our interpretations and conclusions, looking for apparent assumptions, biases, mistakes, errors in logic, etc. that might compromise the findings. A further layer of dependability was gained through the outside perspectives of my dissertation chair and committee members during regular presentations and discussions of my process and their substantive feedback.

Confirmability

In order to demonstrate that the findings are logical given the data collected, I created a data trail that could be presented for an external audit. The trail includes: (1) raw data, such as interview notes, transcripts, and creative artefacts from the youth; (2) the documentation of units of meaning, points of meaning, clusters of meaning, and composite summaries of the same; (3) process and reflexive memos and notes from all phases of the project, including notes from all meetings with YAR's, my dissertation chair and committee, and feedback from participants; and (4) the color-coded thematic charts I employed to organize and uncover the essence of well-being as described by the youth, as well as all iterations of the framework diagram.

Attending to all of these elements of trustworthiness in my study has enhanced the rigor of the project and ensured the true voices of the youth can be seen, heard and trusted through the findings. The full set of Findings are detailed in the next chapter.

CHAPTER 4

FINDINGS

Introduction

In Chapters 1 and 2, I outlined the need for this study through a review of the literature

on the well-being of youth involved in the child welfare system, pointing to the gap the study

would fill: a youth-informed definition of well-being for youth in care based on their lived

experiences. In Chapter 3, I provided a detailed description of the methodological process I

followed to involve youth in care on the research team, and to collect and analyze the resulting

data from a diverse, national sample. In the sections of this chapter, I explain the findings of the

study, illustrated through extensive quotations and creative artifacts from the dataset.

A New Framework for the Way to Well-Being

As described in the previous chapter, the findings from this study were multiple themes

describing factors that contribute to or detract from youth well-being. However, these themes did

not fit into a single definition of the concept; they could not complete the simple sentence:

"Well-being is A, B, C and D." With theoretical sensitivity and member-checking, I could see

how the themes differed in significance and direction in how they contributed to well-being.

Additionally, some themes appeared to relate to others in a temporal sense, with some occurring

before or after the others. When considered all together, the thematic findings pointed to a

dynamic process, best illustrated with a new framework that demonstrates a journey, or way a,

toward well-being for young people in care. With well-being as the implicit goal, the Way to

Well-Being is a framework showing how youth in care can progress toward this state of being.

This was explained through participants' descriptions of the presence or absence of the thematic elements of their experiences, which largely resided in three focal areas: their experiential context, the actions of the adults in their lives, and their internal, emotional states. The final area of the findings is indeed a conceptual definition of well-being.

Strategy for Sharing Findings

These findings articulate nuances of deeply complex human relationships as described by young people with significant trauma histories. Sharing one's story of emotional or traumatic events is beneficial for one's self-understanding and the healing process (Anderson & Cook, 2015). However, doing so can be quite challenging as the organization of the traumatic memories are often encoded along with variable degrees of dissociation and intense sensory stimuli, which can lead to fragmented verbal descriptions of those experiences (Niederhoffer & Pennebaker, 2009). Especially for children and youth, the chaos of their emotional experiences interrupts their capacity to organize systematic narratives about their lives (Simon et al., 2010). As Kalhan said during her interview: "I feel like I'm going by really fast so I won't start crying or anything, so I really hate being emotional."

These participants shared thorough, complex and compelling narratives from their past experiences. When taken as a whole, the meaning, essence and illustrative themes from their stories were quite clear. However, they were often difficult to articulate. At some point in their interviews, each participant made a comment like, "I don't know how to explain it," as they worked in the moment to make sense of and communicate their experiences to me. I illustrate the themes of their experiences below through direct quotations. Because of the rich nature of youth storytelling and their nonlinear complex narratives, many quotations include multiple themes.

Instead of overly curating and essentializing the data to small, concise bits of quotations, I chose to include large segments of data as demonstrations of each theme to honor the voices, narratives and lives of the participants. This means some themes show up in quotations before the theme has been formally introduced in the linear organization of this chapter. This challenges positivist expectations to essentialize the meaning for the purposes of concise academic descriptions (in words or diagrams) and centers the meaning and value of the participants' complex lives instead. Therefore, to focus the readers' attention and textually clarify the meaning of each theme as it is described, I point out the most thematically relevant statements in each quotation using underlined text. The comprehensiveness of the narratives remains to provide a more complete picture of the youths' experiences while the focal text helps illuminate the theme at hand. As the elements build through the chapter, many quotations get longer to encapsulate the arch of connections between elements of the framework.

Summary of Way to Well-Being Elements and Themes

This summary of the framework is a high-level orientation to its components. There are six main elements of the framework: trauma context, relational safety, detours, trust, distress signals, and well-being. Within each of these are multiple themes that capture the essence of the participants' experiences related to each element. The titles of the elements and themes can be seen in the chart of framework terms, Table 5. These are listed in the order they are presented throughout the chapter. A brief explanation of these elements and themes is provided below. The more nuanced descriptions – with their illustrating quotations and creative artefacts – appear in the following sections. These are accompanied by increasingly detailed visual representations of how the components fit together and interact in the dynamics of the framework.

Table 5. Chart of Framework Terms

Element	Related Themes
Context of trauma	Being done to
	Lack of safety
	Loss
	Surviving
Relational safety	Humanizing youth
	– Being seen
	– Being understood
	– Being embraced
	Effort
	Commitment
	Support
	Love
Detours	Inaction
	Forced
	Threats
Youth trust	Connection
	Feeling loved
	Confidence
	Open to healing
Distress signals	Internal
	– Hopelessness
	– No childhood
	– Acting out
	Relational
	– Disconnected
	– Hiding
Well-being	Hopeful outlook
	Loving support system
	Self-love
	At ease
	Worthiness
	Freedom

In summary, the Way to Well-Being framework starts by acknowledging the *trauma*

context. These are previous experiences of trauma that operate in the background of the youths'

lives and is added to by current traumas, noted by the shaded area. Its thematic features are *being done to*, *loss*, *lack of safety*, and *surviving*. Within this context of trauma, the Way to Well-Being framework is initiated by youths' removal from their family of origin and entrance into the child welfare system. From there, adult activities and behaviors lead to one of the next two elements: *relational safety* or *detours*. Relational safety is marked by activities and behaviors that promote *humanizing the youth* and are marked by *effort*, *commitment*, *support*, and *love* from the adults. Whereas detours include facets of the trauma context: *being done to*, *loss*, *lack of safety* and *surviving*. These actions of adults result in different impacts on the youths' internal experience and response: either *trust* or *distress signals*. The trust element includes themes of *connection*, *confidence*, and *feeling loved*. The distress signals feature two main themes: *relational* and *internal*. The relational distress signals are youth feeling *disconnected* or *hiding*, while the internal distress signals include *acting out*, having *no childhood*, and *hopelessness*. Again, these all add to the trauma context. On the side of *trust*, this youth experience and response leads to a tipping point: *openness to healing* intervention, which itself leads to the building of well-being. Well-being for youth in care includes having a *hopeful outlook*, *loving support system* and *self-love,* while feeling *at ease*. In sum, these experiences add up to an internalized sense of well-being marked by *worthiness* and *freedom*. The figure below illustrates the elements and themes and how they connect to and inform one another. The figure is read from left to right following the narration in italics.

Figure 1. Way to Well-Being Framework
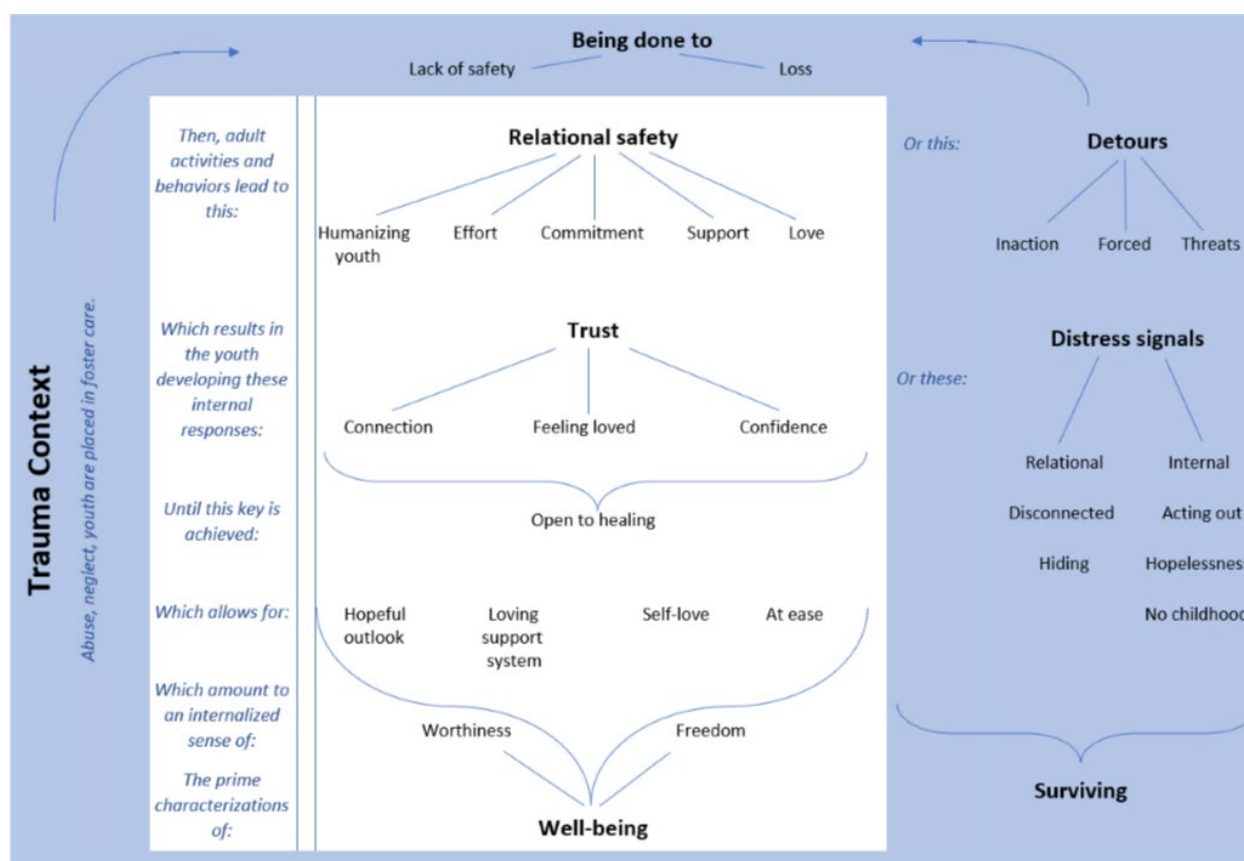
Elements and Themes

In the sections below, I describe each of the framework's elements and their corresponding themes with rich evidence from the participant data, which is represented by pieces of data from both interview quotations and creative artefacts.

Trauma Context

The first element of the framework is the *trauma context*. This element describes how children and youth in care have had many difficult experiences that predicate their entry into the system. For many, being removed from their family of origin was also traumatic. Thus, on this journey toward well-being, they are not starting from ground zero or a neutral position as they

come into care. Instead, they have been harmed. They have suffered immeasurable losses. Of course, the children and youth have assets, strengths and connections; however, this was not what the participants described in the data. They shared most about their traumatic backgrounds. The themes of this element are related to a sense of *being done to* as the contextual underpinnings of their lives before entering care, which was the repetitive experience of negative things happening *to* the youth. Nuances to *being done to* included general *lack of safety*, suffering *loss* and just trying to *survive*.

It is important to note that the trauma context is about more than their early life experiences as for many, the harm and losses continued even after they entered foster care. Those situations are illustrated in the following elements, *detours* and *distress signals*, which continually feed into the on-going trauma context and undergird the way they must navigate the trauma context throughout their lives.

Being Done To. This central theme of the *trauma context* describes the young people's experience of enduring harm that was directly caused by others. The phrase *being done to*[1] was validated by member-checking to describe the youth being subjected to or going through incidences akin to maltreatment, though not necessarily recognized as abuse or neglect. Participants all spoke about difficult or harmful situations outside their control, which happened (or felt like they happened) directly *to* them at the hands or will of someone else. The youth felt that they were being pummeled by their circumstances, these highly memorable, life-changing, offensive situations that were contrary to their needs or desires. Sometimes this was the abuse or neglect that led to their entry into child welfare, or other circumstances in their families of origin or when they came into care. While *being done to* was not always overt abuse or neglect, it made

the participants feel preyed upon and victimized. Each of the participants spoke about *being done to* at some point before entering care and again once in the system. The instances while in care are addressed below in the *detours* element.

Dark Knight clearly remembered a circumstance of *being done to* when he was very small: being abandoned by his mother at only three years old. He remembered the experience because of its traumatic impact on him:

> I was at my lowest or most vulnerable, I think when <u>I was left</u>. And I still remember it. <u>My mom left me on the stair in the backyard</u>...It's like you always seen those movies where a kid is left in a basket on a front step? Literally, like every time I see a movie with that shit in it, I'd be like, "Damn, that's my story." But I wasn't in the basket, I was sitting on a stair. And so I sat there all day until my auntie came home or my grandmother came home. And I remember being told, "Sit here. Im'a come right back and get you." So, to this day, and I was three and I still remember it. And that's how you know when it's a traumatic event. They always say children are resilient and they'll get over it and all of that. But <u>when it's something traumatic, you remember</u>. (Dark Knight)

As he indicates, when Dark Knight's mother left him alone for hours outside their home, she caused him great harm. This event constituted a principal part of his *trauma context*. He later learned that his mother was living in severe poverty and suffered from addictions, so he developed great compassion for her. Still, what she did to him left an indelible mark as evidenced by the quote above.

Abuse and neglect were the most common examples of *being done to.* The participants shared artwork that illustrated the traumatic experiences that formed their traumatic pasts. This is Marie's drawing, which she created to express her experience before coming into care:

Figure 2. Marie's Black Widow Drawing

She explained her drawing during the interview:

> This piece was again based off of my little brother. I put a black widow in there because it represents <u>the feeling about being swallowed alive</u>. It's really hard <u>to be in an abusive home and think that this stuff is normal</u>. That's why the person in the photo has a bloody nose. You just think it is normal, so you go about it the way that you think, "It's fine." You don't realize the abuse at that age. It is so hard to recognize and it's just a whole different lifestyle. Like, <u>we thought getting hurt, abused, was normal.</u> For years! But it should not be that way. (Marie)

She and her brother were physically abused, the most explicit example of *being done to*. Yet

Marie's depiction of her experience through the black widow spider – showing *being done to* as

being swallowed alive – provides nuance to the harm they endured. Part of the damage of *being*

done to is how it conditions a child or youth to expect this maltreatment as part of normal life. It

is not only an assault on their bodies but on their ideas about themselves and the world. Turbo

experienced this as well, explaining that when kids have only ever known maltreatment and

being done to, they will come to expect it: "If they don't know no better than what the fuck they seeing, then <u>of course you gonna adjust to that. You gonna fall into that. It's in your mind, every fuckin day.</u>" Turbo was reminded of his maltreatment every day, even when in foster care. He suggested that because of their traumatic context, youth in care may not know any other way of existing or being in relationships with others that does not include abuse or violence. This distortion of what is 'normal' is an additional, lasting mechanism that ensures the *trauma context* continues to inform the rest of their lives.

For many of the participants, the specific occasion of entering the child welfare system was itself a traumatic experience of *being done to* as well. For Eros, the process of coming into care was scary and confusing:

> "One of the biggest things was just the way <u>I was pulled into DCFS: I went to school and then I never came home. They sent me to the office and then from there, I went to a shelter. I didn't get to see my mom for like two weeks</u>." (Eros)

Eros had no previous indication that his life would suddenly change that day. This sense of being pulled or forced into the system, taken from their families with little to no explanation, was a common experience for the participants. These were not things that just happened, they happened *to* the participants, making them feel that they were being victimized on top of whatever other struggles they endured in their families.

In her two-part piece "Watercolor Eyes," Marie depicts the pain of this reality. To make the watercolor paintings, Marie zoomed in on photographs of herself from two of the most emotional moments in her child welfare journey and painted her eyes as they appeared in those photos.

Figure 3. Marie's Pink "Watercolor Eyes"

The pink eyes represent her hardest moment, being removed from her family and entering the instability of foster care with the constant threat of placement disruptions. (The second part of "Watercolor Eyes" is pictured below in the *well-being* element.

Lack of Safety. The system suggests that children and youth are brought into the care of the state because of abuse or neglect, or a *lack of safety*, in their current homes. While families of color are disproportionately represented in those separated by the state, this study's participants affirmed their *lack of safety,* which was a core theme of the *trauma context*. As Kalhan explained, neither she nor her brother were safe in their home with their biological mother and stepfather:

> The only reason why I was formally removed from my bio household was because me and my brother, we just had like, suicide attempt after suicide attempt. And [to my mom] it was just like, whenever I did it, it was a secret and nobody could know about it...I was just like a piece of shit and I was raking up the medical bills or whatever...We were super poor. Like, I was super neglected as a kid. Hungry. I ate ants out of the carpets and like, out of the garbage in school...We were sexually abused by our stepdad for years and years and years, like from the time that I was seven until I was 13 and I got kicked out of the place. (Kalhan)

Aside from the influences of poverty, Kalhan and her brother were not safe in their home as they endured neglect and physical and sexual abuse from their parents. They suffered greatly as a result: both were suicidal by age 10. Despite telling people about the abuse, they were not

removed from their unsafe home until years later, when her 10-year-old brother overdosed on

drugs. She explained the terrifying ordeal:

> The last time that it happened, my brother OD'd and <u>my mom refused to take him to the hospital</u> and I was begging her. And then she just kept saying no. And I was like slapping my brother and he just wouldn't wake up... I was shaking him and he just was totally out of it. He was like ten or 11. And so, I ran to school...[I] was banging on the counselor's door. She wasn't there. So, I just went to the school resource officer... He went and drove to my house and then picked up my brother, just ripped him out of that [house] and then took him to the hospital. Mom was furious, so <u>she started yelling at me</u> when I went to the hospital after school to check on him, <u>saying, like, this is my fault,</u> all the medical bills. [She was] yelling at him then at me. And I was like, "What is wrong with you?" I just had it [with my mom]. And then we both got kicked out of the hospital and then <u>she kicked me out of the house</u>. (Kalhan)

The lack of safety in Kalhan's family of origin included material and medical neglect, and

physical and sexual abuse. The children were also emotionally unsafe, as they were expected to

keep their abuse a secret, were not removed from harm when they reported the abuse, and were

faulted for the results of their anguish (i.e., their suicidality). Each of the other participants

shared similar situations of danger or lack of safety before coming into care, most involving

explicit abuse and neglect.

Loss. The participants also described significant losses as part of their traumatic context.

These losses left an emotional gap or longing for the lost person or thing. The theme of *loss*

covers being separated from family and community members, the death of important people in

their lives, and the loss of physical objects. In the most abstract examples, some described the

loss of the dream or fantasy they once had of having 'normal' family love and connections,

which in its extreme, contributed to their traumatic backgrounds.

For Jasmine, her family moved around a lot before they were taken into care, often

couch-surfing with friends of her mother. Her losses included the familiarities and comforts of

having a consistent home, which she experienced from enduring so much change. This was

exemplified by the physical loss of an important possession:

> So, you know, over time I just kind of lost things. And I think I just grew less accustomed to them...because everything was just changing. And so like, trying to choose, I was young, so I'm like, "Oh, I want my big dog stuffed animal." It was like that was the thing that I wanted to keep with me. And my brown blanket. And I remember grabbing, like, I guess a few necessities, like clothes and stuff like that, because I was just like, I don't know, I was just scared I was going to lose it again. (Jasmine)

While life was in constant upheaval, Jasmine relied on keeping the steady presence of a few

treasured objects, always fearful that she would lose them. Sadly, years later Jasmine's special

brown blanket was indeed lost on a car trip with one of her foster parents. "It was really hard for

me. I still remember feeling so anxious after that car ride. I know it's such a silly [thing]. But it

was like the only thing I had left." Jasmine's blanket provided her with a sense of security during

tumultuous times and felt like all she had remaining from her life before foster care. Losing it

represented all the other losses she had endured during her time in foster care.

More than one participant lost a parent before entering care. For Justin, the loss that

defined his early life came with the death of his mother, which prompted his entry into foster

care soon after. For an exemplative piece of artwork to illustrate his experience in care, Justin

shared a rap song he wrote in foster care where he described that even though he lived in poverty

with his family of origin, the hardest part of his past was his mother's passing:

Figure 4. Justin's Lyrics

> *Me and my brother we just livin' in this war.*
> <u>*They say it's getting better but my heart is getting sore.*</u>
> *I remember the cold nights when we was sleeping on the floor.*
> *We ain't have no heat so we had sheets up on the door.*
> *Man, it's crazy, this life that we endure.*
> *My OG² told me 'Life is hard' but I was never sure,*
> *That's all we dreamed of while we were still living poor.*
>
> *Then 2016,* <u>*they put Maria in the morgue*</u>*.*
> <u>*Th'shit cut me so deep that I was tryna kill the world*</u>*.*
> *Fighting for custody, we was in and out of court.*
> <u>*They took us away! Man, that shit hurt me to the core*</u>*.*
> *It was then that I realized that I was destined for way more.*
>
> *I said to Ma, "It's me. I've been thinkin' 'bout your love,*
> *Reminiscing about you. And I could really use a hug.*
> *I 'member every day, remember the hole that they dug;*
> *I watched your cold body go down, passed that green rug."*

Unlike other participants whose past was riddled with abuse or neglect, Justin's traumatic context was predominantly related to the death of his mother. This led to further loss of his family when he was removed from his father's care and taken into foster care. For a time, he had also lost the dream of life getting any better. Years later, he was still constantly missing his mom and her loving care for him.

When Jeff entered the system, his loss was complex. There was the loss of his familiar family connections by being apart from his parents, as well as the loss of an idea of what his parents were supposed to have provided for him:

> The whole situation was just not familiar because, shit, I didn't know any of the people that came and like, I don't know how to say it, <u>taken me away from my family</u>. So it was like, just strange. They placed me in a group home with other foster kids, and I was with my sister. We was at the group home for like, a good 5 to 6 months....Being taken away from home overall just made me feel angry, you know, because <u>I wasn't with my family, or with the people that were supposed to have loved me</u>. (Jeff)

In losing his family, Jeff's emotional response was anger. The initial loss of being physically separated from his parents was painful, but that was deepened as he confronted the existential loss of the love he never got from them but knew he should have received. This loss was a significant component of his trauma context.

  Surviving. The theme of surviving was also part of the participants' trauma context. When living in circumstances that included so much hurt and uncertainty, and so little safety, staying alive was an accomplishment. Jaimie explained her childhood and her sense of barely surviving. She said she endured so much abuse and felt so alone in her suffering: "You have literally no one. And that's what it feels like most of the time. You just are existing in this misery, and you don't want to live most of the time." (Jaimie). In simply terms, she conveyed a profound sense of merely surviving while also suffering, so much so that she did not even want to be alive. Even at 32 years old, Jaimie remembered these moments of her early childhood with deep sadness. The traumatic context was still intact.

  Quincy came to understand his life in survival mode through the perspective of a friend who also experienced foster care. Even after they had left the system, the effects stayed with them, leaving them weary and eager for life to be different. His friend said: "'I'm just ready to live already." I'll be like, "What you doing? We've been here. We've been living every day." But he said, "Nah, bro. <u>We been survivin</u>'." Quincy paused, taking in what he friend said, then continued: "That's real, though. That's real. That's true." It took a friend pointing it out, but Quincy easily recognized in his own experience that he was also not fully living, just surviving day to day.

Being in a state of simply surviving, along with being done to, the lack of safety, and loss, summarizes the experience of a traumatic context for the youth in care. Their young lives had already been so difficult, heavy with harm and suffering, and their trauma characterized their existence. Unlike children who enter the world and do not face trauma or loss, this study's participants made clear that their trauma and loss before and upon entering the child welfare system meant that they were operating from a deficit on their path to well-being. The participants all had scary, tragic, harmful, intense life experiences that constituted a context of trauma that stayed with them throughout their time in care and beyond.

With this common context of trauma, harm, loss and survival, young people enter the child welfare system under a variety of circumstances, leading each of these participants to enter foster care. Study participants described that upon entering the system, there were clear relational dynamics that contributed to or detracted from their well-being. Specifically, the adults in their lives, from foster parents to caseworkers and other professionals, were doing or not doing things that were either helpful or harmful to their well-being. These activities and behaviors, when positive in nature, either led to *relational safety* or were *detours* away from well-being.

Relational Safety

The participants described a collection of factors and actions that pointed to adults in their lives creating a sense of dependability and security in the relationship, or relational safety. The first theme of *relational safety* relates to the ways the adults acted to humanize the youth in their care. After this crucial first step, adults create safety in the relationship by inputting or demonstrating specific characteristics and actions as they engage with the youth. These actions

are facets of four additional themes of *relational safety*: *effort*, *commitment*, *support* and *love*. These themes establish the critical start to the Way to Well-Being.

    Youth Are Humanized. For adults to effectively create *relational safety* with and for the youth, the young person must first be fully acknowledged and humanized. This includes being seen and understood as a real, complete, "normal" person: a human being. *Being humanized* is the experience of participants being beheld by adults as valuable, capable, and worthy of respect. Participants likened being respected and valued to being treated like a human being, hence the name for this theme. The theme includes youth being seen, understood and embraced by their important adults. Like some of the other themes to follow, being humanized was uncovered in large part because the participants experienced the opposite by the important adults in their lives. The absence of this critical element of relational safety made clear its significance. For Day, the way her foster parent treated her and her siblings felt very *de*humanizing, to the point that she felt like an animal. Although her foster parent was her biological aunt, she treated Day and her siblings very differently than other kids in the family:

> The way she's treated us compared to [her grandkids]. Like, we weren't allowed to sit on our living room couch except when they came over. Because they, like, see her as an angel. And she's gotten that praise, especially when she took us in. So, when [the other non-fostered kids] came, like, you know, she allowed us to do some things to seem like we're the same as them. But when they left, it was like, "You got to sit on the floor! You can't sit on our couch." I'm like, that was crazy. I thought it was like the dumbest thing ever. And, <u>they kinda kept us separated [from the other kids]. Like, we were, like, kinda like some animals.</u> Like, I have a little cousin and she's a couple of years younger than me and since we had bunk beds, she wanted to play on the bunkbeds, and climb on it. And I remember my [foster parent] coming in and like, snatching her up, like, "Get out of here. You don't want to play with them!" And, like, it was just weird. <u>It was just like, kind of just like we were dirty. Like, we're not allowed to sit on the couch, our clothes were dirty</u>. (Day)

Day's example is the opposite of *being humanized*. She knew that these dehumanizing and humiliating experiences were a barrier to her relationship with her foster parent, which did not allow her to even begin developing safety in that relationship. She and others knew from experience that *being humanized* requires being treated with respect, which starts with being seen, understood and embraced.

  Being Seen. To humanize someone is to see them, to acknowledge their experience, hear them out and believe them. This subtheme includes seeing the youth by reading cues and meeting their basic needs (for food, shelter, etc.), though not out of obligation but rather out of the youth's innate deservingness. In the seeing dynamic, the seer was usually an adult of some importance to the youth, while the object of seeing was the youth themselves: their personality, their strengths and needs, their uniqueness. This also relates back to the context of trauma, where one's past needs to be seen, honored, or taken seriously.

  Several participants spoke about the opposite of being seen, or as being seen in a way that misaligned from their true self which was ultimately harmful to them. Throughout her foster care journey, Erika felt she was not being seen as herself. To start, she felt as though others saw her as an unwelcome problem: "<u>I was always seen like a burden</u> to people. Never as like, 'Oh, we're helping you.' Always as a burden. And I just hated that." Adults' actions toward her communicated that they only saw her as a burden to endure. Additionally, participants had the experience of being overlooked or seen only for what they could provide to the adults. By contrast, some also the relieving experience of someone seeing them for who and what they truly were. For example, Dark Knight went from being seen as a financial opportunity by caregivers to being seen as a kid with a bright future by a teacher:

> To my caregiver at the time, <u>we were seen as an opportunity</u>. All too often that's unfortunate in the foster care system where <u>kids are seen as dollar signs</u> because it provides some type of incentive for the caregiver... so, in middle school, <u>a teacher gravitated towards me and noticed my potential</u>, and she provided support and I started to elevate. (Dark Knight)

Here, Dark Knight reminds us that each human being has potential. That act of being seen and acknowledged by his teacher was the impetus to begin moving up, progressing, or as he says, elevating in his youth. This provided a humanizing foundation for Dark Knight to return to later when he needed to course correct from the streets and back into the classroom.

Another way youth experienced being seen was through celebration of their accomplishments. Unfortunately, many knew the experience of being overlooked even through achievement, but Jasmine had relationships with adults in which she did feel seen. As an example of her feelings of well-being, Jasmine shared this photo of two trusted adults who were there to support and celebrate her at a performance she worked hard on.

Figure 5. Jasmine's Photo from a Dance Performance

She felt seen, supported and embraced by them as she was expressing herself and doing something important to her. She also described in detail what being seen and heard was like for her. For instance, when she was talking with her foster parents, she recounted:

> [They would be] turned towards me. They were <u>looking at me and it wasn't just like staring at me</u>. But it was like <u>I could tell that what I was saying was important</u>. Like, <u>they thought it was important</u>, and I felt like they were respecting me in that way. (Jasmine)

Jasmine describes how her caregivers were fully in tune with her as an individual. As they turned their attention to her and their gaze made her feel seen and important, these humanizing gestures felt like being respected as well.

Being Understood. Another key nuance of being humanized by the adults around them was the feeling of being understood. In this area, the participants explained how important it was to feel that their unique needs, strengths, challenges and hopes were regarded with care and understanding. Again, it was often the absence of understanding that demonstrated the importance of this theme For Jeff, he felt that the dynamics in his foster home illustrated issues within the system where kids' situations were not known or understood by those with any power to improve it:

> I guess the system is set up how the system wants it to be. Because <u>I'm thinking that other foster kids or foster teens is probably going through the same thing that I'm going through</u>. And <u>nobody is knowing it.</u> They probably getting put out as well. Probably getting beat on by their foster moms or whatever. Like, <u>there's a lot that people don't know.</u> It's not all just sugar and cookies. Like, foster care do got some downsides to it that hasn't been brought to attention to the right people to make a change about it. (Jeff)

In a way, Jeff demonstrates how simple it is to understand another person in his acknowledging that other kids in foster care are probably going through the same things he did. To be seen and understood in Jeff's experience would have meant that someone – particularly someone with power in the system – was aware of his hardships (and that of other kids). He said he was not

even getting his basic needs met "to feel like a typical human being." He felt misunderstood because there was no one who really knew what his lived experience was like.

By contrast, some participants did feel understood when they felt validated in their feelings and experiences. Day's new foster parents made her feel understood. She said, "They're very understanding and willing to listen to my feelings." She explained a specific scenario that demonstrated that sentiment when she was overwhelmed at school and walked out. When she got home, her foster mother was surprised to see her.

> She sat down and she talked to me for a little bit to figure out what was going on...she was like, "Okay, you're okay now. Now let's solve this problem." If I was in a different situation, [someone else would be] like, "You're in trouble, give me that phone!" But [my foster mom] sat there and listened to my issues. Just having someone sit there and validating me as a person and my feelings... So, like I don't feel like I'm a crazy person. I was like, "I feel like this." And they're like, "Okay, that's normal. Everybody feels that way." (Day)

Day's experience illustrates how being heard and understood leads to feeling more at ease and "normal," and contributes to a sense of *relational safety*.

Being Embraced. The last subtheme of being humanized expands on the dimensions above. The participants described how critical it was to be seen and known and understood for who they truly are, after which it is necessary to be fully embraced, accepted and welcomed just as they are. For many participants who did not feel embraced, their experience was one of being shunned or turned away. This was also demonstrated when youth were subjected to stereotypes or painfully low expectations of their value or humanity. Kalhan described how a caseworker's negative assumptions about her capacity to function in a family setting impacted how she saw herself and was the opposite of being embraced.

> I really thought that I was just going to age out of the system and have to get emancipated and stuff. My caseworker, she just really was like, "You can't be in a family that has kids

already. You can't. <u>You probably just can't survive in a foster family</u>. <u>You'll just probably screw it up</u>." And I was like, "Okay." So, <u>I just kind of like let myself think that that was true</u>. (Kalhan)

Kalhan first points to an area of implicit relational failure many youth where they experienced the absence of embrace: facing emancipation from the system, which means they will leave foster care alone, without the caring embrace of a family. Kalhan's caseworker assumed the worst: that she would never be embraced by a family, so she stopped trying to find suitable placements for her. The predicted rejection by a family signaled that the caseworkers doubted Kalhan and her potential as well. Then Kalhan believed the false narrative, doubting her own ability to join a family and essentially rejecting herself.

The name for this subtheme came from Turbo. As we spoke, he realized that he had never been fully seen or understood by adults in the system, so his ideas about being humanized in this way were more of a fantasy of what he wished had happened. Still, he knew that being fully seen, known and embraced were the optimal goals. He explained it this way:

> To me, all I really wanted was my brother and my sister...To me <u>the fantasy was being, [that] they would know me.</u> You know, like everybody, <u>I came into the system with nobody</u>. I feel like when I was younger I was happy. It was aware like, I don't know what it was, but my last memories of being with my family, I was happy to see them...I still remember that day. I still remember the night my momma passed. I can everything in my head, her being in the bed, asking me for a last hug...So, at that time, I'm still around my family. <u>I'm seeing what it was like [when] everybody know each other</u>. <u>I'm seeing these families treat they other family members like, "Oh yea, that's JJ. Yea, he act like that. You know, he that type of person."</u> That's what <u>the fantasy was: somebody really knowing me. Not somebody that just met me and got they perspective off he said/she said. The fantasy was somebody to embrace you, like, "Aw this [is] Turbo. This [is] what he like. You know, this and that."</u> You feel me?...<u>It was about being known for who I am and what I was supposed to grow up to be...The fantasy was to be embraced by people who were of your same blood line.</u> There's somebody in your family that act just like you. [In foster care] you go to a family that don't nobody act like you. (Turbo)

Turbo was removed from his family of origin when he was still very young, so he did experience people in his life – his biological family or others – knowing him thoroughly. No one understood him in the present or projected knowing him into the future, nor embraced him for who and how he was. Yet, he knew he wanted and needed all of that to be well. He also tied this back to being (de)humanized, generalizing to the experience of all youth in care: "They not really getting emotionally embraced, I feel like. They [are] humans. With emotions. Like, they still a human. You still a human at the end of the day." Being seen and understood would not be enough. The last piece of this theme of creating *relational safety* is to be embraced as well. The way adults could demonstrate they were embracing the youth was through their actions that contributed to the youth feeling secure in the relationship with them, such as the themes to follow: *effort*, *commitment*, *support* and *love*.

  Effort. This theme of *relational safety* is about adults' willful demonstration of their intention to care for or connect with the youth in a way that is authentic, unconditional and leads to greater connections. Essentially, adults who made an *effort* were clearly trying. They were attuned to the needs of the youth and genuinely took steps to meet those needs, which may include advocating for them and their needs. It also included making an effort to include the youth in the life of the family. The opposite, a lack of effort, is the experience of transactional interactions instead. This theme often arose from participants' experiences where adults engaged with them in transactional ways. Certain caregivers treated them as if their only relationship was about the exchange of money, a common stereotype within child welfare that caregivers only take in foster children for the money. They felt otherwise disregarded and unimportant. Marie shared this perspective while also acknowledging the challenges in the child welfare system

where there simply are not enough foster placements for the children and youth who need

homes:

> I know <u>foster families that are only in it for the money</u>, which is terrible because that shouldn't be a thing. But it is. That's just how the system is. <u>People are just looking for a paycheck</u>, which sucks, but they're the ones that are willing to take us in. (Marie)

Marie points to a supply and demand problem in the system, where the incentive to offer a

placement becomes seen as a disincentive from putting in the effort in caring for the children in

that placement. This was also Turbo's experience where he felt like he was treated as a means to

an end: a check:

> There's more to the system than a check. Because they're real people. Everybody is a human. Everyone have feelings. But [for] <u>some people, it's about a check</u>. <u>As long as they can get that check, they gonna do whatever the fuck they want to do with that money</u>... I was reminded of that all the time: <u>Every house I went to, I was never *not* reminded that there was a check being received</u>. (Turbo)

What was confusing for Turbo and many other participants was how to reconcile caregivers who

did not seem preoccupied with financial incentives, yet still felt unsafe to be with. Some lived in

foster homes that provided plenty of material items, like new shoes and gaming systems, yet

there was still no genuine, emotional effort being made to attune to the young person. Of course,

they wanted and needed more than what a check provides. As Turbo pointed out, "I was just

looking for <u>real, genuine love, like, without a check behind it</u>."

Of course, participants also had experiences where an adult did show effort in their

relationship. For Justin, a caregiver showing effort included taking time to address issues when

they arose and talking through hard things together. When he needed help or guidance, or even

when he made mistakes, he experienced different parental reactions that demonstrated to him

differential levels of effort to help him grow:

> With Ms. W., <u>if I messed up, she'd have me sit at the table and we would talk</u>. She would cook some dinner, go somewhere and get us something to eat, and we would talk. But with Ms. F., if you mess up, it was like, "Okay, I'm not finna deal with it. I'm calling the police. You go to the pit... to the hospital." Like I said, "it was always the hospital." (Justin)

With two simple examples, Justin illustrated the experiential difference between a caregiver making an effort to be there for him and create *relational safety* in their relationship, and one who was quick to punish and dismiss him.

In addition to caregivers, effort came from other adults involved in the youths' lives, as well. Erika experienced the effort of a caseworker working to protect her, which contributed to her sense of relational safety.

> I told her [about] the neglect, the abuse, verbal, physical, everything that I needed to tell her to get out of the house I told her. And <u>she said, "Okay, you're going to be my case. I'm going to keep you. I'm not going to give you back." So she fought for me and she fought to keep my case. And she fought for me because I couldn't.</u> (Erika)

In a similar vein, Quincy explained that when child welfare professionals made an effort, they worked to maintain healthy connections for the child. "Those caseworkers that actually cared, <u>they kept you in a foster home where they knew they was going to do right for you. They kept you there</u>." The best caseworker he had did this for him and his brother. He equated these efforts with demonstrating care, a theme addressed more fully below.

The last component of making an effort was including youth in the life of the family. The participants described how being included often solidified a relationship in foster care. It was an indicator of the caregiver's effort and intentions to connect. For William, he felt included most when he was able to contribute to decisions for the family.

> I would say like being inclusive towards the child is a big part of it. Like, <u>you include them in some of the decisions where you would include a normal child, like one of your own children in</u>. Like, "Where do you want to go eat? Oh, well, we can go eat here." And

you know, like, <u>you find one everybody agrees on</u>, not what just one person agrees on. Honestly, I would say that's a big part of it, is just being inclusive towards -- I don't want to even call them foster children -- being inclusive towards *children*, towards the children that you have living with you. It's probably a big part of parenting. (William)

Here William touches on the idea that parents would include their own children in decisions, therefore that effort should be extended to youth in care as well. He later described how in a foster family that lacked effort and connection, his opinions were never sought. He felt most like a "real" part of the family when he was invited to contribute his thoughts to family decisions, even small ones like where to have dinner.

Commitment. Another theme of *relational safety* was often about adults demonstrating a steadfast dedication – or *commitment* – to being there for the youth, consistently showing up and working through challenging elements of the relationship, not giving up on the youth during tough times. *Commitment* was shown through actions or sentiments that indicated a loyalty to caring about or providing for the youth's well-being now or investments in their future. This was also illustrated through the reciprocity that evolved between committed adults and the youth as a relationship deepened over time. Wyatt experienced this kind of commitment from adults in a long-term program for youth in care. As he explained, commitment required consistency to result in the bonds of *relational safety*:

> <u>First is commitment. A commitment to be in my life. Commitment to stay with me. Be an inspiration to me, to motivate me.</u> And the second thing is consistency. Just constantly being there every step of the way. I think that's two main things that kind of brought us together and made our bonds and share, you know, a kind of love. (Wyatt)

For Wyatt, the investment of consistent time and effort defined *commitment*, as well as the intention to have a positive impact on him. When these factors combined over time, this grew to an experience of love.

It was also important to the participants that the commitment demonstrated to them by important adults in their lives was dependable and consistent. For Jaimie, this person was a sponsor within Alcoholics Anonymous (AA). Though not an alcoholic, Jaimie turned to AA as a teenager when she was in institutional care and looking for outlets and connections. While working through a step in the program to acknowledge her resentments, she found comfort and *relational safety* in the committed presence from her AA sponsor.

> She was a big person to confide about every single person I've ever hated...We went out to dinner every weekend for two months to talk about it...It's the people that go through the toughest times with you too that really can get you through the really tough things that like other people who are authoritative and all this other stuff, they don't do any good. (Jaimie)

Jaimie's contrasting experiences between her AA sponsor and other "authoritative" adults in her life taught her the importance of sustained and authentic commitment.

Kalhan's current adoptive parents demonstrated their long-term commitment to parenting her and working through difficult times by taking on some of the responsibility and discomfort of investing in the relationship. They demonstrated this by seeking support for themselves and showing their willingness to leave their comfort zone for her benefit:

> They also went to therapy because I traumatized the shit out of them. They just wanted to heal themselves so that they could be better, [be more] capable to help me, which was like, I've never had that before. Like, somebody who wants to fix themselves. Healing themselves so that they can be of better support to another person. And I guess the biggest thing is that they listen to me when I say something, and they really try to change based on what I say...They're willing to try things that I know that they hate for me because they know that it would make me feel more welcome here and vice versa. (Kalhan)

Knowing that her adoptive parents were committed and not going to give up on her or the relationship, even during hard times, contributed to Kalhan's sense of *relational safety*. She continued with this sentiment, illustrating how the relational safety derived through commitment

builds trust between them: "I've definitely ruined the whole batch of cookies several times, but they're always willing to just start making it again – reestablishing trust both ways so that it's reciprocal." Their effort led to safety in the relationship for all parties, which resulted in mutual trust. This summarizes the effects of the adults' actions on the youths' internal experience, a key function of the Way to Well-Being framework. More examples of trust are shared in the following sections.

Commitment was also demonstrated through adults' investment in the youth's future. Day's new foster parents, with whom she had lived for almost two years at the time of the interview, demonstrated their commitment through their assistance with her educational path. She had gotten off track from switching schools in the past and her grades suffered while in her previous placement. Instead of pushing her toward graduation (and adulthood) before she was ready, her foster parents intervened:

> They're really involved in my education and saying that I should stay back a semester. Cuz they're like, "You're smart and we know you're smart. So, stay back a semester...[you] didn't have a chance to be a kid." So, they gave me that chance...Like, "stay in school for a little while, fix your grades, and just be a kid." (Day)

Day felt cared for by this demonstration of their investment in her, her education, and her future. She also felt seen when they acknowledged that she was smart. They were invested enough in her to set high standards for her and help her meet them.

Support. Central to this theme of *relational safety* were adults meeting the participants' basic material, emotional, and relational needs, which was called *support* by participants when member-checking the findings. This includes providing the youth with relevant information about their life or stance in child welfare, and being someone to lean on when things get hard. Being supported also looked like adults meeting their needs for protection, taking action for their

benefit when they were in distress or danger. The support they needed to feel *relational safety*

also had to be authentic and not simply the fulfillment of one's professional duties.

Eros felt supported by his foster mother in myriad ways. She not only provided for him

materially and emotionally, but she also supported the system's overall efforts to reunite Eros

with his family:

> She really wanted to help me. And she really wanted me and my little brother and my
> mom to be together again. So, she did her best for me to do well. And she also really
> encouraged me to keep going to therapy to kind of help that process ease over...[Another
> important thing is] structure, like having a set schedule...I feel it [provides] a sense of
> security. Like [kids] know they can rely on things being that way. And then but still have
> the option of like, you know, I still have my freedom. I still have choices that I can make.
> (Eros)

Eros appreciated her genuine support and could relax into the *relational safety* her supportive

structure and dependability provided. While many youth experienced various levels of chaos,

adults who created structure could be relied upon. By helping to reunite Eros with his family, his

foster parent was a secure support for them all. He also pointed to the idea that stable support

provides the foundations necessary for freedom, a theme of the youth experience described

below.

Like the other themes, many of the examples the participants provided around *support*

were demonstrated through the absence therein. For example, Kalhan felt like she did not get the

support she needed before, or during, her time in foster care. Regarding this concept, she shared

a relevant art piece called "Drowning Alone:"

> She's drowning in a pond and then a person just watching and letting it happen. I felt like
> really unsupported by my mom and the child welfare professionals] cuz I told [them]
> about like all the abuse and stuff that's happened in my life... And they just didn't stop the
> abuse or intervene. (Kalhan)

Figure 6. Kalhan's Drawing, "Drowning Alone"
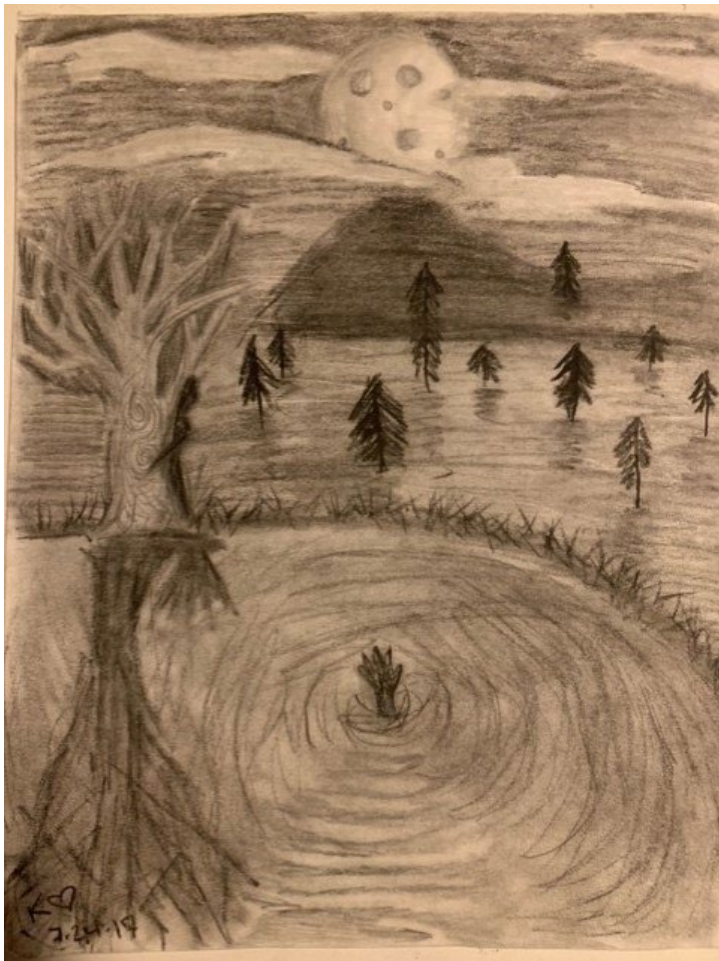
One can see the hand of someone in a pond as they are underwater, drowning. There is a person

standing behind a tree at the side of the pond, watching but not helping. For Kalhan, this

represented the opposite of being supported, which the youth wanted and needed. Instead of

someone seeing her need and responding to it, she felt she was drowning, all alone, while others

looked on but did nothing to save her. The lack of support and not meeting her needs was

terrifying and dangerous.

A couple of the participants were also parents themselves and they understood *support*

through contrasting their own childhood experiences with what they do now to meet the needs of

their children. Selena's emotional needs for affirmation and support were not met when she was

a child, so she knew how important it was to provide that to her own daughter who was not quite

two years old at the time of the interview:

> When she does things, like, if she goes to the potty, she does it right, I'll be like, <u>"Yay!"</u> <u>I'll congratulate her.</u> If she counts to ten, like, she know how to count to ten. She knows her ABCs, at one [year old]. And <u>I'll congratulate her. I'm like, "Yay, you're so smart.</u> <u>Give Mommy a kiss." Or I show her that affection that I've never had</u>...I will never do the things that my mom did. I will never fold on my child. Like, that taught me to keep going. Even when things are really low, I'm not going to fold on my child.

In addition to encouragement and affection, for Selena *support* required the adult staying strong

and not folding when things were hard. A support figure needed to be able to withstand difficulty

so the child could believe in their presence and confidently lean on them for support. An

outgrowth of this element is trust, which is covered below.

Love. The final theme of *relational safety* is *love*. By showing care, concern, and positive

regard for the youth, adults in the participants' lives created a safe and secure foundation by

being loving. *Love* was shown through adults giving encouragement, compassion, and kindness.

Wyatt's foster experience in kinship care with his godmother was a clear example. He described

many of the ways he felt well in her home, which boiled down to the love she gave. He was clear

that an important dimension of this loving dynamic was his godmother's willingness to take

initiative and give to him before he was able to return the love to her: "<u>She definitely showed the</u>

<u>love first</u>. Because you know when you meet new people, you're going to feel them out, test

them out and stuff like that." He went on later to describe the loving bond with a caregiver as the

foundational experience for him to do and be well:

> Because that love connection, even that self-love because I had to love myself as I love others. But to have that extra protection of love in someone else and someone who's

> motivating you every day. It kind of put everything together. So I think that's the glue to everything. Having a person there who loves you. (Wyatt)

Wyatt points to the critical importance of an adult loving and protecting him, which created

relational safety and allowed for his self-love, a component of the well-being experience

predicated on security in his relationship.

There were also examples of loving care that transcended physical presence or proximity.

Kalhan offered an example of the love she received from an older woman at her church, Carol.

Carol was very kind to her, saw the goodness in her, and stood up to Kalhan's scary caregiver

when no one else would. For Kalhan, it felt like Carol wanted to be close to her when she felt

rejected by everyone else:

> She's just the sweetest old lady. She would talk to [my foster father] and be like, 'Listen. I don't give a shit about anything you have to say. I need her to be with me!' I never felt more supported by anyone... She was the only person that wasn't afraid to touch my hair... She did my hair and makeup. Everyone else was afraid to be in my vicinity because I was like, I don't even know, 'damaged goods' is what I felt like. And she just found me as a child of God...I felt like when she died, I didn't have anyone that cared about me again. (Kalhan)

Kalhan felt loved and cared for by Carol. When Carol died by suicide while Kalhan was away in

a mental institution, Kalhan felt it was her fault. The art piece Kalhan wanted most to share with

me was "Angel in the Clouds", based on something she saw years later during a very difficult

moment in her life:

> This one time, I was ready to just off myself. I was so sad...I went outside because I just felt like I had to. I was just talking to the sky cuz that was all I knew how to do at that moment. I saw this cloud, and it looked just like an angel. And I just felt in my heart that it was [Carol]. I just knew that it was her...I don't even know how to explain it. It was just the most overwhelmingly beautiful thing in my life. So that's my guardian angel. (Kalhan)

Figure 7. Kalhan's Painting, "Angel in the Clouds"

She felt that Carol was still with her spiritually, which gave her peace and strength. Carol's love

for Kalhan was felt powerfully, even in her physical absence.

The critical nature of this theme was also evident in the examples when participants did

not feel loved by a caregiver. For Selena, her foster father was a reluctant caregiver, left to care

for her and her sister after his wife – who was the one who truly wanted to take the girls in – died

of cancer. His resulting cruelty was a clear lack of love, which disrupted Selena's chance to

establish *relational safety* with him:

> Over time, he became very passive and aggressive towards me. I love this man to death still to this day because he's changed, but he became mentally abusive towards me...He would say some off the wall things to me that really hurt me. Like, "Oh, that's why your mother didn't want you." And I would start to believe these things because I'm young and I would think like, "Oh, she didn't want me? That's crazy...It *must* be cuz I'm so bad." (Selena)

The impact on Selena's self-concept from her foster father not showing love led her to believe that she was bad. It also bears pointing out that even when he was unkind to her, Selena still offered forgiveness and understanding to her foster father. Selena was extending love to her foster father even when she did not receive it from him. This idea was shared by many of the participants, who communicated a profound grace and generosity of spirit offered to adults in their lives who had harmed them.

Summary of Relational Safety. The need for *relational safety* categorized by humanizing effort, commitment, support and love was expressed by all participants, without exception. The bonds created in relationships characterized by these themes set participants up to experience the following two elements: developing *trust* and *well-being*. William's sentiments summarize the importance of *relational safety* for young people in care to move in the direction of well-being:

> You can't have well-being if you're in a position where you don't even have any healthy bonds with the people that you live with. DCFS can throw all of the therapists and all of the medication and all the hospitals they want. They can throw everything in the world at you. They have the entire resources of the world. They could throw all of that at you. But if you're in a position where you don't like who you live with, you don't want to be in that foster home, you can't have any type of well-being I would say. (William)

William was clear that *well-being* started with healthy bonds within the foster home. No matter how many system resources can be levied to help a child in care, William points out that if the foundation of *relational safety* is absent, then well-being is not possible. He also forecasts another critical component of the framework, *openness to healing*, which appears after *relational safety* and *trust*, before *well-being* can be fully realized.

Detours

 Detours are the alternative to *relational safety*. As partially illustrated in the previous

section, when the adults' actions and decisions were not creating *relational safety*, they were

likely acting as *detours*, that is, interactions and circumstances that moved the youth further

away from their well-being. Here, participants described situations and experiences that they felt

directly detracted from their well-being. These were the examples they gave when asked in the

interviews about their lowest or hardest times. Instead of contributing to healing and wellness,

these actions and non-actions on the part of adults in their lives were *detours* that strongly

resemble and further contribute to the *trauma context* youth were coming from when they

entered care. The themes within *detours* resonate again with *being done to,* starting with

additional abuse and neglect adults inflicted on some youth, as well as being *forced,* and

subjected to dangerous *inaction* and *threats.*

 Being Done To. In the *detours* element, *being done to* remains a theme to point out the

continued abuse and neglect some youth face in care. For many participants, the disruptions from

being removed from their families of origin were followed by additional harm while in the

system. Although removal from their families was supposed to protect them and keep them safe,

participants experienced more abuse and neglect once they were in foster care. Erika shared this

experience while in care:

> After the psych ward, I was sent to a different foster home and the foster home was a
> family friend. And <u>in that family friend's house is when I got abused the most that I ever
> had</u>. And it was always, "You have to deal with it. You have to deal with it because you
> just do."... <u>I was being abused and neglected and not eating.</u> I would have to go to school
> early so I could get breakfast and <u>I only ate at school</u>...[Meals in the foster home] would
> just be disgusting. And by disgusting I meant like there would be cockroaches in the food
> sometimes and insects and just nasty things in there that you wouldn't want to eat."
> (Erika)

In addition to the abuse itself, Erika was told overtly and implicitly by agents of the system that her distress and complaints would not be attended to. Other participants affirmed that they also encountered many adults who did not believe them, minimized their experiences of abuse and neglect, or simply told them there were no better options available to them, so the youth had no choice but to endure it. This external manipulation of their subjective experience, or gaslighting, also exemplifies the victimization of *being done to*.

Inaction. For children and youth who look to adults in their life for safety and guidance, sometimes *inaction* can be as harmful as deliberate actions. Several participants experienced this inaction from foster parents or child welfare representatives who were not available, not concerned about their experience, or simply not asking the right questions. When Jaimie was in a residential program, she faced violence between the residents and apathy from the staff. Then, a new prospective foster family started taking her home for weekend visits. Along with the other children in the home, she was repeatedly sexually abused by this foster father, which was horrific. However, she experienced an additional layer of harm when she told her caseworker and the residential staff what was happening, but they did not intervene to secure her safety:

> It was awful. It's just the fact that <u>DCFS never stood up. They never did anything. That group home people never did anything.</u> And I think somebody said an excuse...I'll never forget it. It was like, "Well, you know, nobody wants you guys, so where are you going to go? This is your only option."...These people [said], "Oh, he was a fireman and he was this and this. He couldn't be doing that." Minimizing the abuse and what was actually happening. It was awful. I mean, <u>you just lose a lot of respect for people in that situation where you confiding in them what's happening and they do the opposite of protecting you.</u> (Jaimie)

Like Erika, adults in Jaimie's life also subjected her to gaslighting. She was learning that

relationships with adults were dangerous not only for their abusive actions, but because they

could not be trusted to keep her safe.

Dark Knight felt the inaction of his caregivers and agents of the system in the lack of

resources provided to him and his family and lack of effort to help him stay connected to them.

Beyond being left by his mother as a little boy, Dark Knight viewed his experience while in the

foster care system as the more significant and traumatic part of his life:

> I suffer from a speech impediment or, I *used* to stutter a lot. I was in a class in the
> basement. So, they diagnosed me with a learning disability, right? And that's because all
> of the trauma from the system. I wasn't being abused as a child, and none of that. It was
> the trauma from being detached from my mother and father as a kid, and then the system
> not providing the resources and support to make sure that, okay, if you're going to take a
> child away from their parent, make sure you provide them with a nurturing environment
> then. They didn't provide that, and because of that, from the ages of 3 to 7, I was in
> classes diagnosed with a learning disability because I couldn't read, and I used to stutter.
> (Dark Knight)

For Dark Knight, he attributed his stutter and difficulties in school to being forced into foster

care. He felt that he and his family were exploited by the child welfare system by tearing him

away from his parents and further, not providing the kind of environment or resources he needed

to be well. He felt he was directly harmed – or *done to* – by the system itself.

Sometimes, this passive *inaction* presented as adults acting in a transactional nature. This

was the opposite of the *effort* and *commitment* the youth needed for *relational safety*. Instead,

they felt unsafe in their relationships that were marked by cold, indifferent exchanges, or even

callousness and cruelty in the extreme. Turbo fervently explained the deep and harmful impact of

receiving transactional care from caregivers in the system; it felt akin to abuse. He spoke about

caregivers who seemed to look at raising a child in foster care as an opportunity to get paid for

doing something easy: parenting him:

> [They think,] "Ain't nothing if I can raise a child in my house and I could get paid for it, and I ain't [have to] birth the mothafucka." It's people out here that think like that. Like, "ok, I could do this. I raised kids of my own. It ain't nothing but to tell a kid to go to sleep. Wake up. Go to school. Make sure you get your education. Want you to get a job. I'm the parent, obey me!" It ain't nothing to it, to do it like that. But it's just a different type of fucking abuse. You not getting beaten no more, but your emotions getting beat the fuck up because you not getting a family love. (Turbo)

Because of how they treated him, Turbo felt his many foster parents had a lackadaisical attitude

toward parenting him. There is nothing to it when parenting is just about the child obeying the

parent's commands. While his physical safety was secured, and he had an adult to tell him to go

to sleep and get to school, Turbo conveyed the harmful emotional effects of a transactional

relationship with caregivers.

In a related fashion, *passive inaction* came across from adults who did not try hard

enough to connect with the youth or whose interactions were inauthentic. Jeff was living in a

group home and hardly interacted with the staff there. He did not understand how there were so

many people in the system to engage with him and yet they were still not meeting his needs. As a

result, Jeff described feeling lonely, lacking care, and uncomfortable:

> I was still feeling alone even though I had a whole group of foster care people around me that could have been useful. Because if it was genuine [I wouldn't need] so many extra people...it was just extra. A whole lot of extra, commercial personalities and relationships...commercial as in public. Fake. Like I could tell that they didn't want to get to know me or didn't care about my situation. It was like, just a commercial where we can just, like, look at it like a transaction...It's too many fake relationships with people that have jobs that they're supposed to meet those requirements and expectations. A foster teen or foster kid shouldn't be having to go through so many people because it's just, uncomfortable. (Jeff)

Jeff's perspective was that if the adults in his life, like foster parents or group home staff, were genuinely interested in and committed to him, he would have gotten his needs met. He would have felt more comfortable and well. But instead, their inaction was a detour away from his well-being.

Forced. Another theme of *detours* included situations when youth were being *forced* by adults in their lives to do or not do things against the youths' needs or wishes. Participants experienced this as a lack of personal agency or control in their lives. They felt they were constantly forced to adjust, comply, and as Turbo said, 'go with the flow.' He felt that the system and his foster parents had such complete control over him to the point of involuntary compliance:

> My foster care experience, I don't know how to even explain it, like <u>I ain't have a choice to do nothing...Like, I had shackles on my hands, on my wrists and I was just going along with the flow.</u> That's really what it was. It's like, <u>everything they wanted for me, that's what I had to take. Just go with the flow with that...I feel like I ain't have no control over nothing.</u>..[Because] when you in somebody else's house...that makes a person feel like, "Okay, look, I just have to deal with it."...You got to go with the flow, tucking your feelings away, which create more feelings...I have to go with the flow because what the fuck else do I have? They took me away from my family...I'm in a system where people I don't even know, moved into a house I don't even know and <u>I just have to go with the flow. Adjust to new rules. Adjust to new personalities. Every time. Adjust to new beds. Adjust to new foods, tastes. Everything.</u> (Turbo)

The weight of needing to "go with the flow" made Turbo feel as though he was shackled, in prison. This was a common sentiment among the other participants: feeling like they were being *forced* and had no control, which felt akin to imprisonment.

Selena grew up in a foster home that she also compared to a prison. She felt she had no choices in her life and no control over her reality. This experience shaped her decisions as a

young mother. She described what she does for her daughter instead, giving her more options even as a toddler:

> I give her the things I didn't have. Everything that I was lacking I gave to her...Like, <u>I'm not gonna control her, like, "oh, you're going to follow my goals." I give her those options of what she wants to do. I'll give her options like, "Do you want to wear this or this." I'm not going to be like, "You're wearing this!" And she'll pick out what she wants to wear.</u> (Selena)

Selena recognized the importance of respectfully offering her child some sense of agency over her existence, something Selena was denied in her own upbringing. So, she made the effort to relate to her daughter, honor her choices and refrain from unnecessarily forcing her will on her daughter.

Some participants did indeed spend time in jail for various reasons, so they knew the experience. From their perspective, most instances were related to being *forced*, as they felt their time in jail was unjust. For example, Jaimie was sent to jail when she was 11 years old:

> I think the first time I tried to commit suicide, that's why I went to jail. I had ran away and then I had taken a bunch of pills and overdosed. So, <u>the judge thought it would be a good idea if I went to jail for that</u>... I had my 12th birthday in there, in jail. (Jaimie)

Jaimie had bounced around so many foster placements and residential facilities and was in great distress. Because of the distress they are in, many kids in care run away from their placements. Instead of getting the help she needed to manage her suicidality and fleeing her placements, Jaimie was forced to spend time in jail.

Lastly, participants shared stories from their time in care when they were *forced* to act like adults before they were ready. Many felt as though they were being steadily pushed toward independence by caseworkers and others who expected them to behave, take accountability and make decisions like adults. After being separated from his younger brother who has Down's

Syndrome, Eros felt coerced by agents of the system to make decisions that were inappropriate

for his age and position:

> When it came to the separation of my little brother... <u>they kind of gave me the decision, which was a terrible idea to begin with.</u> But at the time I thought, well, you know, he's doing well [in the other foster home]. Why move [him] from here? <u>I kinda left him with them...not being able to see him and then knowing that my mom was suffering because she couldn't see him either, that hurt.</u> (Eros)

Eros was put in the impossible position, as a 14-year-old boy who had just been removed from

his mother's care, to determine the placement arrangement for his younger brother with severe

developmental needs. For many years, Eros' well-being struggled from the impact of this

decision he was forced to make, as he was kept apart from his brother by the foster parents he

chose for him.

Threats. The last theme in the *detours* element are the implicit and explicit threats that

youth face in the system. These threats keep youth in a state of hyperarousal, on guard for the

possible threats baring true and making it nearly impossible to relax into the safety of any

relationships or move toward well-being. This theme includes the instability and threats of

moving placements and being punished or rejected by foster parents.

Placement stability or permanency is a key objective of the child welfare system,

however, frequent moves are still common. These participants attested to that experience, having

moved so many times before that the threat of an imminent placement change was always

lurking in the background. The instability of the system can be internalized by the youth, who

come to behold themselves as the source of the problem. As Marie stated:

> <u>Because it was foster care, I felt like I was really disposable. That is so bad to say. But I know a lot of foster youth that feel disposable because it is that easy to change placements. Whether you like it or not, you can just change placements like that (*snaps fingers*).</u> (Marie)

In addition to the inherent threat of losing a placement or being turned away, some of the participants actually experienced what they feared most: being rejected by a caregiver. Jeff described his experience with a foster parent of three years who at one time used to talk about adopting him. He named her "Mom" with a heart emoji in his phone. He admitted that they struggled to communicate, that he broke curfew and lied to her, which prompted her to lock him out of the house, sometimes all night. Still, he still held out hope for a long-term commitment from her. That did not happen:

> It just came to a point where she didn't want anything else to do with me, so she put me out. And from those two or three years, I had to start over again. Not knowing anybody, not knowing what type of environment I was going to be in or anything like that. I didn't have any support for any type of situation I was getting myself into...I guess I was disowned by my foster mom and had to go to a group home. (Jeff)

All the youth described feeling vulnerable and fragile while in foster care. Being rejected by a foster parent was the worst-case scenario and their biggest fear. When it happened to Jeff, any *relational safety* he thought he had established with that caregiver was destroyed as he went off on this *detour*, further away from well-being.

Justin's experience provides a summary for multiple themes in the *detours* element. He felt he had no choices, was forced to stay in or out of the house, forced into psychiatric facilities and to take medication that made him feel terrible. Throughout it all, he felt out of control of his life and that he was constantly under the threat of being severely punished or sent to the hospital for his behavior:

> We couldn't go outside. She had like an old school door. So, like, you couldn't get out the door unless you had a key. And she would lock us in the house. And then day one day I just decided I didn't want to be locked in the house. I was locked in the house for like a week straight. I was done, the only place I could go was school, so I'm like, okay, I decided I didn't want to be locked in the house anymore. So I decided to jump out the upstairs window and she took that as me trying to kill myself. And she called the

paramedics and decided to and decided to tell them that I tried to kill myself and I was in the hospital for three weeks for nothing... I know maybe I wasn't the best kid. I don't know. Maybe it was all me. I just I never had a choice in my life when I was with her. It was always, "Go where I say, go [there] or do this, do that. And if you don't do it then, cool, you'll be going to the hospital." It wasn't a choice. It was always, "Do this or you getting locked up, or you're getting [put] in the hospital." That's all it was with her...Ms. [caregiver] want to put you in the psych ward for some reason. And she'd wait until I go to school so she could know I can't be nowhere to run. I'd literally get carried out on the stretcher from the school, and the whole school watch me like I'm crazy or something. I'd be gone for two weeks. I'd have to lie, like, "Ahh, I got locked up," or some macho story to make it seem cool to somebody... Maybe I was kind of rebellious in that. You know, I'm not going to say I regret it, what I did, but I definitely could have went about it in better ways and she definitely could have went about it in a better ways. So, you know, because her way to go about it was, "okay, let's give him a therapist and put him on medicine and put him in the hospital."... I feel like the medicine had me messed up like, really, really bad. Like, it was depressants and sleep medicine and medicine to help you concentrate. And you mix all that together and your body don't know if it want to go to sleep or stay up or, it's like you just anxious all the time, and you don't know what to do. (Justin)

Multiple adults were responsible for the collection of decisions that led Justin to this experience. It was the system as a whole that functioned as a *detour* to his well-being and his experience of having no control over his life. Meanwhile, because the relationship was so strained between Justin and his caregiver, he was not getting the care he needed to establish *relational safety* and heal from his *traumatic context*. He was not receptive to getting help from a therapist – or *open to healing* – because his circumstances and relationships were so unstable. This turning point theme, *open to healing,* is described below in the *trust* element.

Youth Trust

When the *relational safety* described above was created by adults in the youths' lives, participants were able to receive and experience the stability that provided. As a result, youth could develop *trust* in others and in themselves. Trust was an expression of the participants' subjective, felt sense of that *relational safety,* the embodied relief of security after periods of

traumatic stress and danger. Even if the youth had been off on *detours* before, developing *trust* in the context of safe relationships was a sign to participants that their well-being was closer. This internal experience for youth included letting their guard down, feeling more ease and less stress, anxiety, uncertainty, and fear. It included a belief that goodness was possible in the world, and that they could avail themselves to that goodness.

Jasmine knew what trust was like from her foster parents whose actions, decisions and how they treated her set the foundation of *relational safety* that led to *trust*:

> I really do trust them because, I don't know, I guess over time I just feel so loved and like just the little things that they would do for me. Whether it was like, you know, certain dinner, like chili or something that I really liked. Or, I know I'm not like a materialistic person, but like, if they would buy me like something sentimental, like a necklace...Maybe it was just like, the check-in, like, "Hey, how we doing?" And it felt genuine. (Jasmine)

Jasmine was able to describe the activities and behaviors of her caregivers that contributed to feeling safe with them, whereby she could let her guard down and believe in their care for her.

On the other side of the trust dynamic, several participants experienced the opposite of *trust,* which further demonstrated the importance of this element. During his foster care journey, because Turbo did not have the *relational safety* established by caregivers, he was never able to develop *trust:*

> For the foster people out there, I didn't have a say where I went. Sometimes [new caregivers] seemed ok at first. But you don't know. What the fuck, that could be a façade! That could be a mothafuckin costume right there. They could just be givin' me anything. That's distrust. My trust be messed up. You're moving me away from my family and putting me [with strangers] and expecting a kid to trust? (Turbo)

Turbo acknowledges how his fear and paranoia are a function of his trauma, which showed up as distrust. He had learned that he still had to keep his guard up, hypervigilant to signs of possible danger, which made *trust* impossible. For those participants who did find *relational safety*, that

experience led to *trust*, which allowed the youth to build authentic *connections* and feel *loved*

and *confident*. At this point, youth were able to engage most effectively in interventions to

process and manage their past. Once youth had moved into this space, beyond the instability of

their *trauma context* – where relationships felt unstable and life felt scary, dangerous, and

possibly not worth living – and into a trusting dynamic with safe adults, then they could

reasonably engage in the therapeutic process and be *open to healing*.

Connection. A key part of the participants receiving and living into the *relational safety*

adults created for them and developing *trust* was the experience of a true *connection* to others,

usually those same adults. *Connection* was the sense of a link, bond or mutual positive closeness,

a marker of the youth having developed *trust* because it required a level of receptivity and

vulnerability to form authentic attachments with others. Wyatt described the important

connections he formed with peers and adult staff in the youth program to which he belonged.

The adults in Wyatt's program helped create relational safety through their consistent presence

and encouragement. Once those foundations were established through humanizing or seeing one

another by sharing life stories and accomplishments, over time he and the other youth learned to

trust one another enough to form bonds that felt like family. He described how that happened,

starting with the adult staff members who were:

> someone who's there for you every day and who wants the best for you, who wants you
> to succeed like more than you want to succeed. You know, the person who can push
> you... But [us students] definitely had our differences, you know, and I kind of think that
> brought us even closer and together because we realized, hey, you know, we have similar
> backgrounds and we are in this program together and we kind of got to grow up together
> and be successful and, you know, beat the odds and beat statistics. Yeah, I think it's just
> all about building bonds and, like, making each other family...It is going to take some
> time to get to know them and share stories and get to know them or their background. But
> yeah, I would say time, that's what created these bonds. Over the years and seeing each

other go to high school and getting honor rolls and, you know, doing magical things. (Wyatt)

The connections Wyatt had in this program developed over time, which added to their significance for him.

Erika described how important connections were in her life. She spoke at length about her meaningful relationships with last foster family. Once she felt seen, known and embraced by them, she was able to form these *connections* with others, which were built on the sense of safety and security established with her last foster family, who became her forever family.

Figure 8. Erika's Collection of Photos, "Reasons to Live"

This collection of photos by Erika is called "Reasons to Live." During very trying times of depression and suicidality, Erika recalls all the people (and pets) whom she is connected to. She told me about some of the photos during her interview:

> So, this is one of my pictures. That is my, the person who I call my sister. That's my friend who took me in to her family. We have a very loving relationship. We're always there for each other, whether it's just like a happy day or a sad day. I got broken up with and then she was the first person I called. And this is another picture of my favorite

animal. My favorite buddy. His name is Buttermilk. He saved my life. <u>Because through the time that I had him, I was very depressed and I was very suicidal. I saw that I couldn't leave this little man out by himself.</u> He helped me. He pushed me to push through my difficulties so that he could live. And every time that I felt very depressed and I felt very suicidal, <u>I would just look at him and think, I can't leave this little dude behind. He's too much and he's too valuable. I love him so much. I just can't leave him behind.</u> So, he is one of the few that saved my life. I have a lot of Polaroids. I have a wall full of Polaroids. And that's my artwork. It's a Polaroid wall. So, everybody on that wall has saved me from my suicidal depression. There are also people that I live for. So, <u>if I ever feel bummed and I feel like I don't have anybody in my life, I just go to the wall and look at it, and like all these people here on this wall, love you and care about you.</u> (Erika)

Erika's links to her important people and pets, represented by each photo on her wall, were lifelines reminding her that she was not alone. Through these *connections*, she found the strength to work through her mental health challenges and the belief that her life was worth living.

Feeling Loved. Another theme within the *trust* element was the youth *feeling loved*. This was the experience of receiving encouragement, compassion, positive regard, and kindness from another and truly experiencing the warmth and relief *feeling loved* introduced. Herein is an important, nuanced distinction from the *love* in *relational safety* where adults could act in ways that communicated love and care (which was necessary for safety to develop in the relationship), yet this did not advance toward well-being until the young person fully received that care and could accept feeling cared for, loved and wanted. This theme of feeling loved was difficult for the youth to talk about. Several of them circled around the word throughout their interviews before they could comfortably talk about love. For example, when Wyatt described what youth in care need to be well, he talked about the adults in his foster youth program and what they provided:

> Just having the positive energy sometimes...[someone who] just continue to fight and be there for them...That's very important to me. And growing up, that's how I got through things as well, because I had a person right there every step. (Wyatt)

He added that many of his peers in the program were struggling with, "their mental health and like not having that support that I had or just not being in the right state of mind." When I probed into what he thought contributed to his overall mental wellness, he said, "Just having people there who, I guess, just like, love you, honestly." Once he got to the concept of love, he said it over and over. It was clearly the meaning he was trying to convey. This also conveyed the importance of the theme and experience as part of their passage to well-being.

Day described feeling loved in her new foster family as the result of small interactions that were warm, friendly and close. The humanizing efforts and commitment from relational safety helped her feel like a part of the family and like she was truly cared for. Some examples she gave were making cupcakes with her younger foster sister, family game nights around the dining room table, and going to her foster brother's high school graduation.

> It feels, I'll say very loving. I feel like, I'll just say, like a normal person. Because you'll see other families [do things together.]...Doing things just makes me feel like I'm a part of the family, basically. Like, we went to [my foster brother's] graduation. [When I was] living with my auntie, I wasn't allowed to go to my sister's graduation. So even just going to his graduation [was special]. I remember at his graduation, I'm like, 'I'm finna scream his name super loud.' It was embarrassing, but I did it! (Day)

Inclusion in family activities set the foundation where Day could build the genuine bonds she felt with each person, which translated to feeling loved. Despite many examples to the contrary with her former foster parent (her auntie), Day further points out how being loved by a family is 'normal' or what she expects family life should be like.

As noted in the element above, the *relational safety* created by caregivers leads directly to youth feeling secure enough to trust in others and in themselves. When describing these experiences, participants used the words love and care interchangeably. Jeff described how the authenticity and consistency of a safe relationship helped him develop trust and feel cared for.

> I was able to instantly trust them and just be happy with whatever they suggested or whatever plans we will make together. I knew it was real... Just when you see a pattern of consistency in someone, like taking time out of their day, that with trust, made me happy. And <u>I knew the person really did care.</u> So, it just gave me the chance to open up and be myself. (Jeff)

Here Jeff captured multiple themes from previous elements: he found *relational safety* from this adult making an *effort* and being genuine and consistent. This led to him feeling like he could *trust* them and believe in their love for him. This put him at ease, where he felt safe enough to be vulnerable and reveal his true self.

Justin went through many difficulties with foster parents before encountering one with whom he genuinely connected. Ms. W demonstrated her care for Justin through many small acts of effort and commitment, creating the kind of *relational safety* he felt he lost when his mother died and he entered foster care. As he learned to trust her and her intentions, Justin was able to put his guard down and truly *feel loved*. He pointed to one instance to demonstrate how he felt when Ms. W. him through oral surgery. He had needed the surgery for a long time, but every other foster parent had overlooked this need:

> [Ms. W] was the only one that was like, "Ah yea, we gotta get that fixed." And she drove me – I'll never forget – she drove me three hours away to have my surgery. She sat there with me. And I was terrified because I don't like needles. So, I didn't let them put me to sleep... So, I was woke the whole time and I was terrified...But <u>she was there with me the whole time. And it just felt like actual motherly love. Like, I didn't feel like I was in a foster home. It felt like I was at home, actually.</u> (Justin)

Justin's caregiver had already established a sound foundation of safety in their relationship. He trusted her enough to let her take care of this medical need, and by doing so she made him *feel loved*. Justin explains the affective experience of this kind of love that feels like being home.

Jasmine made a similar statement, "Home is a feeling rather than a place." Jasmine had many interactions with her second foster mother made her feel safe and cared for in that

relationship. She explained several small details of their interactions that conveyed that love and safety, as well as what *feeling loved* and safe was like for her.

> She was just always there to talk with me. Like we always go on car rides...She took me to Hamilton and <u>I felt so loved</u>. I just felt like I had this person that I could talk to. And <u>it was kind of like a relief.</u> I felt every time we talked, <u>I always felt so grateful the way she looked at me.</u> (Jasmine)

Jasmine's rich description conveys the deep and affective experience of *feeling loved* by a caregiver. The relational safety was built on her caregiver's consistent supportive presence, but the real beauty of Jasmine's experience was the way she was able to receive and feel the love that was offered to her.

Confidence. Like *feeling loved*, *confidence* was another theme of how *relational safety* and *trust* manifest when internalized by the participants. Akin to self-sufficiency, confidence was a belief in their own abilities to achieve and reach their goals. It was the sense a person has that they can handle ups and downs and move forward in their life, e.g., by achieving their emotional and practical goals and enjoying healthy relationships. *Confidence* included believing in themselves and led to using hard and soft life skills while facing and conquering obstacles in life.

Compared to her experience with her long-time foster father, Selena was able to start believing in herself with the help of some caring adults who took her in after the birth of her daughter. They helped her get a job and a license and start to get stable on her own two feet:

> <u>It felt good to have my own money. It's like I believed in myself</u>. I prayed, everything. And things start rolling in once I start having God on my side. <u>I was really in the game. I was doing good. I never thought I'd get to that point cuz I could never see myself getting to that point. I could never see myself being successful because I always doubted myself... I felt good! I'm like, "Oh, so this what life actually supposed to feel like. This is how it feels to be an adult. This is how it feels to actually believe in yourself." I mean, you did nothing but doubt yourself, but I actually had did it. It was an amazing feeling.</u> (Selena)

The *trust* she experienced was the result of those individuals investing time, effort and care into her and her daughter and creating a secure relational foundation from which Selena could grow and see success as possible. That transferred to a belief in herself, bolstered by a spiritual belief in God who was accompanying her on her journey.

Sometimes confidence accompanied the achievement of milestones, yet these milestones were only possible because of the relational investments others made in the participants to spur their belief in themselves. Dark Knight experienced a new level of *confidence,* along with awe at how far he had come when he graduated high school. With all the dangers and challenges he faced, especially in the streets, he was amazed at his achievements. The longer quote below demonstrates the arch of the Way to Well-Being. First he found *relational safety* from a couple teachers and a leadership group at his school when they saw his potential and embraced him for who he was. Then, he began to *trust* them and his own abilities:

> So, I started going to the library, thinking about how I could pay for school. And then Joe S. I still remember his name. I remember his face. Because I remember he told me, at the time he would call me L. He was like, "L, I seen how you walk around with your little briefcase." Because I had like, a laptop bag that I used to carry that looked like a briefcase. And he like, "You don't talk to anybody. You come to class, you're organized. You do all your work. I want you to join my men's leadership class or leadership group." And I was like, "What it's about?" He's like, "Just come to one of our meetings." And so, I went to the meeting. It was about ten of us, and it was just, you know, some other brothers in there talking about their struggles in the hood. Their struggles, you know, getting they life straight. I think it was about three or four of us who just got out of jail. I was one of them. So, we was talking about how we could stay from going back and stuff like this. So, we supported each other. And then one day Joe was like, "Myself and a couple of teachers voted on you giving our graduating class speech for the graduating class of '09." And I was like, "I've never talked in front of anybody before." Mind you, I had a stuttering problem. So, I was scared as hell. I was like, man! And at first I said, "I got to think about it." I was going to say no. And then one of my teachers, Miss Lynn, she was an older white woman, but she was super cool. I was surprised how cool she was with us. Because here we are, these hard, these rough guys. She's half our size. She looked frail, but she was the one that, she helped me more than my past teachers, you know. So, she was the one that voted, her and Joe, they voted for me to give the speech

for the class. And in doing so, the [XX Tech College] was in attendance at our graduation, and they heard me speak and they were like, "Have you ever thought about college?" And I was like, No, shit, I was just, shit, I just wanted to live and make it through another day, you know? Let alone graduate high school. So, I told them my story and Joe was there with me. And I remember being in Joe office. He had a bachelor's degree from [X University], and he had a master's degree, I think, from [Y University]. But they were both in social work, and I was like, "Joe. I'ma have one of these one day." Because I used to sit in his office all the time and just talked about how frustrated I was with life and everything like that. But he never gave up on me. And I was like, "I'm here because, like, you don't look at me like how everyone, how society looks at me. You look at me like a person." And I was like, "I want to help other people like you helping me. I'm gonna have one of these degrees one day," right? And so, like I said, they nominated me for the speech. I gave the speech....[After that] I got invited to apply to a technical college and a scholarship in the same day...Honestly, it's a blessing I'm still alive! So, when I graduated, it was so surreal. Because I just remember all the bullets flying past. All the shootouts. I mean, all of the fights. <u>But I was walking across that stage, something that they said I would never do, especially with a learning disability. And so that was the first time I felt like, "Damn, I did that shit. Like, I did that."</u> (Dark Knight)

It was *relational safety* that supported Dark Knight in applying his own best efforts and actualizing his potential, all of which fed his *confidence*. At the time of his interview, Dark Knight had earned a bachelor's degree, two master's degrees and was working on his PhD. As he demonstrated, the theme of confidence conveyed an internalization of the trust he found in himself to pursue his goals.

Distress Signals

To fully understand the arch of the Way to Well-Being process as described by the participants, it is critical to acknowledge the myriad ways they expressed their pain, struggles and state of relative *ill*-being, as opposed to well-being. When they did not get the *relational safety* or develop the *trust* they needed – usually because the *detours* were fueling their existing *trauma context* – youth were undeniably hurting. The weight of their distress while in the system is captured by these *distress signals,* when their well-being was lacking, and they were in a state of survival. Their behaviors, affect and internal landscapes screamed of their distress and further

added to their *trauma context* when the expressions of their pain were traumatizing to themselves. There were two main types of *distress signals* pointing to *relational distress* – or difficulties they faced vis-a-vis their relationships with others – and *internal distress* – or pain and challenges they faced in themselves.

Relational Distress. The first theme of the *distress signals* that warned of participants struggles and a lack of well-being is related to the distress youth experienced in the context of their relationships with others, especially the key adults in their lives. Their distress in these relationships looked like being isolated or *disconnected* and being closed off or *hiding* themselves.

Disconnected. When the participants felt alone, isolated and *disconnected* from others, this was a clear sign that they were not ok, and their well-being was off track. Being disconnected was often experienced as scary, maddening, and generally emotionally dysregulating. Even though Day's kinship foster placement with her biological aunt included her two siblings, she experienced all the same distress as the other participants, including intense feelings of isolation. She and her brother and sister all shared the same room with very little in it, and they were not permitted to spend time outside their room. When her siblings moved out to return to their biological mother's, Day stayed in the foster home. She described what that felt like to be so disconnected:

> [My auntie] was really kind of, I would say, neglectful. So, like, she'll leave for days at a time and like, I'll just be in a house by myself. And I had this big old room, and we didn't have much in it. Like, it was just, I didn't have a dresser. I had a bunk bed and a TV stand, but the TV didn't work. I was just in there, like, all the time, with nothing but my thoughts. And then, I didn't know at the time, but being there, like by ourselves, basically it's really isolating and kinda made me develop depression. And then like I had insomnia, or however you say it. And so, when there is nothing to do, like especially summertime I think, I'll just be in my room and just lay down and I'm like, I couldn't do anything else.

> One of her ways to punish us was like unplugging the wifi. So, like, even if I had a device, I couldn't do anything. So, I was literally up there with nothing to do. And so it was just nothing but me and my thoughts. I think that's one of the worst times. When I like, it was a place where I just felt super isolated. Like, I didn't communicate with anybody. (Day)

Day felt lonely and isolated as a result of the rules and practices in her foster home. With little to no interaction within the home, Day felt disconnected and depressed, a clear sign that she was in distress.

Participants also described another dimension related to feeling disconnected and alone where they realized that without dependable, safe relationships, it was all up to them to find some way to deal with their traumatic past. They did not have the supportive connections to make sense of their life's traumas with a caring adult, so they had to do it on their own. When reflecting on the overarching impact of being in child welfare, Quincy explained:

> That foster care stuff will really get you if you don't know how to manage your own stress and deal with life at the same time. That'll get hard, especially if you ain't got nobody to mentor you, talk to you, you know what I'm saying? Like, be there. (Quincy)

Quincy just needed someone to be there for him and with him. Someone who made the effort to commit to and care for him. Without the *relational safety* or *connections* he wanted and needed, Quincy had to manage the stress of his trauma on his own, which was difficult even into his adulthood. The absence of attentive adults was lonely and hurtful, as it meant being without assistance, information or care, which Jeff explained in his experience:

> [When I was taken away from my family] I just felt like I wasn't getting an answer or nobody paid attention to me or like nobody cared. So, it was like I was just alone. Or at least that's how I felt. Because nobody would pay attention to that I was going through that, like I was actually in the system and getting told what to do by people that I didn't even know. So I guess I just felt like I was in a shell, all bottled up. (Jeff)

Jeff felt alone and without the necessary connections to feel cared for and well. His sense of wayward isolation, with no one to even pay attention to him and what he was going through, signaled his deep distress. As a shell of a person who was not able to express himself, Jeff's distress also points toward the next theme of *relational distress*: *hiding* oneself.

     Hiding. This subtheme of *relational distress* centered on the youths' inability to be their true self. For most, hiding was a defense strategy they had developed to keep themselves safe and protect themselves, both physically and emotionally. Jeff described the many years he spent behind a figurative mask, pretending to be a certain way in certain situations to protect himself from threats of harm. The antidote to break through to him was *trust*, but if he was still hiding himself, it was a sure sign that he was not ok.

> If I can't trust you, then I'm not going to be myself. So, most of the time, I wouldn't trust anybody, and I just wouldn't be myself at all. I would just have to adapt to that situation or adapt to the environment or just adapt and figure out how I need to act, where I need to act, when I need to act. Or if I needed to protect myself or anything like that. (Jeff)

Jeff explained that after so many years of hiding, he is not even sure who he is and needs to find and get reacquainted with himself. Another way Jeff hid himself was to project such a façade of not caring about others or himself so as to appear virtually "heartless" and therefore immune from being hurt any further.

Figure 9. Jeff's Tattoo, "Heartless"

Jeff got this tattoo around age 16 at one of the heights of his challenging times in foster care,

when he was at odds with his foster mother who ultimately decided she did not want to commit

to him or persist through their challenges. The word "heartless" with a broken heart above it

explains how he felt he needed to be in order to survive his circumstances:

> I have a tattoo that says Heartless. It kinda describes me in the system, having to be
> heartless through all the random situations. And so, I felt like I am heartless or I had to be
> heartless or at least look at myself as heartless. Being heartless, like not being able to love
> or care for anything, just be like a tough person and just have to deal with whatever. But
> not like care too much about anything or react to anything as much. So, I got this tattoo
> that's on my arm that says heartless. (Jeff)

It was easier to be heartless, to not care about anyone or anything including himself, rather than

sit with the broken heart his life and broken relationships had given him. This demonstrates a

combination of internal and relational distress.

Youth also felt the need to hide themselves when their ideas, identities or personalities clashed with those of their caregivers. Like many of the other participants, William was required to go to church with one of his foster parents, even though he was not of her faith. When preparing for a church event one day, he responded to his foster mother's question about a tablecloth, for which he did not have a preference. This was an example that reminded him why he had to hide himself:

> [Not having an opinion about the tablecloth] had offended her so greatly that I was immediately taken to the mental ward again. It was at that point I realized that it was not a good position to be in, living in that foster home. Because one time I let a little bit of personality through and now I'm sitting in a mental hospital and it's not fun. So, I would say honestly, overall the worst parts of being in foster care were the times where I felt like I couldn't be myself. It's very draining when you have to constantly sit there and figure out, "Well, how would someone that would actually fit in here act?" (William)

William experienced both the mental anguish of not fitting in to his foster family and the genuine fear of punishment for not going along with the ideas and preferences of his caregiver. His *hiding* was necessary to mitigate harm, yet it was also a clear sign of his distress.

As she tried to be accepted by her foster family, Marie described what she called an "identity crisis" that involved an ongoing mental and emotional struggle. Her main motivation was to avoid disrupting the placement for fear she would be separated from her siblings. However, to do so, Marie felt like she was losing herself:

> It was constantly just, "Okay, I'm going to church. I'm being this person that I have to be because they want me to be that. I have to be what they want, or else I'm just going to fail." And I didn't want to go back to the same person I was before, but I didn't want to be the person I was at the time. I just didn't know how to be me. (Marie)

Marie's experience of hiding herself was so severe, she felt she lost touch with who she actually was. She felt that she had to hide herself in her foster home for fear that she would be sent away

and separated from her siblings. After a while, she didn't even know who she was anymore. She

shared this art piece that she created while in that foster home to illustrate how she felt:

Figure 10. Marie's Multi-Media Drawing, "Losing my Colors"

So, my inspiration for this piece was basically, <u>it's the idea of someone washing away your colors. Like I was saying before, when it was a constant competition, it was just becoming someone I wasn't, to fit someone else's image. So, I would just be trying to be someone that could fit the placement where they wanted me to be</u>. (Marie)

She called this piece "Losing My Colors." It describes her experience in foster care where she

felt she could not be her true self. She felt judged and misunderstood by her foster family and

that her true self was not welcome in their home.

Internal Distress. Participants described their internal struggles and pain as

overwhelming and deeply personal. This *internal distress* clearly pointed to a lack of well-being

and was fundamentally an experience of feeling unsafe. This included feeling out of control with

stress or anxiety, like they were grasping and spiraling out of control. This distressing state of a

lack of safety led to acting out, mental health struggles, or other troubling behavior. *Internal*

distress was the exemplar of the opposite of well-being: an internal constellation of pain,

discomfort, stress, anxiety and general dis-ease. Participants communicated this set of intolerable

internal experiences for through the subthemes, *despair*, having *no childhood*, and *acting out*

behaviors.

 Despair. As they described experiences in care related to well-being, participants

conveyed an internal darkness and heaviness, or *despair*. This was a sense of oppressive

exhaustion from the pain of their past and present circumstances within the trauma context that

colored their view of the world and their view of themselves. They were worn down, blue and

had lost hope for the future. As Jaimie remembered her feelings as a child in foster care, *despair*

in the form of hopelessness pervaded. She spoke about this as the opposite to the feeling of well-

being we were discussing in her interview:

  I mean, most of my life, I felt hopeless. There was just no hope in the world, like the
  most defeated. Like, I would just pray as a child to just, like, not wake up in the morning.
  Like, God, just please, do not [wake me up], I can't deal with this. Like, it was just so
  awful. Just all of the things I've seen and experienced with such horrible people...it was
  just the most hopeless feeling. There's just no joy in the world. There's no happiness,
  there's no nothing. There's just like misery. (Jaimie)

One can only imagine the level of pain Jaimie experienced in her young life to feel so strongly.

Her story of abuse, multiple placements, and the terrifying sense that adults in her life were not

able or willing to care for or protect her left Jaimie utterly hopeless.

 Sometimes, participants internalized their *trauma context* so it showed up as shame,

worthlessness or just not feeling good enough to deserve a life where happiness was possible, so

despair flooded in. With no family to lean on or take care of him, Turbo described *despair* as

feeling like giving up because he was not good enough to have a family:

> You got a kid that they don't know how to express themself, because that kid been told
> they bad, you feel me? Like a person already don't even feel good enough. Like, I can
> real live imagine it's people out there that don't feel like they good enough cus they
> tooken away from they family. Like, that's a give up point right there. Somebody gave up
> on they best days. I'm staying in a room in a house where it's ain't nobody want me? I
> give up. (Turbo)

Turbo regularly felt unwanted by his foster parents. He had no *relational safety* and therefore did

not *trust* anyone, leading to this sense that he should give up. Later, he went on to connect this to

another angle on *despair*: depression. As the Way to Well-Being suggests, he tied this feeling

back to the lack of *relational safety* and genuine love from substitute caregivers:

> If a person not accepting or receiving love, that can have a person in a dark spot. Like, no
> love, you just feel like you alone. Like, I don't care about a thousand [things], like I said,
> I don't care [about] anything materialistic in my muthafuckin, but if I'm still not receiving
> love? That's for anybody. You're not receiving love? It ain't no way I could be in a happy
> state...That's why some kids grow up to be so fucking depressed. Cuz they [are] so used
> to nobody really showin' them no love. A person grow up to be a hard ass person cuz
> they ain't get no love. (Turbo)

Again, when Turbo did not get the love and care he needed, it did not matter how much his

material needs were met. The relational void is what led to despair.

Others shared Turbo's deep, despairing pain marked by a sense that they were bad or at

fault and undeserving of goodness in their lives. Kalhan demonstrated similar sentiments in her

drawing called "Bleeding out."

Figure 11. Kalhan's Drawing, "Bleeding Out"
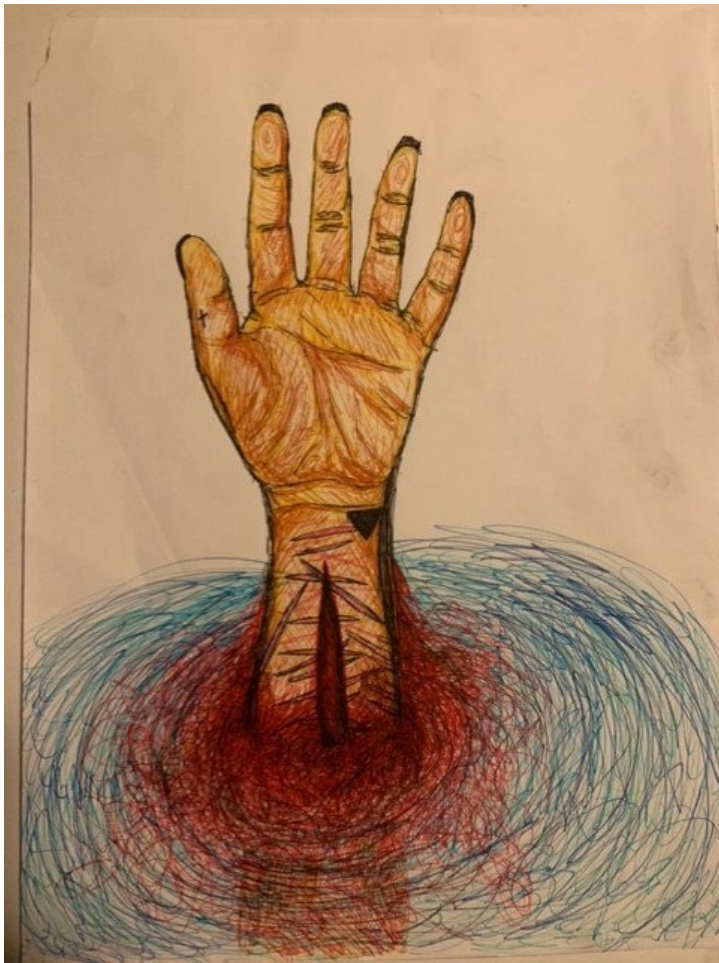
She explained:

> I got blamed for so many things that were definitely not my fault because I was a kid. But I just felt like, I hurt myself because I felt like I deserved it. Like if it was my fault, then I deserved to be punished for it. That was just the way I thought. And I felt like a really broken person because everyone's always telling me that. And I just felt like every time I was able to progress, it was like, taken away from me by something else, someone else, whatever. Probably even just myself as well. But, I felt like a very fragile person. I felt like I had this really big wall around me that kept me from being hurt, you know? So I guess this was just a reflection of that. (Kalhan)

The internal despair participants described contributed back to the *relational distress* tendency to

withdraw behind figurative walls to try to protect themselves. Yet inside those walls, youth

grappled with the pain on their own and did whatever they could to cope, even if that meant hurting themselves. This also illustrates how the *distress signals* just added to participants' trauma context, as their own actions were often traumatizing for them to live through and remember. At the time of her interview, Kalhan was still physically recovering from a major injury she inflicted on herself when her distress overtook her several months before. Her cutting herself was also an example of *acting out*.

Acting Out. The next subtheme of *internal distress* was youths' *acting out* behaviors. These were actions, decisions and other activities that participants shared when describing their lives, which upon reflection, they recognized as problematic or concerning. This included drugs, gangs, promiscuity, self-injury, criminal behavior, truancy and other choices and behaviors that were dangerous, illegal or otherwise harmful to themselves or others. As they shared these stories, participants uncovered that underlying their acting out were feelings of instability, unsafety and the sense that they had been left to fend for themselves.

For example, in his late adolescence, Dark Knight was on a path he described as destructive, which stemmed from a deep sense of abandonment and distress. This cascade of increasingly dangerous behaviors started when he felt alone and like he had to fend for himself. Because he was living in poverty and foster care, his material and internal insecurities made him feel desperate to make his own money. At the time, he was doing his best to make decisions for himself, though in hindsight he could see how his *acting out* was a demonstration of his pain:

> [Around 8th grade,] I started noticing I didn't have everything that my peers had, like clothes that fit me. I got my brother hand-me-downs and everything like that, right? And so, it really hindered my self-esteem. And so not having that support, I went from a academically inclined student, to, I was like, "Fuck it, I don't even care about school no more"... So, I dropped out of school. I was working and I was in the streets... I did it for a few years... hanging around with the wrong crowd, and then being peer pressured to

> indulge in alcohol and substances and stuff like that. And so, I eventually developed an alcohol addiction and addiction to pills, to ecstasy, right? I went from a high school student working two jobs and making my money on the side, to now being an alcoholic and addicted to pills. And my auntie eventually kicked me out because she was no longer receiving the state assistance because I dropped out of school. And so now I'm homeless. I'm staying in my car. I'm really feeling it now! So now I'm gang banging. I'm in the streets. You know, I'm slanging this, I'm hustling that. And so work became a less of a priority because I start thinking like, "Well, I'm making more money just being on the block, then taking this bus ride all the way to the south side to go to work." So, I quit one of my jobs and then I just started doing my thing in the streets. (Dark Knight)

Being 'in the streets' meant stealing, selling drugs, and otherwise engaging in illegal activities to make money with and within his gang. Each decision that made him feel worse about himself, and his circumstances led to another dangerous and desperate choice.

Like Kalhan's cutting, when participants felt a sense of *despair* and lacked belief in the possibility of goodness in their futures, they often turned to these *acting out* behaviors. Even when their actions were not illegal or overtly dangerous, participants knew that their harmful decisions to cope with and survive their circumstances were a result of their *internal distress*, though at times they simply could not do any differently. As Jaimie explained:

> I didn't go to college. I ended up quitting my jobs. I was really depressed. And I ended up just living in my car because I didn't want to be at [my foster parent's] either, because she said that if I didn't go to school or didn't have a job, I couldn't live here. So, I just bounced around and friends' houses and stuff like that. (Jaimie)

Instead of returning to work or school so Jaimie could live with her foster mother, whom she felt safe with, she chose to live in her car. Of course, at the time it did not feel like a choice she made freely. It was made from a sense of helplessness and *despair*, which was so deep it prevented her from accessing the possibility of relational safety with her foster mother.

In one instance, Marie's *internal distress* was demonstrated through actions and choices that were outwardly praiseworthy but were actually a sign of her pain, not her well-being. In her

foster home, Marie felt intense pressure to suddenly change all her typical behaviors and become

a different person in order to maintain her placement. Although this included improving her

grades and ceasing a life of partying, it still felt deeply distressing to her:

> Before I got into foster care, I lived a very different lifestyle. I would be going to parties every weekend. I would smoke a lot of marijuana...But it was like a culture shock because <u>I went from not caring at all what happens [in my life] to okay, I need to be better. It really took a toll on my mental health,</u> even though it looked like, okay, Marie is working so hard, she's doing great. <u>It was sooo hard... It's kind of like overachieving and burning yourself out.</u> (Marie)

For Marie, her *acting out* was a function of her *hiding* herself away. While 'on paper' Marie

might have looked like she was doing well, her *internal distress* was worse than before she

entered care. Always feeling *forced* to do and be something she was not, prevented Marie from

establishing connections in her foster home. The pressures to fit in to a family where she did not

feel comfortable – and to 'perform' in order to avoid being kicked out – was too much for her.

   No Childhood. The last subtheme of *internal distress* expressed by the participants was

the reality that they had not experienced a childhood. Of course, they had progressed through the

childhood ages like other kids, yet they knew their experience of that life stage was wildly

different from that of their peers. This was another *loss* that was added to the *trauma context* and

kept them at a distance from their well-being.

> So just going through the motions of foster care, <u>I didn't even get to enjoy, you know what I'm saying, fifth grade graduation,</u> you know. <u>I ain't get to enjoy none of that. I didn't get to do anything. I didn't even get to have a childhood...It just made me grow up faster than I should.</u> (Quincy)

The participants spoke about the ways they were *forced* to forego the joys of childhood because

of the things people did to them, stealing their innocence and freedom to play, explore and

develop in a protected. Erika expressed a similar sentiment of missing out on what she viewed as

normal elements of a childhood, like playing outside:

> I try to look back and see my childhood and it's very hard to be like, did I used to play
> outside? No, I can't remember that. I don't think I did. I think a little bit when I was in a
> foster home there was a park across the street, maybe? But you get robbed out of your
> childhood when you're in foster care. And those bears that they give when you're in court,
> it's not enough. It's not enough. It can't replace what's already been taken from you.
> (Erika)

Erika was referencing a practice in child welfare when a judge or other agent of the system

presents a child with a teddy bear as a gift when they enter foster care or change placements. She

is clear that this small gift does not make up for the trauma and distress she and others like her

endured.

Later, Erika reaffirmed the importance of having a childhood, and that agents of the

system should directly ask young people about this, as it would give them a clue into the child or

youth's actual lived experience and their well-being, or lack thereof. She imagined an agent of

the child welfare system checking typical foster care records to determine on the child's well-

being:

> "On paper they're fine." But we're not. We're not fine. Because we're going through more
> than someone would who has both parents or has one parent or is just even with their
> parents...[We] have to grow up faster. Grow up very fast. And it sucks because you get
> robbed of your childhood... Even if you don't realize that you're growing up that fast, you
> are because you're becoming independent. You're relying on yourself because your trust
> issues develop. You can't trust anybody and if you do, they're going to end up leaving.
> Your walls have to be up *all* the time because [if] they're not up, then you're most likely
> to get even more hurt than if they were down...I think that would determine the well-
> being of the child because if at ten years old you ask a child, "Do you have a childhood?"
> and they say "No," then you've already failed them. Because they've already been robbed
> of that. (Erika)

Many other participants also said that they felt much older than their physical years because they

had lived through so much difficulty and had been *forced* to become independent. Erika also

introduces the common observation that agents of the system are looking at the wrong markers to determine a child's well-being. The participants all had experiences where they realized that their needs were not being met by the adults caring for them within the system. In response, they could not *trust* anyone and learned they had to *hide* or deny their needs, taking care of and fending for themselves. However, even while feeling it necessary to take care of themselves, participants knew that they were still young and had no real ability to do so properly. Therefore, a child might look like they are doing fine "on paper," – for instance, they are in a home like Turbo's that provides regular meals and new clothes, they are attending school like Marie, or taking their medication like William – but the true signs of their well-being, their *relational safety* and *trust*, are missing. Instead, their *distress signals*, like missing out on childhood, indicate that in fact, they are not fine.

Summary of Detours and Distress Signals

On top of their *trauma context*, the two elements that added to their trauma and drew youth further away from well-being were *detours* and *distress signals*. For most participants, these themes dominated the data they provided. Much of their lives were defined by the barriers and challenges that made true well-being seem like a dream. In a summary of his life experience, Turbo painfully described many dimensions of the *detours* and *distress signals*, as well as other elements of the well-being framework from the perspective of always being off track. He lacked the authentic care and support of a family, which made him feel alone, imprisoned and hopeless that it could ever be different:

> All my life, I thought I was different from a regular person because I was in foster care...I [would] wonder if I'll go that way and get a real [family]. If I had *that*, would I real live get the love that I need? But I can't get that because I'm in the mothafuckin shackles and I'm emotionally, you know, my emotions is being held back because this is my situation

right now. And I probably would never get *that* because I have to deal with *this* and this is what my life is going to be like and I'm gonna deal with. But now I don't want to because I see the other people getting the love and affection. But no, I'm over here in these shackles. [*reflective pause*]. It's like I'm across the street. I'm a person across the street. I'm in shackles. And you know, I've got so much emotion that I could burst out, you know? But a lot of people telling me like, "Nah, this is what it is." But I want to cross the street so bad. I want to move without those [shackles]. I want to go over there with the happy people and see that love and see what it feel like. But *this* is my life, across the street. So I'ma just keep walking straight. I ain't gonna cross the street. This is what it came to. This is what my life is... It's like looking across. You looking at something, but you know you probably never get it because you're told this is what you have. You already lost that. You feel me? You feel like you lost it, but you don't really know. You feel like you lost it. So this is like, "Damn, I already lost that already." Some people can't bring theyself out of that loss. It's like, this is just, this is what it is. I have to feel like this because my family issues. That's why you just looking across the street. And it's this big ass street. But it's hard to cross that street when you being told, "It is what it is." And you got so used to it. (Turbo)

Turbo was desperate to be *loved* by *committed* adults he could *trust*. Through years of frustration and isolation, *hiding* himself and his emotions, he was just *surviving,* in shackles and forever on the wrong side of the street where real love was available. Turbo eventually resigned himself to the reality that "that" would never happen for him. By articulating what he wanted but never experienced, Turbo described the Way to Well-Being as he could imagine it, from across the street. Even though he didn't experience well-being himself, he knew the path to get there.

Feedback Cycle Toward Well-Being

According to participants, the Way to Well-Being starts with acknowledging the lack of safety and loss from their trauma context. Then adults must engage youth by humanizing them and offering genuine effort, commitment, support and love, which creates relational safety. This prompts the youth to develop trust marked by connection, confidence and feeling loved. Participants also shared how relational safety and trust can be mutually beneficial for the youth and adults, creating a positive interpersonal and internal feedback loop that can lead to youth

well-being. Quincy described the dynamics of this positive feedback loop in his favorite

placement where he felt he was best cared for. His foster parents were deeply attuned to him and

his cues regarding his internal experience. They noticed annual patterns in his mood and

behavior that seemed to indicate a temporally triggered traumatic response. He felt seen by them,

safe with them, and then capable to do well and be well with their support:

> They'll see it and then they'll ask me, "It's around that time, Quincy. Is it good?
> Everything great?" "Yeah, I'm fine." "Okay." It's just like, you was really watching me.
> Cuz you really care. You want to make sure I'm good. Having that in my head alone
> made me want to do good to make you smile and make you proud. I don't never want you
> to bow your head towards me in disappointment. So that made me go a hundred percent
> in when I was living with them...Once I started performing and they started seeing it, I
> started seeing how much happier, how lighter they was. The more they would open up,
> the more they would do. (Quincy)

Through their actions, Quincy's caregivers created *relational safety* for him, prompting his *trust*,

which deepened their *commitment* and *effort*, which fed his *confidence*, and so on. But Quincy

was very young in this placement, and he was removed from and returned to their home many

times over, *detours* that prevented him from establishing enough safety and security to heal. The

final piece of youth *trust* is an openness to healing, which is the key to fully entering the realm of

well-being.

      Open to Healing. This theme directly connects trust to well-being. Being open to healing

captures how participants discovered their own willingness and desire to seek paths to heal from

their past traumas and broken relationships. Given what they endured in the trauma context, this

healing process was critical to experience well-being. However, this was only possible once they

had established a firm foundation of safety and trust. For example, once Erika had a forever

family where she felt respected, loved and *safe*, she learned to *trust* them and herself and was

making progress in managing her *distress*, like despair, depression and suicidality. However, she

realized that she had deeper healing work to do when she noticed how hard it was to visit her

dear foster family in her hometown, Los Angeles:

> I had hit like a wall in my self-healing journey and I've gone to therapy for years in my life. And it's always been, I'll talk about what's going on now and never about the past or when I do bring up the past, I bring it up briefly, and then I try to run away from it. And so now...I decided now's the time for me to just actually sit with it and just go to therapy for that and understand it and not try to bottle everything up anymore... I love my family, the family that I found, I love them. So why is it so difficult for me to go back home when I know I love them and I know I want to be there with them? And it's difficult because I have all this trauma. And all these triggers are in L.A. So when I go back there, I just drive by somewhere and I just get triggered because I remember being in foster care, being in that place. And so I want to battle the triggers and I want to be okay with them and just be okay with just sitting in trauma and reliving it to a point where I'm healing from it. Not reliving it to a point where I'm in pain, but where I'm healing from it. (Erika)

Most participants had been enrolled in therapeutic services on and off throughout their time in

foster care. For many, they felt *forced* to go to therapy but did not find it very useful. However,

those who did achieve a level of stability, security and trust in their relationships were eventually

able to make use of therapy or other interventions for deeper healing work. With the loving

support of her found family, Erika had the innate sense that her healing was both possible and

worthwhile.

At the prompting of her favorite aunt, Kalhan was open to facing her trauma and moving

further along in her healing process. This was possible within the context of *relational safety* in

her adoptive family, and with gentle and loving guidance from her aunt:

> [My auntie] just always talks about the inner child. She's just saying like, "Girl, that's your inner child. Like, you just kind of sit with it and let yourself be sad." And sometimes that's hard when you have a lot of trauma and stuff, because once you open the floodgates, it's just too much and it's overwhelming. But once you sit with it a little bit at a time and let yourself feel the feelings that you weren't allowed to feel as a kid. ...it's like a breakthrough, almost. You just, it helps you let go so that you can be who you are now, not the little kid that was terrified of the world when you were seven years old. (Kalhan)

Kalhan had to deeply trust others and herself to be willing to approach this kind of healing work.

She had enough safety and confidence to be who she is today and heal that inner child.

Another expression of an *openness to heal* was conveyed in conjunction with

participants' desire to give back positively to others or the world. Dark Knight's sense of safety

and trust came through his relationship with God. His "One Life to Live" tattoo represents a

moment when he felt God interceded for him in a very dark time, which opened him to the need

and inspiration to seek deeper healing:

Figure 12. Dark Knight's Tattoo, "One Life to Live"

He explained:

> My One Life tattoo represents a time in my life when I really felt low and needed to look deep within, a time after a dark place when I didn't value myself or life…. After a near death experience, I noticed God spared my life. <u>I understood this to be a time in which I had one time to make a change in my life… and one life to make a change in the world around me.</u> A world that I believed to be a dark place. A world that treated me cruel. <u>One life to change that and make it better by any means!</u> One life to Live, One life to Love......One life to Heal. One life to make Change. (Dark Knight)

Dark Knight shared a lot about his faith and relationship with God, which provided him with the consistent, loving support to enable his healing and transformation.

The final piece of the Way to Well-Being framework is well-being itself. Participants thoroughly described and defined this concept with great nuance from their experiences of both the presence and absence of well-being in their lives.

Well-Being

This project aimed to explore the experience of *well-being* for youth in care. The previous themes demonstrated how the participants described far more than this one concept in their interviews and artwork, yet *well-being* remained the center and culmination of these findings. After living within a context of trauma, and often despite multiple detours and related distress signals, participants described how relational safety and an internalized sense of trust in self and others could lead to well-being. *Well-being* was described as a deeply personal, internal, psycho-emotional state. Some knew the experience of well-being because they had felt it themselves, while others described a state of well-being that they had only dreamed of. Regardless, the themes were the same. Well-being did not mean the end of all challenges or conflict. As Day said, "Everything's not all sunshine and rainbows." But *well-being* was clearly articulated as an outgrowth of safety and trust and an experience that can be realized for youth in care. It involves having a *hopeful outlook*, a *loving support system*, and *embracing self-love*. It looks and feels like being *at ease*, and feeling *worthy*, deserving, and *free*.

Hopeful Outlook. The experience of *well-being* also included a sense of hope for the future. The youth agreed that once they felt secure and that they could let their guards down, it was much easier to think about, plan for, and look forward to their future. When I asked Justin if

he wanted to share anything else before we ended his interview, he said that he wanted the

results of this study to help other kids in foster care. Then he talked about hope:

> Just incorporate the fact that <u>it can be better.</u> You know, like, it won't always be that way. Like, when I was going through other [hard] stuff, I didn't know if it would get better. Like, honestly, you're just kind of living day by day, and hoping, like "I hope, like this will be a good day, you know, something good happens. Nothing bad [will] happen this day." <u>[You should] just promote hope. Like, let them know that it'll get better. That's all. Because without hope, it's hard to go through the system.</u> Because you [are] really all alone...If you don't have no hope to, like, think about what's to come, you got to think better. You got to always have a good mindset. You can't have no bad negative mindset. You got to look at the good in everything, even if it's hard to find something good. (Justin)

Then I asked, "So how do you think you were able to maintain hope?" Justin's response pointed

right back to safety and trust in his relationships:

> You know, I had good people in my life. Like, the first person I met that really, really helped me out was actually my drug and alcohol therapist, Mr. M. He was a great, great guy. He was a pastor of the church. But he kind of grew up like the same way I did, in foster care... And he told me a lot of things, like he was actually one of the few, like I said, he cared for me. He took the extra mile to care for me, to do stuff for me. And then I met [the adults at the foster youth program]. It was a good thing. I met [the directors] and they made a good impact on my life for sure. Like, even outside of the [program], we used to talk all the time... [they would] give some good advice. [One] thinks about things differently. And it's good to have a different perspective on things. I had met other people too, but like it wasn't until after I left [the program] that they inspired me... It's just like just being inspired, meeting people that you can see come from different backgrounds... and expanding your horizons like, expanding your intelligence from one background to another...I'm not very social. I don't like being around people...But [the program] taught me to be social. Because you have to be social and it is good to be social. Cuz like, I feel like when people are in foster care, it's easy for them to ball up in their shell and be to themself... [But we did] stuff that the average kid wouldn't even get to do. So, me being in foster care, being so privileged to do that, it just made you feel good about yourself. <u>So, it made you feel like it was something to look forward to</u>. (Justin)

In other parts of his interview, Justin also talked about the great impact his foster parent, Ms. W.

had on him through her loving care. He encapsulates how these various relationships that

provided support and love allowed him to trust, make connections with people, and fuel his

confidence, all of which contributed to his *hopeful outlook* and *well-being*.

For many participants, a *hopeful outlook* was accompanied by a sense of gratitude. Even

through the many difficulties they faced in their young lives, participants all expressed gratitude

for the good things they experienced. William reflected on how his (foster) Dad helped him grow

in gratitude because he never gave up on William, even when William was struggling. His Dad's

commitment allowed William to experience relational safety, trust and ultimately genuine well-

being, for which he was eternally grateful. His photography hobby was one way William

captured moments of gratitude:

> To me, a lot of the pictures I take remind me that <u>there's always something to look forward to. You can always look forward to that next plane coming in to land. You can always look forward to catching that next flash of lightning...that next full moon</u>...and you can remember too when you weren't in a position to look at all that. You can look at how far you've come compared to back then... For the most part, it's just a constant feeling in the background: you're constantly grateful that you're in the position you are in now. You're constantly grateful that you got that one last chance that actually worked out. Like, sometimes I remember back to when I was being a little shit, and I'll sit there and say, Man, why was I like that? Like, I would have slapped the shit out of myself back then. But then I also remember that my dad didn't. He didn't push me off to the next foster parent in those moments. He would let me be a little shit. And then we would talk it out afterwards and then everything would be all right after that. And looking back now, it's like, he gave me so many chances where other people, especially my two previous foster parents, would have just sent me packing in that moment. And I count myself lucky because I know that I'm one of the minority in foster care, especially in the Chicagoland area, where you end up in such a good position. A lot of people don't get that chance. It's very unfortunate. (William)

William shared these photos of beautiful moments he got to see while at work at a large airport.

Figure 13. William's Photo Collection of Beautiful Moments: Full Moon, Jetstream, Lightning and Crescent Moon

These photos and the moments they captured are reminders to William of all the wonderful things he gets to experience in his life because he finally got what he needed in his relationship with his Dad. His well-being was at least partly marked by his hope and optimism about the future.

Lastly, a *hopeful outlook* included the desire to give back to others. When still in survival mode and without sufficient safety and trust in their relationships, participants were not oriented to thinking about anyone else. They were focused on their own struggles. William's gratitude fed his desire to pay it forward:

> You just got to count your own blessings, honestly. And you just got to look at your life and you got to say, I'm doing good for myself. And then <u>maybe one day you can sit there and pay it back. You can be that ray of sunshine that you had to someone else. And I hope to be that one day. I hope to be in a position where I can try to help people, just like my foster dad helped me.</u> (William)

Additionally, each of the participants explained that, in part, their desire to complete the interview was to leverage their experiences and pay forward for other children and youth in care who likely are having the same experiences the participants did. As Selena shared:

> I feel like I'll be a great advocate to voice what I have to say about the foster care system. Hopefully I can inspire someone else out there for voicing what I need to say. (Selena)

The impulse to be helpful to others was an expression of their hope that things could be better in the future, for themselves and for other kids like them.

Wyatt's desire to give back to others was the culmination of security in his relationships and believing in himself and others' love for him, which developed into confidence and hope for the future. He felt he could reach his goals, as he expressed through his art piece, "Dream Big," and wanted to do so because his goals included giving back and helping others.

Figure 14. Wyatt's Sculpture, "Dream Big"
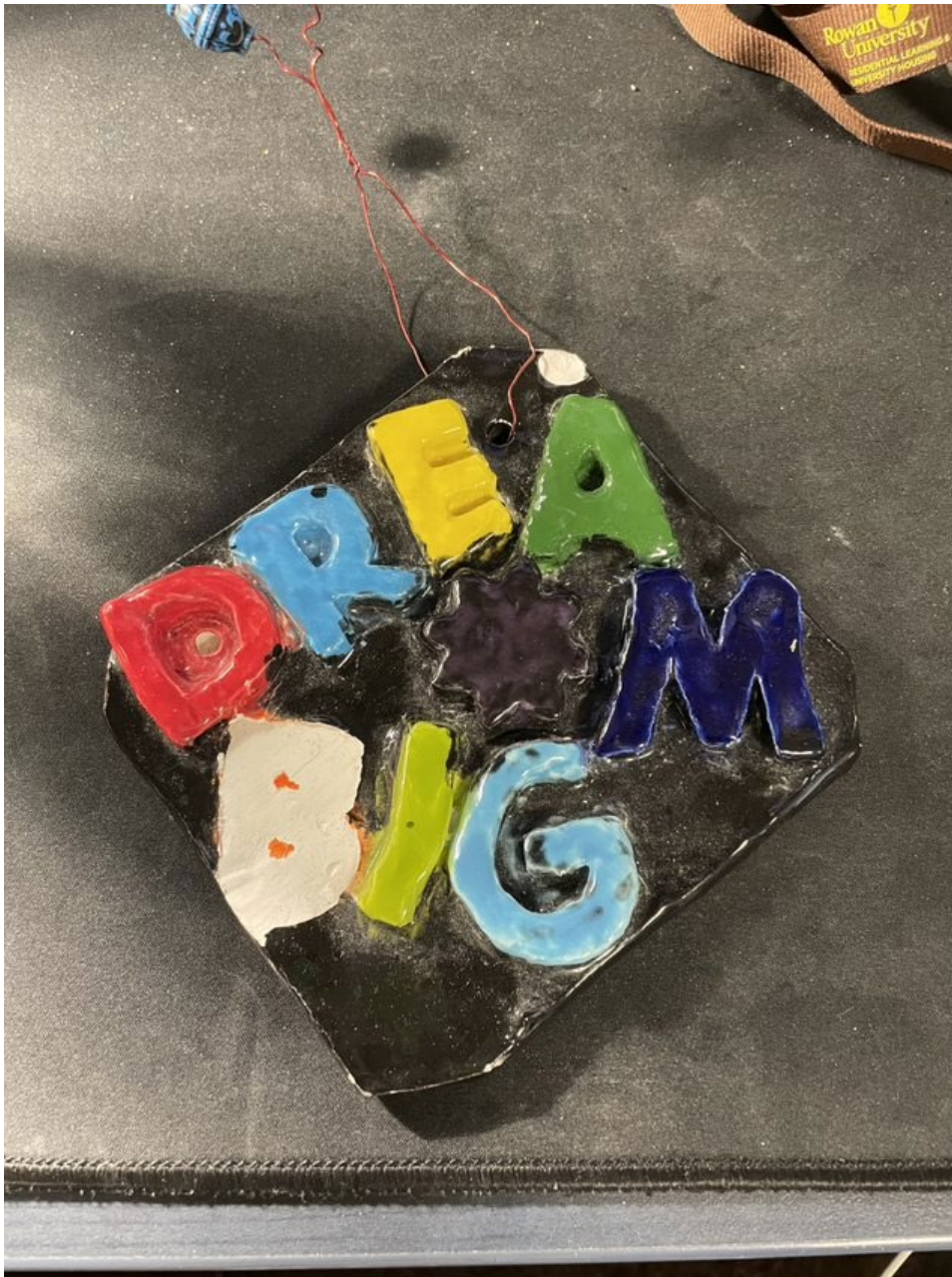
He made the ceramic piece in high school, based on an inspirational quote he often turns to for motivation. He related the quote and his sculpture to his life's philosophy about giving back to others because of how much others had given to him, particularly his godmother and the youth program staff. He said that in his relationship with these individuals,

I feel whole. I feel like, you know, I feel wanted, I guess. Not saying that it wasn't wanted by my mom, but she definitely wanted me too, as well. But it's just this sensation of being like, positive because what I learned is by them receiving me and loving me, <u>I kind of want to pour out to the younger generation as well</u>. So, it's like I said, it's a cycle for me. So, the quote is by Denzel Washington and it goes like "Don't aspire to make a living; aspire to make a difference."...Then I made this sculpture. It says "dream big" even though the pieces fell off. So that's kind of what I live by as well. Continue to dream big. And now <u>even though you might have some rocky situation and face barriers in your life and different trials and tribulations with things falling off, but you always can have the glue and place it back on your life</u>... And that's what I kind of live by. Just continue to dream big because you are what you put in, you know? <u>You just continue to love yourself and inspire others as well, that's what I believe.</u> (Wyatt)

This artefact conveys Wyatt's commitment to his goals and his confidence in his ability to succeed. Because others loved and believed in him, he now trusts that he can get through difficulties and continue striving and succeeding, not only for his own benefit but to help others as well.

Loving Support System. Well-being was also evidenced for the participants when they were connected to a loving support system. Of course, this was a dimension of the process that helps them achieve well-being and was also a key factor of the lived experience of well-being. Kalhan's *loving support system* was her adoptive family, with whom she had been living for a couple years. The love between them was strong, growing and mutual. She shared this piece that she spent months painting for her adoptive mother:

Figure 15. Kalhan's Painting for Her Mother

Kalhan had settled into the loving care of her adoptive family, which contributes to and

reinforces her well-being.

> We have, like, a respect for each other's beliefs. I'll teach my mom how to draw like a
> flower or something, and she'd be like, "Okay," even though she hates everything
> creative. I just feel like even after they got me, they were still doing things to make sure
> that they kept me. Like they didn't just change automatically when I got here. They're the
> most consistent people that I've ever had in my life...This is the [painting] I've been
> working on for three years for my mom. It's really big. It's bigger than I am, almost. It's
> just floral. She told me she wanted something green. (Kalhan)

The painting, full of color, vibrancy and life, matched Kalhan's lightness and wellness,

compared to the darker more morose artwork she shared with me from earlier in her foster care

journey. She explained: "I don't post any dark things [on Instagram]. My just everything, like, the whole subject of everything that I've made just changed so drastically." The changing tone of Kalhan's artwork mirrored the shifts in her well-being over the years. The consistent love, care and support Kalhan received from her new parents changed her whole life.

For Dark Knight, the theme of a *loving support system* centers around his discovery of the capacity within himself to provide that loving, supportive care for his own children. Dark Knight has two young children, one biological daughter and one step-daughter. He spoke at length about how much his children motivate his way of living now. Knowing that he had not experienced a loving support system in his own youth, it was even more important that he provide this for his daughters.

Figure 16. Dark Knight's Drawing of his Daughters in Nature

This simple picture held great meaning for Dark Knight, which he uncovered in real-time as he was explaining the drawing:

> So this is a picture that me and my daughters drew. It's us. This is me right here, Daddy. And these are my two girls. We camping. You see the trees over here. We have a little mountains...I hang it up in here and I look at it every day. It's because [I had] that feeling of not being loved or not being wanted, and I think that's why I fight so hard to be a father. Because, like, my daughter, she's sassy and all of that. But I feel genuine love with her. Other than I used to have a dog before I went to prison, [my daughter is] the first time I actually felt like I loved anything. And when I went to the joint, I lost everything. I lost my dogs. I lost everything. Right? But my daughter was the only piece of love that I had left when I came home. When I see them, when I spend time with both the girls, it's like I feel love. Like a feeling that I've rarely felt throughout my life. You know what I mean? And to be a human being is to know what love is. It's like I've been walking this whole time in my life, not feeling human. Because I didn't, like, when you don't feel a mother's love, you like, "Damn, who am I?" You know what I mean? And so, it really fucked up my head growing up. And so I had to learn to love myself first and foremost. And so that's where this picture in the mountains and camping and everything. I like the outdoors. I like water. I like trees. I like hiking. I just like sitting under the sun. Right? And I like bonfires. So, this picture, subconsciously, I didn't even know what I was drawing when I was drawing this with the kids. But I guess these are my places of solitude where I feel most at peace or where I feel like, okay, if the world don't love me, at least I know God loves. And so it's like subconsciously I drew that without even knowing it. But now that I'm talking about it, like, I can understand why I love nature so much and why I like being free. Just being outdoors and spending time with my girls. Cuz, it's like, "Okay. I can be Human now. I can love and I can be loved." And that's one of the most intense human emotions that a person can have, you know? (Dark Knight)

Here, Dark Knight explained how he and his daughters are a loving support system for one another. He also gathers love, strength and support from his relationship with God. Dark Knight also introduced the remaining themes of well-being: self-love, worthiness and freedom.

Self-Love. In addition to the loving support they had in place from other people, the experience of well-being also included a sense of love and care for themselves. Above, Dark Knight explained how important it was to develop a genuine love for himself. For all participants, self-love included thoughts, feelings, actions or beliefs about oneself that facilitated awareness, concern or care for the self. Echoing the elements and themes from elsewhere in the

framework, love for themselves included seeing and understanding themselves and building safety and trust within themselves. Often, self-love was articulated as an expression toward the participants' past, younger selves. Selena is a young mother with a toddler. She lived with her best friend and her family at the time of the interview, who had provided a strong sense of security and love for both Selena and her daughter, contributing to her growing well-being. She explained that over the years, especially since becoming a mother herself, she had grown in her care and concern for her younger self. The compassion she had for that young girl, separated from her family of origin and being maltreated by her foster father, was a sign that she was growing in her well-being. She said that if she could,

> I would try to give my younger self a hug. Because, you know, she's been through some things. She never deserve that. But my younger self, I wish I could be a parent to my younger self. But my younger self never felt that "I can do it" stage. I just started now feeling that. But my younger self, I would say needed the love. My younger self needed love and support. Like a "congratulations" or "I'm proud of you" would have did me nice. (Selena)

Selena's reflections include her new sense of confidence in her own abilities to succeed in life, perhaps fueled by her confidence in her own mothering: "And I feel like I'm a good mother. Like, I just needed a Me as a kid." She was proud that she had started to love herself and become the kind of mother she needed and was able to provide stable, loving care for her daughter.

After enduring unspeakable abuse and torment as a child, part of loving herself for Jaimie was radical acceptance of her past and her life. She worked hard through Alcoholics Anonymous to sort through her hate and resentments and reach a place of acceptance. Once she no longer saw herself as a victim of her circumstances, she was able to accept and love herself, past and present:

As an adult now, throughout all of these years, I see how nobody loved that child that I was. But I learned to love her. I've learned to love this little girl that nobody else loved. The little things that I did, you know? Like, eating pears out of a can was my favorite thing to do, but nobody cared. Nobody. The little things that I did. I had to learn to love myself as a child because nobody gave a damn about her. And I just feel like acceptance is a big part of that. Accepting that nobody loved you, but *you* can love you still. Even though that's not who you are now, it's not your form of who you are today. But it was you, you know? And I care about that little girl because I care today about kids and stuff. That's who I am as a person. And I would never do what was done to me. (Jaimie)

Accepting and loving the younger version of herself allowed Jaimie to continue to heal from her past and look forward, which included also caring for other kids who went through the same situations she had.

Another way youth expressed love and care for themselves was by reclaiming some of what was lost or harmed in their foster care journey. Erika lamented not having any photos of herself as a child, but turned this *loss* into a passion for photography:

So, mainly my thing is pictures because growing up, I didn't have any...That's the sucky thing about foster care, is that you don't have those memories....I love taking pictures because of the fact that I didn't have any pictures growing up...I don't know how I looked like when I was younger. You know, and I hate it because I remember things, but I don't have a picture to it, you know? I remember going to the lake one time, but I don't know if it's a memory or if it's just imagination. So, now I love taking pictures. (Erika)

Erika's love for photography has roots in her *trauma context* and the feeling of *loss*, having no pictures of herself as a child. But she turned that into a gift for herself.

Figure 17. Erika's Collection of Artefacts, "This is Me"

She called the collection on her wall, "This is Me." She further explained that the painting she

made in the center is of her body, representing a new-found self-acceptance and truly seeing and

loving herself as she is.

One of them is a body image painting because I felt very insecure at the time. So, I painted what I thought was myself and I ended up getting a lot of compliments on it. And they're like, "Oh, that's you. That's you." And so now that I look at it, I see that as me. I saw it as like a version of me, but they're like, <u>"No, [you] literally captured yourself. You captured your body."</u>...[My paintings are] very valuable. I love them. (Erika)

Erika smiled and had joy in her voice as she explained her artwork. She clearly had warm feelings about her artwork and herself.

The participants acknowledged how seeing and accepting their pasts, wounds and imperfections was also important to *self-love*. This piece of Kalhan's is called "Perfectly Unfinished." She said it represents her image of herself: feeling held and cared for, loveable, and in the process of healing, while still managing her grief and trauma. The hand at the face is not her own, but representing her healthy relationships that supported her personal growth and healing:

Figure 18. Kalhan's Drawing, "Perfectly Unfinished"
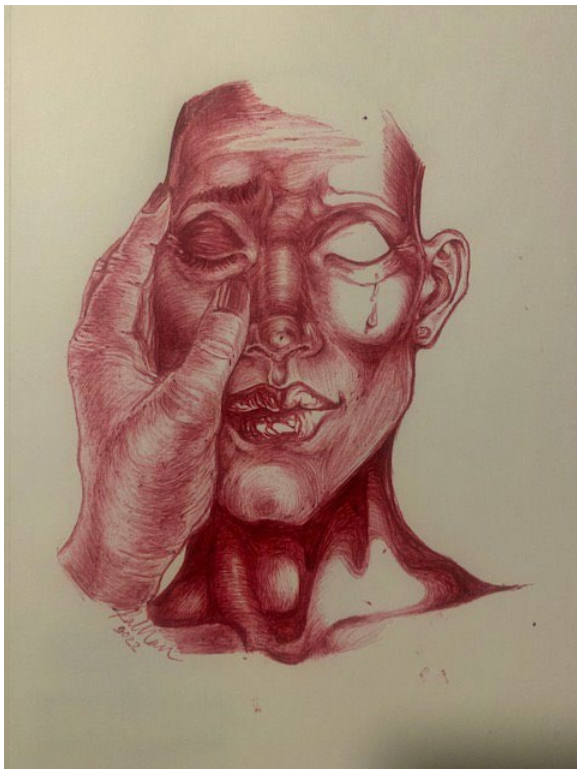
Kalhan feels she had made progress on healing from her trauma but was not done yet. She expressed that she loved herself enough to appreciate the progress and keep going: "I feel like you can still have value and be beautiful, even if you still have work to do in your life and things that need to be acknowledged that you don't really know what they are yet." She expressed the kind of love for herself that she had found with her adoptive parents: understanding, encouraging and unconditional.

At Ease. Given the extreme levels of pain, distress and difficulty participants experienced, the absence of those feelings was remarkable. Feeling *at ease* was the opposite of the stress, strain and anxiety participants experienced in physically or emotionally threatening situations. In fact, when participants felt truly *at ease*, this was the height of internalized safety and trust. When those elements were present, participants described a sense of peace, emotional regulation and generally being *at ease* within themselves as a key marker of well-being. Jeff summed up that feeling connected to when he feels genuinely cared for:

> Other times I can notice that I was being cared for or what that felt like, I will say just full of energy. And like, in my own body, like in my own self, living my own life, having control of my own self and just happy, overall happy like, genuinely happy. Like not faking any smiles or anything. Just overall happy and at ease with my life. That I wouldn't have to worry about anything so much. (Jeff)

Jeff described an embodied experience of well-being, which felt like a comforting sense of vitality. He qualitatively knew the difference between this and the embodied sense of distress, which led him to get the word "Heartless" tattooed on his body. Being cared for allowed him to be in a state of lowered stress and anxiety, leading to the emergence of genuine happiness.

To show what well-being feels like for her, Jasmine shared this photo from a trip with her foster parent:

Figure 19. Jasmin's Photograph of Peaceful Water

Like other participants, Jasmine experienced many ups and downs while in care, and those

continued even after she was returned home to live with her mother, which was more challenging

than she would have hoped. But she hung on to the memories and experiences with her last foster

family, where she experienced a sense of ease and peace:

> I remember we went out for ice cream one time and I remember the drive there. It was
> late at night. The weather was cool; it wasn't too humid. And I just remember looking
> outside and putting my hand out of the car and just feeling everything happens...I don't
> know how to explain it. <u>But it's just this feeling that no matter what's going to happen
> next, I'm safe, if that makes sense...It was just the peaceful-est night ever. I just remember
> going to bed, so, so, peacefully</u>. (Jasmine)

Happiness, peace and contentment were key features of being *at ease* as the youth described moments that defined well-being.

Worthiness. The final two themes of well-being, *worthiness* and *freedom*, are complex and highly nuanced understandings and experiences of true *well-being*. These themes were pervasive in the data. *Worthiness* was the sense that participants were (or were not) inherently good and important human beings, that they mattered and were innately and fundamentally deserving of love and a good life. The theme occasionally showed up in the data in the affirmative, but it was most common and clear when the opposite of *worthiness* emerged, often from the youths' early days when well-being felt out of reach and hard to imagine, and they felt unworthy of love. In their childhood, several participants felt – and were told – that they were bad kids, to blame for their life circumstances, and therefore deserved the challenges they faced and were not worthy of a safe, peaceful, happy life. The many previous examples from the *trauma context*, *detours* and *distress signals* of feeling unloved, unwanted and continually mistreated made participants feel like they must not deserve anything better. They understood the importance of worthiness through these experiences of feeling unworthy.

Dark Knight tied many elements of the findings to this sense of not being important or worthy:

> The majority of young people who go to foster care, they're unheard and unseen because they're looked at as something that is lacking. Like they're orphan or they don't have parents. They're not important. So when you're a young person, you're seen because your parents advocate for you. You're seen because your parents support you. You're seen because your parents endorse you. No matter what you do, you're always being seen because your parents fight for you. Now, when you're a young person in foster care, you don't have those parents fighting for you. So, yes, you are unseen because you're not being advocated for. You're not being supported. (Dark Knight)

He harkens back to the start of the Way to Well-Being framework, with youths' need to be seen and understood, then supported by parents in order to feel and believe they are important.

For some, *worthiness* was more of an abstract idea rather than a lived experience. Like some of his other ideas about well-being, Turbo's understanding of feeling innately worthy and deserving was largely an imagined state. Even though he knew he deserved better than what he received from his relationships in care, he was stuck in a negative feedback loop of discord:

> You just know what you deserve. You know what you want. You know what you deserve. You know what you can give. You know your personality. You know, if you give me love, I'll give you love. If you give me, "Ah I don't give a fuck." I'ma give you, "Oh I don't give a fuck."…No matter who that person is, everybody deserve to be treated like the next person. I don't care who it is. They deserve to be treated like they were the one that you have love for. (Turbo)

Turbo's experience of relationships had a quality of tit-for-tat that precluded getting what he deserved. Yet he had an innate knowing of his *worthiness*, even when his circumstances did not align with his worth. He had a sense that getting what he truly wanted and deserved – being beloved by a committed adult and treated like the cherished one that a parent loves – would lead to his *well-being*.

Another nuance of worthiness (or lack thereof) was the burden participants felt to toil to earn love. This was the case for those who had not achieved the relational safety, trust or healing to fully arrive at a state of well-being. For example, Quincy said he was doing ok in his life as a young adult, working for financial and material achievement, yet he knew without more healing, he was still surviving more than thriving. He had not integrated a sense of *worthiness* as innate. Instead, his view from childhood persisted. He still saw that the love he was given was in part due to how well he could perform and do good to earn love from others:

> As long as I'm doing good, you're good. You going to get what you want. And even when I wasn't doing good, because I tried to do good, I still got what I wanted, you know? It's like, "<u>As long as you putting in the effort, and we see you, and we acknowledge you</u>. You know what I'm saying. We gonna show you that we love you and we're going to show you that we acknowledge everything that you doing because you're not doing this for nothing." (Quincy)

Quincy had indeed felt cared for by his first (and best) foster parents, but he did not know a sense of *worthiness* that was unconditional. But at least he felt he had an inkling of what he deserved and what was striving for because he had experienced enough love and goodness from his first (and best) foster parents:

> I feel like the reason I'm doing all this is because <u>I had those right moments in my life to show me what I needed to be shown</u>. And then I had those times in my life to show me what I never want to go back to. So, everybody ain't got that. You know what I'm saying? Some people just get straight bad and <u>they don't even know what the good feel like. So not to even had that good, you [don't] know what you pushing for</u>. (Quincy)

Quincy talked about still struggling to *trust* others and that he was not at ease with himself or the world. He was still battling to move through his *trauma context*. However, he clung to this glimmer and possibility of feeling good as confirmation of his worth and inspiration to keep moving forward.

Marie's story is an illustrative example of both the absence and presence of *worthiness*. When she was in care, Marie felt quite undeserving. This feeling was complicated by being in a foster placement that was ostensibly safe and supportive but felt horribly uncomfortable to her. She referred to an experience of imposter syndrome, where her sense of (un)worthiness did not match her environment. She was unable to embrace the goodness or opportunities afforded her in that home because she did not feel deserving enough:

> <u>Imposter syndrome is like self-doubt in a way. And you feel like you do not belong there. Or this is too good of a life for me. I do not deserve this</u>...It's just like a mental state that

you have to get out of, but it is insanely hard...It's kind of like the identity crisis thing, but it's more centered because it's literally me just thinking I have to be better. (Marie)

Over time, Marie grew in her understanding of her own worth. Her ideas about herself shifted once she achieved *relational safety* and *trust* upon returning home to live with her mother. "It's awesome being back home. I love it. It makes me so much happier. She's an amazing support system now." Through addiction and mental health treatment, her mother took her own healing journey and then was able to understand and support Marie enough to recreate foundational security in their relationship. Marie learned she could trust her and herself. Marie recently became a foster youth advocate, inspired by her own experiences, to try to improve the system to provide better for what all youth deserve. She explained her purpose: pushing against stereotypes and what people say about youth in care:

It's hard being a foster kid because all the odds are against you. Literally everything, because we're seen as bad kids, even though we didn't do anything wrong...Foster youth are not bad kids. They come from bad circumstances. That is the only thing...People just assume that since we're coming from bad pasts, we're going to end up that way. It's literally just beating the odds. (Marie)

After years of doubting herself, Marie finally believed that she was not a bad kid. She learned that she was good enough just as she was, worthy of beating the odds stacked against her.

Freedom. The final theme of the well-being element is *freedom*, a clear focus of participants' discussion and articulation of their *well-being*, both real and imagined. *Freedom* was expressed in the affirmative when participants felt the embodied certainty that they were unencumbered, content and free. The theme was also evident in examples of the absence of freedom when participants felt stuck, caged, or imprisoned. When thinking about what she needed to experience more well-being, Marie pointed right at this theme. "Honestly, just free

will. Like, being able to be myself without consequences. That would be so much easier...It was so hard just to be myself." (Marie).

Multiple participants spoke about feeling imprisoned by their circumstances (covered extensively in the *detours'* theme, *forced*). Selena was one who described how her well-being was compromised by her lack of freedom, feeling imprisoned in her foster home, "Because my foster dad kept me in prison my whole life." Once she moved out of that home, Selena understood the value and necessity of freedom and she started to experience what it was like. She explained she was still working on herself but felt more well-being when she was reminded that she was indeed free now. Selena shared photos of the tattoos she got to remind herself of this sentiment. The paper airplane on her cheek and butterflies on her neck both represent her freedom.

•   •

Selena described the peaceful way a paper airplane glides through the air; even if it has torn edges or wrinkles in the paper, it can still fly:

> If you throw a paper airplane, it just glides. Like, it goes anywhere it wants. It could be a messed up paper airplane. Damaged. But it's going to still go. It's still gonna move and it's still gonna just glide through the sky all smoothly. (Selena)

Her tattoo of butterflies represents the same idea, growing out of the limitations of a cocoon and growing into something, or someone, beautiful and free:

> These butterflies also represent freedom because, you know, they just fly away and they're so pretty. They're pretty butterflies that just fly away and they create life on it's own. And they were in this cocoon, so they was trapped at one point. And then over time they blossomed and they fly away. (Selena)

As she stated, this free feeling was also one of hope for the future. Selena wants to feel that way. When she is feeling at her best, she gets a glimmer of this kind of *freedom* from the *despair* and confines of her foster care experience.

For participants who had significant loss and trauma during childhood – so much so that they felt they had *no childhood* – freedom sometimes felt like letting go, having fun and experiencing the simple joys of a child-like engagement with the world. Jasmine described a special moment with her foster family when she graduated from 8th grade and they were happy and free together:

> I was just so happy and just excited to talk to new people [in high school]. And my first [foster] family, we had this water balloon fight and I remember it was so fun because it was kind of like we were all kids, if that makes sense. And we kind of just disregarded the rules of the house for a second. We had brought them inside the house, but everything was fine. So, we were like dumping water on each other and we were all just messing around with each other. And it was just like really nice to just be together. (Jasmine)

Beyond this one instance, Jasmine generally felt safe, wanted and embraced by with this family. She was confident and could fully let go of concerns about following the rules and always doing the right thing. But freedom as this cornerstone indicator of youth well-being went beyond tangible observations. Jasmine described what that experience felt like for her:

> I just didn't feel judged. And I feel like that's when I feel the most happiest. I feel free. I don't feel judged and I feel supported. My anxiety just kind of numbs away...It's the times when I'm feeling relaxed, free, when I can just breathe normally and my body won't just start....It's a physical, and it's a mental thing too. But physically it's really important to me because it just affects everything. And it's just in those moments when I was feeling good and free, as in relaxed, calm, at ease. And the people that were with me, I loved them and I wanted them to stay in my life. (Jasmine)

With this family, Jasmine felt free from judgement and free from harm. The state of well-being was an embodied state of safety, ease, connection and love. It was *freedom*, both physically and emotionally.

Marie described a similar experience of *well-being* as *freedom* when she returned home to her mother's care, which she depicts in this piece, "Going Back Home," that shows a rose being engulfed in flames:

Figure 20. Marie's Drawing, "Going Back Home"

She explained:

> Roses are seen as perfection. And there is a fire just burning it away because being
> perfect doesn't matter...Getting back with my mom is what this piece is based off of,
> because <u>sometimes it's okay to burn up. It's life and it just builds up anew. It's like a
> Phoenix. Being a foster youth makes you a Phoenix in my opinion. Because it's a rebirth</u>.
> And you'll have to grow with it, not against it. And if you grow against it, you'll just burn
> yourself up even more. (Marie)

In her foster home, Marie experienced a need to be perfect. She felt enormous pressure to hide

herself and become someone she was not in order to stay safe in the foster placement. In the

second part of her piece, "Watercolor Eyes," Marie depicted her first introduction to freedom:

Figure 21. Marie's Blue "Watercolor Eyes"

"The blue eyes were one of the days that I found out, or it started to click in my mind, that <u>I shouldn't have to be someone I'm not when I was in the home</u>." This realization was an emotional turning point for Marie. Then, returning home and repairing her relationship with her mother fully freed her from those confining expectations. Although challenging and painful, she came to appreciate her foster care experience like cleansing flames burning away an old, traumatic past, and making room for a new life. Though a latent concept, her description that resonates with *freedom* in the sense of having the chance to shed a troubling past and be reborn, to start again and grow.

As described by participants, the feeling of true *well-being* was so pure and transcendent, it could make a person feel free even when they were literally in prison. That was Dark Knight's experience, when he discovered his own freeing wellness while incarcerated:

> [I realized] <u>I'm at peace, even in a place where I shouldn't be.</u> But when I would meditate and sometimes I'll feel the sunshine hitting my back or hitting me, it'll feel like a straight connection with this, like, it's hard to explain. But it's like when the sun hits me, it gave me energy and then I would just pray. And then I look up and see birds flying. And I'll see trees blowing in the wind. And then that's where my spirituality kicked in. I'm like, <u>even though I'm in a place confined, I'm still free because I'm connected with the higher power.</u> And yeah, he's giving me birds, or not he, but it's giving me birds. It's giving me the air I'm breathing. It's giving me just this peace that I have in my life when I'm in a storm. (Dark Knight)

Freedom encapsulated the ultimate mental, physical and spiritual experience of connection, safety and peace, even through dark times, and was the pinnacle of participants' experience of *well-being,* real or imagined.

Summary Example of the Complete Way to Well-Being Process

Participants were asked to describe their experiences of well-being with attention to the who, what, where and how of their best and hardest moments in life. They described intricacies of their pasts, their relationships in the system, and their internal experiences. Collectively, they pointed to a discrete process of moving from a *trauma context* (including the *detours* and *distress signals* along the way) into *well-being.* This required adults to actively create the conditions for *relational safety* to lead to *trust* and an *openness to heal* in the youth, necessary prerequisites for genuine well-being, marked by *worthiness* and *freedom*.

As an example, Jaimie's story shows a complete picture of the Way to Well-Being as a process. She endured unthinkable *trauma* and abuse throughout her childhood. "It was just the most hopeless feeling. There's just no joy in the world. There's no happiness, there's no nothing." There were constant interruptions and *detours* on her path:

> You just get talked down to all the time when you get from, you know, people that are supposed to help you, too. Like, the judge or like police or people from school or like just adults in your life that are normal, that you could try to explain something to, but they all just don't want to get involved or they don't want to help or they don't know what to do or, you know, it's just like you can't, you have no one. You have literally no one. (Jaimie)

Her prayers to end her life discussed earlier demonstrate the depths of her distress: "I would just pray as a child to just, like, not wake up in the morning. Like, God, just please do not, I can't deal with this anymore." However, She also had a close relationship with her best foster parent, Jxx, with whom she lived on and off during adolescence and into her emerging adulthood:

The happiest time as a child, I would say, is just that year that I lived with Jxx [the first time] and I was the happiest. I felt the safest. I mean, she obviously is a wonderful person. Safe. Like, somebody I could trust. (Jaimie)

Even though her traumatic context was still there, informing and interrupting her relationships:

But like, I had a problem with authoritative people, you know, for obvious reasons. And so that was a struggle for Jxx because I made it a struggle because of everything I had gone through. So, I mean, it wasn't easy for her. But that's the most I ever felt safe because she gave me a safe, normal, clean home. (Jaimie)

She knew how foundational that relational safety was:

People need love. They need people to care about them. Yeah, that's all they need. If I didn't have Jxx love me all these years and all my friends love me through everything, like I have no family that loves me. Okay, we got that. That's fine. But I had to have these other people there for me. (Jaimie)

She also had important relationships in her AA community, which lent her critical support and

were the springboard to her healing:

It was more about my own personal growth and healing that I was putting into myself that really got me to where I am today, I think, you know. Acceptance and like. I think acceptance is a huge thing. Is it? As a kid, I didn't realize that learning all of that about myself... That launched me into this person that could take accountability instead of just being the victim all the time...I know I have resentments still, obviously, but I don't let them defeat me because I just accept it. And I learned that acceptance, which is in the first step of AA. Acceptance is mainly for you. You know, it's kind of like forgiving. Forgiving is like something you do for yourself. I lived in so much hate, so much hate and misery and just, I hated living up until I was, like, 22 when I just let it go. (Jaimie)

When she could trust herself and others, including God, she could finally let her guard down and

truly be herself:

Jxx opened my eyes to God and the church. And, I had built a relationship with God when I lived with her. And I felt like my most authentic self where I was trying to heal. But most of the time, it's just, even in my good times, you know, it was still I'm still dealing with [my past]. (Jaimie)

Through it all, she came into her well-being marked by freedom from the pain of her past, a

sense of being worthy of a good life, and gratitude for it all:

I think that like, for these kids that are younger coming out of the system and stuff like that, they have a long way to go with their mental health. And a lot a lot of them don't recover, like my sister. You know, it's just, it's unbearable to sit with yourself and to have all of these memories. People want to do drugs. People want to escape from it, whatever kind of way they want. But at the end of the day, the only way to get to happiness is to face all of that. And acceptance is a big part of that process. I am very lucky. I know how lucky I am to be to have what I have. Like, I am really grateful. I wake up every morning, I have gratitude. I have to say, gratitude is equally as important as acceptance. Like, yeah, every day I wake up, I'm super grateful for my life. I have literally everything I've ever asked for. Like, as a little kid, I just wanted to die and I would pray for that. But like when I got older, like throughout the years, I always prayed for something better. I always prayed for hope. That's what it was. I always prayed for hope. And and throughout the years, like as an adult, I've prayed for, like, specific things like this career, this job, this, you know, this house, this move, this this guy or whatever. And I was always blessed with all of that. And it always it always like it's like God answered all of my prayers as an adult, because he must have seen what I went through or something. (Jaimie)

Jaimie's path to well-being began with her relational connections – both human and spiritual – through AA. While not all participants spoke about their spirituality, the centrality of relationships was consistent. In addition, every participant in this study said they wanted to share their life story in this project so it could be used to help other kids in care. Their stories combined into a narrative description of what youth in care require to reach a state of well-being as they define it. The following chapter discusses just how their stories will impact and inform other youth like themselves.

CHAPTER 5

DISCUSSION OF FINDINGS AND IMPLICATIONS FOR SOCIAL WORK

Introduction

The previous chapter reported the findings from this phenomenological, arts-based, participatory action research project on the well-being of youth in the care of the child welfare system. The central findings from in-depth interviews and art elicitation with 15 young people who experienced foster care was a framework describing the Way to Well-Being for youth in care. In some ways, the findings from this study sound like common sense: youth in care need and want stable relationships centered on safety, genuine love and support, just like every other child. They want to be able to trust others and feel worthy and free. However, we know from their poor outcomes, that children and youth in care generally are not getting what they need to thrive. The results of this study offer a youth-driven process and definition for what thriving, or true well-being, would require.

Salient points of discussion, lessons and implications exist for both the methodological approach to this study and the comprehensive findings. The presentation of this discussion may seem reversed, as it starts with discussing the findings followed by the methods. However, important components of the findings' discussion inform dissertation of the methods. In this chapter, I contextualize the study starting with a brief look at the meaning of a framework in social science research. Then, the historical and policy contexts introduced in chapter one are re-considered in light of the study. The bulk of the chapter is dedicated to expounding upon the

meaning of the content of the findings, the multi-faceted research process, and the study's implications on social work practice, policy, education, and research.

While other conceptualizations of well-being include dimensions that these participants suggested – such as mental health, career orientation, and supportive relationships – these findings are distinct in that this youth-driven framework provides a level of nuance and directional ordination of the core elements, which do not appear in previous definitions or models of well-being for youth in care. Because the participants were drawing from their own lived experiences in foster care, these nuances and the description of a whole process that can move a youth from trauma into well-being has considerable importance for the field of child welfare and beyond.

Building a Framework

The central finding from this study was a collection of themes to describe the lived experiences of well-being for young people in foster care. As introduced at the start of the findings chapter, young people, especially those who have experienced trauma, are likely to make meaning of and describe their life narratives in nonlinear ways. This was the case for these participants. It might have been possible to ignore the full narratives and simply focus on the themes that pointed to a robust definition or conceptualization of the central phenomenon, well-being. However, I was led by the richness of the data – combined with my orientation toward and desire to represent the fullness of the participants' experiences – to create a conceptual framework of both the process and definition of well-being for youth in care, a methodological decision supported in modern phenomenology (Larsen & Adu, 2021).

A conceptual framework, sometimes called an intermediate theory (Shields & Tajalli, 2006), allows for the distinction between and organization of related ideas. Conceptual frameworks can be articulated as an organizing apparatus that shapes and bounds a study before it begins. This would include the hypothesized relationships between variables, derived from theory and experience, that would be tested by a given study (Latham, 2016). As a phenomenological study, this inquiry did not start with a hypothesis. Yet as the interviews went on and I engaged with the data throughout the collection and analysis phases, it was clear from the interrelated dynamics among the themes that the participants were describing more of a process or system of experiences rather than nuances of a single concept. Thus, as I generated conceptual connections between the themes in the data, a theory emerged regarding those relationships. This process is driven by theoretical sensitivity, described by Glaser and Holton (2004): "Generating a theory from data means that most hypotheses and concepts not only come from the data, but are systematically worked out in relation to the data during the course of the research" (Glaser & Holton, 2004, p. 43). Theoretical sensitivity describes the orientation toward paying attention to the manner in which concepts might relate to one another throughout the data analysis process. Many researchers who speak about and utilize theoretical sensitivity do so in the context of explicitly grounded theory projects (e.g., Orland-Barak, 2022; Thistoll et al., 2016). While the intent of this research project was not to build a theory, and the analytical methods employed were from phenomenology not grounded theory, the complexity and richness of the data required sensitivity to emerging theoretical connections and significance, a feature of applied phenomenological research (Larsen & Adu, 2021).

It was most helpful to identify that the intermediate theory resulting from this study was one about a process of growth or change. Instead of a definition of well-being, this research resulted in an intermediate theory describing a process, or a "how to" for youth in care moving toward or achieving well-being. This amounts to a theory of change, or "the central processes or drivers by which change comes about for individuals, groups, or communities...[which] could derive from a formal, research-based theory or an unstated, tacit understanding of the way things work" (Funnell & Rogers, 2011, pg. 4). In this situation, youths' previously unstated and tacit understanding of how relationships and well-being work for them directly informed this formal, research-based theory of change. This was aided by the participatory action research (PAR) nature of the project. Through PAR, I was in regular dialogue with the young adult co-researchers (YARs) and then the participants throughout each step of the research. This resulted in on-going reflexivity (Sultana, 2007) and collective consideration of the data, continually comparing and integrating the participants' individual experiences with the collection of data, akin to "problematizing" the well-being concept (Freire, 1976) in an ongoing fashion.

After struggling to create a comprehensive visual mechanism to represent and further elucidate the findings, I explored theories of change (e.g. AECF, 2022) and logic models (e.g. CDC, 2017). There was resonance between this study's findings and the processes described by models and visual representations in social science and social services (AECF, 2022). A mapping between the components of logic models described by the Center for Disease Control (CDC) and elements of this study appears below:

Table 6. Comparing CDC Logic Model Components to Study Findings

Center for Disease Control logic model components	Thematic correlates in the Way to Well-Being
Inputs: The resources needed to implement the activities *[the dynamics that accompany entrance into the system]*	– Placement in foster care – Reliance on caregivers, casework professionals, teachers, therapists or other adults – Trauma context
Activities: What the program and its staff *[or foster caregivers and professionals]* do with those resources	– Humanizing youth – Effort – Commitment – Support – Love
Outputs: Tangible products, capacities, or deliverables that result from the activities	– Connection – Confidence – Feeling loved
Outcomes: Changes that occur in other people or conditions because of the activities and outputs	– Youth trust – Openness to healing *or* – Distress signals
Impacts: The most distal/long-term outcomes	– Worthiness – Freedom – Well-being
Moderators: Contextual factors that are out of control of the program *[detract from the central goal or impact of the work]* but may help or hinder achievement of the outcomes	– Trauma context – Detours

The close alignment between components smoothly led to the creation of the logic model-inspired framework introduced in the previous chapter and discussed further below. Logic models are used to both describe complex processes and to point to opportunities for measurement and evaluation of their components. In child welfare, any of the components, from inputs and activities through impacts and moderators, can be the subject of policy, measurement

or intervention. The related implications of this study and the Way to Well-Being framework are discussed below.

Discussion of Key Study Findings

Centrality of Relationships

 As demonstrated here and in countless other studies, relationships are critical to the well-being of youth in care. These individuals have experienced trauma – to their bodies and in their relationships – which affects the brain and in turn deeply impacts their current and future relationships. Relationships are also the key to healing from trauma. Certain qualities in those relationships are necessary to achieve the *relational safety* the participants talked about in this study. These themes are explored further below.

Trauma and Relationships

 Next to the importance of acknowledging the context of trauma that the youth bring with them in and through the child welfare system, the dire importance of relationships was the critical dimension for youth making their Way to Well-Being. As reviewed in chapter one, there are many theories of human development that support this finding. Starting with attachment, we know that human survival is connected to the degree to which babies can get their needs met by a consistent caregiver (Bowlby, 1969). In addition, the biological process that requires this connection for survival has implications for the psychological, emotional, and cognitive development and functioning and well-being for individuals throughout the lifespan (e.g. Ainsworth et al., 1978; Bretherton, 1999).

 We know that beyond the mere provision of basic needs, human flourishing requires relational connection to optimize our existence (Ludy-Dobson & Perry, 2010). We know from

brain science that the human brain is wired for relationships and connections (Siegel, 1999). To learn, grow and progress as we are capable of doing, humans must be in relationship with others. However, situations of early relational neglect – that is, lack of consistent emotional bond with or touch from a caregiver, or lack of spontaneous interactions with peers – can have life-long neural consequences (Perry, 2002). Further, we know how detrimental trauma is on the human brain and a person's ability to make those foundational and critical connections with others. Contemporary trauma theory points to the comprehensive effects of childhood trauma on individuals' biological, cognitive, emotional and relational functioning (Goodman, 2017; Van der Kolk, 2014). For youth in care, broken relationships are often the cause of their trauma and then their trauma makes it hard to form relationships.

Trauma-informed practices to mitigate the effects of trauma on individuals are used in medical settings (Menschner & Maul, 2016), schools (Perry & Daniels, 2016), and some child welfare contexts (Bernard, et al., 2012; Bartlett, et al., 2016) to promote youth healing from early traumas. Trauma-informed care includes practices aimed at acknowledging, responding to and ameliorating the effects of trauma. Specifically, trauma-informed social work highlights relational principles that resemble this study's findings: safety, trust, collaboration, choice, empowerment and services that avoid replicating harmful interpersonal dynamics (Levenson, 2017). Even when early circumstances are not optimal for a child, relationships and social connections can be a protective factor for future growth and attainment in life (Siegel, 2020).

Not surprisingly, when considering the deep impacts of trauma on the brain and life of an individual, relationships both suffer the consequences of trauma and are the key to healing from it. Herman (1992) stated that recovery from trauma takes place only in the context of

relationships. In clinical settings, the therapeutic relationship is known to be central to healing

trauma (Abrams & Shapiro, 2014). Findings from the present study indicate that the same is true

for caregiving relationships: positive, relationally safe relationships with parent figures lead to

healing and well-being for youth in care. These factors would suggest that the best approach for

intervening in and improving child and youth well-being for those in care would be treatment,

programs and other interventions focused squarely on youths' relationships.

Although we know relationships are important, beyond the placement of youth into

homes with caregivers, relationships are not the focus of child welfare interventions. In other

words, relationships are not treated as the primary vehicle through which healing can – or must –

happen for youth in care. While there is a general scarcity of research evaluating how trauma-

informed interventions affect child well-being (Lang et al., 2017), a recent meta-analysis

investigated the effects of trauma-informed care on youth involved in child welfare (Zhang et al.,

2021). In the meta-analysis, 15 studies were included. Of those, six explored interventions

directed only at the children. Four evaluated interventions aimed at foster parent skills, and five

evaluated interventions that worked with children and parents together (although two of those

five were only, respectively, 6 hours and 9 hours of training). Therefore, of the 15 studies, only

three involved intervention treatments aimed at the relationship between caregivers and children.

The study does not consider other important relationships for youth in care, whose importance

was demonstrated by this study's participants. Still, the meta-analysis points to the continued

need to prioritize the relationships of children and youth in care as both a rich source of

information into the state of their well-being and a critical point of entry for intervention to heal

from their trauma and increase their well-being. This supports the findings from this study as

well, which illustrates the relational factors that characterize the type of relationships youth in care need to thrive.

Youth in Care Need Secure, Attuned and Loving Relationships

Attachment theory provides a helpful frame for understanding the experience of young people in foster care. Having been separated from their families of origin, many youth in care experience disruptions to their attachment (West et al., 2020). Beyond the effect of the traumas of entering the system, attachment styles and related behaviors are impacted by factors of the foster care experience itself, including regular placement changes (Altenhofen et al., 2013), characteristics of caregivers (West et al., 2020), and even reunifying with families of origin (Lau et al., 2003). The context of trauma from experiences before entering foster care combined with traumas experienced while in care are also harmful to attachments. "Childhood trauma impacts a person's ability to develop healthful interpersonal relationships and to establish trust, leading to impairment in the abilities to form secured attachment with others and to interruptions in interpersonal relationships (O'Connor & Elklit, 2008; Siegal, 2010; Tarren-Sweeney, 2013)" (as quoted in Goodman, 2017). Even with these disruptions, adolescents still need the care and support of a family (Schofield & Beek, 2009) as their needs for security and love remain. If secure attachment behaviors are in the best interest of youth in care, including older adolescents, we must focus on the factors that will help youth establish relationships of that kind.

Secure Base Model. We cannot overstate the critical importance of the caregiver in the creation of healthy connections with children and youth. Based on Bowlby's attachment theory (1969) and secure base concept (1988), researchers created a secure base model specifically for children and youth in care (Schofield & Beek, 2009). This model points to five parenting

practices that research and theory suggest will lead to the kind of security, trust and well-being desired for all children, especially youth in care. Those five dimensions and their brief definitions are:

- Availability – helping young people to trust.

- Sensitivity – helping young people to manage feelings and behavior.

- Acceptance – building young people's self-esteem.

- Co-operation – helping young people to feel effective.

- Family membership – helping young people to belong. (Schofield & Beek, 2009)

The components of this model are represented by interconnected points on a star, with secure base at the center.

Figure 22. The Secure Base Model by Schofield & Beek, 2009
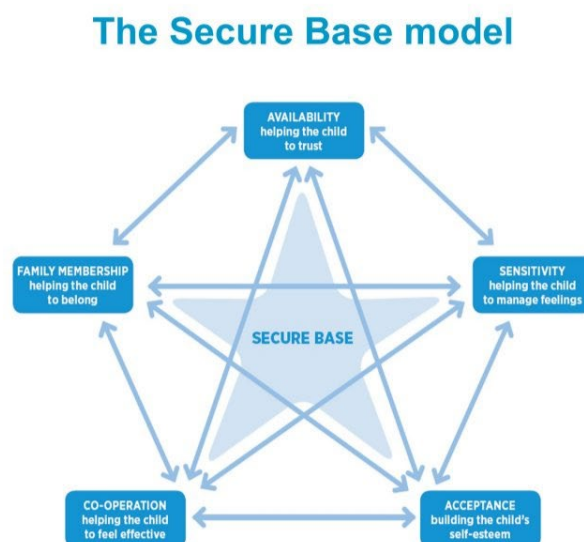
These elements relate well to the current findings and the Way to Well-Being framework. Through the element of *relational safety*, this study also pointed to adult behaviors that would help youth establish feelings related to trust and confidence, which support the establishment of

security, a function of this study's conceptualization of well-being. The chart below further maps the concepts from the secure base model onto the findings of this study by adult behavioral factors and corresponding effects on youth.

Table 7. Comparing the Secure Base Model to this Study's Findings

Adult factors		Youth effects	
Secure base model	Present study (element: theme)	Secure base model	Present study (element: theme)
Availability	Relational safety: Support	Trust	Youth develop trust
Sensitivity	Relational safety: Effort	Manage feelings and behavior	Well-being: at ease
Acceptance	Relational safety: Humanizing youth	Self-esteem	Youth develop trust: Confidence Well-being: self-love
Co-operation	Relational safety: Commitment	Feel effective	Youth develop trust: Confidence
Family membership	Relational safety: Commitment	Belong	Youth develop trust: Connection; Feeling loved

In the present study, participants described the importance of each element of the secure base model in their descriptions of *relational safety*. Conceptually, the frameworks also support one another in the sense that the resulting desirable outcomes – secure base and well-being – are established through a combination of factors, which adults perform and youth experience. The key distinction is that the Way to Well-Being framework was created by and for youth in care. Future research might look at how youth understand and experience the secure base model in their lives in child welfare.

Attunement. Many themes within the findings of this study point to the realm of attunement in relationships between adults and children or youth in their care. Attunement points to a level of connectedness between two entities, which began as a discussion of an "inter-resonance" between an individual person's body and their environment (Nagatomo, 1992). The author invited consideration of how paying attention – or tuning in – to the sensations of one's body can offer access to embodied – rather than cognitive – knowledge. By extension, attunement also describes the interactions between two or more individuals. In this circumstance with two sentient beings, it is not only knowledge of the other but reaction to the other that is informed by an attuned understanding. Attunement between people includes paying attention to the signs and signals of the other, from words, tone and body language (Pryce, 2012) and responding in ways that meet each other's needs. This requires both effort and intentionality.

Attunement factors into various types of relationships, including therapeutic relationships between clinicians and clients (Rocco et al., 2017) and mentoring relationships between mentors and mentees (Pryce, 2012). It is an element often considered in situations where individuals who may struggle to understand one another can seek to connect across cultural differences (Kristel, 2013). Enacting attunement in these scenarios is largely the responsibility of "the attuned," or the individual with more power or leverage and expectations for paying attention to another person: the clinician, the mentor, or the person with a dominant cultural identity. Positive or high attunement includes markers like eye contact, an engaged tone of voice, and making decisions that are responsive to the communicated needs and wishes of the other (Pryce, 2012). Being highly attuned is associated with better outcomes for the person in the receiving position of the

dynamic: the client, mentee, or person with a marginalized cultural identity (Hamm et al., 2011; Weiler et al., 2019).

Attunement factors in parent-child relationships as well, from infancy through adolescence (Kobak et al., 2017) and beyond. It is the focus of parenting interventions to assist parents in connecting with and facilitating health and healing for their children (Townshend, 2016) and is often a component of attachment-focused treatment or programs (Kerr & Cossar, 2014). Within this study and the element of *relational safety*, this study's participants discussed specific actions and responses (or lack thereof) on the part of caregiving adults in their lives that relate to attunement. In particular, the themes of *being humanized*, and exacting *effort* and *commitment* described by the participants included the nuanced actions and reactions whereby adults would create a sense of security in the relationship. An adult who made eye contact made the youth feel seen. One who took time out of their busy day for an intentional conversation or to be present at a celebratory event or scary appointment for the youth was a demonstration of effort. Commitment was shown through the dedicated endeavor to try again to communicate and connect with the youth in the face of conflict or disagreement. These micro-decisions of attuned caregiving contributed greatly to the experience of safety in the relationship with these adults, the foundation of well-being. By contrast, when adults failed to attune to the communicated needs and desires of the youth, these were experienced as *detours* away from the youths' well-being, adding to their sense of danger and distress.

Knowing how important relationships are for the well-being of children and youth, it is important to further interrogate what kinds of relationships will result in the best outcomes, especially for children and youth with relational traumas. This study's conceptualization of

relational safety provides youth-informed direction on what these relationships should look like. As discussed, attachment theory points to the need for consistent, attentive caregiving where the parent sees the needs of the child as she presents them and then responds accordingly, also the essence of attunement. Beyond attunement and the art of understanding the needs of a child and providing the requisite actions in response, there is still a question about the tone, tenor and manner of these actions which impact the experience of the child. As this study's participants described, simply receiving a bed, food, and even less tangible resources like access to therapy or good schools, was not sufficient to provide for their well-being. They wanted and needed authenticity, warmth, affection, care and connection. They wanted and needed love.

Love. Love is a concept that often escapes empirical inquiry in the field of social work, especially in the United States. In fact, in a literature search of Google Scholar for "love + social-work," the top ten articles yielded were theoretical and conceptual, not empirical, with one collective autoethnography. Seven of the ten conceptual pieces are from British or Australian journals. Love is far more familiar in fields such as philosophy, theology and the arts. Love is known to be a quality that defines our humanness and while common sense and lived experience tell us how important it is, discussion of interpersonal love is devoid in our field. The results of this study suggest we must consider the interpersonal nature of love between individuals as a path to human functioning and flourishing.

Scholars more readily discuss love in social work as an orienting principle for systems-level practice, pointing to optimal states of human rights and social justice as demonstrations of love (Morley & Ife, 2002), using "tough love" as a tool for progress (Jordan, 2000), or relationship-oriented activism (Godden, 2017). In the latter article, Godden (2017) suggested that

the ethic of love in social work would lead to enacting practices, such as self-forgiveness, pursuing gender-equal relationships, upholding fair workplace conditions, honouring Indigenous peoples, supporting oppressed people to assert their rights, connecting local and global action, nurturing symbiotic relationships with nature, and supporting empowering spiritualities. These macro-level social work goals reflect values of human dignity, equity and justice, which align with our professional ethics (NASW, 2018). However, these do not address dynamics of interpersonal love.

Compassion is a closely related idea that appears in social work literature around dynamics in the clinical field (Tanner, 2020). Recently, a social work researcher (Szeintuch, 2022) suggested that part of the reason why love is not more embraced as a component of social work practice is because of concerns about professionalism in the field. Because love is often conflated with romantic or sexual interactions, which clearly defies the profession's code of ethics (Workers, 2018), this precludes cultivation or reference to love in the relationship between clinicians and clients. However, that is a rather limited and limiting understanding of love. Terms in the Greek language help to delineate between multiple definitions of love. Below are composite, conceptual, summary definitions for five of the Greek terms for love. These are based upon my own experiences and the results of this study combined with definitions provided by additional sources (Castledine, 2011; Lee, 1973; Wuest, 1975).

Agape is perhaps the grandest of love types. It describes a universal, unconditional love that in theological and philosophical realms aims to describe the love of God for humanity. Many discussions of love and self-love lean into the field of spirituality (Boyle, 2011; Canda, 1988; Taylor, 2021), which is discussed further below. Humans may experience agapic love in relation

to the divine, or in a selfless response to experiences of universal human mutuality. Some describe this as the type of love that evokes strong emotions between strangers based on a shared experience of being human, such as enduring a crisis together. *Eros* is related to the English word erotic. This type of love is romantic and sexual in nature. Eros is intimate, connotes sexual desire, and may be subjectively experienced as a chemical intoxication. *Philia* is often defined as "brotherly love" and refers to friendship and friendly affection. Harmonious interactions and mutual affinity are present in relationships based in philia. Some describe philia as the kind of love for a friend that delights in her presence and wishes the best for her in her own life, for her own good. *Philautia* is a love and respect for oneself. This type of love can be criticized as resembling self-centeredness or narcissism, while others believe that at its essence, philautia is a healthy regard, concern and affection for the Self, which can give rise to other types of love for others. The last type of love is *storge:* the love between parents and children, between siblings or other family members. It is kind, affectionate, committed and sacrificial, as seen in a mother who foregoes her own sleep while caring for a sick child. Though different from agape, this kind of love is also considered unconditional when in its purest form. People who share storge feel safe and secure in their relationship.

The previous considerations of how love can be enacted on a societal or clinical level do not speak to an interpersonal affective connection that these participants described needing from their caregivers. As defined here, storge resonates with the love described by this study's participants. Considering the need for love in relationships provides an opportunity to revisit Maslow's hierarchy of needs (1943) as it relates to the Way to Well-Being. The hierarchy of needs theory describes the building blocks of human experience to lead to an epitome of well-

being: self-actualization. The pyramidal framework is built on a foundation of the provision of basic physical needs for survival. One could not argue with these factors that contribute to and are necessary for life, such as food, water and shelter. However, given the *trauma context* for youth in care, they described their relational deprivation as more influential than any gaps in their physical needs being met. Multiple study participants, including Justin, Dark Knight and Erika, pointed out situations in which they were receiving love and care from their families or caregivers in the context of poverty. They lived without heat in the winter or food to depend upon consistently. But because there was love and connection in their lives, they found those hardships – where meeting their basic needs was in question – survivable. However, later in life when their emotional and relational needs were not being met by foster parents or institutional staff, no amount of material goods or fulfillment of basic needs could replace the loss of authentic, consistent love and care. These findings challenge the notion of a universal application of Maslow's hierarchy of needs that assumes the meeting of basic material needs as the baseline for human existence. It demands more nuanced consideration in the lives of young people who have experienced relational traumas and centering their relational needs alongside, if not above, their material needs.

Further, although youth in care often felt unloved by those charged with their caregiving, they were very clear that they wanted and needed the storge kind of love from a parental figure or family. There was something inherent in their human experience that could identify what they longed for, even if their past relationships had failed to model it for them. A function of attachment is the provision of an internal template or mental model of how future relationships with others and the world can develop (Bretherton, 1999). This model also serves as an example

of how we must behold and treat ourselves as we grow. Survivors of childhood abuse tend to

experience negative self-concept, poor self-esteem (Berber Çelik & Odacı, 2020) and shame

(Kim, Talbot & Cicchetti, 2009), making loving oneself a challenge. How can young people

imagine the love and care they need from others, and that they can and must give themselves, if

their mental models are largely based on abusive relationships? There must be something innate

in the human experience that informs this drive for a love beyond the provision of survival.

Turbo explained it like this:

> You know when somebody's showing somebody love. And you know that that person
> really love that kid...There's probably more science to that to why it makes a person feel
> like they deserve more than what they really got. (Turbo)

Turbo knew what love was, even though it was hard to find in his own life story, and he knew he

needed and deserved it. In sum, if love is the affective connective tissue that binds people

together, it begs the question if meaningful bonds can be established without it. Those

meaningful bonds are necessary for youth in care to be able to recover from the relational deficit

resulting from their trauma and disrupted attachments. Relationships devoid of love are not good

enough.

Relational Safety

Knowing how critical these formative relationships are, we further understand that there

are qualities of those relationships that will make the path to well-being easier and more certain.

These participants found that the critical qualities of their relationships with adults amounted to

what I termed *relational safety*. This phrase was derived from the participants' comments about

the degree to which they felt safe in their relationship with given adults. It was based on what the

adults – parental figures or other important adults – were doing or not doing to meet their needs

or make a connection to them to establish a foundation of security in the relationship. It appears that relational safety was termed previously, including in 1980 (Prisbell & Andersen, 1980) as part of description of variables that contribute to patterns of communication in different types of relationships, including friendships, intimate relationships, acquaintances and business associates. "Relational safety is that state that exists when relationships are perceived as safe, secure, straightforward, non-threatening and logical." The same researchers later created a scale to measure relational safety with items such as safe/unsafe, threatened/not threatened, and insecure/secure (Prisbell, 1999). Much of this formative research regarding the scale was conducted with college students, which does not represent the population under study in the current research, however there is some correlation between the term here and the concept derived from this study.

Relational safety also appears in clinical literature referring to the posture and functioning of a clinician within a therapeutic relationship with clients (Gunderson, 1978) and within the clinical supervision relationship (Hernández & McDowell, 2010). The term is featured in several articles regarding therapeutic interventions for and between parents and children who have experienced trauma. However, in those articles relational safety is narrowly defined, (e.g. as feeling safe and valued (Sawatzky-Girling, 2020)) or referenced with only implicit understanding of its meaning, for examples, as the opposite of relational trauma (Escudero & Friedlander, 2017). Relational safety is also referenced as a common need without definition, such as an important factor for parents' experience in parenting groups (Beijan, 2020; Pitillas & Berástegui, 2021). Relational safety as the focus of experience for children and youth in the context of

relationships with their parents or caregivers appears missing entirely, as does a robust understanding of what relational safety looks like and how it is achieved.

The term is also used to describe the intentional relationships in current trauma-informed therapeutic care (MacNamara, 2020). A center for therapeutic interventions, which focuses on residential care for youth, suggests that relational safety is created by the adult-influenced environment in which young people in care can experience an internal sense of safety (MacNamara, 2020). This echoes findings from a study with casework professionals who defined well-being for youth in care as both a collection of things the adults do and an internal experience the youth feel (Wesley et al., 2020). The present study takes these understandings a step further, offering a nuanced and clear conceptualization of *relational safety* for youth in care, illustrating the dynamics necessary between adults and youth to set the foundations for future well-being. These dynamics begin with the adult taking the initiative to fully acknowledge and embrace youth as they are – with the complete *trauma context* – followed by the consistent, authentic demonstration of effort, commitment and love.

Further, a related concept was developed out of a study with adolescents in care that looked at their experience in a long-term support program to develop a supportive community of peers and mentors, and academic and life skills (Wesley et al., 2020a). The findings showed that the most impactful part of the program were the relationships with the program staff. Through their descriptions of those relationships, the participants articulated a collection of exemplary characteristics of the adult-youth relationships that are needed and most beneficial for the youths' positive experience: steadfast benevolence. Steadfast benevolence went beyond a related concept, relational permanence (Samuels, 2008), which points to the importance of long-term

relationships for youth in care. Simply having an adult in your life for the long-term does not provide the foundations necessary if the quality of that relationship does not address the youth's need for security, or genuine connection, care and peace in the relationship. Steadfast benevolence is characterized not just by permanence but by the unwavering commitment and caring goodness of adults. This echoes the current findings and adds credence to the need for consistency and care noted by these participants. *Relational safety* expands even further on steadfast benevolence by pointing out the importance of the adults taking initiative in the relationship while making demonstrable efforts to care for and lovingly connect with the youth. Through this study, *relational safety* emerged as the youth-informed conceptual linchpin to drive this theory of change from a *trauma context* to well-being.

      Relational Feedback Loop. Of course, relationships are reciprocal and caregivers are people with needs, too. The Way to Well-Being suggests a latent positive feedback loop between *relational safety* and youth *trust;* some participants observed that increases in their experiences of trust seemed to fuel the adults' behavior and actions to reinforce safety and security in the relationship. Research demonstrates the connection between caregiver functioning or experience and that of foster children in their care, including physiological functioning. For example, foster parent self-reported stress correlates with children's atypical cortisol levels (Fisher & Stoolmiller, 2008). With no positive reinforcement from the child, a caregiver can struggle to stay connected. The motivations that lead a caregiver to choose to foster children correlate with whether an infant will develop a secure attachment to that caregiver (Cole, 2005). The youth in this study were clear that their acting out behaviors were the result of their trauma and feeling unsafe or unstable in their relationships with their caregivers. But children's disruptive behaviors

in foster care can lead to foster parent stress and impact their motivation to continue fostering (Cooley, Farineau & Mullis, 2015). Therefore, this framework demonstrates the benefit to caregivers *and* children to invest in the positive feedback loop between relational safety and youth trust. Future research should further explore the well-being needs of the caregivers themselves and if the Way to Well-Being framework holds for their experience of well-being as well.

Human Flourishing

The child welfare system uses the word well-being to describe aspects of children and youths' lives outside of their safety and permanence. As noted extensively in previous chapters, this project was born to address the lack of clear conceptualization of the concept. This study revealed youths' rich understanding of *well-being*, which largely pointed in the direction of well-being as a state of thriving and flourishing, marked by worthiness and freedom. Primarily this stands in contrast to the idea of mere survival, which many youth felt at various points in their lives when their well-being was lacking. Instead, well-being as flourishing indicates a sense of expansive growth that transcends more narrow ideas, such as operationalized elements of functioning like those described in the 2012 DHHS memo. Elements of a flourishing well-being are discussed below, starting with the entry point: an openness to heal.

Openness to Healing

According to the participants, the journey toward well-being required moving out of the *trauma context* and – with *relational safety* and *trust* established – through another important facet of the journey related to their own healing. The participants' descriptions of their life stories pointed to this as the opportune time to engage in therapeutic or other services to process

and heal from their trauma. It was in retrospect that several participants reflected how earlier attempts by adults in their lives to connect them with therapeutic services were not successful while they were still in the midst of physically, emotionally, or relationally unsafe or dangerous circumstances. They required some level of stability and connectedness to be able to let their guards down and trust clinicians and the clinical process. According to this study, the most effective opportunity for treatment seems to be *after* relational safety has been established. Then, with their budding trust in themselves and others, youth were more able to make use of therapeutic interventions, heal and move on to well-being. This has major implications for the child welfare field and social work as a whole in terms of what kinds of services we provide and when. This further suggests that models that solely promote resilience and seek to measure only the observable functional behaviors described in the 2012 memo are problematic.

The participants' experiences illustrate what we know about trauma and the brain, where forming relationships after trauma is difficult. They described a pathway to well-being that is predicated on relational safety, before which healing is not possible. This closely resembles the extensive research and work of Dr. Bruce Perry (Ludy-Dobson & Perry, 2010; Perry, 2007; Perry & Hambrick, 2008) who promotes, among other things, a simple understanding of trauma treatment that includes three parts: regulate, relate and reason. Regulating one's brain and body is fundamentally related to safety and is required to move out of a physiological state of survival. Dysregulation precludes the connections necessary to process and heal from trauma in the context of a therapeutic relationship. The first step is to create safety. Other research points to the importance of embodiment skills to calm the nervous system and brain before or in addition to traditional talk therapy aimed at processing past experiences cognitively (Duros, P., & Crowley,

D. (2014). Neurologically, access to the deeper recesses of one's experience is only possible once their core survival needs for safety have been met. Therefore, this study's participants help the field understand the lived experience of their readiness and openness – or not – to heal from their trauma. The Way to Well-Being provides a way forward, through relational safety and trust, to achieve it.

Freedom as the Goal

When describing the ups and downs of their life experiences, the participants illustrated a myriad of circumstances that contributed to or detracted from their sense of well-being. One dimension stood out in their description – from experience or imagination – of what well-being felt and looked like for them: freedom. All of the participants described in some way how well-being was known to them through the presence or absence of a deep sense of ease, peace, hope and freedom. The participants often described freedom by its opposite, as many felt imprisoned, stuck or shackled by their life circumstances and largely negative relationships. For those who had no direct experience of the freeing nature of well-being, they dreamed of what a life free from the shackles of their trauma and circumstances might be like.

Social work literature does not appear to address this lived experience. The inclusion of freedom in social work discourse includes various mechanisms that allow for relief from or circumnavigation of structures or circumstances that limit one's options or possibilities. Public policy considers freedom related to one's capacity and mobility within societal structures, which is related to agency (Sen, 1985) or access to and opportunities for discerning and making choices (Schwartz & Cheek, 2017). Ethical research in social work requires that an emphasis on social justice does not threaten individual rights and freedoms (Antle & Regehr, 2003). One scholar in

New Zealand discussed how social work's position in modernity's neoliberal context poses an opportunity – through the field's emphasis on social justice – to uplift liberatory or freeing practice on a macro level (Hyslop, 2012). Like references to love, freedom appears most relevant in social work research and consideration on the societal or systems levels in terms of rights and privileges. However, the participants of this study were not concerned with theoretical concepts of entitlement or systematic freedom. They were talking about an internal experience or a felt sense of being unencumbered, light, expansive and free.

In studies of philosophy, aesthetics, and theology, we find discussions of freedom more closely aligned with the expressions of these participants. Freedom is the capacity to direct one's own life course (Bhaskar, 2013), the acknowledgement and experience of goodness or pleasure (Efland, 2004) and the sense of detachment from suffering or conditioned, social reality (Gyatso, 1995). In fact, the participants who seemed to have the most clear and poignant experiences of freedom also attributed the relief from suffering as the result of coming into a relationship with the divine. This is another example of the importance of relationships to foster freedom or well-being, though in this case the relationship happens to transcend the interpersonal and reside in relationship with one's creator. This points to the relevance of spirituality in social work, an area of the field that has seen growth in the past few decades (Cascio, 1998). Yet spirituality as a regular consideration in social work still encounters barriers to its inclusion in practice strategies, education, and research endeavors (Moffatt et al., 2021; Oxhandler & Giardina, 2017).

Participants not only expressed freedom and spirituality in regard to a relationship with a divine presence in their lives, but also inadvertently through their own relational tendencies that appeared to transcend typical expectations. As young people who had been inordinately harmed

by adults in their lives, one might expect the participants to express their righteous anger toward and disapproval of those who hurt them. Some of that sentiment was indeed present in the narratives the participants shared. However, repeatedly throughout the interviews, the youth expressed compassion and understanding for their former caregivers and extended remarkable expressions about and toward them. This was communicated by statements such as, "I know they were doing the best they could" or "Everyone's human and makes mistakes sometimes." Other researchers have found similar patterns among youth in care who offer forgiveness to their caregivers (Ie et al., 2022; Van Holen et al., 2020). In a brilliant show of humility and grace, participants in this study demonstrated the kind of unconditional regard, respect and love – which they needed and deserved – to the same individuals who critically failed to meet their needs in the same way.

Youth in this study challenge the notions of typical social work practice that might be oriented toward observable outcomes and metrics of change. If love and freedom are the goal, our current policies and practices may be ill-equipped to shepherd these outcomes. However, the Way to Well-Being framework assists in operationalizing the components of a process that results in a more expansive experience of well-being. Additional considerations are necessary given the specific age group from this study, older adolescents or emerging adults.

Emerging Adulthood

In reference to the lives of older adolescents, we often consider freedom in relation to young people building skills, expanding their peer networks, and establishing areas of independence from their parents. We associate additional levels of freedom with the rite of passage into adulthood. As a relatively new stage of development, emerging adulthood (Arnett,

2000) expands upon Erikson's stages of development, which described individuals moving from adolescence and straight into adulthood around age 18 (Erikson, 1968). This new phase of emerging adulthood recognizes the need of young people to explore their identities before fully arriving at adulthood, which leads to feelings of instability, self-focus, feeling in-between, and discerning possibilities for the future (Arnett, 2000; Arnett & Jensen, 2019). This resembles early childhood inclinations to explore one's environment and learn new things while returning regularly to the secure base of an attachment figure (Erikson, 1968; Bowlby, 1988). It bears pointing out that this phase of relative flux occurs for young people who are presumed to have had the attachments, security, safety and opportunities of 'typical' youth with resources and intact relationships. However, this perspective and experience may not apply to all youth.

This study's participants described many ways their early needs were not met by caregivers, where they did not receive the warmth, attention and care they wanted and needed. Even into their late adolescence, the participants were still looking for that closeness with adults. They were juggling the societal or system expectations that they "act grown" and take care of themselves while reeling from the gaps left from disrupted relationships. Different from their non-fostered peers who are eager to move on and away from families of origin and establish a new balance between oversight and autonomy (Smetana et al., 2005), youth in and exiting care are still looking for the love and support they did not get earlier in life. This is reasonable given the effects of trauma and loss on the brain, discussed earlier, and that age is largely a social construct rather than solely a function of chronology (Laz, 1998). This begs the question whether typical adolescent or emerging adult independence is fair to expect of youth in care.

As this study revealed, the participants' experiences of deprivation, abuse, poverty, and trauma precluded the safety and security upon which the freedom to explore and discern opportunities are generally based. With the challenges of their *trauma context*, disrupted relationships, and potentially delayed relational development as a result, one question that emerges is if youth in care are being denied this developmental life stage. As these participants explained, the challenging dimensions of living in and leaving foster care meant that they were largely focused on day-to-day physical and emotional survival. When living in survival mode, there is no time, space, support or energy to entertain questions of volition, vocation, direction, desire and will as the emerging adulthood phase of development would suggest. Multiple participants acknowledged that if they had stayed in their original homes with no intervention from the system, they most certainly would have been worse off: homeless, in prison or dead. Thus, the system kept them alive. However, without the stability to explore their freedoms, many were still not able to flourish. Participants in this study were still looking to fulfill the unmet drive for close bonds that they missed out on in childhood, which conflicts with the typical adolescent and emerging adult drive for independence. This may be a contributor to youths' sense of consternation and distress and should be explored in future research. This reality also poses a serious challenge that child welfare must grapple with, especially for their older adolescents in care.

Art-Based Research

The art component of the project added richness and depth to the research process and findings. In clinical settings, art-based interventions are known to yield positive outcomes in mental health and physical health (Jensen & Bonde, 2018), including decreasing stress and

increasing stress management skills (Martin et al., 2018) and enhancing a variety of physical,

cognitive, affective and social outcomes to address depression in older adults (Dunphy et al.,

2019). For youth in care, arts-based interventions have proven valuable through a variety of

examples, such as drama programs (Nsonwu et al., 2015) and art-based mindfulness (Lougheed

& Coholic, 2018). Art-based therapies can provoke deep emotions and reactions. While this may

facilitate goals of therapeutic engagement, art-based methods may evoke additional anxiety or

treatment avoidance for people not ready to face their trauma (Lobban, 2016). Although this

project was not a therapeutic intervention, these themes from the clinical uses of art resonate

with my experience with the participants in this study.

The creative opportunity in this study seemed to provide the opportunity for the

participants to feel seen. Those with many art pieces were selective in what they shared,

revealing that some pieces were too personal. Creating and sharing one's artwork can feel

vulnerable or scary, however intentional curation of arts-based methods in research can foster

supportive yet vulnerable spaces (Aure et al., 2020). In this project, the participants were shy yet

proud to share what they had created. All the art shared by participants was created years ago

during their time in the system. As the participants described their artwork to me during the

interviews, each person had the chance to reinterpret their work through the temporal lens of

their present circumstances and evolved understandings of their past. This perspective deepened

and enriched the meaning they applied to their experiences. A few commented that their

descriptions of the artefacts were different than how they might have described them years ago.

Because the "arts can be understood as creating a phenomenological depiction of how the

individual experiences the reality within which she or he lives" (Huss & Sela-Amit, 2019),

artistic representations of or current reflections on past artwork may be particularly useful for this population when describing a phenomenon as abstract yet critical as well-being.

Art-based methods help people access perceptions of lived experiences that may not be accessible through verbal communication alone. An artistic medium, such as photovoice, provides a buffer – or helpful distance and abstraction – of the experience they are expressing (for example, sharing a long-held secret or the negative feelings about a parent's addiction) in a mediated, more self-regulated way (Malka et al., 2018). This can empower individuals to feel more in control of their experience, which increases the likelihood of accessing complex human experiences like fear, loss, hope and suffering (Foster, 2012). Research shows that art is a powerful mode of communication. Individuals with brain injuries can become more creative after their injury (Kunadia et al., 2021), pointing to the opportunity for brains impacted by physical trauma to have greater access to creative modes of expression and communication. More research should investigate whether this holds true for brains that have sustained emotional and relational trauma, like those of youth in care.

In addition to using art as a way to express their experiences, it appeared to me that the artistic process itself functioned as a tool for participants' well-being, as it gave them avenues to claim their experiences and freely articulate their truth. It also functioned to both document their gifts or blessings and provide an escape – even momentary – from the pain of their realities. Creating the art they shared was unprompted and inspired, often out of their own pain. The art was part of their coping with their trauma. I recently explored this idea of freedom – or liberation - in arts-based research through a collective autoethnography (CAE) with two other social work researchers (Colacchio et al., *in revision)*. Through our art creations, sharing and collective

meaning-making, the freedom of the artistic process was experienced as an authentic connection to one another and a sense of deeply human, yet spiritual, peace and stillness. These themes resonate with this study's findings related to well-being: freedom and feeling loved and at ease.

My Artwork. Lastly, my own intrigue and faith in the process of arts-based research prompted me to end this project by creating my own art. I decided to provide myself with some time and space to reflect, be still, and create. The question I posed to myself was, "What was my experience of this research project?" The question itself evoked many responses, emotions, and creative impulses. The two resulting pieces are seen below. The first is an object iteration of the Way to Well-Being framework (Figure 23). In it, I depicted the spilling out of the youths' trauma context into a container, where love is present, which leads to growth. The air plant is amazing in that it seemingly grows out of thin air. This reminded me of the tremendous, innate potential of youth in care to grow and be well when they are free to do so.

Figure 23. "Beholding the Way to Well-Being: Spill, Hold, Grow"

The second piece, Figure 24, conveys my internal experience over the lifetime of this project.

Figure *24*. My Artefact, "Opus"
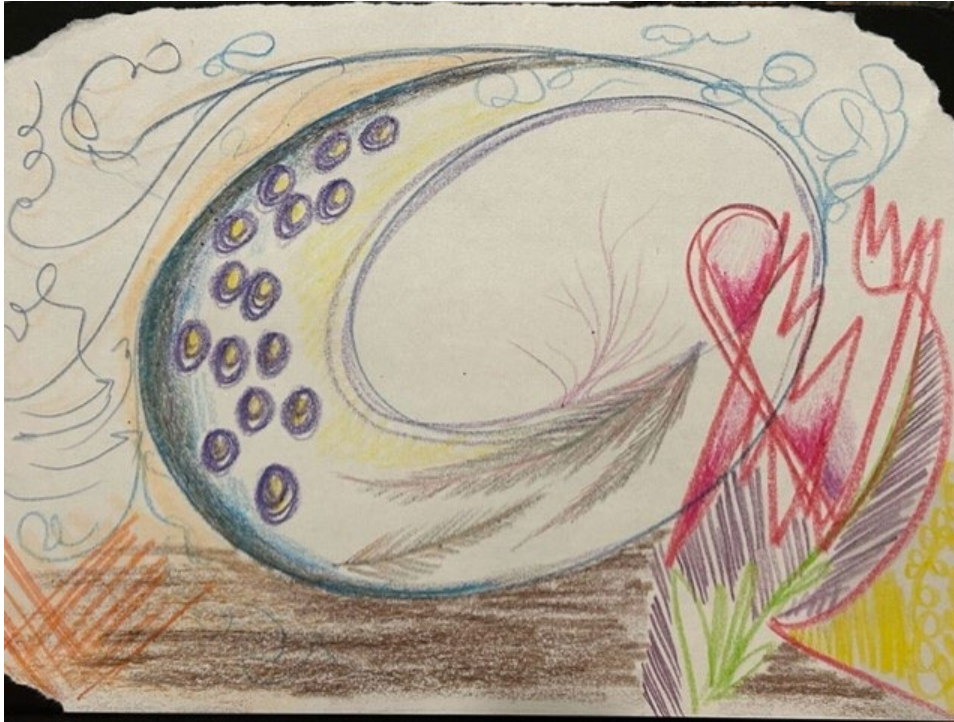
These words accompany the image:

> *With direction and confusion. Jagged heartbreak, toil and growth. Responsibility, relief, exhaustion, elation. It speaks. Feathered intersections of my life, my heart and my mind. It tells of my deep gratitude. My honor. To hold, behold and uplift their stories.*

Methodological Considerations

In addition to the content of the findings from this study, there are several points of discussion related to the methodological process. I learned a great deal from this research endeavor while encountering some important research considerations for the field. This section will explore theories in action in my research, the nature of the participant-action components of the project, as well as the artistic elements.

Theories in Action

The theories that guided the creation of this project were reflected in the content findings above and in the research process. Some additional theoretical considerations emerged as the research progressed. While not a formal theory recognized outside this project (yet), I can see how the Way to Well-Being framework played out in the dynamics of the research process itself. Starting with the young adult co-researchers (YARs) who assisted with the formulation of the research design, our previous relationships before coming into this project were characterized by many of the themes of *relational safety* and youth *trust*. We had a long-term relationship from the previous program, during which I had consistently demonstrated effort, commitment and love for each of them. The YARs who were interviewed for the project indicated their sense of *relational safety* between us.

Inviting them into the project demonstrated my understanding of their *trauma context*, and the opportunity for them to engage by sharing their own stories allowed them to feel humanized, seen and heard again. They each explained that they wanted to participate in the project because they cared about me and trusted that I would do something meaningful with the project to help other youth in care like themselves. Turbo explained why he wanted to participate in the project: "I just wanted to help you out, to be honest. Cuz you helped me out when I needed help with a lot of things, talking about lots of things over the years." Essentially, they had trust in me and in the importance of their own stories. In reflecting on our process together, I see elements of their well-being evident in their generative creativity, connections to me and each other, and enjoyment during our research meetings. Each part of the Way to Well-Being framework was reflected in our group. This is profound but not a surprise since the research

process was born from my knowing and caring about these young people and their well-being. Before knowing what the findings would show, our experience together mirrored the elements of and toward well-being that were uncovered thanks to their stories and those of the other participants. This adds credibility to the essence of what this study revealed about the importance of relationships and quality of well-being of youth in care.

Feminist Standpoint Theory. Another better-known theory was also at work in this project. As addressed in the Introduction chapter, youth in care hold a vulnerable and marginalized position in society. Within a system charged with their care, their perspectives on well-being are of dire importance to understand it from within. This study invited their voices and their decisions to lead the creation of that knowledge. As a founding epistemological stance and approach to this research, feminist standpoint theory affirms that "when one starts from the perspective of women or other marginalized people, one is more likely to acknowledge the importance of standpoint and to create knowledge that is embodied, self-critical, and coherent" (Borland, 2020). The knowledge these participants helped to co-create supports the validity of this theory. The findings affirmed and added nuance to previous understandings of well-being for youth in care, without which the conceptualization was incomplete. Feminist standpoint theory informed the early design and implementation of the study, explaining the value of and orientation toward engaging the participants as co-creators in this study.

Realities of Participatory Action Research: Barriers for Co-Researchers

This project revealed many strengths and assets of youth in care and was deeply enriched by the perspectives and involvements of the YARs and other participants in shaping the study and distilling the findings. However, as a largely marginalized and typically voiceless group of

people, there were many moments in the life of the project that illustrated how the research process really was not built for their inclusion. Despite the PAR methodology plans, it was a great challenge to get the YARs to sustain their engagement past the planning process into the data collection or analysis phases of the project. There were some practical barriers to participation, such as lack of access to a computer. But beyond that, older adolescents can struggle with sustained commitment and delayed gratification (Yancey, 1992), particularly youth who have lacked consistency in their lives in general. There may have been other factors at play for the group as well. Were they emotionally triggered or otherwise concerned about talking with other youth in care? Were they distracted by their own struggles (as they all continued to exist in survival mode with unstable housing, inconsistent employment and weak or absent support systems)? It is possible that any or all of these contributed to the challenges our team faced. Additional research into the co-researcher experiences, particularly the facilitators and barriers to completing the project, might illustrate strategies to secure sustained participation in future PAR with youth in care.

Additionally, the specific task of completing the Collaborative Institutional Training Initiative (CITI) research, ethics and compliance training stood out as the turning point for the YARs disengagement. The training, which my institution's IRB required of the YARs if they were to participate in data collection, was presented to the group of YARs as an objective at the start of our research meetings. Once it was time to complete the training, with which I planned to directly support them through each step, a few YARs had already lost contact with the project. The couple that remained did not want to complete it, or lost contact soon thereafter. I can understand. As a highly educated, motivated professional, I find the CITI training difficult to

complete. It requires sustained attention, sophisticated reading comprehension skills, and executive functioning skills to prioritize and follow through with the training, all of which test my own limits and commitment. The YARs were five 20-23 year olds, three of whom had not graduated from high school and all of whom had backgrounds of severe trauma. Even with my support and assistance, it would have been extremely difficult – or nearly impossible – for them to complete the training. While the content of the training is indeed important, this compliance measure felt like a prohibitive barrier, sure to keep non-academics out of the research process. The PAR method is designed to empower, uplift and center the voices, experience, expertise and truth of people on who have been oppressed and marginalized by systems like academia, yet even with the best personal and methodological intentions, barriers like the CITI training still reinforce their exclusion.

The central intent of the project was to engage youth in care as part of the research team for the whole process. If the CITI training had not been required, I wonder if the YARs might have stayed engaged longer. Regardless, all the participants made their mark on this research and helped to shepherd the project and its findings, which will make a positive impact on the field. The participants had a shared desire to offer their personal stories of life in foster care because they wanted to make a difference for other kids in care like themselves. Their generosity was born out of acknowledgement of the shared struggles other children and youth face in the system. Further, the participants wanted to know if I would tell their stories to people "in charge" in the Department of Child and Family Services. They wanted to be sure their stories would fulfill a righteous purpose, which I intend they will.

Historical and Cultural Contexts

In Chapter 1, I introduced the current study through the context of a few key lenses: the history of the well-being concept in child welfare, models of well-being, and the outcomes, risks and strengths of youth in care. The introduction included additional considerations, the U.S. context of racism, neoliberalism and rugged individualism, and a relevant theoretical orientation in feminist standpoint theory. The findings from this study relate back to each of these areas.

Historical Ideas of Well-Being in Child Welfare

The previous review of child welfare policy and conceptualizations of well-being centered on two key documents: the 1973 Bill of Rights for Foster Children (Bill of Rights, 1973) and the 2012 Information Memorandum (ACYF, 2012) from the commissioner of the Administration on Children, Youth and Families at the time, Bryan Samuels. As projected at the start of the study, the present findings and resulting framework offer points of comparison to both historical ideas of well-being.

In 1973, the Bill of Rights for Foster Children was established following decades of increased interest in and attention to the state of care for children and youth in child welfare. The full Bill of Rights can be seen in Appendix A. As noted in Chapter 1, this Bill of Rights boasted a vision for youth in care aimed at healing and optimizing their lived experience and futures. In other words, it was aimed at their holistic well-being. This new Way to Well-Being framework for and by youth in care maps well onto this conceptualization. Table 8 illustrates the connections between various statements from the Bill of Rights for Foster Children and corresponding elements and themes from the new Way to Well-Being framework. In some

instances, the Bill of Rights statement points to the opposite of a *detour* or *distress signal*, which

is noted as well.

Table 8. Comparing Concepts from the 1973 Bill of Rights for Foster Children and the Way to
Well-Being Framework

Statements from the 1973 Bill of Rights for Foster Children	Elements and themes from the Way to Well-Being Framework
"Every child in foster care has the inherent right to:"	
Because of the temporary or permanent <u>separation from and loss</u> of parents and other family members, the child requires <u>special safeguards, resources, and care</u>	Trauma context: being done to; loss Relational safety: effort, commitment, support
be <u>cherished</u>	Relational safety: love
be <u>nurtured</u> by foster parents who have been <u>selected to meet his individual needs, and who are provided services and supports</u>, including specialized education, so that they can grow in <u>their ability to enable the child</u> to reach <u>his potential</u>.	Relational safety: support, love (Opposite of) Detours: being done to, inaction Relational safety: effort Well-being: worthiness
receive <u>sensitive, continuing help</u> in <u>understanding and accepting the reasons</u> for his own family's inability to take care of him, and in developing <u>confidence</u> in his own <u>self worth</u>	Relational safety: effort Well-being: self-love Youth trust: confidence Well-being: self-love, worthiness
receive continuing <u>loving care</u> and <u>respect as a unique human being</u>...a child growing in <u>trust in himself and others.</u>	Youth trust: feeling loved Relational safety: being humanized Youth trust: connection
grow up in <u>freedom</u> and <u>dignity</u> in a neighborhood of <u>people who accept him</u> with <u>understanding, respect and friendship</u>	Well-being: freedom, worthiness Well-being: loving support system Relational safety: being humanized Youth trust: connection

receive education, training, and career guidance to <u>prepare for a useful and satisfying life</u>	Youth develop trust: confidence Well-being: hopeful outlook
receive <u>help</u> in <u>overcoming deprivation</u> or whatever distortion in his emotional, physical, intellectual, social and spiritual growth may have resulted from his early experiences	Youth develop trust: open to healing Trauma context: loss Relational safety: being humanized, effort
receive <u>preparation for citizenship and parenthood</u> through interaction with foster parents and other <u>adults who are consistent role models.</u>	Relational safety: effort, support Relational safety: commitment Well-being: hopeful outlook
<u>represented by an attorney</u> at law in administrative or judicial proceedings with <u>access to fair hearings</u> and court review of decisions, so that his <u>best interests are safeguarded</u>	Relational safety: support (Opposite of) Detour: being done to Relational safety: commitment
receive a <u>high quality of child welfare services,</u> including involvement of the natural parents and his own <u>involvement in major decisions</u> that affect his life	Relational safety: effort (Opposite of) Detour: being done to

Each of the elements of the new framework are represented in the Bill of Rights, starting with context. The Bill of Rights acknowledged the unique needs and challenges faced by youth in care, pointing out that because children and youth in foster care have endured harm and separation from their families, they require even more consideration to secure their safety and care than other children. This relates well to the first element of the Way to Well-Being framework: the *trauma context*. Features of this element are the harm, trauma and loss youth were exposed to before entering the system, which comprises the underlying context or persistent

backdrop for the lives of children and youth in care. This remains true throughout their lives. The study participants were clear that their histories of trauma were always relevant even as they moved through the system and on with their lives. Whether they progressed toward well-being or were deterred away from it, the *trauma context* was still relevant.

The Bill of Rights includes themes relevant to *detours* and *distress signals* by naming the youths' rights to positive conditions and relational dynamics that were found devoid in the participants' *detours* and *distress signals*. It also focuses on the actions and resources provided by adults to safeguard the children. This is the central message in the *relational safety* element. The onus for initiating the Way to Well-Being – in the Bill of Rights and from the perspective of the participants – is on the adults to provide the conditions and supports necessary for *relational safety* to flourish. Each item that the youth must receive are items that adults must provide: for youth to be cherished, there must be capable adults doing the cherishing. *Trust* and *well-being* are also featured as the outcomes suggested in the Bill of Rights. These are demonstrated in the optimized lived experiences that the children and youth have a right to enjoy, including loving care, friendship, dignity and freedom.

By contrast, the conceptualization of well-being offered in the child welfare 2012 Information Memorandum included four dimensions of child and youth functioning: (a) cognitive functioning, (b) physical health and development, (c) behavioral/emotional functioning, and (d) social functioning (ACYF, 2012). These do not map well onto the Way to Well-Being framework. The study participants shared some of their experiences related to school and barriers to academic performance and achievement while in care, though otherwise they did not comment on their cognitive functioning as a component of their well-being. One participant

with a chronic illness spoke about her physical health and development, but this dimension did not factor into the others' interviews.

The latter two functional dimensions from the 2012 memo, behavioral/emotional and social functioning, do appear in the Way to Well-Being framework. As described in Chapter 4, participants described struggles with their behavioral and emotional wellness. These struggles are illustrated in the *distress signals* and the opposite of the positive themes within youth *trust* and *well-being*, such as *confidence*, and feeling *at ease* and *worthiness*. When youth felt most off track, they were hopeless and acting out, and felt insecure, anxious and unworthy of goodness. However, they made clear that the driver of these experiences, which is not represented in the 2012 memo, was their lack of stability, security and *relational safety*. The distress they felt and demonstrated through their behavioral and emotional functioning were sequelae from the *detours* they faced: disruptions and difficulties within their relationships. The 2012 memo's last dimension, social functioning, touches on relationships, which are central to the Way to Well-Being. However, the memo locates the locus of control over social functioning withing the youth as individual agents, pointing to their responsibility in how they "engage in relationships, cope with challenges, and handle responsibilities...and social competence" (ACYF, 2012). The memo further cites how youth in care demonstrate challenges in their "ability to form a new attachment to a primary caregiver, make friends, and engage in romantic or marital partnerships." While latter parts of the memo point to promising interventions to improve social functioning, the focus of those is still on improving youths' skills to manage their relationships. There is little to no attention on the roles and responsibilities of youths' most important relational counterparts: the adults in their lives.

Overall, the comparison between the Way to Well-Being framework and these policy-related conceptualizations of well-being in child welfare illuminates greater coherence and alignment with the ideas from 50 years ago, represented in the Bill of Right for Foster Children, than the previous decade's ideas of well-being in the 2012 Information Memo. This is important to note because it points to a concerning level of discord between the lived experiences of young people in care, as articulated in the Way to Well-Being, and the recent policies that directly form and inform their lives in care. As discussed in later sections of this chapter, this misalignment portends continued challenges for youth in care as their own identified focal areas of well-being escape contemporary understandings of what they need.

Context in America: Racism and Rugged Individualism

As suggested in earlier chapters, the spatial-temporal context dictates many of the dynamics influencing child and youth well-being. As the Way to Well-Being framework demonstrates, the context of trauma is critical to the lived experiences and understandings of well-being for youth in care. In addition, cultural factors in the United States impact this context, most notably our history of racism and a societal value set that promotes fierce independence, or rugged individualism, as a pinnacle of success. Within that context, the child welfare system in the United States suffers from a disturbing pattern of disproportionality of children and youth of color in the system. Within the total US population of children in 2019, 50 % are Black, Indigenous or other people of color (BIPOC) with 14% identified as Black. Among total youth in care, 56% are BIPOC and 23% are Black (Child Welfare Information Gateway, 2021). Not only are there more families, children and youth of color engaged in the child welfare system, but they also have more negative outcomes and experiences (Miller & Esenstad, 2015). This study, with

80% of the study participants identifying as Black or Latino, privileged the voices and perspectives of youth within a system that tends to overlook or further marginalize them.

While the interview protocol for this study did not probe into the racialized experiences of the participants, we know that structural racism is embedded within the system (Dettlaff & Boyd, 2020), and can therefore conclude that racialized dynamics impacted the participants throughout their time in foster care, knowingly or not. Research demonstrates the impact of structural racism on youth in care through worse outcomes upon aging out (e.g. Hill, 2004) to evidence of a foster care-to-prison pipeline for youth of color (Goetz, 2020). There were only two instances in the data where participants referenced their racial or ethnic identity related to their experiences in care. Quincy, who identifies as Black, described most of his experience in foster care as "Bad. Really bad." By that, he meant that it was scary, difficult, harmful and punitive. When I probed for him to describe what that was like for him, he said repeatedly: "it's Black on Black slavery." This theme of being held captive or denied freedom was prominent in the data, though this was the only reference to a racial dimension to that theme. Still, Quincy's experience as a Black boy and young man in child welfare points to the painful racial dynamics described in other research. The other example of racial or ethnic relevance in the data came from Erika, who identifies as Latina. She explained that one of the many losses she and her brother faced when they were taken into the system was missing out on learning about their Mexican culture because they never had Mexican foster parents. She noted that youth in care should have the ability to reside in families that share their own culture when possible. Crenshaw's intersectionality theory (2017) reminds us how the experience of being youth of color and youth in foster care are critically interwoven. Both identity factors convey risks

amounting to discrimination, harm and societal invisibility. There is a prime opportunity for future research to explore how interpersonal and structural racism impact the lived experience of well-being for youth in care. Future studies could investigate how youth understand their racial identity vis-a-vis each component of the Way to Well-Being, from their trauma context to relational safety and feelings of worthiness and freedom.

Another contextual factor considered before the study began was the impact of America's culture of rugged individualism on the experience of foster youth. This value of extreme independence gained popularity in the 1920's when President Hoover promoted the idea that individuals should rely less on their government for support or intervention and instead rely on themselves. Of course, this idea has shifted over time and now represents a politically conservative, and at times divisive way, to castigate and judge individuals who utilize government programs. Dr. Martin Luther King, Jr. famously identified this as a moral issue in his 1968 speech, The Other America, stating: "This country has socialism for the rich, rugged individualism for the poor" (King, 1968). As a societal outlook, rugged individualism presumes that all individuals have the same access to avenues of success. Therefore, if someone is poor and resides in poverty, not achieving the successes ascribed in the American dream, they are seen as failing and assumed to be individually to blame (Cozzarelli et al., 2001). However, research shows that societal dynamics of institutionalized racism and other forms of oppression confer consequences in realms from healthcare (Elias & Paradies, 2021) to education (Pilkington, 2013) and create barriers to pathways to gainful employment (Anderson et al., 2013), and other markers of success.

Youth in care carry the burdens of these societal contextual factors as they navigate their way through trauma toward well-being. Because youth in care are first and foremost children and adolescents, and because they are cared for by government programs and resources, naturally they are not self-sufficient. Of course, youth are not in the care of the state by their choice. Their entry into care was forced upon them as children with no power over their circumstances. Yet the values of rugged individualism still impact these young people. There are systemically rooted (yet often unnamed) expectations for youth in care to enact rugged individualism through various behavioral patterns, such as survivalist self-reliance (Samuels & Pryce, 2008), a way of being youth develop out of necessity. They are also pushed toward independence, as opposed to a more age-appropriate relational dynamic like interdependence (Hokanson et al., 2020) far more than their non-fostered peers. There is a latent understanding that youth in care are at least somewhat responsible for their circumstances and corresponding expectations that children and youth in care should be able to bounce back from their traumatic experience and catch up to their non-fostered peers or subsumed into mainstream expectations of performance and success. This is akin to expecting them to "pull themselves up by their bootstraps," another colloquialism tied to rugged individualism. One way this mindset is proliferated in child welfare is by the focus on youth resilience as a beacon of policy, practice and study. However, for a group of young people with a context of trauma in a society marked by structural racism and oppression, resilience is not a helpful frame for children and youth in care.

Poverty, Child Abuse, and Resilience. Resilience is a concept of great interest among marginalized, disadvantaged or otherwise oppressed groups, including children and youth in foster care. Like well-being, resilience is difficult to define (Southwick et al., 2014). It emerged

as a construct of interest when scholars observed behaviors and interactions of maltreated children (Wald et al., 2006). Resilience is understood as one's "relative resistance to environmental risk experiences, or the overcoming of stress or adversity" (Herrman, et al., 2011). In other words, resilience is the capacity to manage and move on, or bounce back, from one's difficulties and continue on a path toward success or achievement. For many in the field of social work and beyond, resilience is a prime target of intervention (e.g., Leve, et al., 2012). Resilience is lauded as the desired, opposite force to counteract risk factors (Nuñez et al., 2022). Even child welfare workers are encouraged to increase their resilience to manage the harm of vicarious trauma from beholding stories of abuse for a profession (Horwitz, 1998). Of course, resilience is important for youth in care, and increasing resilience may allow them clearer and more certain pathways out of their suffering, which indeed, they need and deserve. However, there are at least two flaws with a policy, practice and research agenda focused on resilience for youth in care: (1) survival is not sufficient as an expectation for human life, and (2) there are some systemic circumstances that are so challenging and problematic that no person should be expected to endure them; the systems themselves are what need to be changed, not the young people subjected to them.

During any human's lifetime, they will meet obstacles and challenges. Like any organism, it is reasonable to expect that human beings must be able to manage those difficulties and continue, at the very least, to survive. Resilience might be the human quality which allows for this. However, as theories of well-being and the Way to Well-Being framework suggest, mere survival is simply not a sufficient goal for human beings. This study's participants described their experiences of well-being as those where they felt connected, loved and free.

Maslow's hierarchy of needs points to love, belonging, self-understanding and self-actualization as the goals of human existence (1943). While not all theories related to the well-being of youth in care point to factors of flourishing, this study's participants were clear that the state of well-being must be understood as a state of existence far beyond survival. All too often, discussions of resilience point to ways youth in care can survive their circumstances and meet the bare minimum of growth expectations to fare "reasonably well" in their academic and civic activities (Yates & Grey, 2013). Benchmarks of resilience, like high school graduation and avoiding homelessness, incarceration or teen pregnancy (Jones, 2012; Shpiegel et al., 2022), are important and youth attaining these outcomes deserve attention and praise. However, this study suggests that a focus on these outcomes stops short of identifying and advocating the path to thriving or well-being, and contributes to the child welfare system's culture of low expectations for its youth (e.g. Cohn & Kelly, 2015; Lee, 2016; Lips, 2007).

Additionally, when we focus on the resilience of the individual, we divert attention – through policies, resources, and practice interventions – away from other probable causes of their struggles, such as structural inequities and poverty. Some of this study's participants pointed directly to their experiences of poverty and systemic oppression that led to their entry into the child welfare system. In the past, scholars have also pointed out the troubling patterns of entry into state care for reasons that are linked to poverty rather than abuse or neglect (Besharov & Laumann, 1997). Decades ago, research showed that indices of poverty correlate with child abuse, for example male unemployment correlates with physical abuse of children (Gillham, et al., 1998). More recently, poverty density was found to predict child abuse fatalities, with over three times more fatalities occurring in high poverty communities (Farrell, 2017). The links

between poverty and abuse are deep and reciprocal. In England, policy analysts have pointed out that poverty increases the chances a child will be abused or neglected, and childhood abuse or neglect also predict adult poverty (Bywaters et al., 2016; Bywaters et al., 2022). These interactions are complex and damaging, and include factors of parental mental health, addiction, shame, stigma and barriers to engaging in treatment. In the United States, the additional contextual concern is how the overrepresentation of BIPOC families in poverty might contribute to the alarming racial disproportionality in child welfare, or whether forces of racial bias and discrimination are to blame. These dynamics of poverty, race and child abuse and neglect are so intertwined that debate proliferates the field as to which factor is most responsible for the state of child welfare (Dettlaff et al., 2021). These are the powerful and complex forces that can lead to children and youth entering the child welfare system. Thus, any individual child's resilience is simply not sufficient to combat all of this.

Our foremothers of the field of social work knew that there must be a balance between individual support or intervention (Richmond, 1917) and systems change (Addams,1912). Reviewing the literature offers a window into how society views these factors. Current literature on the link between poverty and child abuse in the U.S. is scarce, yet research on resilience is soaring (Nuñez, et al., 2022; Shpiegel, et al., 2022; Van Breda, 2018). This suggests that fields concerned about child abuse and neglect have shifted their attention away from macro causes and toward micro solutions. Research on poverty and child abuse appeared to peak in the 1990's yet seems to have trailed off, while research on resilience was just beginning at that time and is far more common now (Van Breda, 2018). Youth from this study expressed the heavy burden of their life trajectories, enduring their traumas and then being required to heal from them in order

to have the opportunity to achieve well-being. Expecting youth in care to forever increase their skills and resilience as the primary avenue to well-being while ignoring the systems of poverty, violence and oppression that lead to the abuse and neglect that expose children and youth to child welfare is unjust. It also does not align with our social work history and values.

Those who study and promote resilience may do so to combat the narratives of youth in care that myopically illustrate the negative risks and consequences of their life stories. It is reasonable and necessary to hold out high expectations and hope for youth in care to meet their goals and dreams in life. Youth in care deserve every opportunity to truly thrive, actualize their potential and flourish in all areas of life. A focus on resilience prompts us to praise young people who experienced foster care in finding ways to deal with and overcome their suffering. While they are deserving of celebration, what they need more is to change the systems that make their suffering possible. This study pointed out how important the context of trauma is. The clear reality was that the participants could not pull themselves up by their bootstraps. They required adults in their lives to be available, create relational safety and help them trust. When left to fend for themselves, literally or figuratively, the youth were not able to establish the kind of grounded security and safety to move toward well-being.

Limitations

Overall, this study resulted in high-quality, trustworthy findings that do indeed answer the research question: "How do older youth in foster care understand, describe, and make meaning of their lived experience of well-being?" Consideration of the findings must bear in mind some methodological limitations. As a reflective researcher, I see how my previous relationship with the Young Adult co-Researchers (YARs) enriched the project by allowing the

YARs to share fully and freely in their feedback. However, given that we had known each other for many years, some important conversations that could impact the work were overlooked. For example, as a group, we had discussed issues of racial identity many times over the years. Perhaps, this precluded my consideration of racial dynamics in the research design and interview protocol, given that we had previously 'covered' that issue together.

Additionally, the study's PAR design was altered by the conditions that precluded the YARs from completing the entire research process through the phases of data collection and analysis. While this prompted broader member-checking during analysis that may not have happened otherwise, the unexpected change in the design caused a deviation from fidelity to the PAR tradition. The direction of the interviews would have likely changed with YARs present. The analysis process would have benefited throughout, starting from the YARs' input as I determined the initial units of meaning. This limitation was partially reversed with the member-checking later in the analysis process, however that was not nearly as thorough an influence on the process as the YARs would have made.

This study's sample was diverse geographically, racially, and in terms of gender, education and experiences within foster care. Because the snowball sampling design was initiated by convenience (i.e. with the YARs making recommendations and through my existing contacts within the field of child welfare), there are limits to the representativeness of the sample. This also limits the generalizability of the findings. However, the themes that did emerge were pervasive among all participants. Additionally, not all of the participants contributed artwork to the dataset, thus the artistic illustrations of the study's elements and themes represent the creative work of a subset of the sample. However, the themes as described by the participant-

artists aligned with the themes shared by all participants and were thus representative of the sample as a whole.

These limitations help contextualize the findings and discussion of this study and point to further implications and opportunities for future research, detailed below.

<div align="center">**Implications**</div>

Both the process and findings of this study offer directions and challenges for the field of social work. These implications on social work policy, practice, research and education are discussed below.

Policy

This study provides direction for the field of child welfare regarding its policies and procedures that directly inform the lived experiences of youth in care. This new youth-driven conceptualization of well-being not only describes the state of well-being itself, but the *process* required to get there. The Way to Well-Being framework suggests that child welfare policies must reflect the complex yet deeply human needs of youth in care, starting with centering relationships. For instance, an update should be made to the 2012 DHHS memo to reframe the focus on youth functioning and situate those functional outcomes within the context of authentic, connected, caring relationships. If these relationships were the intermediary goal, with the feelings and behaviors related to youth trust and holistic well-being as the measured outcomes, many other procedures would need to shift as well, including how foster caregivers are screened and selected and how child welfare workers respond to children and youths' outcry of continued harm in the system.

The child welfare system might also benefit from the adoption of the 1973 Bill of Rights for Foster Children, with updates that youth in care write themselves. The 50th anniversary of the original document is approaching, which provides a special opportunity to invite its intentional consideration and revision. In fact, this could be one action step to complete the participatory action research (PAR) process of this project. Although the action component of this PAR study was not accomplished during the time before submitting this dissertation, I am still intent on sharing these findings and the Way to Well-Being framework with individuals from the child welfare agencies, programs and leaders with whom I have existing relationships. I will request meetings with upper administration at DCFS and local and state representatives in Illinois, including the suggestion to assemble a group to create a new Bill of Rights for Youth in Care with youth directly involved in that effort.

Because of its rooted history of disproportionately disrupting families of color and the long-standing concerns over poor outcomes for involved youth and families, some advocate for abolishing the child welfare system all together (Dettlaff et al., 2020). However, while the system remains intact, many in the field are painfully aware of the dearth of foster families to support all the children who require care from the state (DeGarmo, n.d.; Vinicky, 2022). While financial incentives may be necessary to secure foster placements, according to this study's participants, the financial strings threaten what the youth require: authentic, unconditional, non-transactional connections with committed adults. Some systems lean into kinship care to connect youth with existing family members while others prioritize preserving the family of origin, both of which strategies contend to offer the kinds of close relationships the youth need and desire (Hassall et al., 2021). This study suggests that more intentional will and resources to support

these efforts through focused interventions to honor the trauma context, create greater relational safety and youth trust and well-being, would yield greater outcomes. The system simply must prioritize placements for their relational safety.

While the youths' experiences led to the creation of this Way to Well-Being framework, those close to child welfare are aware that the whole system resides in a context of trauma and largely lacks relational safety, trust and well-being for everyone involved, including youth, foster families and child welfare professionals. New models for managing a complex system like child welfare may be in order. Adaptive leadership is one possible avenue to consider, as it focuses on relationships within an organization, specifically building trust to lead to greater confidence and hope (DeRue, 2011), just as the current framework suggests. To be functional, this would require a system and set of processes for intentional reflection and continuous improvement. There would need to be mechanisms for youth, families and professionals to provide on-going feedback on their experience, assessing themselves and others, to collectively build a system of greater trust and efficacy.

Practice

Child welfare practice must contend with how societal burdens that contribute to risk of harm and introduce children and youth to factors that lead them into the foster care system interfere with child and youth well-being. Individualism, racism, and societal stratification that leads to poverty and barriers to equal education and employment contribute to entrance into child welfare and themselves harm children and youth (Bywaters, 2016). The Way to Well-Being framework demonstrates the importance of considering these contextual factors that may be detracting from children and youth well-being even before entering care.

Downstream from the structural issues, a key implication for child welfare practice is a new perspective on the timing and types of interventions to help youth in care heal from their trauma. According to these participants, the way to well-being starts with being humanized, seen and embraced given the history of their trauma and while in the context of stable relationships. Individual talk therapy upon entry into care is unlikely help youth move toward well-being. However, interventions focused on skills for emotional regulation (Perry, 2007) and attachment to the new caregiver (Raby & Dozier, 2019), even for adolescents (Flaherty & Sadler, 2011) are promising. Training for child welfare professionals and substitute caregivers would do well to incorporate the Way to Well-Being framework to recenter these relational factors that youth themselves indicate lead to a state of thriving and well-being.

Our field must also contend with a culture of tragically low expectations for youth in care. A teddy bear in court and a clean bed in the new foster home are not enough when children and youth are reeling from trauma and desperately need and want genuine security, love and freedom. Financial literacy skills and white knuckling to aging out are not sufficient when children and youth need to feel seen and safe in their relationships. Many in the field acknowledge that what youth in care receive in terms of connection, care and concern is subpar to what they desire for their own children (Wesley et al., 2020). Knowing this reality, child welfare professionals are found to be hypervigilant or "over-protective" with their own children (Molnar et al., 2020), lest they befall the same circumstances and outcomes as youth in care. We must collectively decide and affirm that it is not good enough and youth in care are deserving of more. Perhaps to do this, both child welfare workers and foster parents require greater support and training. Foster parents must be supported in attuning to the needs of children in their care

and enacting behaviors that lead to *relational safety*. Workers must be supported to orient their assessment of a child's well-being and recommendations for intervention around the child's relationships. The current markers of success for youth in care include academic and employment milestones. This study suggests that this checklist is wrong; true markers of success, or well-being, according to participants was the quality of their relationships, their self-concept and ability to trust, and their sense of freedom and worthiness. A child welfare practice that screened for these markers instead may do better to understand and ultimately provide for child and youth well-being.

The system as a whole must reckon with the impact of its gaze on the wrong set of optimal outcomes. Child welfare professionals themselves also feel unseen, unsupported, and disconnected in their work (Olaniyan, et al., 2020). They also need *relational safety* in their organizations to be able to trust themselves and others and provide the best care for the youth and families on their caseloads and in their homes. If their well-being can be prioritized by their employers, agencies and the system at large, they will be better positioned to meet the youths' needs. Knowing that therapeutic intervention will be most successful after physical and relational safety have been achieved, those must be the focus when children and youth come into care.

Education and Teaching

The education and training of professionals in the field of child welfare would benefit from incorporating lessons from the Way to Well-Being framework. Current expectations of child welfare professionals are disproportionately focused on compliance (Gibson, et al., 2018). Re-orienting work with children and youth in care to focus on honoring their trauma and prioritizing relational safety would require a shift in the provision of their care in the system.

Professionals trained to prioritize relational safety might look for different markers in prospective foster homes and be more attuned to the relational needs of children and youth in their placements. Perhaps this would increase the likelihood of initial placements enduring whereby children and youth in care could establish stability and be open to healing, and eventual well-being.

The Way to Well-Being framework can help educate and train future social workers. As an educator, I teach students in the classroom and field settings, and I also teach my colleagues in the form of pedagogical professional development for faculty. In both situations, I can see the direct applicability of this framework to my work in and outside the classroom. First, the framework also aligns with the Ignatian and anti-racist pedagogical practices that I already employ. In the tradition of Jesuit education and in anti-racist pedagogy, we begin by humanizing each individual. We center the formation of authentic and meaningful relationships to both establish a learning environment devoid of anxiety and competition (i.e. of safety) and to leverage the relationships as the primary mechanism for learning and growth. When trust is established, individuals are far more receptive to the challenges of learning. These themes and processes are highly congruent with the Way to Well-Being framework. There is great potential value in applying its categorical elements and process orientation to educational spaces. Additionally, the benefits of using arts-based methods apply to education and training. Inviting creative expression is a means to both articulate one's experience and make new conceptual connections to enhance learning (Leonard et al., 2018).

Research

We know that research in social work should do no harm. However, it is incumbent on

our field to surpass that low expectation and focus on pursuing strategies of inquiry that can also provide opportunities for participants to gain from the experience, perhaps by achieving greater autonomy, beneficence, non-malfeasance, and justice (Antle & Regehr, 2003). I noticed that this study's participants felt empowered, seen and relieved to share their stories, however this must be validated by further research into the effects of the research experience on participants.

Research and my personal experiences with foster parents and child welfare workers point to their good intentions when entering the field. Various reasons that bring people to the profession – from personal experience of life in foster care, personal and family characteristics, individual values and beliefs, and perceived familiarity with the child protection system – caseworkers (Haynes-Jenkins, 2012) and foster parents (Gouveia et al., 2021) generally choose to take on these roles for the good of the children. They want to help and make a difference. Yet many youth in care, including those from this study, feel as though many people in those roles do not genuinely care for them but are merely completing tasks associated with their roles "only for the money." There appears to be a significant gap between the adults' motivations and the lived experience of the youth in their care. What explains this gap between what foster parents and caseworkers intend (i.e., helping, making a difference, caring for kids, etc.) and what the youth actually experience? Future research should explore the lived experience of child welfare professionals and foster caregivers to better understand this misalignment and discover pathways to close that gap. A similar qualitative, art-based, PAR project with each of those populations would derive important knowledge in this area. In addition, studies should engage child welfare professionals and foster caregivers in interrogating the Way to Well-Being framework given

their personal knowledge of youth in care, as well as whether the framework holds true for their own experiences of well-being.

To assist in meeting the practice and training recommendations, a new tool is required to assess the well-being of children and youth in care focused specifically on the elements of the Way to Well-Being framework. I plan to generate and validate such a tool for this purpose. There are multiple examples to follow for this process (Zaremohzzabieh et al., 2019). A widely used youth-informed measurement tool to determine the levels of trauma context, relational safety, detours, trust, distress and well-being could reorient the system's focus on the most important elements that contribute to (or deter from) youth well-being.

Conclusion

Outcomes for youth involved in the child welfare system continue to project a narrative that describes great struggles for this vulnerable population. In order to improve upon those outcomes related to youth well-being, it was critical to understand what well-being means to youth in care. Through a rigorous example of a multi-modal methodology incorporating phenomenology, PAR and arts-based research, this study led to the creation of the Way to Well-Being framework. This framework demonstrates the importance of youths' past experiences and uplifts the role of adults to enact specific relational dynamics to create safety in the relationship for and with youth in care. Although detours can take youth off the path to well-being, if security can be established in their relationships, youth can develop trust, engage in the tough work of healing their distress and trauma, and experience the worthiness and freedom of true well-being. The value of this study and framework can be realized through application in policy, practice, educational and research endeavors in child welfare and beyond.

APPENDIX A

BILL OF RIGHTS FOR FOSTER CHILDREN

Below is the exact text from the 1973 Bill of Rights for Foster Children:

"Even more than for other children, society has a responsibility along with parents for the well-being of children in foster care. Citizens are responsible for acting to insure their welfare.

Every child in foster care is endowed with the rights inherently belonging to all children. In addition, because of the temporary or permanent separation from and loss of parents and other family members, the child requires special safeguards, resources, and care.

EVERY CHILD IN FOSTER CARE HAS THE INHERENT RIGHT:

....to be cherished by a family of his own, either his family helped by readily available services and supports to reassume his care, or an adoptive family or by plan, a continuing foster family.

....to be nurtured by foster parents who have been selected to meet his individual needs, and who are provided services and supports, including specialized education, so that they can grow in their ability to enable the child to reach his potential.

....to receive sensitive, continuing help in understanding and accepting the reasons for his own family's inability to take care of him, and in developing confidence in his own self worth.

....to receive continuing loving care and respect as a unique human being...a child growing in trust in himself and others.

....to grow up in freedom and dignity in a neighborhood of people who accept him with understanding, respect and friendship.

....to receive help in overcoming deprivation or whatever distortion in his emotional, physical, intellectual, social and spiritual growth may have resulted from his early experiences.

....to receive education, training, and career guidance to prepare for a useful and satisfying life.

....to receive preparation for citizenship and parenthood through interaction with foster parents and other adults who are consistent role model.

....to be represented by an attorney at law in administrative or judicial proceedings with access to fair hearings and court review of decisions, so that his best interests are safeguarded.

....to receive a high quality of child welfare services, including involvement of the natural parents and his own involvement in major decisions that affect his life."

APPENDIX B

YAR CONSENT FORM

Consent Form for Young Adult Co-Researcher's (YAR's)

Participation in the "How older youth in foster care describe their experience of well-being: Toward a youth-driven definition" Project

Available via Docu-Sign (an electronic signature platform)

As a legal adult, over age 18 years, I, _____(full name) (date of birth: _____), hereby give my consent to participate in the "Defining Well-Being" Project ("the Project") with Ms. Bridget Colacchio Wesley, MA, LCSW ("the researcher") from Loyola University Chicago.

I am giving consent to the following conditions and understandings:

1. Ms. Colacchio Wesley is doing a research study with approximately 15-20 current and former youth in care about the well-being of young adults who have been involved with the Illinois Department of Children and Family Services. The intent of the Project is to understand how young adults in care experience, understand and define *well-being* in their own lives. The researcher may make recommendations to DCFS for improvement in its services based on the results of this study, but she does not work for DCFS.

2. I understand that I am being hired as a co-researcher on the project, which requires my commitment as an employee on the project, but I am also separately giving my consent to be a participant in the research, because our work as a research team will be used as data for the project. I understand that I have rights as a research participant, and I can withdraw my consent as a research participant at any time, which is separate from my commitment as a part of the research team. I may also leave the research team, which is separate from my participation in the project as a voluntary participant.

3. My participation will involve two parts:
   a. Contributing to the research team preparation meetings to complete the design and plan for recruiting and interviewing other youth participants in the project. There will be approximately 6 of these meetings. The meetings will be conducted together by the researcher (a trained interviewer with professional experience in clinical social work and research) and all of us as YARs. During the meetings, our team will explore our understandings of well-being in our own lives (in different settings, like school, home, work, and different relationships, with myself, my family, professional staff, my friends, etc.). We will also discuss and solidify plans for the involvement of other older youth in care as participants in the project, including plans to recruit and interview them, as well as to collect and analyze the project data.
   b. As part of our preparation and to understand what the participants will experience during the project, one meeting will invite me and the other YAR's to take photographs or identify other artwork (drawing, painting, sculpture, poetry, lyrics,

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music, beats, collage, other objects) that represents my well-being, to share with the research team and describe what it means to me.

4. Given the current novel coronavirus pandemic, I understand that mostly likely our research team meetings will be conducted by video. If federal, state and local policy and recommendations allow for an in-person interview, the researcher will offer that option. In that case, I understand that I have the authority to choose whichever interview format I prefer.

5. The researcher will audio record all research team meetings and document my photo or artwork (by taking or collecting digital pictures of them). I will choose a pseudonym (or fake name) at the start of the project, so my real name will not be used in any of the project's documentation.

6. My participation will be completely voluntary. I will be reminded prior to the start of each research team meeting of the project that I may decline to answer any or all questions asked and that no one will be told of that decision not to answer questions. There are no expected costs to me for participation in the project. There will be no negative consequences to me if I choose to end my engagement in the project early. If I refuse to participate in this project, I will not be denied any services or benefits from DCFS to which I am entitled. The meetings will not be conducted unless the researcher obtains my additional verbal consent at the start of each meeting.

7. The information I provide in the research team meetings will be confidential and anonymous. Transcripts and other files produced from recordings or documented artwork will refer to chosen pseudonyms only. Only designated project staff will have access to this information. DCFS staff may request information reported in the aggregate, which will be provided with no identifying information. No report or analysis produced by the project will identify me or permit information to be attributed to me directly. The only exception to this guarantee of confidentiality will be if I disclose information that I am currently being abused or neglected, am currently being put at serious risk of abuse or neglect, or am at risk of harm to myself or someone else. Such information will be reported to the Department of Children and Family Services as required by law. I will be reminded of this requirement prior to giving my verbal consent to be interviewed.

8. I will be offered a $25 gift certificate to McDonald's or Amazon (whichever I prefer) for participation in the research team meetings as a participant. I understand that this gift is not contingent upon answering any of the questions during the meetings or providing my documented artwork. I will receive the certificate if I decide not to participate in the meetings as a participant, choose not to answer all individual questions, or decide to terminate the interview prior to completion of the interview.

9. I understand that the pay I will receive for my work as a YAR is associated only with my role as a co-researcher, and is not connected to the collection of research data related to anything I share about my well-being experiences during recorded team meetings. I understand that I can choose to remove myself from the data collection procedures (I.e.

my comments during team meetings will not be recorded) while still working as a member of the research team.

10. The primary benefit to me for participating in the project is that I will be contributing to the knowledge base in child welfare regarding the well-being of youth being served. This research may also be helpful to society in offering more clarity about the needs of youth in various types of care settings.

11. The primary risk to me is that questions about my current well-being could cause psychological distress. To minimize this risk, the researcher will pass over any part of the questioning that appears to be distressing, and will remind me that I am not obligated to answer any questions I do not want to. I may divulge information about abuse or neglect that must be reported to DCFS, which could lead to adverse emotional, psychiatric or social consequences. If I exhibit or report distress that requires premature termination of the interview, the researcher will contact my foster parent, guardian, or DCFS worker so that they may address my distress with me.

12. If I have any questions or concerns about this study, about my rights as a research subject, or about any issues I encounter as part of this study, I may contact the researcher at the address and phone number below:

Bridget Colacchio Wesley – (GOOGLE VOICE #) - bwesley@luc.edu

1032 W. Sheridan Road, Chicago IL 60660

_____ I have read the above and hereby give consent to be involved in the **"Defining Well-Being" Project**

_____ I have been given a copy of this consent.

_____
_____

Full Name Signature   Date

APPENDIX C

RECRUITMENT EMAIL TO CHILD WELFARE COLLEAGUES

WITH RECRUITMENT FLYER

Hello, dear colleagues,

Happy New Year! I hope this finds you and your loved ones healthy and well.

I am doing my dissertation research on the well-being of older youth in foster care, called "Defining Well-Being" and I am looking for young people to participate in a brief interview about their experiences. **Can you help by sharing this information with current and former foster youth you know?**

Participants must be: (1) 18 years or older, (2) reside in the US, and (3) either have an open case with the local child welfare system, OR have exited the system through aging out, adoption, guardianship or emancipation. They can be residing in a foster home, group home, transitional living program, with family or friends, or on their own.
I am looking to connect with youth in one of these ways:

- You can post and share the attached flyer with your current or former clients, students, or residents, and let them know to contact me if they're interested; or
- You can share this info with youth directly and get their permission to send me their name and contact information. I will then reach out to the youth directly to invite them to the project.
- You can share this opportunity with other professionals you know in the field.

The project will invite youth to participate in an interview, and to share some artwork that describes their ups and downs in the system. My research team is a small group of former youth in care, who are integral to the project and can be present at the youth interviews to make things a bit more comfortable for the participants.

I realize just how busy you are and how full your plate is! I think this research project will be beneficial to the youth involved, and to all of us involved in child welfare and concerned with the well-being of all youth in care and their families. Giving them a chance to share their experiences and define well-being will make a positive impact on the system as a whole!

Please let me know if you have any questions. I greatly appreciate you and your time and effort to support this project.

Peace,

Bridget

Recruitment flyer

ATTENTION ALL YOUTH IN LAWRENCE HALL

We need YOUR help!

Our team of former youth in care and researchers want to understand more about you and your **well-being in the foster care system**. Please join us for a brief meeting to learn about this project where you can make a difference for other kids like you in foster care by helping us understand your experience of well-being.

Your voice matters! Please join us!!

Informational Meeting (food provided)

DATE

TIME

LOCATION

If you choose to participate in the research project after the first meeting, we will ask you to take pictures or create an artistic expression of your well-being, and then participate in an interview.

Compensation includes: travel expenses, food at initial meeting and interviews, and $25 gift card.

QUESTIONS? Email Bridget Colacchio Wesley at bwesley@luc.edu or find her on Facebook: "MsBridget Wesley" for more information or to RSVP for the meeting.

APPENDIX D

RECRUITMENT FLYER #2 FOR PARTICIPANTS

WANTED for art-based research
to **describe** the *experience* of youth in the *foster care system*.

YOU
Over 18 years old. In the United States.
In a foster home, group home, transitional living or
    emancipated
Open to talking about your life experiences.

Eligible for Compensation: $25 gift card.

OUR TEAM
5 former foster youth
1 youth advocate/researcher

Excited to talk to you!

THE PROJECT
TWO simple parts:

1. ARTWORK: Share creative artwork about your personal experience in foster care (photos, drawing, painting, lyrics, music, poetry, tattoos, etc.). This is **boundary-free artwork** that **expresses** *your* **point of view** of what **life was** *really* **like as a kid in the system**. Please share 2 new or old art pieces to compare and contrast between your life in the system when everything was going **great** and you were at **your highest**, and when everything was **falling apart** and you were at your **lowest**.

2. INTERVIEW: Tell us about your art and answer some questions about your experiences during an interview on Zoom or in-person – It's your choice!

Want to help out?
Contact the researcher , Bridget Colacchio:
Email: bwesley@luc.edu , call/text: (847) 986-9227 or FB Messenger: "MsBridget Wesley"

POSSIBLE ART IDEAS
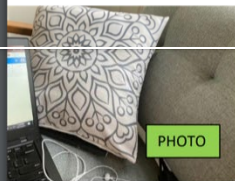
LYRICS

As I walk through
This wicked world
Searchin' for light in the darkness of insanity,
I ask myself
Is all hope lost?
Is there only pain and hatred, and misery? And
each time I feel like this inside,
Theres one thing I wanna know:
What's so funny 'bout Peace, Love, and
Understanding?

PHOTO
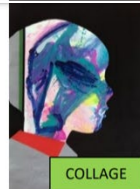
COLLAGE
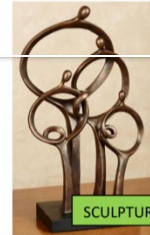
SCULPTURE

TATTOO

PAINTING
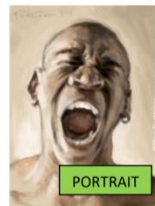
PORTRAIT

DRAWING

APPENDIX E

EMAIL TO CONFIRM INTERVIEW WITH PARTICIPANTS

Hi <<participant name>>,

Thank you so much for agreeing to participate in an interview for my project on well-being of youth in care. Your interview is scheduled for DATE at TIME. Thank you!!
Here are just a couple more details before we meet:

13. Before we meet, can you please fill out this form that asks for some background info:

https://forms.gle/bzapKTaYZuE3gu3WA

14. I will also send a separate email where you can e-sign the consent form. It will be from "**docusign**" so you may have to check your spam folders.
15. Last thing: you are invited to bring any pieces of artwork you might have (drawing, painting, lyrics, tattoos, photographs, etc.) that help describe your experiences (positive or negative) in the system. If you don't have anything, you can create something before we meet, or we can do a little sketch during our interview. We can also skip the art all together if you prefer. It's up to you!
We can meet on this Zoom link: https://luc.zoom.us/j/9354474590. I will send a calendar appointment too.

Let me know if you have any questions between now and Thursday. Thanks again for your willingness to participate. See you soon.
Peace,

Bridget

Bridget Colacchio, MA, LCSW

Interim Co-Director, Faculty Center for Ignatian Pedagogy

Adjunct Faculty, School of Social Work

773-508-8656

bcolacchio@luc.edu

LUC.edu/fcip

APPENDIX F

PARTICIPANT CONSENT FORM

Consent Form for Older Youth Participants

Participation in the "How older youth in foster care describe their experience of well-being: Toward a youth-driven definition" Project

(Available via Docu-Sign (an electronic signature platform), if in-person interview is not possible)

As a legal adult, over age 18 years, I, _____ (full name) (date of birth:_____), hereby give my consent to participate in the "Defining Well-Being" Project ("the Project") with Ms. Bridget Colacchio Wesley, MA, LCSW ("the researcher") from Loyola University Chicago.

I am giving my full consent to participate in this research given the following conditions and understandings:

1. Ms. Colacchio Wesley is doing a research study with approximately 15-20 current and former youth in care about the well-being of older youth who have been involved with the Illinois Department of Children and Family Services. The intent of the Project is to understand how older youth in care experience, understand and define *well-being* in their own lives. The researcher may make recommendations to DCFS for improvement in its services based on the results of this study, but she does not work for DCFS.

2. My participation will involve two parts:
   a. Before the interview, I may take photographs or identify other artwork (drawing, painting, sculpture, poetry, lyrics, music, beats, collage, other objects) that represents my well-being, to show the researcher and describe what it means to me; and
   b. I may participate in one 45-minute semi-structured interview, (scheduled at a time that is convenient for me) during which I will answer questions about my experience of well-being, what it means and is like for me. I can also talk about my photos or artwork in the interview. The interview will be conducted by the researcher, a trained interviewer with professional experience in clinical social work and research, and a research assistant, who is a current or former older youth in foster care who has been trained to help with these interviews. The questions cover different areas of my life, focused on how and where I experience well-being in different settings (like school, home, work) and different relationships (with myself, my family, professional staff, my friends, etc.).

3. Given the current novel coronavirus pandemic, I understand that mostly likely my interview will be conducted by video. If federal, state and local policy and recommendations allow for an in-person interview, the researcher will offer that option. In that case, I understand that I have the authority to choose whichever interview format I prefer: video or in-person.

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4. I understand that the researcher will audio record my video interview and document my photo(s) or other artwork(s) by taking or collecting digital pictures of them. I will choose a pseudonym (or fake name) at the start of the interview, so my real name will not be connected to any information I provide, nor used in any of the project's documentation or reporting.

5. My participation in the project will be completely voluntary. I understand that I have rights as a research participant, and I will be reminded prior to the interview that I may decline to answer any or all questions asked and that no one will be told of that decision not to answer questions. There will be no negative consequences to me if I choose to end the interview early or if I refuse to provide any artwork. If I refuse to participate in this project, I will not be denied any services or benefits from DCFS to which I am entitled. Even after signing this consent form, the interview will not be conducted unless the researcher obtains my additional verbal consent at the start of the interview. There are no expected costs to me for participation in the project.

6. The information I provide in the interview will be confidential and anonymous. Transcripts and other files produced from recordings or documented artwork will refer to my chosen pseudonym only. Only designated project staff will have access to this information. DCFS staff may request information reported in the aggregate, which will be provided with no identifying information. No report or analysis produced by the project will identify me or permit information to be attributed to me directly. The only exception to this guarantee of confidentiality will be if I disclose information that I am currently being abused or neglected, am currently being put at serious risk of abuse or neglect, or am at risk of harm to myself or someone else. Such information will be reported to the Department of Children and Family Services as required by law. I will be reminded of this requirement prior to giving my verbal consent to be interviewed.

7. I will be offered a $25 gift certificate (to my choice of either McDonald's or Amazon) for participation in the interview. I understand that this gift is <u>not</u> contingent upon answering any of the questions during the interview or providing my documented artwork. I will receive the certificate if I decide not to participate in the interview, choose not to answer all individual questions, or decide to terminate the interview prior to completion of the interview.

8. The primary benefit to me for participating in the project is that I will be contributing to the knowledge base in child welfare regarding the well-being of youth being served. I might experience a sense of self-efficacy, creativity or greater self-awareness from reflecting on and sharing my well-being experiences. This research may also be helpful to society in offering more clarity about the needs of youth in various types of care settings.

9. The primary risk to me by participating in the project is that questions about my current well-being could cause me psychological distress. To minimize this risk, the researcher will pass over any part of the questioning that appears to be distressing to me, and will remind me that I am not obligated to answer any questions I do not want to. I may

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divulge information about abuse or neglect that must be reported to DCFS, which could lead to adverse emotional, psychiatric or social consequences. If I exhibit or report distress that requires premature termination of the interview, the researcher will contact my foster parent, guardian, or DCFS worker so that they may address my distress with me.

10. If I have any questions or concerns about this study, about my rights as a research subject, or about any issues I encounter as part of this study, I may contact the researcher at the address and phone number below:

Bridget Colacchio Wesley – *GOOGLE PHONE NUMBER –* **bwesley@luc.edu - 1032 W. Sheridan Road, Chicago IL 60660**

_____ I have read the above and hereby give consent to be interviewed and provide artwork for the **"Defining Well-Being" Project**

_____ I have been given a copy of this consent.

_____

_____

Name   Date

APPENDIX G

DEMOGRAPHICS FORM

Your information for the Well-Being Project

Thank you so much for participating in this research project. Please complete the questions below. All information will be kept anonymous (your name will never be connected to the information you provide here or in the interview). This information will help us understand a bit more about you, and help us get to know the whole group of participants in this project.

This brief form will take between 5-10 minutes to complete.

Thank you for your time!

1. What is a pseudonym (fake name) and favorite number you want to use for this project? (Ex. Kayla 3)

2. How old are you right now?

3. What city/state do you live in?

4. What is your racial identity? (choose as many as apply to you)

   a. Black/African American

   b. Latinx/Hispanic

   c. Asian/Pacific Islander

   d. Native American

   e. White/Caucasian

   f. Prefer not to say

   g. Other

5. What is your gender identity?

    a. Female

    b. Male

    c. Transgender (male to female)

    d. Transgender (female to male)

    e. Non-binary

    f. Prefer not to say

    g. Other

6. What is your sexual orientation?

    a. Heterosexual ("straight")

    b. Homosexual ("gay" or "lesbian")

    c. Bisexual

    d. Prefer not to say

    e. Other

7. What's the name of your DCFS agency? (If you're not sure, you can say "I don't know")

8. How old were you when you were first removed from your original home and taken into DCFS custody?

9. How many total placements have had while you've been in the system? (Anything out of your original home would count. If you're not exactly sure how many, give your best guess.)

10. What is your most recent living situation? (check ALL the ones that apply to you right now)

    a. I live in a foster home with people I didn't know before I got here.

b. I live in a foster home with a family member, friend or other person I knew before I got here.

c. I live in a group home facility.

d. I live in a TLP (Transitional Living Program).

e. I live in an ILO apartment (Independent Living Option).

f. I live at my college/university.

g. I live with friends or roommates.

h. I live with my family of origin (parents, grandparents, siblings, etc.).

i. I live alone.

j. I am homeless (I don't have a stable place to stay each day; maybe I sleep in my car, outside, or I couch-surf wherever I can find a place each day.)

k. I live with my partner/spouse.

l. I live with my children.

m. Other

11. What is your relationship to the system at this point?

a. I am still involved in the system (still considered a "youth in care")

b. I was emancipated or "aged out" of the system.

c. I left the system when I returned to my original home.

d. I left the system when I was adopted.

e. I left the system when my caregiver got legal guardianship of me.

f. Other

12. What is your highest level of education? (Check ALL the answers that apply to you.)

a. I am currently in high school.

b. I completed some high school.

c. I earned a high school diploma.

d. I have a GED.

e. I have completed some classes/years in college.

f. I am currently in college (working toward my Associate's).

g. I am currently in college (working toward my Bachelor's).

h. I earned an Associate's degree.

i. I earned a Bachelor's degree.

j. I have completed some classes/years in technical or vocational school.

k. I am currently in a tech/vocational certificate program.

l. I have a technical or vocational certificate or degree.

m. Other

13. What is your current employment status? (check ALL that apply to you right now.)

a. I am employed full-time.

b. I am employed part-time.

c. I am currently un-employed.

d. I am looking for a new part-time job.

e. I am looking for a new full-time job.

14. How frequently are you in contact with the following people from your family of origin?

(Never, Rarely, Sometimes, Frequently, All the time, I don't know this person/people)

a. Biological mother

b. Biological father

c. Siblings

d. Grandparents

e. Aunt(s)/Uncle(s)

f. Cousins

g. OTHERS from your family of origin

15. How frequently are you in contact with the following people from your foster

family/families? (If there are more than one person that fits in each category, just answer

with the person/people you think of first).

a. Foster mother

b. Foster father

c. Foster Siblings

d. Foster Grandparents

e. Foster Aunt(s)/Uncle(s)

f. Foster Cousins

g. OTHERS from your foster family/families

16. Is there any other information you want to share? If not, you can leave this blank.

APPENDIX H

YOUTH INTERVIEW PROTOCOL CO-CREATED WITH YARS

- Re-Introductions, warm up questions, background questions, such as:

  - How was your day?

  - What did you think about our initial gathering?

  - *Why did you decide to participate in this interview?

- Before we look at your photos/art, I'm going to ask some questions about you to get to know you a little better:

  - Where do you currently live? With whom? What is it like there?

  - Tell me about your school.

  - Who do you consider to be your family? Describe them to me. How do you define "family"?

  - Tell me a bit about your history in foster care (as much as you feel comfortable sharing)

- Questions related to youths' photos/art of their well-being

  - Tell me about the photos/art that you brought in.

  - What was it like for you to do this project?

- Additional questions, if not addressed in discussions of photos/art

  - In addition to your photos/art, I have some other questions for you about your experiences and your well-being.

  - What do you think is the purpose of foster care?

  - *Best and worst experiences in foster care?

  - *Tell us about your experience with caseworkers and social workers?

- o *Do you feel safe/comfortable telling your caseworker about what is really going on with you?

- o *How many homes have you been in?

- o *Where and how did things start out? How's it going since then?

- o *How has your experience in the system affected you? (*not 'child welfare'*)

- o Child welfare system says it's supposed to provide for your safety, permanency and well-being.

  - ▪ What does safety mean to you?

  - ▪ How about permanency?

  - ▪ Have you heard the word well-being before? What does that mean to you?

- Tell me about the people, places, experiences in your life when you felt at your best in life (physically, emotionally, and spiritually, as a complete human being).

  - o How would you describe that feeling? When, where or with whom do you experience (or have you experienced) that sense of well-being in foster care?

  - o How does this relate to the idea of well-being in your mind? Are they the same thing?

- * Tell me about the people, places, experiences in your life when you were at your lowest in life (physically, emotionally, and spiritually, as a complete human being).

  - o *How would you describe that feeling? When, where or with whom do you experience (or have you experienced) that sense of well-being in foster care?

- *Do you think that counseling or therapy would be valuable for kids in the system?

- *What resources, supports or programs would you like (or who have liked) to have in life so you could be at your best? For example – therapy, counseling, mentoring programs,

- *Describe the supervision and interaction you have with the caregivers and caseworkers in your foster home.

    o --> DCFS: you need to have pop up visits so you can see what's really going on; lots of people are lying to the system

- Wrap up questions

    o Were there any questions that you think I should have asked but didn't?

    o What was it like for you to have this conversation today?

    o Is there anything else you want to tell me about your experiences in foster care?

- Questions with * are those that were added by the YAR team during our preparatory meetings

APPENDIX I

INITIAL LIST OF UNITS OF MEANING, CAPTURED IN NVIVO

1. Adult seeing my potential
2. Art description
   a. Dark depictions
   b. Positive, light depictions
3. Bio family
   a. Bio parent struggles
      i. Unfairness, parent not getting consequences
   b. Separated from siblings
4. BMC's interpretation
5. Current life story
   a. Dealing with the past
6. DCFS wish list
7. Effect of foster experience
   a. Disconnect from childhood
   b. Lack of trust
   c. Loss
   d. Many transitions
   e. Mental health distress
   f. Scared
   g. School disruption
   h. Social life, hard to make friends
8. Foster family
   a. Bare minimum
   b. Became real family
   c. Being a paycheck
   d. Feeling excluded
   e. Feeling used
   f. Kinship care
   g. Lack of love, care
   h. More abuse, neglect
   i. Strict, odd rules
   j. Subjected to uncomfortable situations
   k. Treated different than other kids
9. Giving back to others
10. Highest point
11. interview reason
    a. Desire to share story
    b. Seeking Healing
12. Lowest point
13. Opposite of WB
    a. Abandonment

      b. Abuse

      c. Criminalized

      d. Dehumanized

      e. Disconnect from culture

      f. Feeling unsafe

      g. Fending for myself

      h. Grow up too fast

          i. Making decisions not appropriate for kids

      i. Hopeless

      j. Isolation

      k. Joyless

      l. Lack of kindness from caregiver

      m. Low self-esteem, negative self-concept

      n. Needs not being met

      o. Neglect - lack of material items

      p. No safety net

      q. Not celebrated

      r. Not included, outcast

      s. Not supported, encouraged

      t. Powerless

      u. Transactional relationship

      v. Undeserving of better

      w. Unseen, unheard

          i. Misunderstood

      x. Unwanted, unloved

14. Overcoming the odds

      a. Not who they think I am

15. QUOTE

16. Seeking healing

17. Spirituality

18. Systems working against me

      a. Not getting needs met by system

      b. Not enough information

      c. Not stopping abuse

          i. Abuse by system

19. Well-being WB

      a. Able to trust

      b. Acceptance

      c. Adults taking responsibility for me

          i. Appropriate level of independence

          ii. Got materials need met

      iii. Predictability, stability, security

      iv. Providing information

      v. Structure

      vi. Wanting the best for me

d. Agency, control, self-sufficiency

e. Being loved

      i. Being human

      ii. Self love

      iii. Unconditional

      iv. Validating my experience

f. Being wanted

      i. Included in family occasions

g. Belonging, part of the family

h. Connections

i. Definitions

j. Encouragement

      i. Free to be myself

      ii. Grace, mercy through difficulties

      iii. Listening

      iv. Providing opportunities for future

      v. Support system

k. Feel safe

l. Giving love

m. Hope

n. Humble, grounded

      i. Balanced

      ii. Grateful

o. Peace

p. Personal growth

q. Shared positive experiences

r. Social skills

s. Stability, job

t. Supportive presence

      i. Work through hard things together

u. Working through issues

APPENDIX J

CLUSTERS OF MEANING DEFINITIONS

Category Name (I.e. cluster of meaning)

- Sample sub-categories
- Sample sub-categories

    "Suggested youth statement"

    Category definition

~~Self-sufficiency~~ --> <mark>confidence</mark>

- Empowerment – (strong word some people may not understand --> confidence)
- self-sufficiency
- self-sufficiency (lack of)
- capable

    "I am (not) confident that I can do it." --> "I know I can do it."

    Self-sufficiency is the sense a person has that they can handle life and move forward in life (e.g. achieve their emotional and practical goals) and enjoy healthy relationships, by using hard and soft skills, and facing and conquering obstacles in life. The opposite is feeling they cannot manage the ups and downs of life.

    <mark>Includes giving back to others</mark>

Being done to

- abuse/neglect
- being done to
- unfair
- forced situation
- (not) being done to

    "Someone did something hurtful to me (or something hurtful happened) to me that I didn't want to happen."

    Being done to is the experience of going through something negative that is outside the person's control and desires, and is done at the hands of someone else. The opposite is one's wishes being honored, boundaries are respected; <mark>making own self choices*.</mark>

    <mark>The opposite is also being done FOR?</mark>

    <mark>The opposite is healing?</mark>

    <mark>Opposite is having opportunities; also adults taking responsibility for themselves and their actions so as not to harm the child</mark>

Safety <mark>(Stress & anxiety vs. At ease/peace/Joyful)</mark>

- not safe
- safety
- security
- unsafe
- instability
- safety (lack of)
- Change <mark>(*this often builds up feelings of unsafety, makes people emotional)</mark>
- at ease

"I do (not) feel safe and secure, physically, materially, emotionally, etc." AND "I do (not) feel safe and at ease, like I can let my guard down."

Safety is situations, thoughts, feelings and experiences that relate to being at ease, trusting, hope-filled, secure, stable. The opposite is feeling unsafe, on guard, hopeless, unstable, and untrusting of others and acting and making decisions from that place.

<mark>Spiraling; out of control stressed; grasping; this state of lack of safety leads to acting out, mental health struggles or other troubling behavior</mark>

<mark>*Hopeless fits here because without stability (lack of safety and security), you feel hopeless, like it's never going to get better</mark>

<mark>*this also includes mental health struggles</mark>

<mark>Safety allows for healing</mark>

<mark>Enough safety allows for fun</mark>

<mark>Trusting others and *being* trusted by the adults (to help out, to be inside the home, to be there for them)</mark>

<mark>Safely Being able to be yourself with others</mark>

~~Needs~~ -> <mark>Support</mark>

- needs not met
- needs
- material needs
- not enough

"I do (not) have what I need materially, emotionally, or otherwise."

~~Needs~~ <mark>Support</mark> is a focus on where a person's basic material, emotional, relational needs are being met, or not.

Worthiness

- undeserving/unworthy
- unworthy
- deserving/worthy
- not good enough
- deserving
- grateful
- belief in good (lack of)
- source of hope (giving back to others)
- belief in good

"I am (not) treated as worthy or deserving of good things. I do(n't) believe I am worthy and deserving of good things."

Worthiness is the sense a person has from their circumstances and relationships that they are fundamentally worthy and important individuals, deserving of love and goodness, or not.

*connected to spirituality

Being inspired by others b/c that is a window into one's own potential; hope for what is possible

Opposite might be trying to prove yourself

Care/love -> loving care

- care/love (lack of)
- care/love
- positive regard (lack of)
- positive regard

"I (don't) feel loved and cared for. I am (not) loveable." AND "Others (don't) think of me in a positive way or have positive regard for me."

Care/love is the experience of receiving encouragement, compassion, positive regard, and kindness from another that results in feeling cared for, loved and wanted (**and worthy or deserving??). The opposite might be receiving harm and unkindness, indifference and disregard that results in feeling unloved or unwanted.

*from whom, to whom, and what is it (what is happening? What is being done?)

Authenticity of expression is also key

Being seen

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- seen/heard
- unseen/unheard
- misunderstood

"I feel (un)seen, (not) heard, and (mis)understood."

Being seen is the sense a person has that their authentic Self is both seen (known?) and appreciated. It may lead to compassionate interactions. The opposite is feeling unseen, unheard, and misunderstood.

*important to note: *from whom, to whom, and what is it (what is happening? What is being done?) (it's important to note who and why the youth want and need this from)

What type of person the 'giver' is and the kind of situation the youth is in.

Acceptance of who/how someone is; being seen and then embraced as a result

Somewhat depends on one's willingness to be seen... Sometimes you don't want to be seen if you're embarrassed/ashamed so you lie/hide

Part of being seen is being understood, like how a traumatized child might behave

Self-love

- self-love
- self-love (lack of)

"I do (not) value and love myself."

Self-love is related to being seen, known and appreciated, but by one's Self. The opposite is not seeing, appreciating or loving one's Self.

(once you know who you need love from, the Self could be one of those parties)

Accepting the reality of one's life.

Seeing the truth

Reflecting on the past, seeing own mistakes; commitment to self; doing things to learn life lessons

The opposite is lying/hiding (e.g. not telling people about being in foster care) - like self-betrayal

~~**Mental health → safety**~~

- ~~mental health~~
- ~~emotional~~

~~"These are my emotions and related to my mental health."~~

~~Mental health are experiences of emotional or psychological distress or wellness.~~

~~*Emotions can effect mental health but not the same thing~~

Relationships

- relational

"These are things related to my relationships."

Relational is anything that describes characteristics of or experiences within relationships.

Commitment

- future investment
- future investment (lack of)
- commitment

"These are (not) a demonstration of a commitment and investment in me and my future."

Commitment are actions or sentiments by Self or others that indicate a dedication to caring about or providing for the person's well-being now or in the future. The opposite are actions/sentiments by Self or others that demonstrates a lack of commitment to the person through blocking, harming or disregarding their current or future well-being.

Unconditional/overcoming hard things together; not leaving

Providing guidance, imparting wisdom, sharing life lessons

Effort

- effort (not transactional)
- transactional
- effort (lack of)

"Someone does (not) make an effort with/for me."

Effort is a willful demonstration of intention to care for or connect with the person in a way that is not transactional. The opposite is lack of effort and transactional interactions instead.

*effort is the action that leads to connection

Unconditional (overcoming obstacles)

The opposite is someone making efforts to make life harder for them

Authenticity is part of effort; being real, not fake or doing it just for a job

Connection

- connection (lack of)

- alone
- connection

"I (don't) feel close or connected to others."

Connection is the sense of closeness and below-the-surface bond to someone shown through inclusion and shared experiences. The opposite is the experience of lack of bond by willful exclusion or relational distance, including being alone.

Belonging

- included
- belonging (lack of)
- belonging

"I (don't) feel included or like I belong."

Belonging is the sense of being included and fitting in with a person or group, being treated as one of the group or on the 'inside'. The opposite is being willfully excluded or disregarding, feeling like an outsider often demonstrated by being treated differently from other kids in the same environment.

Envy for "normal" kids

Loss

- loss

"Something was lost or taken away."

Loss is a life change where a person, place, thing, belief, or value is taken away or otherwise gone.

Self-concept

- self-concept

"This is how I view, think or feel about myself."

Self-concept are descriptions of how one views or experiences one's Self.

Self-care

- self-focus

"This is how I (don't) take care of myself."

Self-care are identified thoughts, feelings, actions or beliefs about one's self that facilitate awareness, concern or care for the self.

System

- system

"These are things related to the child welfare system."

System is any reference to the child welfare system or its actors, or other systems (criminal justice, education, etc.) impacting the youths' experience. This would always accompany another category.

APPENDIX K

MEMO EXCERPT: INITIAL OUTLINE OF EMERGING WELL-BEING FRAMEWORK

WB FRAMEWORK (after assigning units of meaning to two-thirds of the interviews, Jan 2, 2023):

This nearly up-ends Maslow's hierarchy (which is what the system is currently built on: provide a bed and food, which is NOT working!)

0. Kids in care have been harmed. They are not starting from "neutral" expectations of "I am loveable, and the world is safe". Their starting place is "I am bad and disposable, and the world is dangerous." A simple bed and food, even new shoes and video games, won't fill that hole.

   a. This is the state of the WB when they enter: being done to, not safe (physically or emotionally)

      i. being taken into foster care/the system is experienced as "being done to" and lack of safety (*include various reasons kids entered care)

   ii. They also had so much loss! Including the loss of the dream or fantasy of having a 'normal' family & connections

   b. worthiness is a journey. At this beginning point, it is on the side of unworthiness (not even neutral)

1. Starts with Being seen and understood as a real/ "normal" person, human being
    a. Being humanized, treated as worthy/valuable, unique and capable; understanding the scope of what they've experienced and still holding them in unconditional positive regard
        i. Is this Respect (?)
        ii. This will include meeting basic needs for food, shelter, etc. not out of obligation but out of deservingness
        iii. Seen for one's own value, not as a vector to other outcomes for the adult (e.g. money, praise, housework, fulfilling own purpose/needs)
        iv. Seen as worthy of putting in effort to treat child as they deserve
    b. while NOT "being done to" (Maslow's "physiological" and "safety" needs #1 & 2)
        i. Being seen is the opposite of being done to
        ii. Being done to includes being gaslight around one's experience (it's not that bad, this is as good as you'll get)
    c. Maslow's "esteem" (#4)
2. If there is enough commitment, effort (adult giving first), consistency, working through hard things together, grace through challenges, providing support and meeting their needs, giving opportunities, investing time, giving advice, not giving up... (Maslow's "physiological" and "safety" needs #1 & 2)
    a. --> Leads to Safety, trust, letting guard down, ease

      i. less stress, anxiety, uncertainty, fear
     ii. Inhibited by lack of effort, transactional or fake relationships, trauma and mental health struggles from previous experiences
  b. Builds connection, a feeling of love, belonging, worthiness; the feeling of 'home' or 'family'
  c. Maslow's "love and belonging" (#3)

3. Then, requires hope for future, seeing own worthiness, healing, believing Good is possible, accepting reality, having (true) confidence in oneself, self-love
  a. This is when healing, therapy, treatment can happen most effectively (not *before* now when life doesn't feel worth living)

4. Results in fun, growth, freedom, loving relationships, self-love, productive careers, and WELL-BEING
  a. An impulse to give back emerges
  b.

This is a cycle! When you get to the end, you are fueled even more by being seen and recognized

DETOURS

- Gaslighting
- Moving a lot, instability
- Unprepared foster parents
- Transactional nature (money exchange, failure to SEE the child)
- More abuse
- Inability to freely be oneself

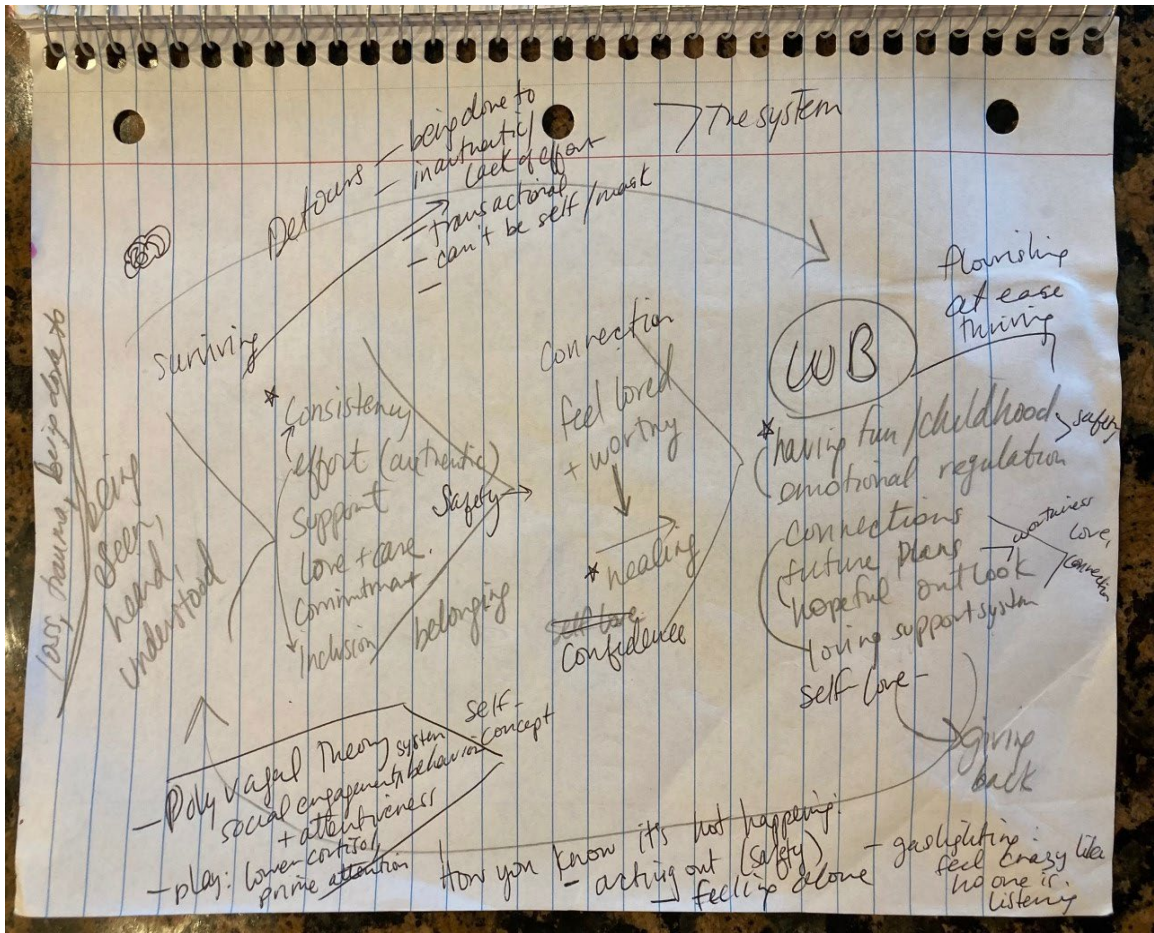APPENDIX L
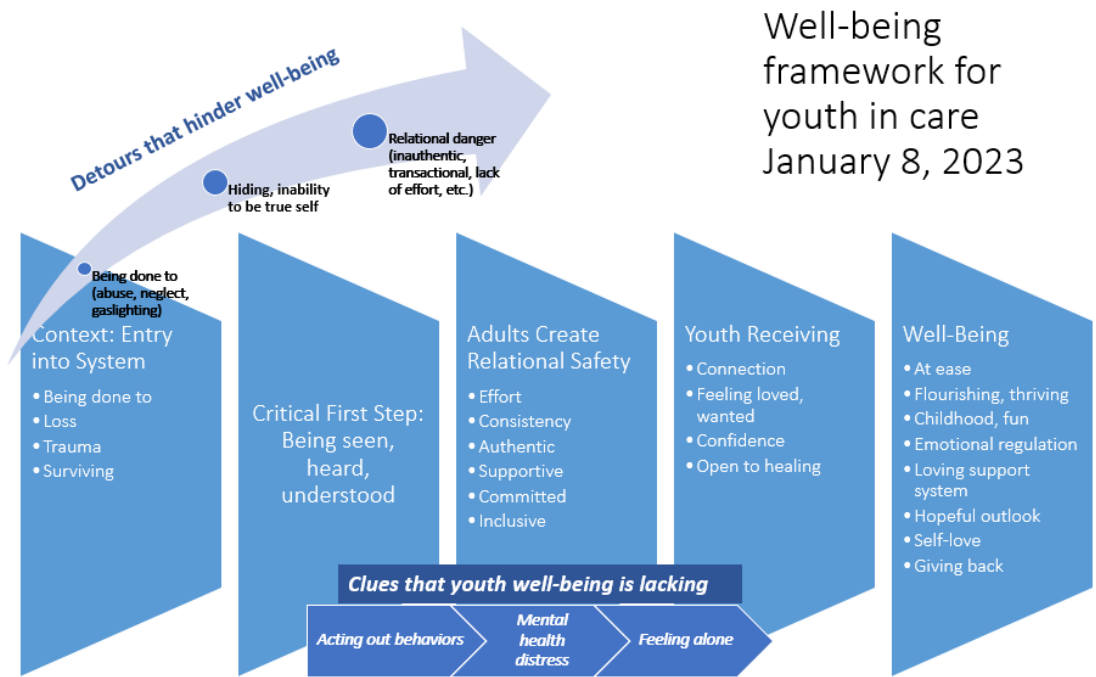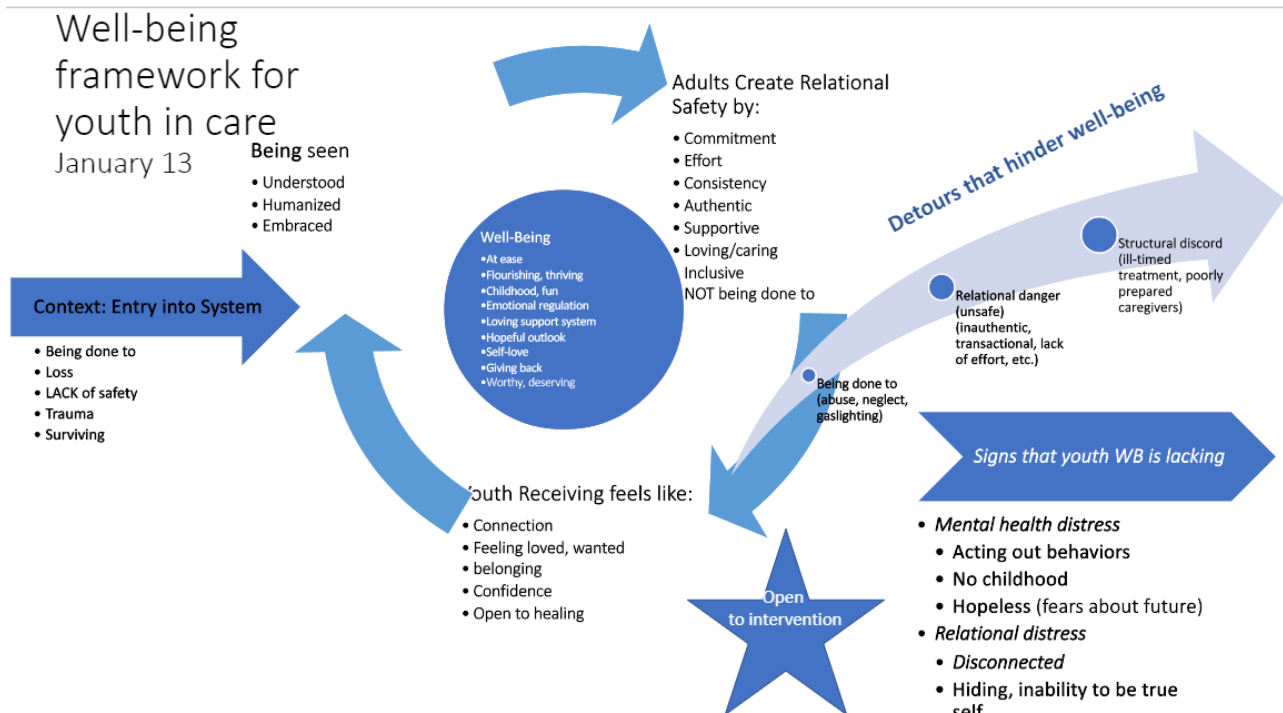
INITIAL IMAGES OF FRAMEWORK DIAGRAMS

Image 1

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Image 2

Well-being framework for youth in care
January 8, 2023

Detours that hinder well-being

Relational danger (inauthentic, transactional, lack of effort, etc.)

Hiding, inability to be true self

Being done to (abuse, neglect, gaslighting)

Context: Entry into System
- Being done to
- Loss
- Trauma
- Surviving

Critical First Step: Being seen, heard, understood

Adults Create Relational Safety
- Effort
- Consistency
- Authentic
- Supportive
- Committed
- Inclusive

Youth Receiving
- Connection
- Feeling loved, wanted
- Confidence
- Open to healing

Well-Being
- At ease
- Flourishing, thriving
- Childhood, fun
- Emotional regulation
- Loving support system
- Hopeful outlook
- Self-love
- Giving back

Clues that youth well-being is lacking

Acting out behaviors → Mental health distress → Feeling alone

Image 3

Well-being framework for youth in care
January 13

Being seen
- Understood
- Humanized
- Embraced

Context: Entry into System
- Being done to
- Loss
- LACK of safety
- Trauma
- Surviving

Well-Being
- At ease
- Flourishing, thriving
- Childhood, fun
- Emotional regulation
- Loving support system
- Hopeful outlook
- Self-love
- Giving back
- Worthy, deserving

Adults Create Relational Safety by:
- Commitment
- Effort
- Consistency
- Authentic
- Supportive
- Loving/caring
- Inclusive
NOT being done to

Detours that hinder well-being

Structural discord (ill-timed treatment, poorly prepared caregivers)

Relational danger (unsafe) (inauthentic, transactional, lack of effort, etc.)

Being done to (abuse, neglect, gaslighting)

Youth Receiving feels like:
- Connection
- Feeling loved, wanted
- belonging
- Confidence
- Open to healing

Open to intervention

Signs that youth WB is lacking

- *Mental health distress*
  - Acting out behaviors
  - No childhood
  - Hopeless (fears about future)
- *Relational distress*
  - *Disconnected*
  - Hiding, inability to be true self

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VITA

In 2001, Bridget Colacchio earned her Bachelor's degree (B.A.) in Sociology, with a Minor in Women's Studies, from Boston College. Following graduation, she worked as a full-time volunteer teacher and coach at Cristo Rey Jesuit High School before returning to graduate school. In 2005, Bridget Colacchio earned her Master's of Arts degree in Social Work (A.M.) from the School of Social Service Administration at the University of Chicago. For her required clinical internships, Bridget Colacchio worked first in family mental health interventions at a community health center and then in the cardiology and endocrinology units at Children's Memorial Hospital (now Lurie Children's Hospital). Bridget Colacchio's first academic publication was entitled, "Literature search and application: Interventions for children with insulin-dependent diabetes mellitus" (Colacchio, 2005) based on her research and experience in her second internship. Her academic work as a student and intern was highlighted as an exemplar in an article on evidence-based practice decision making (McCracken & Marsh, 2008).

Bridget Colacchio returned to academia to earn her Doctor of Philosophy (Ph.D.) in social work from Loyola University Chicago's School of Social Work in 2023. During her tenure as a doctoral student, her research focused the experiences of youth in foster care, leading to two publications, which revealed: the meaning of youth well-being according to child welfare professionals (Wesley et al., 2019) and a new conceptualization for important relationships for youth in care: *steadfast benevolence* (Colacchio [Wesley] et al., 2020). She has pursued additional scholarship related to the liberatory nature of arts-based research and anti-racist

pedagogical tools and strategies (publications currently under review).

Bridget Colacchio's dissertation research featured a combined methodology including participatory action research, arts-based research, and phenomenology. For her dissertation entitled, "The Way to Well-Being through Safety, Trust and Freedom: A Youth-Driven Framework for Older Youth in Child Welfare," Bridget Colacchio engaged with a group of co-researchers and secured continual participant feedback to explore how older adolescents in foster care experience and understand well-being. The study participants' interview and artistic data revealed a comprehensive framework, the Way to Well-Being, which pointed to these central themes: youths' context of trauma is enduring and must be acknowledged in order to achieve well-being; adults must create conditions for relational safety so youth can develop trust; many potential detours off the path to well-being lead to significant youth distress; and the essence of well-being for youth in care feels like worthiness and freedom. The study suggests that child welfare practitioners and decision-makers must reconceive how child and youth well-being is described and attended to in the foster care system, for which the Way to Well-Being provides a guide. Bridget Colacchio's future research will include evolving the Way to Well-Being framework with and for different constituencies within child welfare and beyond and creating a measurement tool informed by the Way to Well-Being for use in practice settings.

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