



# LISTEN TO US

## A Study of Well-Being and Resiliency

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Northern Illinois  
University

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### RESEARCH TEAM

Heather L. Fox, PhD. (Principal Investigator) – Northern Illinois University

Robin LaSota, PhD. – Northern Illinois University

Eunjee Song, PhD. – University of Nebraska at Kearney

Verletta Saxon, PhD. – Illinois Department of Children and Family Services

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## Executive Summary

The Office of Research and Child Well-being (ORCW) within the Illinois Department of Children and Family Services (DCFS) is committed to elevating and honoring the voices of individuals with lived experience in child welfare. These individuals—referred to in this study as Lived Experts—include youth formerly in care, parents whose children entered substitute care, and foster caregivers. Their firsthand knowledge provides insights essential to building resilience and fostering well-being for children, youth, and families across Illinois. The Listen to Us study created a structured process for Lived Experts to articulate their own definitions of well-being and resilience, identify protective factors that support them, and describe how they assess well-being in themselves and others. Information from this study will guide DCFS leaders and partner agencies in refining state-level definitions of well-being, well-becoming, and resilience; strengthening protective factors; and shaping assessment tools and programs centered on family well-being.

The study was designed around two primary research questions: (1) How do individuals with lived experience describe and define well-being—including the language they use, the key elements they identify, and the factors that help them remain resilient through adversity? and (2) What could be measured to understand changes in well-being for children, youth, and families involved with DCFS?

This work builds on the 2023 efforts of the Committee for Well-Being, Well-Becoming, and Resiliency (CWWR), convened by ORCW Deputy Director Dr. Verletta Saxon. The CWWR brought together a broad group of stakeholders—Lived Experts, researchers, evaluators, partner organizations, and DCFS leadership—to apply design justice principles in an iterative process. Their final report proposed definitions and domains of well-being and well-becoming, emphasizing that well-being is a lifelong, dynamic process shaped by five domains: physical health and safety; education and cognitive health; social, emotional, and mental health; economic security; and racial and ethnic equity. Well-becoming was defined as the process by which individuals grow toward future well-being.

However, while the CWWR included some individuals with lived experience, their voices competed with those of researchers and professionals. Lived Experts on the committee advocated for a deeper, more prominent integration of their perspectives—leading directly to the creation of the Listen to Us study. This new study aimed not only to refine definitions of well-being but also to expand understanding of resilience and the ways Lived Experts assess well-being and changes in well-being.

The study used a qualitative mixed-methods approach grounded in community-based participatory research and phenomenological methods. Lived Experts served as partners throughout the project: helping refine study protocols, guiding data collection, sharing reflections after each session, and offering iterative feedback to support data interpretation. This approach ensured that the study’s design, execution, and meaning-making centered the experiences and expertise of those directly impacted by child welfare systems.

Participants were recruited across three groups—youth and young adults formerly in care, parents with child welfare involvement, and foster caregivers of very young children—with purposeful efforts to ensure racial, geographic, and gender diversity. In total, 54 Lived Experts participated, drawing on varied and often overlapping experiences within the Illinois child welfare system. Most joined peer-led listening circles facilitated by trained Lived Expert Partners; others completed one-on-one interviews for privacy or logistical reasons. These sessions invited participants to share what well-being means to them, how they recognize changes in well-being, and how they understand resilience.

Listening circles were facilitated by Lived Expert Partners using a semi-structured protocol. Lived Experts Partners received training in group facilitation techniques. An experienced researcher attended each session to obtain consent, record data, and provide support while intentionally stepping back from leading the discussion. Data analysis followed a structured, multistage process: organizing and coding transcripts, developing topic codes based on study questions, creating inductive codes from participants’ words and partner reflections, and collaboratively interpreting themes. Findings from these analyses represent a comprehensive, experience-driven understanding of well-being, well-becoming, and resilience as defined by those who have lived through Illinois’s child welfare system.

## Study Findings

The Listen to Us study centers the perspectives of Lived Experts—youth with experience in care, parents, caregivers, and community members—to deepen understanding of what well-being truly means for children, youth, and families. Across hundreds of quotations and rich narratives, Lived Experts challenge conventional frameworks by illuminating the lived realities behind policy, practice, and developmental theory. Their insights emphasize that well-being is profoundly relational, shaped by environments, identity, opportunity, and the presence or absence of systemic harm. Together, Chapters 2 through 6 contain the study’s findings. These findings demonstrate that supporting well-being requires a holistic, developmental, and equity-driven approach—one that honors lived experience as both evidence and guidance for effective child welfare systems.

Together, the study’s findings articulate a unified message: ***well-being is relational, contextual, developmental, and deeply tied to identity and equity***. Lived Experts underscored that children, youth, and families thrive when they are surrounded by stable relationships, safe environments, and systems that honor their humanity. This report situates lived experience as both essential evidence and a guiding compass for redesigning child welfare structures and practices. By listening to and learning from Lived Experts, policymakers and practitioners can build systems that not only keep children safe and support their well-being and well-becoming throughout their entire lives.

### *Defining Well-Being and Well-Becoming (Chapter 2)*

Lived Experts articulate well-being as a dynamic state of health, stability, connection, and identity shaped by opportunities and adversities. Their insights led to updated definitions of well-being and well-becoming, and to the articulation of six core domains: education and cognitive health; connection; physical and mental health; safe and secure environments; economic security; and racial-cultural-gender identity resilience. These domains reflect a multidimensional understanding that well-being is not a single measure but an interconnected set of conditions necessary for individuals to live fully and thrive. Well-becoming adds a future-oriented perspective, emphasizing growth, adaptation, and the pursuit of improved well-being over time.

### *Well-Being Across Developmental Phases (Chapter 3)*

Building on the foundation of these domains, Lived Experts describe child well-being as a developmental journey that evolves through changing physical, emotional, cognitive, and social needs. They highlight seven interwoven components of child well-being—health, safety, emotional and mental health, cognitive development, identity, social connection, and caregiver relationships—underscoring the necessity of age-specific, responsive care. Across infancy, childhood, and adolescence, consistent nurturing relationships serve as the anchor for healthy development and resilience. Social belonging, cultural affirmation, and stability are essential conditions for children’s growth and long-term well-becoming.

### *Assessing Well-Being (Chapter 4)*

Insights from Lived Experts also illuminate how individuals assess well-being in themselves and others. For many, the most immediate indicator of personal well-being is emotional state, interpreted within a broader context of health, connection, and stability. Self-assessments rely on comparisons across time—past to present or lived reality to personal goals. Assessing others’ well-being, especially young children’s, requires careful observation of affect, behavior, and engagement, supported by developmental and trauma-informed understanding. Lived Experts emphasize that recognizing changes in well-being depends on relational knowledge and

contextual awareness: knowing someone well enough to notice shifts and understanding the systems and environments that shape their experiences.

### *Resilience as a Relational and Contextual Process (Chapter 5)*

Chapter 5 expands the understanding of resilience by situating it within relationships, systems, and lived histories. Lived Experts reject simplistic narratives of “bouncing back,” instead portraying resilience as an intentional, effortful capacity shaped through supportive environments, developmental experiences, identity affirmation, and access to resources. Resilience grows through consistent, emotionally responsive caregiving and through opportunities to heal, express agency, and pursue meaning. Many Lived Experts challenge the use of resilience as a label, noting that it often obscures systemic failures and inequities that force children and families to adapt under pressure. Their perspectives reinforce that resilience must not be a requirement for survival, but a capacity that systems help cultivate through safety, equity, and healing-centered practices.

### *Recommendations for System Transformation (Chapter 6)*

The insights across these chapters culminate in Lived Experts’ recommendations for transforming the child welfare system into one that consistently supports youth and family well-being. Participants emphasized the need for Illinois’ child welfare staff and caregivers to embody DCFS values—family-focus, integrity, respect, empathy, and equity—and to uphold the Foster Children’s Bill of Rights in practice. They called for improved communication, timely access to quality services, equitable treatment of parents, stronger visitation support, and accountability in casework standards. Economic support and concrete resources must be aligned with safety, well-being, and permanency goals, particularly during transitions and reunification. Above all, Lived Experts advocate for systems grounded in compassion, consistency, and respect—systems that build trust instead of eroding it, and that create environments where children and families can truly flourish.

## Conclusion and Implications

The *Listen to Us* study elevated the voices of Lived Experts—youth with foster care experience, parents, and caregivers—to strengthen how systems understand and support child, youth, and family well-being and well-becoming. Their insights led to updated definitions grounded in six interconnected domains: education and cognitive health; connection; physical and mental health; safe and secure environments; economic security; and racial–cultural–gender identity resilience.

Lived Experts emphasized that well-being is experienced through daily life—shaped by emotions, relationships, safety, opportunity, and belonging. They noted that child welfare

systems often fail to see children and their family as whole people with identities, goals, and dreams beyond their circumstances. When systems provided stability, compassion, cultural affirmation, and honest communication, youth found space to heal, grow, and thrive. When systems were inconsistent or inequitable, young people experienced disruptions with lasting impacts on trust, identity, and their sense of belonging.

Lived Experts emphasized the need for developmental-tailored, trauma-informed, and culturally appropriate supports for children and youth. Stable relationships, consistency, and support for emotional regulation were also described as key for the healthy development of young children who are healing from trauma.

Their recommendations call for transforming child welfare system changes that reinforce safety, permanency, and dignity. Their recommendations include:

- Promote the updated definitions of well-being and well-becoming
- Provide developmentally tailored trauma-informed support for child, youth, and family well-being
- Rebuild trust through communication, stability, and relational support
- Develop assessment practices that accurately capture well-being
- Positioning resilience as a supported process, not an expectation
- Elevating identity, belonging, and cultural responsiveness
- Support well-being by transforming system support for parents and foster caregivers

Ultimately, they remind us that supporting children, youth, and family well-being and well-becoming, requires us to provide value-driven resources and opportunities that foster healthy relationships and environments where they can thrive. The message is clear: it is only possible to support well-being and well-becoming when systems recognize the full humanity of those they serve, while engaging them as active agents of change both in their own lives and for the system designed to serve them.

## Chapter 1. Listen to Us Study Overview

The Office of Research and Child-Well-being (ORCW) of the Illinois Department of Children and Family Services (DCFS) is committed to incorporating the voices and honoring the expertise uniquely held by individuals with lived experience in child welfare, which is essential for any effort to build resilience and foster well-being for children, youth, and families in Illinois. Leaders throughout DCFS recognize that people with lived experiences in child welfare or child protection bring unique perspectives based on their interactions with systems intended to promote well-being. We call these individuals with lived experience, Lived Experts. As such, this participatory study provided a mechanism for Lived Experts to share a) their definitions of well-being and resiliency, b) protective factors contributing to resilience and protecting their well-being, and c) how they assess their well-being and the well-being of others. Illinois DCFS leaders and partners will use this information to refine ORCW's definitions of well-being, well-becoming, and resiliency; strengthen key protective factors; build assessments for well-being and promote well-being across partner agencies across the state. There are two goals for this study. First, learn from Lived Experts what well-being means to them and what is central to their well-being. Then use what is learned to work with Illinois DCFS and partners across the state of Illinois to promote programs that center the well-being of the families.

There were two research questions for this study:

1. How do individuals with lived experience (youth, former youth, parents, caregivers) describe and define well-being?
  - a. What language do they use to discuss well-being?
  - b. What are the key factors of well-being?
  - c. What do they believe contributes to their ability to be resilient in times of adversity?
2. What could be measured to understand changes in well-being for children, youth, and parents with lived experiences?

### Lived Experience, Lived Expertise, and Lived Experts

Throughout this report we reference lived experience, lived expertise, and lived experts (Fox & Budde, 2025).

- **Lived experience** refers to the personal knowledge and understanding that an individual gains through direct, first-hand involvement in a particular life situation, condition, or service.

- **Lived expertise** is accumulated through particular lived experiences, and through reflection on what they have learned from those experiences.
- A **lived expert** is an individual who possesses lived expertise and uses that expertise in a professional, advisory, or advocacy capacity.

We recognize all participants in this study as Lived Experts, with particular gratitude to those who served alongside us as partners.

## Illinois DCFS Committee for Well-Being, Well-Becoming, and Resiliency

In 2023, Dr. Verletta Saxon, the Deputy Director of the ORCW at the Illinois DCFS, convened the Committee for Well-Being, Well-Becoming, and Resiliency (CWWR). The CWWR included individuals with lived expertise in child welfare as either youth in care or parents of youth in care, child welfare researchers and evaluators, partner agencies (e.g., Casey Family Programs and the Erikson Institute), and ORCW program leaders. This committee met for six months applying Costanza-Chock's (2020) design justice principles to an iterative rapid design process. At the end of the six months, the committee completed the [Cultivating Well-Being, Well-Becoming, and Resiliency](#) report that outlined the definitions, domains, and principles of well-being and well-becoming, as well as a theoretical framework of well-being and resilience within child protection and child welfare. The committee proposed the following definitions and domains for well-being and well-becoming:

**CWWR Definition of Well-Being:** Well-being refers to overall health, happiness, and prosperity, encompassing various aspects of an individual's life. Moving toward and achieving one's concept of well-being is a lifelong journey, starting at birth and lasting throughout the developmental progression. Well-being encompasses five domains: physical health and safety; education and cognitive health; social, emotional and mental health; economic security; and racial and ethnic equity.

**CWWR Definition of Well-Becoming:** Well-becoming is the work individuals do to grow into a new state of well-being in the future.

### CWWR Domains of Well-Being and Well-Becoming:

- **Physical Health and Safety** is one's state of physical health and functioning, regardless of ability, including factors such as nutrition, sleep and stress. Safety includes an absence of abuse, neglect and other risks of physical harm, including violence in their home and local community.
- **Education and Cognitive Health** is one's state of cognitive functioning and intellectual growth. Education includes all informal and formal means of learning. Cognitive

functioning reflects a person's mental competencies, including their capacity to learn, current life skills and employability skills (i.e., vocational aptitude, creativity, communication, problem-solving and daily decision-making).

- **Social, Emotional and Mental Health** is a combination of three interrelated aspects of health that reflect an individual's sense of agency, interpersonal skills, identity, values and morals. This also includes the extent to which they have developed a resilient sense of self, including racial, ethnic, cultural, gender, sexuality and spiritual identities. Social well-being is the extent to which they feel connected to and valued by others. Emotional well-being pertains to recognizing, understanding and managing one's emotions. Mental health is a person's outlook, attitudes, ability to manage stress, freedom of anxiety and disabling symptoms and the ability to cope with ordinary demands and stresses of life. It also includes making prosocial behavioral choices and mitigating risks.
- **Economic Security** is the ability of individuals and families to secure the means to meet their basic needs, including childcare, clothing, education, food, health care, housing and utilities. It also includes their ability to absorb financial shocks.
- **Racial and Ethnic Equity** is the extent, regardless of their race or ethnicity, individuals are treated fairly and with respect, have access to equitable opportunities and resources and are supported in developing a healthy racial and ethnic identity.

CWWR clarified that moving toward and achieving one's concept of well-being is a lifelong journey, starting at birth and lasting throughout the developmental progression. While all the well-being domains contribute to well-being, their priority varies across individuals and lifespans. Well-being is fluid throughout an individual's life and reflects current and future health and fulfillment. Further, when individuals experience adversities effecting their well-being, they cope with these issues by building and developing resilience to manage the challenge(s) (The American Psychological Association, n.d.).

The work of the CWWR included input of some individuals with lived experience, but their voice was limited in number and was competing with those of researchers and child welfare professionals. The CWWR Lived Experts advocated for expanding the representation and prominence of the voices of Lived Experts, which resulted in the development of the Listen to Us study. One of the key goals for the Listen to Us study was to challenge and ultimately enhance CWWR's work by engaging with lived experts to better understand how they define and experience well-being and well-becoming. The Listen to Us study also wanted to expand on the scope of the work undertaken by the CWWR committee to further understand resiliency and assessment processes for well-being.

## Methods

The design of this study utilizes a simultaneous qualitative mixed-method design that integrates aspects of community-based participatory research and phenomenological hermeneutical methods (Morse, 2010). This study engaged individuals with lived expertise, Lived Experts, as partners, advisors, and participants for this study (Bush et al., 2019; Schelbe & Geiger, 2022). As partners, they:

- Assisted in refining the design of the study protocols
- Guided data collection
- Articulated their post-listening circle reflections that will guide data analysis.
- Supported sense-making of the data by providing iterative feedback to researchers

This study sought to sense-make the conceptual phenomena of well-being, well-becoming, and resiliency, and the intersectional nature of these concepts through thematic analysis (Bingham, 2023; Bingham and Witkowsky, 2022). The primary focus of this study is to understand how well-being is experienced by individuals who experience child welfare or child protective services, which falls neatly into the category of phenomenological methods (Lindseth & Norberg, 2004; Mitchell & Kuczynski, 2010).

### *Recruitment*

The study included three groups of participants (further described below). The target was to recruit ten to twenty participants from each of three different groups: a) young adults with lived experience with child welfare when they were children or youth, b) parents with lived experience with child welfare, c) caregivers of very young children in child welfare (e.g., foster parents).

Caregivers of very young children were intentionally included in the population in the study as an effort to understand the concept of well-being, assessing, well-being, and resiliency in regard to children four years and younger. The researchers felt that caregiver perspectives on what impacts well-being and how to assess it in young children, as well as the role and development of resiliency was essential to being able to understand well-being across the developmental journey (including adulthood).

Throughout this report, we reference all of the study's participants as Lived Experts, indicating their area(s) of lived experience where relevant. Specifically, we refer to young adults who were children in substitute care as Lived Experts as Youth in Care, parents whose children were placed into substitute care of the child welfare system as Lived Experts as Parents of Youth in Care, and foster caregivers of young children (four or younger) as Lived Experts as Foster

Caregivers. We chose to capitalize their role as Lived Expert and the associated area of lived experience both to honor their role in the same manner would we any other professional title, but also to distinguish between references to youth in care, parents, and caregivers outside of the participants in this study.

The following individuals were excluded from the study:

- Individuals who are under the age of 18.
- Individuals who do not have experience with Illinois DCFS.
- Individuals whose experiences with Illinois DCFS were not as children/youth, parents, or caregivers of children under the age of four.

Recruitment capitalized on existing groups of individuals with lived experience, both those associated with the Illinois DCFS and those that are independent of DCFS. Researchers worked with DCFS coordinators of the Statewide Youth Advisory Board, Statewide Parent Advisory Council, and Statewide Foster Care Council to obtain permission to recruit from their group, either directly or with the coordinator's assistant. Second, the researchers worked with partner organizations that work with the study populations, such as Foster Progress and Family Resource Centers, to assist with recruitment among interested individuals with lived experience that they serve. Additionally, the researchers worked with contacts throughout DCFS who may assist with identifying potential participants. Finally, the researchers used targeted direct recruitment to any populations, including geographic groups and demographic groups, we are unable to reach using the previous methods. Recruitment tapped into existing councils and meetings of individuals with lived experience. Targeted efforts were made to engage with the following participants: racially marginalized individuals, fathers of all races, and geographically diverse participants.

Recruitment materials including an email template of the request for recruitment support (Appendix A), and a one-page recruitment flyer (Appendix B) are attached. A [three-minute recruitment video](#) was used to share information with potential participants and invite them to share their perspectives through the study. Lived Experts interested in participating were directed to an online consent and demographics survey (Appendix C). Two lived experts from each population were invited to participate as Lived Expert Partners. These participants completed the online consent and demographics survey for partner participants (Appendix D). In total 74 individuals who met the study requirements consented to participate, 54 of whom participated in the study (six as Lived Expert Partners). Among those who signed up and consented, participants were purposefully recruited according to the study eligibility criteria, preferencing racially marginalized individuals, fathers of all races, and geographically diverse residents.

Recruitment continued until the research team expended the funds (\$3,000) provided by Illinois DCFS for compensation of participants. The study's Lived Experts were compensated for their participation. Lived Expert Partners each received a \$100 Amazon gift code for each listening circle that they co-facilitate. Specifically, they received \$25 for participating in a preparation meeting, \$50 for co-facilitating the listening circle, and \$25 for the reflective post listening circle interview. All other Lived Experts were compensated \$50 for either participating in a peer led listening circle or a one-on-one interview with a researcher.

In study sign-up and participation, research participants provided the alternate name that they preferred for study reporting. Participants chose a diverse array of alternate names. Since they were individually provided by each participant, there is no uniform style or format.

### *Listen to Us Study Lived Experts*

The 54 Lived Experts in this study drew on multiple sources of lived expertise related to child welfare in the state of Illinois. Table 1 shows the lived expertise of the study's Lived Experts

**Table 1**

#### *Participant Roles & Expertise of Listen to Us Lived Experts*

<b>Lived Expertise by Role</b>	<b>Count</b>	<b>Percentage</b>
Youth in Care (Only)	21	38.9%
Foster Caregiver (Only)	17	31.5%
Parent of Youth in Care (Only)	12	22.2%
Youth in Care <b>and</b> Parent	2	3.7%
Youth, Parent, <b>and</b> Foster Caregiver	2	3.7%
<b>Total</b>	<b>54</b>	<b>100%</b>

The majority of participants (37, 69%) participated in one of learning circles led by a partner researcher. The remaining 17 Lived Experts participated in one-on-one semi-structured interviews. Additionally – the six Lived Expert partner researchers participated in post learning circle reflective interviews.

The study's Lived Experts shared information about their experiences with Illinois DCFS including how they were involved with DCFS, the services that they received from DCFS, and their length of involvement with DCFS. This information was used to ensure that a variety of perspectives were captured within the sample, including those with different presenting challenges, different types of support (or expressions of lack of support), and varying lengths of

involvement. The following information reflects the variations in the length of engagement with the Illinois DCFS system:

**Table 2**

*Duration of System Involvement of Listen to Us Lived Experts*

<b>System Involvement Duration</b>	<b>Count</b>	<b>Percentage</b>
6 Months – 3 Years	26	48.1%
4 – 6 Years	11	20.4%
7+ Years	15	27.8%
Undisclosed	2	3.7%
<b>Total</b>	<b>54</b>	<b>100%</b>

All but one of the Lived Experts disclosed their race/ethnicity.

**Table 3**

*Race/Ethnicity of Listen to Us Lived Experts*

<b>Race/Ethnicity</b>	<b>Count</b>	<b>Percentage</b>
White (Only)	22	41.5%
Black or African American (Only)	14	26.4%
Hispanic, Latino/a/x, or Spanish Origin	9	17.0%
Multiple Race/Ethnicities	5	9.4%
Middle Eastern or North African (MENA)	1	1.9%
Asian, South Asian, or Southeast Asian	1	1.9%
American Indian or Alaska Native	1	1.9%
<b>Total</b>	<b>53</b>	<b>100%</b>

All but one of the Lived Experts disclosed their county of residence. Their county of residence was mapped to the DCFS regions.

**Table 4***Regional Distribution of Listen to Us Lived Experts*

<b>DCFS Region of Residence</b>	<b>Count</b>	<b>Percentage</b>
Cook County Region	25	47.2%
Central Region	11	20.8%
Northern Region	10	18.9%
Southern Region	7	13.2%
<b>Total</b>	<b>53</b>	<b>100%</b>

*Data Collection*

The study utilized listening circles led by Lived Experts Partners as its primary data collection method. Prior to each listening circle, the Lived Expert Partner received a one-on-one training session with a member of the research team. This training session lasted about 30 minutes and included the following:

- Confirmation of consent and their interest in being a partner participant.
- A review of the study and its purpose.
- A step-by-step overview of the listening circle process (e.g., consent, facilitation of listening circle, and partner interview).
- A step-by-step review of the partner guide for their listening circle, with pointers on facilitation.
- A quick review of the partner interview questions.
- Answer any questions they have about the study or partner role.
- Confirmation that they are still interested in the role of partner-participant (versus being a general participant).
- Confirmation of the date, time, and format for the listening circle (virtual or in-person).
- Confirmation of alternate name for reporting in study reports and products.

The research team designed the protocol for the Listening Circles to support Lived Experts Partners in facilitating the sessions. The protocols were customized to reflect each of the populations, with the most substantial variation for the caregiver guide which focused on experiences of children four years of age or younger (Appendices E-G). Lived Expert Partners facilitated listening circles using this protocol and guide. Facilitating the listening circles included: 1) asking the questions in the guide to the group, 2) clarifying and gaining additional information from attendees by asking follow-up questions, 3) sharing reflective statements with the group and inviting additional perspectives, 4) setting the pacing for the conversation, and 5)

helping to redirect the conversation if it strays off topic. Listening Circles lasted between one and two hours.

An experienced researcher also attended each listening circle. However, they did not lead or participate in the conversation. Instead, their role was to introduce the study and garner consent, collect the survey data, record the listening circle, and answer questions about the research project. Additionally, the researcher was available to resolve conflict and provide support for participants who may have found the conversation distressing. Most of the Listening Circles were held virtually; however, the first listening circle with Lived Experts as Youth in Care was held in-person as an optional activity as part of two-day long event for this population.

Individuals with lived experiences who were unable to participate in listening circles, be it for logistical or privacy reasons, were offered the opportunity to do a one-on-one interview with a researcher (Appendices H-I). All interviews were completed virtually.

The first part of each listening circle or interview invited Lived Experts participating to share their perceptions and experiences of well-being, what aspects of well-being were important to them, how they assess their own and others well-being, and how they know if their or others well-being has changed. The second part of the protocol explored the concepts of resiliency and its relationship to well-being. The final part of the protocol sought participants input on the CWWR definition of well-being and domains of well-being.

After each listening circle, a member of the research team facilitated one-to-one reflective interviews with the Lived Expert Partner who led the listening circle (Appendix J). These interviews captured the immediate reflections of the Lived Expert. These reflections were used for identifying themes for data analysis, for the second level codes. All data collected via listening circles and interview data was recorded and transcribed for analysis.

### *Data Analysis*

Data analysis followed the five phases of analysis outlined by Bingham (2023) and Bingham and Witkowsky (2022):

- **Phase 1:** Organizing the data
- **Phase 2:** Sorting the data
- **Phase 3:** Understanding the data
- **Phase 4:** Interpreting data
- **Phase 5:** Explaining the data.

The team worked collaboratively on this project using the Atlas.ti cloud platform to organize and sort the data. For the first phase, all transcripts were uploaded to the Atlas.ti and attribute

coded. The data was then segmented into excerpts following the natural flow of the conversation, with each segment reflecting a single conceptual piece of the conversation. During the second phase, the research team applied the first round of topic codes to the data reflecting key topics derived from the questions during the protocol development process (Appendix K). All transcripts were double-blind coded, working collaboratively to reach consensus. The team meet weekly, to discuss progress and to refine the process as needed.

The third and fourth phases involved the co-development of inductive codes for each of the topic areas. This included aligning codes developed from the Lived Expert Partner reflective interviews with the topic areas, reviewing the codes and developing a complementary set of inductive codes. One of the research team led this process for each topic in collaboration with a fellow researcher. The lead first coded the data, making iterative updates to the codebook. A partner researcher double-blind coded the data, working with the lead to make additional changes to the codebook, and coding as necessary. The final phase involved summarizing the findings at the code, section, and chapter level. These summaries are reflected in chapters two through seven of this report.

## Study Considerations and Limitations

Few, if any, child welfare jurisdictions in the United States have engaged the partnership of lived experts to inform the design of a holistic framework to cultivate well-being, well-becoming, and resiliency among those impacted by child welfare policies and practices. In this regard, Illinois DCFS has partnered with university researchers to uplift the leadership and perspectives of lived experts in re-designing our approach to system supports helping each child and youth to grow and thrive in a family. In 2024, the Child Welfare League of America published an article by the Illinois team on the rapid design process which resulted in the initial framework (Fox, Saxon, Williams, and LeNoir, 2024). This initial collaboration provided the inspiration and structure for Illinois DCFS to expand the breadth of participation of lived experts to co-create an updated framework for defining, assessing, and supporting well-being of children, youth, and families.

The updated framework brings about some valuable refinement to the domains of well-being. Two of the well-being domains remained constant, i.e., Economic Security and Education and Cognitive Health. The initial two domains of Physical Health and Safety and Social, Emotional and Mental Health were re-conceptualized into three updated domains of: Connection, Physical and Mental Health, and Safe and Secure Environments. The initial domain of Race and Ethnic Equity was also clarified as Racial-Cultural-Gender Identity Resilience. Additionally, Listen to Us study participants elaborate upon the developmental stages of well-becoming and the intertwined, individual connectedness of the six new well-being domains. The insights shared by Lived Experts offer promising and thoughtful ways to assess well-being, from the person-

centered and grounded experience they shared. This study also contributes understanding of how lived experts relate to the idea of resilience and its role in their well-being and well-becoming.

While this study offers unique contributions to Illinois' child welfare system and others interested in the application of this framework, it is important to recognize the study's positionality and limitations. This Listen to Us study engages the partnership and participation of a unique group of lived experts at a point-in-time, impacted by the Illinois child welfare system in different ways. The engagement of these lived experts is both a strength and limitation. Different participants in another point-in-time would likely yield different insights to defining and assessing well-being. The methodology of partnering with lived experts in designing a holistic framework to cultivate well-being, well-becoming, and resiliency is more readily generalizable to other populations than the study's findings. The findings from this study are grounded by expertise shaped through individual and collective experience with the Illinois' child welfare system. Other populations may conceptualize well-being, well-becoming, and resiliency differently.

This Listen to Us study features the insights of Lived Experts as Youth in Care, Lived Experts as Parents of Youth in Care, and Lived Experts as Foster Caregivers (of children aged four and under) during a one-to-two-hour interview or conversation. Other perspectives would be valuable towards the questions of better understanding well-being and needed supports. For example, caregivers of older children in care, caregivers of children with specialized needs, youth in care with different experiences of permanency (e.g., adopted at different ages, reunified with parents, attained guardianship with a kin caregiver, aged out of care) may bring different wisdom. With multiple rounds of interviews and conversation, additional knowledge and depth of contribution may emerge, particularly on needed support for cultivating well-being, well-becoming, and resiliency.

## Chapter 2. Defining Well-Being

This chapter outlines the perspectives and suggestions raised by these Lived Experts for defining well-being and the associated domains. This chapter draws on the insights reflected in more than 220 quotations from at least 46 of the study's Lived Experts. Their suggestions were integrated into the organization and naming of well-being domains outlined below and are also reflected in the proposed new definitions and domains in the summary of this chapter.

### Affirmations of the Committee for Well-Being, Well-Becoming, and Resiliency (CWWR) Definition of Well-Being

Twenty Lived Experts (six as Youth in Care, five as Parents, one as a Youth in Care and Parent, and eight as Caregivers) expressed support and affirmed the definition of well-being developed by CWWR. The study's Lived Experts indicated that the definition "made sense," that they could "relate to it," and that the definition "fit" their concept of well-being. They also indicated it was comprehensive, suggesting it "covered everything." Four of the Lived Experts indicated directly that they would not change the definition. A couple of respondents even noted how closely the definition aligned with their earlier descriptions of well-being during the interview or listening circle. For example, Stephanie Johnson (Lived Expert – Foster Caregiver) said, "You said health, happiness, and prosperity. That's funny 'cause I said health and happiness earlier. I would agree that well-being is health, happiness, and prosperity."

Shelly, Juliet Moore, and MA, three Lived Experts as Foster Caregivers, indicated that the definition was effective across age groups, applying to everyone from birth through their lifespan. Shelly indicated that it was a good definition in part because "It seems all-inclusive of the things that I would consider as part of well-being for you know babies, children, young adults, adults." Juliet Moore (Lived Expert –Foster Caregiver) indicated that the domains reflect universal areas of need.

It doesn't matter what age you are; you need those things [well-being domains]. Those things are a part of your life, regardless of your age. You may not be as aware, maybe as an infant, of economic security, racial or ethnic security. I think it's still important for even infants to have those things. – Juliet Moore (Lived Expert – Foster Caregiver)

MA built on this comment, indicating that promoting children's well-being is her and her husband's goal as caregivers. She shared, "We're making sure that the kids are healthy, happy, and prosperous. That's what we do every day in our own lives, and it's what we're doing with the kids."

Five Lived Experts discussed the scope of the domains, indicating that they felt the domains were comprehensive and appropriate. Gabby (Lived Expert – Youth in Care) discussed how the domains contribute overall to well-being.

I think all of these [domains] contribute to well-being, especially when it comes to overall health, happiness, and prosperity. I think all of these are good. You can also expound on all of these. Whatever anybody can come up with, it would probably lead to any of these topics and then further up to health, happiness, and prosperity. – Gabby (Lived Expert – Youth in Care)

HT (Lived Expert – Youth in Care and Parent of a Youth in Care) reinforced what Gabby shared, highlighting that each domain incorporates a wide range of concepts. She stated, “When you say mental health. Mental health is many things. Each of the words in this definition contains many more words.”

Five Lived Experts highlighted aspects of the intersectionality of the well-being domains. In reference to the well-being domains, Shelly (Lived Expert – Foster Caregiver) shared, “The parts of the definition sort of resonate with me.” She further reflected on the complexity of the domains, stating, “I like how many different aspects that are included in well-being can't be easily reduced.” It's a combination of all these different things [domains].” KJ (Lived Expert – Parent of Youth in Care) highlighted the intersectionality of the domains, stating, “They [the domains] all go together. If you're experiencing a difficult economic or physical situation, you're likely to have a challenging social and emotional day. You know, it's going to affect all your relationships socially.” TLN (Lived Expert – Parent of Youth in Care) indicated that all the domains are important stating, “if you mix them all in the same bowl, nothing is going to jump out.” Amelia (Lived Expert – Foster Caregiver) described the domains as “variables” and indicated that well-being is the combination of the different domains. She indicated that if “you have all the things you need on a regular basis, emotionally, mentally, physically, and so on, you feel good. You feel good if you're in a good spot with all these different things.”

Shelly (Lived Expert – Foster Caregiver) indicated that the different domains influence well-being differently over the course of someone's life, indicating, “At different times in their life, different ones [domains] are going to be more important.” Mark (Lived Expert – Parent of Youth in Care) emphasized that the importance of different domains and even aspects of these domains vary among different people. He stated, “Well-being is a lot of different things for different people. Different people may need different ingredients to make them feel happy and like they're thriving.” Similarly, LW (Lived Expert – Youth in Care) indicated that what is involved in someone's well-being is innately personal, stating, “Everybody knows what their well-being is. If you ask everyone, you're gonna get a different answer from everyone.” ALH (Lived Expert –

Youth in Care) shared that what is important to someone’s well-being is a combination of their current context and their personal life experiences. She shared, “Well-being is interesting because we're all different. We're all different people. And we've all come from different life experiences.” CW (Lived Expert – Parent of Youth in Care) indicated that part of well-being is learning to “recognize what it looks like for yourself.” She explained that this is especially challenging in the face of adversity and that it changes over time. She emphasized the need to find ways to support this reflection, an activity she does sitting at the lake in the back of her car. She shared, “It’s important to find those things and make sure your well-being is taken care of.”

### *Section Summary*

In this section, Lived Experts affirmed:

- Health, happiness, and prosperity are hallmarks of well-being,
- Well-being is an ongoing journey, from birth to death,
- Each well-being domain has many underlying concepts and facets,
- All of the domains intersect with each other,
- The importance of each facet of well-being varies over a lifetime and is highly personalized.

### Suggestions for Improving the CWWR Definition of Well-Being

Eleven Lived Experts (six as Youth in Care, three as Parents, and two as Caregivers) provided constructive feedback on the CWWR definition, including suggestions for expanding and improving the definition. Lived Experts highlighted two changes they would like to see reflected in the definition of well-being. First, they indicated that they would like the definition to be more balanced (reflecting both positive and negative factors), rather than focusing solely on the positive aspects of well-being. Second, they would like the definition to recognize that well-being reflects a current state of being that fluctuates based on a wide range of circumstances and factors. These changes are discussed below.

#### Update the Definition to Reflect a Holistic View of Well-Being

Four respondents raised concerns with framing well-being in terms of only the positive aspects of well-being. BR (Lived Expert – Foster Caregiver) explains, “I’m always reticent when something’s labeled in a positivist framework because it says it’s overall health, happiness, and prosperity.” A lived expert as youth in care in the listening session suggested that the definition could be improved by taking the “evaluation of the holistic side of the person.” Mark (Lived Expert – Foster Caregiver) shared that well-being is about “having more positive things in life versus negative things in life.” BR (Lived Expert – Foster Caregiver) shared his perspective that

well-being is more complex than calculating positive versus negative factors. He described the interaction between well-being and resilience, stating,

I would add resiliency or thriving to the definition. People can be in a state of well-being despite not necessarily having everything checked off. In other words, they can thrive despite the environment they find themselves in. They're striving in that direction despite the adversity they're facing. They use their tools, resources, and abilities to move forward. To me, well-being is like having the toolkit to survive in the world. – BR (Lived Expert – Foster Caregiver)

Mark (Lived Expert – Foster Caregiver) also highlighted a desire to see resiliency incorporated into the definition, stating, “Without resiliency, how can you have well-being?”

LW (Lived Expert – Youth in Care) explains that positivist framing can be ostracizing for those experiencing adversity. She shared, “Not everything in well-being is a positive. Not everybody is going to be perfect. Life's got adversity to it. Not everyone has a perfect book or a perfect story. Life has its share of sadness, and you need to know that you are not alone, just because your well-being isn't perfect. You've got to know that it's not about being perfect.” Gabby (Lived Expert – Youth in Care) highlighted that the positive framing can feel like something you are supposed to accomplish. This can result in an association between the concept of well-being and feeling pressured or stressed in trying to achieve it. Gabby shared, “I get a little stressed when thinking of well-being, especially as I am transitioning out of foster care. I'm nervous that I won't be able to sustain it [her well-being].” Finally, BR suggested that the well-being definition should better reflect the relationships between the domains. He suggested that some domains are foundational to other domains, referring to the well-known Maslow's hierarchy of needs model. He shared,

When I think of well-being, I visualize Maslow's hierarchy of needs. I think, ‘Are the building blocks and the foundation in the right spot?’ The ability for that child or caregiver to meet their basic needs is the foundation. Then, you can address the issues that are higher up on their scale of needs. – BR (Lived Expert – Foster Caregiver)

### Emphasize that Well-Being is Not Static or Achievable

Ten respondents felt that it is crucial to emphasize that well-being reflects a person's current state of being. They emphasized that well-being is not static. This state of well-being fluctuates, often in response to changes in context and circumstance. BR (Lived Expert – Foster Caregiver) shared, “Well-being is a state of being. It's a constant moving target.” TLN and KH (Lived Experts – Parents of Youth in Care) described working on their well-being as a daily activity.

Well-being is something that we have to work on every day. It's not something that we can relax or seek out at the end of a busy period. Well-being is something we must experience every single day, from the moment we wake up to the moment we go to sleep, as we navigate our day. Our well-being needs to be in sync with what we're doing and who we're doing it with. – TLN (Lived Expert – Parent of Youth in Care)

As a mom with kids in care, I hope they will be okay. It's daily. You can hold onto hope and hope they do the same until they are returned to you. – KH (Lived Expert – Parent of Youth in Care)

CW (Lived Expert – Parent of Youth in Care) shared that sometimes the meanings we attribute to different days, such as holidays and days that mark historic events in our lives, can contribute to a person's state of being. She describes how her birthday reminds her of the loss of her sister and the effect it has on her well-being.

Coming up is my birthday. It's going to look a little bit different [than now]. I think no one is ever truly okay. I don't think they ever get over the death of a loved one. Things look a little bit different now, as I'm okay with accepting that I can still celebrate and do things without her being here physically. I know she's here spiritually, and I just hope she's looking down on me and saying, 'I'm proud of you.' For me, I know that well-being looks different on certain days. – CW (Lived Expert – Parent of Youth in Care)

Lived Experts emphasized that while thriving may be a common goal, there is no perfect state of well-being that one can achieve. BR (Lived Expert – Foster Caregiver) shared, "I can't imagine well-being being a pre-supposed summit or finish. Well-being is not like a thing that you just attain." ALH indicated that "Well-being is a journey that has no end. It's a state of being." Jamie, a young adult with experience in child welfare, indicated that striving toward your goals and the resulting changes in well-being are important aspects of well-being because remaining stagnant can lead to a loss of momentum, which can result in negative effects. Jamie indicated that humans evolve and that their well-being and mental state must "evolve with it." Further stating that, "Once you get stuck, that's when a lot of people tend to feel depressed, overwhelmed because they're just stuck in the same loop over and over again." Mark (Lived Expert – Foster Caregiver) and Ingenious (Lived Expert – Youth in Care) emphasized that well-being reflects people's goals and their efforts to improve themselves. Ingenious shared, "It's about being able to have a goal and a purpose in life. That will get you where you want to be well-being-wise." Mark (Lived Expert – Foster Caregiver) shared, "You're always setting goals, and you're always trying to achieve those goals. You can hopefully improve them and make them better. If you're

not doing well in one area, you may try to think of a strategy to improve it. If you feel like you're not doing financially well, you may try to find better ways to budget your money.”

Gabby, a young adult with experience in child welfare, argued that well-being is an active force one draws on to work towards one's goals. She stated, “Your well-being is our power, your energy, even how much you have, or how you're able to live life. It's almost like it's a verb. It's almost an action.” Charlotte Green (Lived Expert – Parent of Youth in Care) described well-being as the motivation or drive necessary to take care of herself and her children. She stated, “Well-being for me is like wanting to get up every day. You know what I mean? Not dreading my life, having the motivation, the energy, and the will to get up. Taking care of me and my kids, going to work.”

### Section Summary

Lived Experts emphasized the following considerations for the definitions of well-being.

- Well-being is the consideration of both positive and negative aspects of the well-being domains. For example, experiences of loss, trauma, hardship, and pain all of which meaningfully shape an individual's well-being. Well-being reflects a current state of being that fluctuates based on a wide range of circumstances and life events.
- Well-being is not static or attainable as a fixed endpoint, but rather a lifelong, evolving process. Some aspects of well-being are foundational to others; consider Maslow's hierarchy of needs.
- Well-being is active and dynamic, reflecting motivation, intention, and purposeful engagement with life, and can be understood as both a state (noun) and a process (verb).

### Well-Being Domain: Education and Cognitive Health

The domain of **Education and Cognitive Health** reflects the extent to which individuals are engaged and able to grow intellectually. This includes all informal and formal means of learning. Cognitive functioning reflects a person's mental competencies, including their capacity to learn, current life skills, and employability skills (i.e., vocational aptitude, creativity, communication, problem-solving, and daily decision-making). Lived Experts highlight four focus areas under the domain of education and cognitive health. These included:

- a) Empowering, stable educational environments promote cognitive health.
- b) Diverse instructional modalities and tools support individual cognitive growth needs.
- c) Academic success can support growing and thriving.

- d) Formative positive relationships with learning strengthen the foundation for lifelong learning.

Lived Experts' perspectives on these four areas are discussed below.

### *Empowering, Stable Educational Environments Promote Cognitive Health*

Educational environments play a crucial role in supporting cognitive development, with stability and appropriate structure being particularly important for children who are vulnerable. Four Lived Experts as Foster Caregivers (Mark, MA, Amber, BZ) emphasized the importance of stable, appropriate educational settings for cognitive development. The MA (Lived Expert – Foster Caregiver) emphasized that well-being for children includes "they're going to school and like learning," and "you're encouraging them to learn." Mark (Lived Expert – Foster Caregiver) described it as giving children "a push towards education." Respondents emphasized the importance of school attendance, promoting learning, and establishing suitable educational structures for children with diverse needs. For children with trauma or behavioral challenges, the right educational environment can provide stability and support, while inappropriate settings may exacerbate difficulties. Amber (Lived Expert – Foster Caregiver) shared that structured educational environments for "kids with trauma and behavioral issues" are important. She raised concerns that less structured environments like daycare can pose challenges for children healing from trauma. BZ (Lived Expert – Foster Caregiver) emphasized educational stability as important, stating that "being able to stay in preschool all day without having to come pick him up because he got kicked out" has contributed to the well-being of his child, who is autistic.

Seven Lived Experts (six as Youth in Care and one as a Parent) emphasized the important role that school plays in providing sanctuary and a community, especially for youth who have experienced trauma. Several of the Lived Experts with youth experience described how education was important to them. Jamie and ALH (Lived Experts – Youths in Care) both described education as their "safe zone." They highlighted the importance of "strong school support when you are struggling." Emphasizing that school is important because youth get to "interact with other kids at the school" and they can "interact with educators and counselors." These interactions are important both academically and socially for children and youth, ultimately impacting their well-being. AA (Lived Expert – Parent of Youth in Care) pointed out that these interactions can be positive and provide sanctuary, or they can have a negative impact on the child. He reminded us that "Kids can be cruel at school if you're different or if you don't have friends yet." Additionally, a participant, a young adult with experience in child welfare, highlighted how being labeled a foster youth made her feel othered and changed her educational environment.

You can literally be at a school where no one knows you are a foster youth. Then, all of a sudden, they find out that you were adopted, that you were in foster care. Then you are this holier-than-thou person. ‘Oh my god, how could you have ever done this?’ Two minutes ago, you didn’t know that. This was an achievement, no matter what. Now you feel like you need to heighten it up. It’s like, ‘While I appreciate the extra encouragement, it is fake encouragement, it’s more fake encouragement or pity.’ – Lived Expert as Youth in Care

Respondents emphasized that safe, stable, supportive educational environments are particularly important for children who have experienced trauma or have special learning needs.

### *Diverse Instructional Modalities and Tools Support Individual Cognitive Growth Needs*

Lived Experts with experiences as youth in care shared that diverse learning modalities offer multiple pathways for cognitive growth, allowing children to engage through various forms of expression, including reading, music, and the arts. Several youth respondents emphasized different learning channels, with one stating, "I lean more towards books and things, for learning," which provided "a way for me to escape the reality that was happening around me." Another youth respondent highlighted music as a learning resource, noting, "There is a lot of peace and things you can find in music. There are a lot of things you can learn from listening to music."

Several lived experts with experience as youth in care emphasized the importance of creative expression, including arts and crafts and opportunities that encourage imagination. For children with special needs like autism, individualized approaches addressing sensory needs and communication styles are essential. BZ (Lived Expert – Foster Caregiver) discussed individualized approaches to learning for a child with autism, including learning his sensory needs and "allowing him to be able to communicate in his own way." Overall, Lived Experts emphasized that children’s well-being benefits from diverse forms of learning and expression—including reading, music, art, and play—with attention given to individual preferences, needs, and strengths.

### *Academic Success Can Support Growing and Thriving*

Four of the study's Lived Experts with lived expertise as youths in care described how their educational experiences helped support their growth and contributed to their thriving as young adults. They described school and grades as a healthy stress that “pushes you to be great.”

Growing up, school was my outlet. I would always think, ‘School is my focus,’ and I wouldn’t care about other things. The one time I did get a bad grade, it made

me feel bad at that moment. At the same time, it pushed me to get back to where I needed to be the next semester. — Lived Expert as Youth in Care

A different young adult described their academics as “something you can achieve.” One young adult said, “A good grade can make you realize, ‘I can do this.’ You start to build that confidence again.” ALH (Lived Expert – Youth in Care) noted that the young adults participating in the listening circle were all academically inclined, referring to the group as “motivated academically” and “academically ambitious.”

### *Formative Relationships with Learning as the Foundation for Lifelong Learning*

Three Lived Experts (India, Ingenious, and Mark) described the role of P-20 education as the foundation for lifelong learning. Mark (Lived Expert – Foster Caregiver) suggested that receiving a good education sets you up for later success, stating, “You know you can learn more things and help you in your life as you grow older, if you had a good education.” All three Lived Experts indicated that education is the key to future opportunities, including higher education, careers, and personal enrichment (e.g., travel, hobbies, etc.). Mark (Lived Expert – Foster Caregiver), pointed out that a lack of quality education affects one’s ability and motivation to learn. He stated, “If they didn’t push education and learning, you may not want to learn anything. You may not achieve much.” India (Lived Expert – Youth in Care) explained how she was looking forward to being the first in her family to earn a degree. She shared, “I have a few more years to complete, and then I’ll have a career.” Ingenious (Lived Expert – Youth in Care) was also looking forward to completing her college degree, stating, “Once I finish school, I can know all the information, graduate, and get working.” Mark (Lived Expert – Foster Caregiver) highlighted how having a strong educational foundation has encouraged him to engage in learning in non-academic settings. He described it as helping him to be open to learning and experiencing new things. He stated, “Being able to go on different trips so that you’re not doing the same thing repeatedly. You’re learning different things and going on adventures. This way, you’re experiencing different things.”

### *Section Summary*

- Stable, consistent, and appropriately structured educational environments contribute to cognitive growth.
- Educational settings can provide sanctuary and community for children and adults as learners.
- Adverse experiences in educational settings can stifle growth or encourage it.
- Diverse instructional experiences offer more pathways to support individuals in their learning goals.

- Academic feedback and performance outcomes, whether good or bad grades, can act as a catalyst for setting new educational goals.
- Quality learning experiences during childhood and youth strengthen a person's foundation to learn and grow over a lifetime.

## Well-Being Domain: Connection

The domain of **Connection** reflects the extent to which individuals' relationships and connections with others provide a sense of belonging, encompassing both formal and informal networks, social and familial ties, religious and spiritual connections, as well as identity and community associations. Lived Experts highlight three focus areas under the domain of connection These included:

- a) Core facets of connection drive our sense of purpose and belonging.
- b) Social and relational connectedness as determinants of well-being.
- c) Connection through spirituality, faith, and community connections.

Lived Experts' perspectives on these three areas are discussed below.

### *Core Facets of Connection Drive Our Sense of Purpose and Belonging*

Lived Experts discussed the core facets of connection, including love, sense of belonging, trust, and purpose. MH (Lived Expert – Foster Caregiver) noted the absence of love in the CWWR definition of well-being. She shared, “When you've been loved, you know you've been loved. And it doesn't dissolve. It doesn't disappear. You feel it. You know it. You might not remember the person who gave it to you... I don't think anybody grows out of the need to be loved.” Kris (Lived Expert – Foster Caregiver) shared how the quest to secure permanency for children in child welfare is reflective of “children's need to feel like they're loved and that they have consistent caregivers in their life.” Two young adults (Lived Expert – Youth in Care) shared that part of feeling loved is having access to safe and affirming human touch, including hugs. They shared that the absence of comfort and touch can be alienating and isolating.

A sense of belonging is another facet of connectedness described by Lived Experts. Lived Experts described the importance of belonging by describing experiences where it was absent. Specifically, experiences with social stigmas and isolation. A participant (Lived Expert – Youth in Care) shared that social interactions are important, noting that she knew “some people who lost their lives during COVID-19 because they didn't have anyone who checked up on them.” Mark (Lived Expert – Foster Caregiver) shared that for his wife, “well-being means having people around her, so she doesn't go alone.” Moses (Lived Expert – Youth in Care) shared, “The problem that I dealt with the most since moving into DCFS was probably dealing with the

loneliness. It felt like no one understood my problems.” Another young adult with experience as a youth in the child welfare system shared that she “felt a lot of shame” associated with her experience in care. She shared, “I didn’t start telling people I was adopted. I don’t like to share it. You do get a look that says, “I’m sorry for you.” Even just sharing the story that I am adopted takes a lot. Saying I am adopted, or I’m in foster care, feels like I’m saying that nobody cares about me.”

Lived Experts described trust as a critical facet of connection that is heavily intersected with a sense of belonging. Shelly (Lived Expert – Foster Caregiver) described the importance of trust for children. She shared, “Kids have to trust. They have to trust because, without that, they are afraid to try anything. You have social development that teaches them how people interact, how things work, and what happens. If this happens, they build the trust that allows them to have a safe foundation.” Vee (Lived Expert – Youth in Care) shared how her experiences with peers have harmed her, leading to feelings of distrust and social isolation. Vee shared,

I don’t have many friends... You can’t trust anyone, even if they’re a peer, which is sad. A lot of these kids are going through a lot themselves. When you meet kids who are just like you or have similar situations, it's hard to think of them as friends. Because in one moment, they can be your friend, and then in another, they're talking about you and spreading rumors... Many of the people said that they were my friends, but they watched me be homeless. They took my money and never paid me back, etc. – Vee (Lived Expert – Youth in Care)

Trust was a key element of relationships and support networks described by Lived Experts. For example, LW (Lived Expert – Youth in Care) shared, “I have a lot of friends. My friends are open-minded. We enjoy hearing each other's ideas. It's never arguing. There's communication. Communication is key. We are big on trusting each other.”

One participant (Lived Expert – Youth in Care) shared how, at first, being adopted made her feel vulnerable, and that it is hard for her to trust others with this information. She shared, “I felt like I was living a double life. Internally, I knew the truth, but externally, I didn’t tell that to everybody. To know that about me, you must be pretty close to me. Even then, do I trust you enough to tell you something sensitive and to be vulnerable?” HT (Lived Expert – Youth in Care and Parent of a Youth in Care) shared how not feeling she had people she could trust as a youth in care led her to feel alone. She shared, “It matters that there's trust. That was a big thing I didn't have in foster care, even with my caseworkers. Every single time they would visit, I would stand off to the side-- like I was behind the fridge in the kitchen. I could hear them with the foster parent completely ripping apart every single minute--like behavior, that I had. It made me feel horrible. I didn't feel like I could trust anyone. You feel alone.”

Finally, Lived Experts identified purpose as a critical driver of connection and motivation. For Mark (Lived Expert – Foster Caregiver) his ability to support his wife and son’s happiness motivated him to work even on days when he didn’t feel like it. He shared, “I have to work so I can achieve those other aspects of well-being. It affects me because some days, I don't feel like working. However, you've to work because you want to ensure everyone in your family is doing well. They are the people you care about.” Similarly, KH (Lived Expert – Parent of Youth in Care) shared how important it is to be able to support someone else to those close to her. She shared, “Their ability to support someone contributes to their survival. For some, that is working, because the money you earn working allows you to support others you care for.” ALH (Lived Expert – Youth in Care) also found purpose through her work, but her purpose was in caring for children as part of her job. She shared,

I started my first job at the Boys and Girls Club in my community. It was the single thing that switched my life. I looked forward to helping the kids. My life was spent sitting around with the children. They gave me so much life. No matter what was happening at home, I could go there, and it was meaningful. I had some meaning in my life that they poured into me, and I poured care into them. – ALH (Lived Expert – Youth in Care)

Another youth shared how caring for her pet dog has helped her find a purpose that encourages her to engage with the world outside of her apartment. She shared, “Having something to care for, having a purpose. For me, it forces me to leave my apartment. It forces me to have positive interactions with other people. It doesn’t allow me to sit and hide away. I need to branch out and try new things.”

### *Social and Relational Connectedness as Determinants of Well-being*

Lived Experts described the connectedness they experience in their familial and social relationships as critical to their well-being. Michelle Walsh (Lived Expert – Youth in Care) observed that relationships were a key theme among the statements shared by Lived Experts in the youth listening circle she facilitated. She shared, “A big thing we talked about was relationships. Intentional, supportive, private, meaningful relationships were definitely a big thing for us, whether it's parents, foster parents, friends, family, siblings, or teachers.” Juliet Moore (Lived Expert – Foster Caregiver) shared her observations of the connection between the relationships children have and their mental and physical health. She stated, “I think kids having connections to the people around them helps with their mental and physical health.” ALH (Lived Expert – Youth in Care) highlighted how relationships are often omitted from conversations about well-being. She shared, “Relationships are one of the most underrated aspects of well-

being that we often overlook. We're like, 'Do they have a place to stay?' And we ask, 'Do they have food?' And that's probably it. But to live as a human, I feel we're social beings."

For most people, the earliest and often longest-lasting relationships are those with family members. The study's Lived Experts emphasized the significance of the child-parent relationship, underscoring the importance of maintaining that connection to the extent that it is safe. One participant (Lived Expert – Youth in Care) described how these relationships create a sense of belonging and connection between children and their parents. She shared, "This child belongs to me. This is my son. This is my daughter's kind of thing. I am their parent. We have a connection." This connection was evident in some of the stories shared by Lived Experts. For example, AA (Lived Expert – Parent of Youth in Care) shared how he had intentionally created family routines around dinner that support ongoing communication between him and his daughters.

When my girls come home from school, they tell me about their day and how school went. You get a lot of information at the dinner table while eating together. My mom taught me that when you eat together, you talk about how your day went and what happened. Sometimes, they come home with trip slips and everything, and it's a good day. Or sometimes, it was a bad day. Either way, at that dinner table, you get a lot of information about different things in their life. – AA (Lived Expert – Parent of Youth in Care)

Amelia Darcy and Carol (Lived Experts – Foster Caregivers) shared their perspectives on the importance of maintaining relationships with children regardless of their placement. Carol shared that in their case, the child in their care had not yet had any visits with their mother, but she anticipated that visits would be beneficial for the child's well-being. She shared, "Mom is incarcerated out of state, and visits are just about to start. This is part of wellness." Amelia Darcy described how a relationship between a four-year-old foster youth in their care and their aunt supported that child's well-being.

It's not always possible to encourage relationships with people the child may have known before, whether that's another foster parent or a relative. When it is possible, I think it can help the child if it's healthy. Our four-year-old foster child had an aunt. The child had not been living with the aunt, but the aunt loved her and made her feel safe. When our child was hurting, she'd ask, "Can I call my aunt?" and we'd let her call her aunt. Not stopping that relationship and speaking positively of family members that the children loved before went a long way in terms of their well-being. – Amelia Darcy (Lived Expert – Foster Caregiver)

Several of the Lived Experts in the study with lived expertise as youth in care shared that they have limited to no ongoing relationships with family, describing these relationships as unhealthy, dangerous, or otherwise detrimental to their ongoing well-being. This included stories of rejection, fear, and loss. As an example, Moses (Lived Expert – Youth in Care) shared that he felt abandoned, shunned, and cut off by his family, including a mother who “blames him for everything that happened when he was 14” and an aunt who “kicked him out because she didn’t like seeing him depressed at her house anymore.” He described his mother’s anger and rejection and the verbal abuse he endured from his aunt, who “liked taking her anger out on something.” Moses shared that he experiences anxiety around relationships and that his experiences with family have made it difficult for him to build stable relationships. He shared, “I struggle with keeping other relationships. A big part of this is feeling abandoned by other people. Is this person busy, or are they cutting me off or distancing themselves? I deal with the anxiety of this because basically all my family has cut me off.” He shared that he has recently been able to “create this amazing group of friends,” but noted that this group of friends does not replace what he has lost in terms of family relationships.

You can never recreate that sense of family in terms of cousins, aunts, uncles-- hanging with the nephews or something like that. You wouldn't be able to create that sense of your mother’s and father's family, which is a whole different type of family thing. It just can't be replicated. – Moses (Lived Expert – Youth in Care)

HT (Lived Expert – Youth in Care and Parent of a Youth in Care) shared the desire she had to be part of a family. She shared, “I wanted better for myself. I wanted to feel like I was part of a family. I wanted to feel loved. I never got that.” HT shared that despite her experiences with abuse as a child, there was a sense of connection that she lost.

I remember being alone when I was homeless, living in my car, and I had some horrible things happen to me in my childhood. That point in my life was the lowest. I can't even describe how horrible my mental health was at that point. I didn't have anyone around me. Even when I was being abused, there were still other people who were there to give me connections. That connection could be negative or positive, but there was still a connection. – HT (Lived Expert – Youth in Care and Parent of a Youth in Care)

Michelle Walsh (Lived Expert – Youth in Care) summarized the sentiment shared by many Lived Experts with experience as youth in care, stating, “We were hurt by a lot of people who said they were going to be there for us, who were supposed to be there for us. Then we were let down by a lot of other people too.” In contrast, another participant (Lived Expert – Youth in Care) indicated that her relationships with her adoptive family

provided her with a sense of belonging and family. She described how she referred to her biological parents as mother and father, reserving the more familiar terms mom, mommy, dad, and daddy for her adoptive parents. She shared, “For me, mom and dad are people you are close to.”

Key dates that mark times of family traditions (e.g., birthdays, holidays, vacations) or critical events and activities (e.g., accidents, weddings, divorces, deaths) significantly impact family well-being. CW (Lived Expert – Parent of Youth in Care) shared how her birthday evokes memories of the death of her twin sister, whom she had lost 12 years prior, and the work she is doing to process the associated pain.

My birthday month is coming up. I lost my twin sister 12 years ago, and we shared the same birthday. With each passing year, it has become a little bit easier. I want to say that last year was the first year I officially woke up and thought, ‘I think I'm okay today.’ I'm gonna go, and I'm not gonna be sad. And I'm gonna celebrate as if she were still here.’ – CW (Lived Expert – Parent of Youth in Care)

Another Lived Expert as a Parent of Youth in Care also reflected on how grief impacts well-being, stating, “When it comes to the death of a family member. I think it's always close and always hits home. You have those special days and moments you used to spend together, but now you don't.”

Collectively, Lived Experts described their relationships with foster families, partners, friends, peers, and providers as their support systems and their community. Several Lived Experts emphasized the importance of these relationships. One example was provided by HT (Lived Expert – Youth in Care and Parent of a Youth in Care)

Having a support network is extremely important. It's probably one of the most important things. Humans, since the Paleolithic era, our DNA has driven us to stay together in tight-knit groups of people. It takes a village to help ourselves and to help our children. – HT (Lived Expert – Youth in Care and Parent of a Youth in Care)

Moses (Lived Expert – Youth in Care) highlighted the role his partner plays in supporting his well-being. He shared, “My girlfriend is a huge part of my well-being. She is like the one who's always telling me not to say bad things about myself... She is a huge part of my relationships.” Ingenious (Lived Expert – Youth in Care) described her community and the support it provides her.

I have a community that can help support me, including my foster mom, my foster dad, my foster families, teachers, and sisters. Those people help me. When I go home for breaks, my foster family provides me with food and a place to sleep. They take care of me. We go to places together. They call and check up on me to make sure that I'm okay. – Ingenious (Lived Expert – Youth Perspective)

India (Lived Expert – Youth in Care) shared that spending time with her friends improved her mental health. Ingenious (Lived Expert – Youth in Care) shared how her group of friends helped her to navigate her experiences as a student and young adult in general.

I call them my sisters, but they are my friends. We are around the same age and spend a lot of time together. They helped me not to worry about school. Whatever I have going on for myself, they are able to make me feel like it's okay. – India (Lived Expert – Youth in Care)

Shelly, Stephanie Johnson, and Amber (three Lived Experts as Foster Caregivers) shared how important socializing is for younger children. Shelly discussed how early relationships teach children the art of socializing. She shared, “It's learning how to get someone's attention and then how to respond when they give you their attention. To express a need and then see how that gets met.” Stephanie Johnson shared a similar observation about the children in her care: “Social relationships have been central to our kids. They needed to be around other kids who had had the same experiences or be around people in general to learn how to function in society. I think that's an important domain.” Amber shared how her mother helps her maintain her friendships and take a break from her caregiving role. She shared, “On weekends, my mom comes over and sits with him for a couple of hours while I attend a gathering with friends.” I try to get at least a few hours a week to do that.”

Lived Experts discussed the importance of supportive relationships during times of adversity. AA (Lived Expert – Parent of Youth in Care) shared his observations that “true friends are there to help you with your problems.” HT (Lived Expert – Youth in Care and Parent of a Youth in Care) shared,

People need a support system. People can't always face themselves, especially if they are addicted to drugs or alcohol or addicted to certain habits or behaviors that they can't break. Their intrusive thoughts take over when there's nobody to help them. – HT (Lived Expert – Youth in Care and Parent of a Youth in Care)

Finally, the study's Lived Experts discussed the importance of supportive relationships relative to their roles as parents and caregivers. Primarily, they referred to friendships

and peers (e.g., other caregivers) who either provide advice or direct support (e.g., watching the children, engaging the children in activities, creating supportive and safe environments for the children to socialize, or building supportive relationships with the children). AK (Lived Expert – Foster Caregiver) talked about the active roles she and her partner's friends have played in supporting them and her daughter. She shared,

I have a strong support system among my friends and family... My daughter's therapists are great. She attends a little Montessori daycare in our neighborhood and absolutely everyone there loves my daughter. We're going to Washington in August, and some of my friends are coming up from Oregon to see her. In September, my nephew and his fiancée will be coming from California to see her. Everyone loves her so much. It's just awesome. – AK (Lived Expert – Foster Caregiver)

Amber (Lived Expert – Foster Caregiver) shared how timing and changes across life events can impact the supportive relationships available to caregivers.

Some people have a huge support system. I am a bit of an older parent. My mom helps me out a little bit, but she's not able to do much. She has to help take care of my dad as well. Being an older parent, you lose touch with some of your friends because their kids are grown, and they've retired. – Amber (Lived Expert – Foster Caregiver)

AK (Lived Expert – Foster Caregiver) noted that some of the parents in the listening circle shared that they have access to strong communities of foster and adoptive parents, as well as supportive social workers. She lamented that this has not been her experience, noting especially that their “caseworker and agency haven’t been that supportive.”

### *Connection through Spirituality, Faith, and Community Connections*

Respondents discussed a wide range of connections that extended beyond their familial and social relationships. These include connections to a divine presence through spiritual belief or religious worship, geographic communities (neighborhoods, communities, cities, states, regions, or countries), communities of shared identity (e.g., work, hobbies, teams, cultural groups, shared lived experiences, or identity characteristics such as gender, sexual orientation, or race), or through formal support networks including community service providers (e.g., teachers, social workers, therapists, librarians, medical professionals, etc.). Lived Experts discussed these topics throughout their discussion of well-being and resilience, and the comments included in this section represent a small sample of the types of connections they explored. First, several Lived Experts indicated that the omission of religion or spiritual connection was a deficit of the

CWWR definition of well-being, noting that “religion and religious beliefs aren’t in the definition at all” (Lived Expert – Youth in Care).

Marjorie (Lived Expert – Foster Caregiver) shared, “One thing that I don't see in that definition is the fact that we have souls. We are spiritual beings, apart from whether or not you believe in God or whatever else. I think spiritual health is an important part of our well-being.” TLN (Lived Expert – Parent of Youth in Care) shared the important role that religious faith has in helping him navigate his life’s journey. “When I think about the crossroads that I'm at, and for all that's on the horizon, I know that everything happens for a reason. If you trust and believe, as I have always trusted and believed in God. I accept his divine guidance and his divine input in my life. I know that there is a divine reason why it happened the way it has.”

Lived Experts noted that religious faith is a significant aspect of many cultures. One participant (Lived Expert – Youth in Care) highlighted the role among many African American communities, “When having interactions with those who are African American elders, specifically women, a lot of them may tie their well-being to their religion, involvement in church, and connection with God.” Another Lived Expert (Youth in Care) shared that religion plays a significant role in her mother's well-being, as well as that of other friends and family. She shared, “My mom's religion is important to her well-being. I would say religion is important. I have both friends and family for whom religion and connection to God are important.” A couple of Lived Experts noted that spirituality and faith do not have to take the form of organized religion to affect well-being. For example, HT (Lived Expert – Youth in Care and Parent of a Youth in Care) shared, “I'm a spiritual person. I'm not super religious.” Another participant (Lived Expert – Youth in Care) shared how faith can help in navigating adversity, “Outside of religion, I would say having faith. Because not everybody prays, worships a god, or believes in religion. Having faith that anything that is happening to you is not permanent. That it is only temporary, helps.”

Lived Experts described communities based on shared identities or interests as a source of connection for them. These communities can be built on a wide range of identity and interest areas. Lived Experts reference communities based on a wide range of identity and interest areas, including hobbies, sports, cultural groups, or identity characteristics such as gender, sexual orientation, or race. ALH (Lived Expert – Youth in Care) highlighted that some communities are chosen, and other communities you inherently belong to. She posed the questions: “What community do I want to be in?” and “What community do I belong to?” She also shared her observation of “the power of being surrounded by a community of like-minded people.” One example of a chosen community and its impact was shared by Jamie (Lived Expert – Youth in Care). Jamie shared that she found her community at school among students and teachers who placed a high value on academic achievement. She found this helped her maintain

her focus on her academic work. Jasmine (Lived Expert – Youth in Care) found community through volunteering. She shared, “I found a community where I serve as an RSO volunteer (RSO is a Registered Student Organization), going out into the community to help. I feel like that's the biggest thing that helped me through. My second semester is about being able to extend myself in the way that I want to do in the future.” AA (Lived Expert – Parent of Youth in Care) shared how his children have found communities through team sports, specifically basketball and cheerleading, and how these activities have helped them to build their self-efficacy and sense of belonging. Juliet Moore (Lived Expert – Foster Caregiver) discussed wanting to provide more spaces where caregivers can come together and build community. She shared,

I have been trying to create more and more caregiver support groups. I want them to feel heard. A lot of the time, we get into foster care, and we have a community-based support system built. But when you start getting into the nitty gritty of it all, nobody understands like somebody else that's in the trenches. – Juliet Moore (Lived Expert – Foster Caregiver)

AA (Lived Expert – Parent of Youth in Care) highlighted the role of formal support networks, including community service providers (e.g., teachers, social workers, therapists, librarians, medical professionals, etc.), in his description of well-being. “Well-being is a wide way of things, but it can also mean going to a psychiatrist, a doctor, or a social worker.” For ALH (Lived Expert – Youth in Care), support came from her teachers, who provided comfort when ALH found herself homeless and going into foster care. She shared, “My teachers were among the first people that I opened up to about being homeless and going into foster care. They were there to hold me, literally, I was crying my eyes out.”

In contrast, two Lived Experts as Parents of Youth in Care highlighted how impromptu encounters with strangers can provide informal supports that foster a sense of connection, especially when a connection is made around a need for one of the individuals involved. AA highlighted the psychological safety that can come with the informal and transitional nature of an encounter with a stranger. He shared, “Sometimes, when I am having a problem, I talk to a stranger. I don't have to worry about him judging me because I will be gone in a minute.” CW (Lived Expert – Parent of Youth in Care) shared feeling good about validating and acknowledging strangers who engage her in passing conversations. She shared,

I love it when people randomly walk up and have these conversations, and they tell me about their day. I bet that makes them feel much better. And to know that I engaged them. I didn't ignore them. I engaged them. I looked at them, and I communicated with them. – CW (Lived Expert – Parent of Youth in Care)

### Section Summary

- Having and creating experiences of being loved by others is central to well-being.
- Identifying with others through a sense of belonging is essential for mitigating loneliness, isolation, and stigma.
- Being able to create loving and trusting relationships with others is foundational to having connectedness, belonging, and purpose.
- Sharing experiences with others over time builds understanding of ourselves, our purpose, and environment from which to grow well-being.
- The ability to build and have trusting and supportive relationships creates opportunities to heal from trauma, fractured trust, and disappointment.
- Spirituality or connection to a divine presence serves as an important source of strength, purpose, and belonging.
- Connection within communities—whether spiritual, cultural, interest-based, or service-oriented—provides comfort, security, and ongoing support that enhances well-being.

### Well-Being Domain: Physical and Mental Health

The domain of **Physical and Mental Health** reflects the extent to which, regardless of ability, individuals' overall health supports their ability to engage resources and opportunities they perceive as important to their well-being. Physical health and functioning encompass multiple factors, including nutrition, sleep, and stress, as well as the management of any ongoing illness or disability. Mental health is a person's outlook, attitudes, ability to manage stress, freedom from disabling symptoms, and the ability to cope with the ordinary demands and stresses of life.

Carol (Lived Expert – Foster Caregiver) argued that combining physical health and safety places a false parallel between physical health and physical safety and fails to account for psychological safety. She shared, "I would separate physical health and safety. To me, safety is the key to all of this. It almost feels like it's too connected to physical health. It is its own thing." After a little discussion with her, she indicated that physical and psychological safety could be combined, reflecting the need for safe and secure environments. She also suggested that physical health would be better paired with mental health. Respondents frequently discussed mental and physical health together; a review of the word "health" found 17 instances where respondents grouped their discussion of physical and mental health. In almost all cases, the participant referenced mental and physical health as two aspects of overall health. Often mentioning health in general and then specifying the importance of both the physical and the mental aspects of health, and the relationship between these aspects. For example, Gabby (Lived Expert – Youth in Care) stated, "I feel like your physical health will affect your mental health and your mental health will affect your physical health." She also pointed out that both physical health and

mental health are interconnected, with both being a part of the overall healthcare and insurance systems.

Lived Experts highlight four focus areas under the domain of Physical and Mental Health. These included:

- a) Physical and mental health are foundational and inter-connected to well-being.
- b) Access to trauma-informed mental health support is necessary to well-being.
- c) Self-care routines as essential to building health and well-being.
- d) Supporting others' health and well-being carries both stress and sense of purpose.

Lived Experts' perspectives on these four areas are discussed below.

### *Physical and Mental Health are Foundational and Inter-Connected to Well-Being*

Many respondents highlighted health as central to their well-being. This reinforces the inclusion of health in the definition of well-being, as well as the inclusion of physical and mental health as a well-being domain. KH (Lived Expert – Parent of Youth in Care) shared, “Health is key. When I think of well-being, I think of health. Everything involved with health is well-being, health in general, physical health, and mental health.” Charlotte Green (Lived Expert – Parent of Youth in Care) highlighted how health is a prerequisite for other well-being domains. She shared,

Health plays a big part in [well-being]. If you're not physically or mentally healthy, how could you be in a good well-being state or a good state of mind in general? If you can't get up because you're physically too big or you're too ill or you're too mentally ill, how can you expect to function as a productive member of society for your kids or yourself? – Charlotte Green (Lived Expert – Parent of Youth in Care)

Ingenious (Lived Expert – Youth in Care) described her health as key to reaching her goals. She shared, “I have goals in my life that I want to reach. I take good care of my health because I feel like being healthy is going to help me achieve that goal.”

Four respondents (AA, CW, Ingenious, and Shelly) emphasized the central role of physical health in their, and their loved ones', well-being. Shelly (Lived Expert – Foster Caregiver) and CW (Lived Expert – Parent of Youth in Care) discussed how their physical health impacts their well-being. Shelly stated that for her, “Physical health is the most important because you have to have some stability there to be able to build on it and help improve your well-being.” Ingenious (Lived Expert – Youth in Care) indicated that she hears a similar message from her teachers.

All of my teachers are telling me that I have to put my health first. I have severe allergies and don't have a lot of time to visit the doctor. I always arrive at class on

time, complete my work, and do everything else. My teacher said, 'It's okay if you miss class so you can go to the doctor.' – Ingenious (Lived Expert – Youth in Care)

AA (Lived Expert – Parent of Youth in Care) described how he had recently lost a cousin who had become paralyzed after a fall and was confined to a wheelchair. He described the impact this had on his cousin's well-being, especially in terms of how her physical health impacted her mental health, despite his family's efforts to ensure their ongoing engagement in family activities.

My cousin just passed away, and I went to the funeral this weekend. She was in a wheelchair. She fell 20 years ago down a big flight of stairs and got paralyzed when she hit the bottom, and she was confined to a wheelchair. She kind of gave up because the doctor said, 'If she worked out, she'd be able to walk some steps and then get some things.' I think she was ready to go. She had given up. We took her everywhere we went. Whatever we did, she went. It's important not to give up on yourself, no matter the circumstances. – AA (Lived Expert – Parent of Youth in Care)

CW (parent partner) discussed how her chronic disability impacts her well-being, stating that some days she is operating at "80% today instead of my 100%." She explained how she helps her children understand her limitations and work together to meet their needs and how they capitalize on her good days.

In addition to physical health, Lived Experts placed strong emphasis on mental health, describing it as critical to functioning, self-worth, and motivation. Six respondents emphasized the importance of mental health. Several Lived Experts emphasized the role that mental health has in relation to their well-being. For example, CW (Lived Expert – Parent of Youth in Care) stated, "Mental health is huge." Charlotte Green (Lived Expert – Parent of Youth in Care) stated, "I think of well-being as more of a mental health thing. I mean to other people it is about physical health, but for my well-being, it's mental health." Moses (Lived Expert – Youth in Care) emphasized how mental health impacts other areas of well-being. He stated, "Mental health is probably the most significant aspect I associate with well-being." I feel like if someone's in a bad place where they don't even think good of themselves, then it's going to be hard for them to even think good of much else without putting themselves down." He illustrated how his mental health had interfered with his educational goals. He shared, "I ended up getting depressed and not going to school because I couldn't even get out of my bed."

Respondents shared some of the mental health challenges that related to their experiences with child welfare. Michelle Walsh (Lived Expert – Youth in Care) summed up key thoughts from the listening circle of young adults with experiences in child welfare. She stated,

Mental health can significantly increase overall well-being. Feeling like you have that control. I think that was said as a response to multiple questions. That was a big thing. On the flipside, I think some common issues that were shared were feeling guilty or tired of being strong, or tired of not being listened to, or shame, which was a big one that came up a lot. – Michelle Walsh (Lived Expert – Youth in Care)

Gabby (Lived Expert – Youth in Care) spoke to the need for mental health services to support healing for youth in care.

In the system, for me, the most important thing was being able to access therapy and just anything pertaining to emotional support because it's a hard time for some. Some are a little bit more accepting of it, especially if it's some when you're older, going into the system at about 13, 14 years old, and you're leaving your home to be in the foster care system. Mental health and therapy are some key things that were important to the well-being of a lot of children I knew who were in foster care. – Gabby (Lived Expert – Youth in Care)

Ingenious (Lived Expert – Youth in Care) shared how part of this healing is learning to trust oneself. She shared,

It takes a lot of confidence to know yourself, to know whatever you are going through is temporary. It's temporary, and it is going to change with time... I have to trust myself. Nobody else will trust me more than I will. – Ingenious (Lived Expert – Youth in Care)

Three respondents emphasized how failures to meet their health needs impacted their well-being. HT (Lived Expert – Youth in Care and Parent of a Youth in Care) discussed how missed and inaccurate mental health diagnoses were a challenge for her.

They told me that I had oppositional defiance. I looked into it, and I'm like, 'Are you kidding me?' They tried to tell me when I was younger that I had Asperger's. It was only last year that, as an adult, I was diagnosed with ADHD and autism. Nobody even knew... I would wonder, 'Do people not think like this? I can't be the only one.' It'd send me into a panic attack. – HT (Lived Expert – Youth in Care and Parent of a Youth in Care)

HT's experience highlights the long-term impact that inaccurate or delayed diagnoses can have on self-understanding and mental health management.

Vee shared that she was diagnosed with HIV as a teenager. She described the challenges of getting consistent and appropriate healthcare. Similarly, Stephanie Johnson (Lived Expert – Foster Caregiver) described their family's struggles to meet the complex medical needs of her children because of the limited availability of providers that accept their medical card. She shared,

I had hoped my children would be able to get access to medical care without so many delays. For example, the baby needs to go to the eye doctor. We've had to wait a year for this appointment to become available because there's nothing in our area that will see him so young with the medical card. – Stephanie Johnson (Lived Expert – Foster Caregiver)

Four Lived Experts highlighted two intersections between physical and mental health, and economic security. First is the ability to afford healthcare. Lived Experts highlighted the many healthcare costs, including paying for services, medications, and supplies, and lost wages. For example, Charlotte Green (Lived Expert – Parent of Youth in Care) stated that sometimes healthcare is impacted by “whether or not people can afford their medications.” India (Lived Expert – Youth in Care) expressed concern that her mother will lose wages while recovering from an upcoming surgery. She stated, “Surgery is gonna have her take multiple weeks off work. She only gets paid \$15 an hour. I don't know what we're going to do about that. The surgery is something she has to get.”

Second, Lived Experts described how economic security can affect health. For example, Gabby (Lived Expert – Youth in Care) shared, “Living in America, you definitely have to have economic security. Economic insecurities can affect your mental and physical health. If you don't have economic security, you may not go to the doctor. Being afraid because you don't have money can lead to depression, which can also lead to physical health issues.” Mark (Lived Expert – Foster Caregiver) highlighted how economic security is connected to nutrition, which impacts overall health and ability to work. He stated, “I have the ability to get myself food that supports my health. So, I'm able to work. That, in turn, supports my well-being and helps me to be positive.”

### *Access to Trauma-Informed Mental Health Supports is Necessary to Well-being*

Five respondents described the need for mental health support for healing from trauma. Lived Experts emphasized the need for trauma-informed mental health support as a critical component of well-being, particularly for those with experiences in the child welfare system.

Trauma, they noted, is often recurring, layered, and linked to many of the transitions and disruptions that children and families experience. Carol (Lived Expert – Foster Caregiver) described how early trauma may have contributed to the ongoing medical challenges faced by the children in her care. She shared,

Our kiddos have a lot of health challenges. I think it is because of early childhood trauma. They both have asthma. The two-year-old just had surgery to have her adenoids taken out and ear tubes put in, and the one-year-old's about to have the same surgery. When they're not sick, I don't think as much about their physical well-being. However, they're more often ill than healthy. The two-year-old has been to the pediatrician over 50 times... Our one-year-old was hospitalized for a week for breathing issues... We've had a lot of health stuff, and I believe that it's related to early childhood trauma. – Carol (Lived Expert – Foster Caregiver)

MH ((Lived Expert – Foster Caregiver) described how trauma resulting from a lack of attachment in her first year resulted in her adopted daughter struggling to build healthy attachments with her children.

When she [the adopted daughter] had children of her own, she appeared to abandon them emotionally. It wasn't that she didn't love them, but she had some kind of emotional block. I spoke to a psychiatrist about it, and he said a one-year-old is the most critical age in the emotional development of a child. If they lose their parents at a year old and if they're able to survive that, they go on to emotionally abandon their own children. I would say that's exactly what it was like for my daughter. She didn't have a routine for them. She didn't feed them when they needed to be fed or change their diaper when they needed to. Had she not had us as a support, she might have ended up having DCFS take her children. – MH (Lived Expert – Foster Caregiver)

HT (Lived Expert – Youth in Care and Parent of a Youth in Care) described how she was harmed by a mental health system that diagnosed her as having oppositional defiance disorder instead of supporting her to heal from the trauma she had experienced. She shared, “They tried to say that I had oppositional defiance disorder, but that's not the case. I was a traumatized child. I wish that they wouldn't have seen me for who I was and not just my actions that were a direct result of the trauma I had experienced that brought me into care.”

Two Lived Experts discussed the importance of having access to trauma-informed mental health support for processing past trauma, especially during key transitions. One Lived Expert as a Parent of Youth in Care indicated she needs access to ongoing trauma-informed therapy to maintain her well-being. She stated, “Going to therapy is important for my well-being. I need to address what’s going on in my life regularly with a trained professional. Otherwise, I’ve learned over the years that my life becomes unmanageable. I think a lot of people who get involved with trauma-informed therapies find it a good thing for their well-being.” Gabby (Lived Expert – Youth in Care) shared how important mental health support is at key transitions for foster youth, especially for foster youth who age out of the system. She stated, “Mental health is an important aspect of my well-being, especially after transitioning out of foster care. Everybody goes through getting used to a life outside of it and just being an adult. But I think it’s different when you’re coming from foster care.”

### *Self-Care Routines as Essential to Health and Well-being*

Fourteen Lived Experts discussed the role of self-care through activities that contribute to their health and well-being. Specifically, Lived Experts discussed the following activities as examples of their self-care routines:

- **Exercising:** walking, hiking, physical therapy, gym, and yoga;
- **Affirmations and self-reflection:** journaling, reflection on emotions and personal priorities, learning something new;
- **Personal Care:** showering, baths, dressing up, styling their hair and/or makeup, healthy foods and treats;
- **Comfort-seeking behaviors:** shopping, comfort and treat foods, eating out, drinking, listening to music or attending a performance, or recreational drug use (in moderation); and
- **Social activities:** spending time with friends or family, volunteering, engaging in community events such as fairs or classes.

Lived Experts highlighted the importance of self-care while acknowledging that overindulgence in comfort-seeking activities can be problematic. A lived expert as youth in care, differentiated substance abuse and recreational drug use. She shared, “I think you can use marijuana recreationally and be fine. It can be a fun thing in moderation, occasionally. But if it is used more as a coping mechanism or distraction. That is when you can tell it is a bad thing.”

In addition to self-care as stress relief, Lived Experts also described it as a mindset—one rooted in compassion, grace, and long-term investment in personal well-being. Four lived experts as youths in care described the relationship between managing adversity (stress, anxiety) and self-

care. A participant described stress as “toxic,” stating that “Being stressed is bad for your well-being, even ‘good’ stress needs to be managed.” Two Lived Experts described how self-care helps them to have positive mindsets. The first shared that self-care for her means giving herself grace. She shared, “Grace, giving yourself the grace to make those mistakes and to feel whatever emotions there are. React how you want to react and move forward respectfully. That is respectful and ethical to yourself.” Another participant emphasized the importance of having a positive mindset for one’s overall well-being. She shared, “I think it goes into what you are open to. If you are more on the plus side, you are more open to new things versus not having well-being and being more closed-minded and anxiety driven.” Finally, a participant explained that sometimes self-care is taking time to reflect on and address your anxiety. She shared, “I also think that alone time is important. Sometimes, you just need time alone to work out your anxiety.”

While some self-care is about immediate stress release, Lived Experts also shared examples of how self-care is an investment in their future. For example, CW (Lived Expert – Parent of Youth in Care) shared that she has a physical therapy routine that helps her to preserve her health and prevent mobility loss.

I can't go to the gym, but I do exercise at home. I have physical therapy exercises that I've done throughout my journey. After becoming physically disabled, I continue to do those to maintain my health and to make sure my health and well-being are being taken care of. I want to be here as long as I possibly can. I hope to stay out of a wheelchair as long as possible so that I can enjoy my babies and grandbabies... I am not letting my disability take me out. I don't want my disability to become who I am. I'm much more than that, and I want my kids to see that. – CW (Lived Expert – Parent of Youth in Care)

CW (Lived Expert – Parent of Youth in Care) went on to share that after a period of severe adversity and loss, her “self-love journey” has allowed her to find her purpose and to love what she is doing. Juliet Moore (Lived Expert – Foster Caregiver) explained how she realized she needed to focus on self-care while in the hospital. She shared,

I ended up in the hospital at one point with a panic attack. And then I started to have another one and realized what it was. At least that time, I was able to work through it. I definitely started to notice more of what I needed at that moment. That being said, I'm a mom of three small children, so I don't always get a lot of that. But as they get older, it's easier to focus a little bit more back on myself. – Juliet Moore (Lived Expert – Foster Caregiver)

Three Lived Experts emphasized both the importance of self-care and the challenges of engaging in self-care for parents and caregivers. They described the social pressure to prioritize their children, spouses, and extended family over themselves, often resulting in a lack of time and energy for self-care. CW (Lived Expert – Parent of Youth in Care) described the need to prioritize her self-care in order to effectively care for her children and spouse. She shared, “As a parent, I had to train myself to be okay with making sure I’m okay first-- before I make sure my kids are okay. It’s parental instinct. I was taking care of my husband and kids, but I was neglecting myself for so long. I recognized it when I was exhausted and drained. And I’m like, wait a minute. I learned a lot about what it is to ensure the nurturer is nurturing herself. Because how can I be the best for my family if I’m not taking care of myself?”

CW emphasized that self-care is important to both mothers and fathers and that “dads take on a lot.” She described the social pressure put on men to “be strong” resulting in many men struggling with their emotions and “holding in a lot.” Amber (Lived Expert – Foster Caregiver) highlighted that this pressure is also felt by caregivers. She shared, “As for well-being, I think as a foster parent, we don’t take enough self-care for our well-being. It’s usually solely focused on the children’s well-being. You want to create as much peace as you can in your home for your children and for yourself.” Furthermore, AK (Lived Expert – Foster Caregiver) noted the additional challenge of engaging in self-care when caring for a child with complex needs or behaviors. She shared,

If you have a child who has additional needs or challenges, that's going to be more stressful. It's going to be more stressful if there are multiple siblings and different placements or if there's a complicated birthparent relationship. Especially if there are a lot of reactive behaviors after visits and that kind of stuff. I have a therapist, but I don't do as much yoga as I used to, nor do I get as many massages. – AK (Lived Expert – Foster Caregiver)

### *Supporting Others’ Health and Well-Being Carries Both Stress and Sense of Purpose*

Nine Lived Experts discussed the challenges and responsibilities of supporting the health and well-being of loved ones, often expressing anxiety about meeting the physical and emotional needs of children in their care. Amber (Lived Expert – Foster Caregiver) shared that some aspects of caring for children are straightforward, such as “letting them get the required amount of sleep... feeding them healthy meals... and providing them the emotional support they need.” She emphasized that other, more complex aspects of caregiving necessitate careful consideration of the child’s needs to prevent inadvertently harming or burdening them. Amber

said, "Sometimes, you need to learn how to better interact with the child so that you don't exacerbate the problem or become part of the problem."

Joliet Moore (Lived Expert – Foster Caregiver) indicated that she feels that addressing basic physical health needs can be more straightforward than identifying and addressing children's mental health needs. She stated, "It's easier to provide for physical health and safety, and things like nutritional balance. Everybody's idea of what social, emotional, and mental health looks like can be a little bit different, and how that is attained can be different depending on the household." AA (Lived Expert – Parent of Youth in Care) described how meeting the physical health needs of children can be complex and exhausting when the children are facing physical health challenges. He shared that his son struggled with sleep apnea associated with other health problems as a child. He shared, "We went to sleep studies twice a year till he got to 8th grade. I had to watch him to make sure that he wouldn't die in his sleep. I was so tired. I used to sit up at night and shake him to make sure that he wouldn't stop breathing." Carol (Lived Expert – Foster Caregiver) summed up the perceptions shared on the level of time and energy commitment necessary to support children's overall health. She shared, "Keeping these kids well, physically and emotionally, is more time than my full-time job, hands down."

Amber highlighted how some of the mental health challenges that exist are unique to children placed in substitute care and their caregivers. She shared, "You want them to be as emotionally and mentally stable as possible. Down the road, they will start asking more questions about their family history. You're going to have to tackle questions like, 'Why their parents didn't want them?' and statements like "You're not my real mom." That's what resonates with me the most." MA (Lived Expert – Foster Caregiver) shared that children in substitute care can have mental health issues that are not apparent to the caregiver. She shared, "We've been in therapy to make sure that we're addressing all mental health issues that they may have or that we don't see but can address." Mark (Lived Expert – Foster Caregiver) highlighted that anxiety around meeting the child(ren)'s needs is a common parenting/caregiving experience. He reflected on how the anxiety experienced by parents and grandparents of children in substitute care is different from his experiences as a caregiver. He suggested that for parents, being separated from day-to-day parenting activities leads to anxiety about the care the children are receiving. Mark shared, "They worry how their kids are doing and if they have grandkids, how their grandkids are doing."

Two lived experts as a youth in care shared stories about how they, as young adults, now care for others. In the first case, India (Lived Expert – Youth in Care) shared how she takes care of her mother, who was grievously wounded in a stabbing about five years before the interview. She shared,

I stay with my mom. She was stabbed in her head, and it took her over five years to recover. For the past two years, me, my mom, and my sister have been back together. They were living in a shelter. My mom and sister started working, and they got an apartment. I was in DCFS at the time. Staying in the DCFS home was not for me. I just moved in with my mom for my safety... My mom lost her job, and she was not doing well. She went into depression. I helped her with the job applications. I made sure I went to churches with her to get food pantries. I made her feel like she wouldn't be alone and that she had someone. – India (Lived Expert – Youth in Care)

In this second case, Rachel (Lived Expert – Youth in Care) highlights how her role as a pet owner provides her purpose and a sense of control.

Growing up, if I spoke back in any way, my animals were threatened with being taken from me. My parents would take the dog and hide him away from me. I would break boards and put holes in the walls. As soon as they gave me my dog with just a touch of his fur, I was calm. It was such a relief. I'm even getting chills just thinking about it. The loss of control and the gaining of control are something that drastically affects a person. My dog, now, I have control over this. This is my responsibility. I did not want anyone else to pay for it. I do not want anyone to give them medicine or food. No one is going to take this away. I also think, from at least my experience, animals make me feel much better. Having something to care for, having a purpose. For me, it forces me to leave my apartment. It forces me to have positive interactions with other people. It doesn't allow me to sit and hide away. I have to go in, branch out, and do things. – Rachel (Lived Expert – Youth in Care)

### *Section Summary*

- Physical and mental health are inter-twined and foundational to a person's well-being.
- Early experiences of trauma, including those related to child welfare involvement, shape the need for trauma-informed mental health support.
- Access to trauma-informed mental health services is critical for healing and sustaining well-being. Creating positive self-care routines (e.g., exercising, self-affirmation and reflection, personal care, comfort-seeking behaviors, social activities) cultivates individual health and its contribution to well-being.
- Experiences in foster care present unique mental health challenges that require specific healing-centered and therapeutic supports.

- Caring for others—children, siblings, parents, or pets—can create stress but also fosters a sense of purpose and meaning.

## Well-Being Domain: Safe and Secure Environments

The domain of **Safe and Secure Environments** is the extent to which individuals experience both physical and psychological safety in their environments. Psychologically safe environments promote hope and growth through a sense of stability, control, reliability, trust, and consistency. Physically safe environments are spaces where the basic physical needs of the individual are met, and there is an absence of abuse, neglect, and other risks of physical harm, including violence in the home and local community. While physical safety ensures freedom from harm and basic needs being met, psychological safety supports emotional security, confidence, and the capacity to grow. Carol (Lived Expert – Foster Caregiver) suggested centering the idea of safety in the well-being definition. She suggested, “Center the definition of safety. What makes you feel safe will make you feel good.” Lived Experts highlight three focus areas under the domain of Safe and Secure Environments. These included:

- a) Home as a key place of safety
- b) Consistency and routine build trust and safety
- c) Recognize experiences of safety that are unique to youth in care and their families

Lived Experts' perspectives on these three areas are discussed below.

### *Home as a Key Place of Safety*

Ten Lived Experts (Eight as Youth in Care and two as Caregivers) emphasized the importance of home as a place of safety. Mark (Lived Expert – Foster Caregiver) indicated that a central part of physical safety is having a place of shelter, a house, a home. He also emphasized that our home environments have a strong influence on our outlook and overall psychological safety.

Highlighting that some of the environments that youth in care are both coming from and placed in can be full of negative influences, Mark shared the following observation, “If you have someone or people constantly feeding you negative thoughts or vibes? You may not be able to try to stay in that positive outlook of thinking and stay on a positive path.”

Nikki (Lived Expert – Youth in Care) highlighted the need for children to have a “loving home” to support their healthy development. She shared that, “It starts with how you're being treated. It starts from there, and then it develops into the type of person you become.” She emphasized that safety at home for a child is more than having adequate shelter and meeting the child’s basic needs; it’s about having someone you can depend on. She also emphasized the consequences of not having this support.

In a loving home, no matter what happens, you can still depend on that person. You know they're 100% there for you, even if things go totally left. It's somebody that you can trust and consult, who you can look up to and feel comfortable enough to ask the hard questions. Where you can speak about things that you feel are dumb or not that important, those little things matter. Not having that support system eats you up on the inside. – Nikki (Lived Expert – Youth in Care)

ALH emphasized that supporting a child means, “Establishing a safe space... Well-being, safety, and security are underrated. It's interesting because we know what well-being is when we know what it isn't.” Shelly (Lived Expert – Foster Caregiver) also emphasized this need to be connected to someone in the home, who the child has faith will ensure their basic needs are met. She shared, “It's a feeling that they're connected to someone. Feeling like their needs are going to be met. All kinds of needs. They need a routine and sleep, food, attention, comfort, and all those kinds of things.” Nikkie (Lived Expert – Youth in Care) shared that for her, home is about having someone who sees them for who they are. She shared, “It's about actually seeing where I am and how I'm doing, what's going on in my head, and how I'm feeling. How you react to certain things and teaching me how to be a successful person.” For ALH, this safety is central to her well-being. She shared that “I knew what well-being felt like when I knew the absence of it, the absence of love. The absence of care. The absence of safety.”

India (Lived Expert – Youth in Care) described feeling safe at home, even when the family was fighting. She shared, “When I had my family, fights and arguments may have happened, but I always felt at home. I was safe. I was comfortable... I was happy, and I was a kid.” She went on to explain how she did not have this experience as a foster kid, where she always felt she was “a foster kid who came from somewhere else and was not exactly family.” Ingenious (Lived Expert – Youth in Care) described how being homeless left her feeling alone and homesick. She shared, “Before I went to college, I didn't have someone to stay with because my foster mom kicked me out. During that time, I was not sure where I would be living. I was moving from home to home. I was missing my real family, stuff like that was challenging for me.” Moses (Lived Expert – Youth in Care) emphasized that some placements are in themselves abusive, even when that abuse looks different from what they have experienced before.

“I stayed with my aunt for three years. I moved in with foster parents when I was about 18. Before that, it was kind of like the same thing. Even moved from my mother's house into my aunt's house. It felt like an abusive home, just not physically. It was verbal instead. It was not great. When I switched to my foster

parents, it felt like I was actually in an environment that was nice to me. Before that, I had a small room and no privacy. – Moses (Lived Expert – Youth in Care)

Another young adult (Lived Expert – Youth in Care) highlighted the importance of children having regular private conversations with their caseworkers where they can disclose abuse. She shared, “I was reviewing the strategic plan for Illinois DCFS. One of the biggest issues for them to address is maltreatment in the foster care system. One of the issues is that children aren’t able to talk privately to their caseworkers and tell them what is happening.”

Three Lived Experts as Youth in Care discussed that the expectation that they call their foster caregivers “mom” and “dad” made them uncomfortable. One Lived Expert shared, “I also don’t like calling foster parents mom and dad. I don’t think we should be forced to do that.” Two other Lived Experts (youth) said that what youth call their foster caregivers “should come after and from the child” and “it should be up to the child what they call their foster parents.”

MA and Jamie (two Lived Experts – Foster Caregivers) discussed how part of having a safe home is educating children about being safe. MA highlighted that part of children knowing they are in a safe environment is teaching them about safety. This includes teaching them things like “not to play with fire” and “safety in terms of strangers.” She emphasized that in foster care, the latter is challenging as children in care are frequently expected to accept new people (caseworkers, aides, providers, caregivers). Because of this, she and her spouse focus on helping them understand that “they should never just go up to strangers.... And that if anybody ever touches them inappropriately, to tell them.” Jamie (Lived Expert – Youth in Care) explained that you have to approach teaching children about safety with balance in mind. She said,

It's always good to expose kids to the real world. I don't believe in sheltering kids because, to me, that just does more harm than good. But at the same time, there's like a balance that needs to happen. Even though there's bad out in the world, it's important for kids to feel safe and secure within their home. But even though all those bad things are happening out there, I know that as soon as I walk through those doors, I'm safe. – Jamie (Lived Expert – Youth in Care)

### *Consistency and Routine Build Trust and Safety*

Nine Lived Experts (seven as Caregivers and two as Youth in Care) discussed the role of consistency, routine, and structure in establishing a sense of safety, especially for children. Five of these Lived Experts (two as Youth in Care and three as Caregivers) emphasized the importance of placement stability for children and youth in care. BR (Lived Expert – Foster Caregiver) noted consistency, safety, and routine as key concepts he heard caregivers emphasize

during the listening session he facilitated. He added, “These are the things our kids were lacking in the situations that they came from. Without identifying it necessarily as a building block of well-being, the caregiver knew that kids need this. This is what we had to create as a foundation for our kids.” Amber (Lived Expert – Foster Caregiver) emphasized that a stable home with structure is important for children in care. She stated,

It’s important to maintain a stable home environment, as well as provide structure. A lot of these kids come with trauma, and with trauma comes a need for structure. A need to know what's coming next. Keeping as much structure and schedule as you can for them and stability because they're not used to having that. – Amber (Lived Expert – Foster Caregiver)

Michelle Walsh (Lived Expert – Youth in Care) expressed concern over her younger sister’s multiple placements, describing them as both harmful and traumatizing. Nikki (Lived Expert – Youth in Care) shared how hard it is for children to build and maintain trust unless they feel that they believe that they are somewhere “safe and stable.” Amelia Darcy and MA (Lived Experts – Foster Caregivers) emphasized how consistency is important for youth in care. They shared,

Consistency is important for kids in care. Some of them have not had a lot of consistency. Having that consistency in their lives helps them in a lot of ways. That goes along with predictability. – Amelia Darcy (Lived Expert – Foster Caregiver)

Consistency for children is important. It helps them to know they're in a safe environment. A place where they can be open and honest with the caregivers. – MA (Lived Expert – Foster Caregiver)

Carol and Stephanie Johnson (Lived Experts – Foster Caregivers) shared how young children thrive when they have routines that help them understand what to expect in their day and that disruptions to the routine can lead to behavioral challenges.

We have a one-year-old and a two-year-old, and the biggest thing that I have seen is being able to know what their day is going to look like. Like for them to know. What can they expect? That there aren't surprises thrown their way. If there are surprises, it is best if we have enough time to be able to prepare them. I think that has been crucial. Carol (Lived Expert – Foster Caregiver)

In our case, it's been behavioral. If everything is kosher with the routine, then the behaviors are pretty normal behaviors. But unexpected visits or other changes

throw everyone for a loop. Unfortunately, this happens all the time. Stephanie Johnson (Lived Expert – Foster Caregiver)

Carol (Lived Expert – Foster Caregiver) also shared that the trauma experienced by her foster daughter has contributed negatively to the child’s sense of agency. Carol indicated that despite their efforts to provide consistency, stability, and predictability, her foster daughter “wakes up every morning screaming... She screams like she has terrible dreams every night. Then she looks around like, ‘What?’ The thing that I feel like is missing for her is the sense of predictability or the feeling of having some control.”

### *Recognize Experiences of Safety that are Unique to Youth in Care and Their Families*

Many of the lived experts participating in the study highlighted how youth in care and their families experience safety differently, with many highlighting vulnerability to safety for youth in care. Several of these comments were highlighted in the sections above as they relate to children's sense of safety in the home and their heightened need for consistency and routine due to the trauma they have experienced. Eight Lived Experts shared their experiences and observations of additional vulnerabilities to safety for youth in care. Four respondents shared their concern that youth in care were separated from their formal and informal support networks and denied autonomy, control, and privacy.

Carol (Lived Expert – Foster Caregiver) emphasized how a sense of agency is connected to having some control over your day. She emphasized her foster daughters’ health and the lack of control they experienced in their home environment. She shared, “Feeling you’re in control of your day, that there is predictability or a sense of agency. Trauma is about not feeling like you have control in a situation. To me, that's been the biggest thing connected to wellness in these girls’ lives.” Carol’s insight reinforces a key principle in trauma recovery, which is that restoring control and agency is central to healing. Lived Experts as Youth in Care emphasized how some placements run counter to this need. HT (Lived Expert – Youth in Care and Parent of a Youth in Care) described how she views residential placements as depriving older youth of their sense of control and autonomy.

I think that putting any developing child in a room with four cinder block walls and giving them specific times when they can eat and pee, and not being able to go outside... My residential facility was in Chicago, and there was no playground. We were not allowed to go outside. I don't know if that's legal now. It was legal in 2015. We never went outside. There were no windows in our rooms. It was a single bed. We weren't allowed to keep any of our belongings in our rooms. I mean that it is psychological torture. I genuinely believe that facilities like that

should be completely redone. They never are, and it breaks my heart. There are probably still kids in there. – HT (Lived Expert – Youth in Care and Parent of a Youth in Care)

HT also emphasized how some residential placements restrict access to external supports, including family and caseworkers. She shared, “You get one phone call a day for three minutes. A three-minute call a day, you have to choose between family members, friends, or caseworkers. You can't get a family call and a caseworker call. You can't do that. You have to pick one. It was hard.” Further, HT reflected on how her experience with residential left her feeling like she wasn't “a real person.” She shared, “I was only there for about four months, and when I was released, I was put into a foster home down here in southern Illinois. I didn't feel like a real person anymore. I don't. It took me a long time to get back to normal.” Vee (Lived Expert – Youth in Care) emphasized that youth in crisis sometimes respond to trauma, this loss of autonomy, with self-harm or dangerous behaviors, which add additional trauma for which they need to heal. Vee shared, “Youth in crisis are going to cut, self-harm, or run away. Our staff don't take into consideration that some of us have done that. Some staff are just not considerate of the feelings of the youth in their care. They'll talk stuff about the children to other children that they favor, or even other staff – their peers.”

Vee (Lived Expert – Youth in Care) also felt that DCFS fails to consider the feelings of the youth in these types of placements, and by extension, she expressed concern for DCFS's ability to respect the feelings of younger children. She shared, “If they [DCFS] can't even think for the adolescents and consider our feelings, it's even harder for them to keep that in mind for our babies.” An example provided by Stephanie Johnson (Lived Expert – Foster Caregiver) illustrates how this lack of consideration may look different for young children. Stephanie Johnson shared that while she felt that visitation was key, the workers did not do enough to protect her son from exposure to drug residue that led to him having rashes and breakouts. She stated, “My foster son, he's a year and a half old. His biological parents, when they would have visits, were actively using. You could see that they were high on their choice of drugs. The baby's health was affected by it. The parent would be kissing him, like a parent should. But it would leave him with rashes, and he would just break out all the time... There was no accountability when there were things like that.”

Another vulnerability that is unique to child welfare is the opportunities for different parties or providers to abuse their power to manipulate and harm children, youth, and families. HT (Lived Expert – Youth in Care and Parent of a Youth in Care) described an example of this form of abuse. She shared her experience with a caregiver for her son who manipulated her and abused her power to try to disrupt reunification.

When I first became homeless, my child was moved to a foster home, where he was for about a year. By that point, my now husband and I had completed all of our services, and we were having unsupervised visits. When they started talking about my son coming back home, the foster parents put in a motion to intervene. They lost. Even after that, they continuously came to my house. They sent packages to my house. They hired a private lawyer to put in another motion to intervene. They showed up at the hospital after I gave birth to my second child. When I didn't want them there, they called the DCFS hotline to try to get my baby taken away.... I feel like I am in danger, and the agency doesn't know what to do about it. They're like he's being returned home, but we don't want to let him out of care yet. We want you guys to still have services because we're afraid of ongoing harassment and stalking [from the caregiver]. – HT (Lived Expert – Youth in Care and Parent of a Youth in Care)

HT described how she felt manipulated by the caregiver and how deeply that had hurt her.

At first, my son's foster mom was a support person for me. I absolutely loved her. She was nice to me. She told me over and over again that they would support me to get my son back home... She said I could 'talk to her about anything.' I opened up to her about all my trauma-- my past drug use, the sexual assault in childhood, the abuse. Then she blocked me and filed a motion to intervene with screenshots of everything I had told her. I balled in that courtroom. I cried so hard that day. She did that... I was excited to see a female figure that my brain correlated to the mom I didn't have, and then she did that to me. – HT (Lived Expert – Youth in Care and Parent of a Youth in Care)

Finally, HT shared how the stress of this incident and the ongoing abuse from the caregiver physically impacted her.

I had so much cortisol in my body. I was so stressed out that my midwife thought that's why my little baby wouldn't flip. He was breached and wasn't moving a whole lot. He was doing fine, but he wouldn't move much because I was tense and stressed out. And that day in court was the day that I started having contractions and had to go for an emergency C-section. I was crying so hard that my body was just terrified into labor. My husband was angry for three months. He was angry all the time--not at me, but at them for stressing me out badly. – HT (Lived Expert – Youth in Care and Parent of a Youth in Care)

## Section Summary

- Home is a key place of safety for children and youth.
- Healthy growth is best supported in homes where children feel physically and psychologically safe and their basic needs are met.
- Children and youth need supportive and safe people, processes, and places to express when they don't feel safe at home, including substitute placements.
- With stable and trusted routines at home, stress becomes more manageable for children and youth, creating an environment where healing is supported.
- Opportunities to have control help youth better meet their needs and explore developing different aspects of their well-being.
- Particularly in restrictive placement settings, youth benefit from supportive processes that help them build trusting relationships and engage in effective treatments.
- Amidst experiences of being invalidated, mistrusted, and violated, children and youth in care need to feel seen and heard, and be able to trust that someone is looking out for their well-being, and will take appropriate action.

## Well-Being Domain: Economic Security

The domain of **Economic Security** is the extent to which individuals and families have the means to meet their basic needs, including childcare, clothing, education, food, health care, housing, and utilities; absorb financial shocks; and support the resources and opportunities they perceive as contributing to their ability to thrive. Lived Experts discussed the connection between economic security and other well-being domains, specifically physical and mental health, education and cognitive health, and social, familial, and community connection domains. With one participant describing economic security as similar to “social determinants of health,” or more specifically, referencing that economic security acts as a social determinant of well-being. Discussion of economic security was almost always described as foundational to the other domains of well-being.

Lived Experts discussed the connection between economic and employment security and their physical and mental health, especially as it relates to meeting their basic needs. Two Lived Experts, MA and Mark (Lived Experts – Foster Caregivers) provided definitions of economic security. MA defined economic security as “having a safe place to live, access to food, and clothing.” Mark defined economic security as “having shelter, food, and a sense of security, financially.” Moses (Lived Expert – Youth in Care) indicated that economic security wasn't on the forefront of his mind as a child, but as an adult, “Economic security is a huge part of well-being, especially with the news about homelessness and the housing crisis.” Similarly, TLN (Lived Expert – Parent of Youth in Care) shared, “Having economic security is critical to one's

well-being.” A Lived Expert as Youth in Care shared that “a lack of financial security can be a negative factor in your well-being.” She further indicated that economic insecurity may manifest as “slipping up on bills or doing a lot of excessive spending on things that do not serve any purpose and do not bring us joy.”

Gabby (Lived Expert – Youth in Care) shared that “having a job, being able to work, and making money” are all important for her and her friends, although she personally felt mental health was more important. She emphasized that having money to afford to do things beyond meeting their basic needs (e.g., shelter, food, healthcare, etc.) is important. She shared, “A lot of my friends are focused on having a job, on their financial stability. A lot of them are focused on having fun. Fun is important for well-being. They want to explore, and they feel like that's important to their well-being. Some are focused on changing who they are in terms of mental growth and growing as a person, and having money supports that.” Gabby also discussed her observation that having the financial ability to support others is a crucial aspect of well-being, particularly for parents, guardians, and caregivers caring for children.

India (Lived Expert – Youth in Care) indicated that getting a job to help her mother pay her rent “would be a big well-being move.” Further, that she could keep her “mind out of other struggles if I could get a job.” Mark (Lived Expert – Foster Caregiver) indicated that having a job was a key aspect of his well-being. He said, “It’s [well-being] just being happy, knowing that I have my family, and I have a job.” Another participant (Lived Expert – Youth in Care) shared her observation that for a lot of adults, “their well-being can be tied to their job satisfaction.” Charlotte Green (Lived Expert – Parent of Youth in Care) indicated that employment security is a key factor in economic security. She shared, “When we talk about economic security, I think of jobs. You know security with the job. There have been a lot of people losing their jobs. That's a big worry because now they're, ‘How am I going to pay this?’ and ‘What am I going to do next?’” TLN (Lived Expert – Parent of Youth in Care) shared his belief that people need to have “multiple revenue streams” and “opportunity to pursue that would give us additional income, or residual income” in order to have a “sense of economic security for oneself.” TLN described the impact on mental health when your financial resources are not sufficient to meet your basic needs.

If you don't have the money to pay a bill, your social outlook and your emotional outlook are going to be off. If you don't have a job to take care of yourself and you're waiting for a monthly stipend, your social and emotional well-being is going to be out of sync all month or until you get that stipend. Then once it's gone, you're back in the same place. That affects your social, emotional, cognitive, and mental health. – TLN (Lived Expert – Parent of Youth in Care)

Gabby (Lived Expert – Youth in Care) also emphasized that people’s focus on financial stability may be about protecting their mental health. She observes that most people do not seem to “realize how important mental health is.” Another participant (Lived Expert – Youth in Care) indicated that a lack of financial stability leads to choices made based on scarcity that may result in exclusion and isolation, socially. This same participant also highlighted how work-related stress can result in working fewer hours or leaving a job, which can result in stress from the impact on their economic stability. India (Lived Expert – Youth in Care) relates financial support for education as contributing to her freedom of choice. Specifically, she shared that this financial support allows her to pursue “whatever career I choose” and has had a positive effect on her mental health. She highlighted a need for more financial resources to support the transition from education and “getting a job,” including expenses such as transportation and interview clothing.

Four Lived Experts highlighted the intersection between economic security and education. Mark (Lived Expert – Foster Caregiver) highlighted the connection between education and employment opportunities. He shared, “We could go to a trade school or a college, so we can get a degree or a certificate, so we can get a certain job that may interest us. This would correlate with and help us with our well-being because financially, we could purchase things that we may need.” Three of the Lived Experts, Charlotte Green, India, and Gabby, all highlighted the financial costs associated with education. Charlotte Green (Lived Expert – Parent of Youth in Care) shared that she works two jobs, which allows her wife to stay home with their children and for her to continue her education. Gabby (Lived Expert – Youth in Care) shared that financial well-being for her means “having enough money to pay bills, go to school, and do recreational things.” India (Lived Expert – Youth in Care) discussed the importance of having money to cover the ancillary costs of education, specifically tutoring and transportation costs. She shared that delays in supporting her citizenship process have resulted in her not being eligible for some of the financial resources that DCFS provides to support the educational pursuits of youth in care or youth who were previously in care.

### *Section Summary*

- Lack of economic security adversely affects all other well-being domains.
- Economic security and financial support greatly contribute to access and continuity in pursuing postsecondary education and career development opportunities, physical and mental health services, and safe, stable housing for personal growth.
- Household economic stability directly affects children’s and youth’s well-being, particularly for youth transitioning to independence or supporting family members.
- Economic security also contributes to youth's sense of control, autonomy, and independence in navigating their needs and aspirations for their well-being.

- Lack of economic security can lead to stress, scarcity-driven decisions, social exclusion, and disruptions to mental health, learning, and life planning.

## Well-Being Domain: Racial-Cultural-Gender Identity Resilience

The domain of **Racial-Cultural-Gender Identity Resilience** is the extent to which individuals, regardless of their race, ethnicity, gender, or cultural heritage, are treated fairly and respectfully, have access to equitable opportunities and resources, and are supported in developing a healthy, culturally rich identity. Identity resilience is defined by Breakwell (2021) as follows:

Identity resilience refers to the extent to which an individual possesses an identity structure that: facilitates adaptive coping in the face of threat or uncertainty, can absorb change while retaining its subjective meaning and value, and is perceived to be able to cope with threat or trauma without experiencing permanent undesired change. Identity resilience is defined as a relatively stable self-schema based on self-esteem, self-efficacy, positive distinctiveness and continuity.

Lived Experts highlight three focus areas under the domain of racial-cultural-gender identity resilience. These included:

- a) Discrimination in the United States contributes to the context for building identity resilience.
- b) Cultural socialization is a central facet of identity resilience development.
- c) Experiences with racist placements affect the safety of children and youth.

Lived Experts' perspectives on these three areas are discussed below.

### *Discrimination in the United States Contributes to the Context for Building Identity Resilience*

Six Lived Experts highlighted the connection between the context of racial and cultural discrimination in the United States and the well-being, especially among populations of people who have been and continue to be oppressed socially, financially, and otherwise. Comments by Ingenious (Lived Expert – Youth in Care) illustrate the longstanding impact of race and culture in the United States. She shared, “Race is a significant issue in this county that has been ongoing for a long time. People should always see you as who you are. It's not about the color of your skin or anything like that.” India (Lived Expert – Youth in Care) shared a similar sentiment, adding an example of how this oppression has impacted her personally, “Race and culture are big problems here in the United States. These problems caused a lot of delay in my immigration

process and everything.” India (Lived Expert – Youth in Care) described how the denial of ongoing oppression is common and contrary to her experience. She shared,

People say there is no racial profiling anymore, that everyone is the same. It’s not true. Everyone still treats each other differently. Brown skin still gets racism, and white skin doesn’t. I feel that on a different level, even within my culture. I experienced racism like, ‘Your skin is darker skin.’ – India (Lived Expert – Youth in Care)

MA (Lived Expert – Foster Caregiver) described how the children in her care will grow older and learn about racism and her commitment to affirming their equity and providing support. She shared, “They’ll learn, unfortunately, that there are still forms of racism out there. But they can do anything they want to do, and they’re equal to anybody out there. Everybody’s value is the same, but they will have to work harder [because of their race].”

Vee (Lived Expert – Youth in Care) described oppression at the intersection of race and gender and the lack of support she experienced as a Black woman. Vee shared how she had just been turned away from a shelter based on her race. She shared,

I just got declined from a shelter, which is why I am going back home to Chicago. People don’t like to realize that these things happened in America... They call this place the land of the free. But for some people, it’s like prison... I packed my bags all the way down there. That’s another life lesson. You don’t get much help as it is when you’re Black, let alone a female. Even if I do ask for it, it’s a racist ass town. I was declined by the shelter because they thought I was white over the phone, and I turned up Black. – Vee (Lived Expert – Youth in Care)

Lived Experts also highlighted that in the United States, socially, the father’s role is treated as secondary to the mother’s role. BR (one of the two Lived Expert as a Foster Caregiver) study, shared, “The definition of caregiver is female—it’s gendered in that way.” Further, BR shared his observations of the rarity of single males becoming caregivers, as opposed to single females. He shared,

One of the things I recall from our DCFS training is that we had a large class. It was comprised of a number of single women who were training to become caregivers, while the rest were couples. About an even number of female-only caregivers and cis couples. There was one older gentleman who became a caregiver on his own. His wife had passed, and they had always talked about doing it... I remember touching base with him several months later after he had gotten a placement. He was so happy that he had done this. He had made a

connection with this child. He was making it happen. Caregiving isn't gendered work; it's work. – BR (Lived Expert – Foster Caregiver)

Lived Experts pointed out that LGBTQIA+ youth are overrepresented in child welfare and that these youth continue to face discrimination both from society at large and from some within child welfare. MH (Lived Expert – Foster Caregiver) indicated we need to do more in consideration of “gender well-being.” Carol shared the story of a trans youth (age 12) with severe mental health and behavioral challenges who was placed in their home. Carol (Lived Expert – Foster Caregiver) shared that the private agency that they were working with at the time indicated that the child’s “mental health challenges were because she was trans.” Reluctantly, Carol and her partner ended up giving notice for the child to be removed from their home, only to be told that “There were no other affirming homes and that if not with us, she would be misgendered.” Carol explained how she and her partner left their previous private agency (and moved to DCFS), after she learned that their private agency “had pulled a kid because their foster parent was honoring their psychologist's recommendation to use their pronouns.” Carol went on to describe her efforts to advocate for this youth and the challenges the youth is facing that are in part because “someone needs to tend to her gender needs.” Carol contrasted this to how her trans partner was treated by DCFS, stating that “Our DCFS caseworker advocated for us.”

## Cultural Socialization is a Central Facet of Identity Resilience Development

Three Lived Experts (Ingenious, Moses, and ALH) highlighted how isolation from others with a shared cultural background and disconnection from their ancestry impacted their well-being. Ingenious (Lived Expert – Youth in Care) described the importance of having people with a shared West African heritage as close friends and how these relationships differ from her relationships with her African American friends, whom she also values.

I have a lot of West African friends. Most of the people that I am close with are from the same country. That helps me because I know what they have been through, and they do too. When you have somebody who's the same race, things are a little easier. I have many African American friends. But at the same time, it doesn't matter how you come to me as long as you are respectful and keep yourself in a good manner. It's different, though; when I got African friends, we could talk about our culture. We talk about how you grew up. It's gonna have the

same things. With my African American friends, it's not the same, because we did not grow up the same way. – Ingenious (Lived Expert – Youth in Care)

Ingenious went on to explain that during a challenging period for her when she was living in a shelter, she felt isolated because she “did not have any connection with anyone who was Black or African.” Moses (Lived Expert – Youth in Care) shared how he doesn't feel connected to his Mexican descent.

I'm Mexican American. I haven't kept in contact with my culture. I haven't. It's not that I haven't wanted to get in contact with my culture. It's just that I feel I've been ostracized from my culture as an orphan. My foster parents are white. I never had contact with Mexican culture growing up. I can't even speak Spanish. I wasn't taught it by my mother or anything. I look relatively dark and have long hair, so people make assumptions that I'm ethnic or that I speak Spanish. This is personally embarrassing. I'll walk into a restaurant, and be like, “Can I get a steak burrito?” They respond, “Carne Asada?” Every other Mexican will look at me in the restaurant like they're thinking, ‘Kids these days!’ ... Honestly, it feels impossible to even want to reconnect and try to gain some of that knowledge. It's hard, and it can feel superficial. – Moses (Lived Expert – Youth in Care)

ALH (Lived Expert – Youth in Care) also described feeling frustrated with not knowing her ancestry and not having a connection to her roots. She shared,

For me, I think not knowing my roots has been the hardest thing about being in foster care. To be honest, I don't have any origin outside of the US. Nothing like, “Oh my grandma is from here. I can go visit her.” It's interesting because some people are like, ‘Oh, you're white.’ Or ‘Oh, you're mixed.’ I've had some people come up to me, ‘What are you? You look different.’ That's how I feel, ‘What am I?’ I took a DNA test. That's how I know what I am. But what is the DNA test going to make me feel more connected to my roots, anyhow? Somehow, like magically? No. – ALH (Lived Expert – Youth in Care)

The importance of racial identity development was raised as a critical factor for youth in care by six Lived Experts as Foster Caregivers all of whom had children placed with them who have different race or ethnic identities from their own (aka transracial or transethnic placements) and one young adult (Lived Expert – Youth in Care) who was raised by a family of a different race (she is white her caregiving family was Black). The Lived Expert as Youth in Care shared her struggles with racial identity growing up in a transracial placement.

When I was in foster care, I lived in an African American household. I have been around a lot of African Americans growing up in the community. I had to acknowledge that I am different, I am white. I was told that I was Black... I'm like, 'No, I'm not.' I am able to truly know who I am and not have people assign titles to me based on my actions or appearances. It seemed disrespectful to me because while I am white, it was still my community. White is the color I am. I didn't choose it. But it is also disrespectful to those around me who see me and see that I am not Black. I am not African American. We had to work to find my identity. When people try to give you an identity, that can get really old. You are who you say you are, not who other people say you are or put a label on you. – Lived Expert as Youth in Care

Each of the Caregivers acknowledged the importance of racial identity for the children in their care, highlighting their experiences as a transracial family and their strategies for supporting identity development. BR (Lived Expert – Foster Caregiver) shared that, “My daughter’s identity is an important element of her well-being. It’s a key element of what we have to do for our children to help them develop resilience for their well-being. Ultimately, our children’s well-being and ours, through this relationship as they age, depends on their ability to develop a positive identity and a sense of belonging. These are going to be central to her success.” Carol (Lived Expert – Foster Caregiver) acknowledged that representation and affirmation are important for children’s racial identity development, stating, “There are many aspects of identity safety that I can't give these girls... We have conversations with them as often as possible. There is something important in having your identity reflected in the folks you are around and having your identity affirmed.” AK (Lived Expert – Foster Caregiver) indicated that supporting their child’s race identity development is a common conversation between her and her spouse and that they are committed to helping their daughter build pride about her Black heritage. AK shared,

We work a lot to make sure that she feels proud of who she is as a Black child. She is drawn to her books about Black hair and Black skin and being proud of being Black. She's going to get a tablet for her birthday because she's going to be two, and she'll be allowed to watch a little bit of programming. There is a show called Gracie's Corner that she'll get to watch. It’s about a little Black girl. – AK (Lived Expert – Foster Caregiver)

AK (Lived Expert – Foster Caregiver) shared that she feels that her husband's first-hand experiences with being othered and racial discrimination allow him to empathize with their daughter and provide keen insight as needed. AK shared, “Even though my husband's not Black,

he's also not white. He has experienced being othered in the United States and racism. And I think that it's going to be beneficial for our daughter to have a parent who understands what that's like." Stephanie Johnson (Lived Expert – Foster Caregiver) described how she emphasizes the shared racial heritage of her husband and son to help her son feel more included.

My son that I'm adopting is white, white, white with red hair, freckles, and the whole shebang. I'm a mixed Mexican woman over here, and my husband is white with brown hair. We're all just a bunch of brown hairs with our little red-haired kid. I always tell him that I'm the odd one out in this family to try to make him feel included. I always joke about it. I'm gonna be outnumbered. I'm gonna have two white men in my family, and I'm female, and I'm gonna be the only Mexican.  
– Stephanie Johnson (Lived Expert – Foster Caregiver)

Juliet Moore (Lived Expert – Foster Caregiver) highlighted how the child's interactions with her parents prompted the child to ask questions about their origins and why they are in care. She shared,

Initially, meeting her biological mom created more questions. 'Who am I? Where do I come from?' She's starting to catch on more because she doesn't physically look like us. Now that we've done more of those introductions, I can share more of that. 'Your mom says that you have your grandma's eyes.' I think that's helped her gain some confidence. Unfortunately, that comes with uncertainty and confusion about why she's in the situation she's in, but I think that's pretty normal. – Juliet Moore (Lived Expert – Foster Caregiver)

AK (Lived Expert – Foster Caregiver) expressed fear that her daughter, who is Black, may resent being raised by a white mother.

My biggest fear is that when she's a teenager, she's going to hate me because I'm her white mom, that I'm not Black. That's my biggest fear. All I can do is love her and try to help her understand that she's loved and she's perfect. She is the best thing that has ever happened to us. – AK (Lived Expert – Foster Caregiver)

AK went on to share some of the strategies she uses to support her daughter's positive racial identity development. She shared, "We are trying to help her maintain contact with her siblings and provide her with as many positive Black women role models and relationships as possible." Additionally, we choose schools and neighborhoods that are diverse." Both Stephanie Johnson and BR (Lived Experts – Foster Caregivers) highlighted that there is a stigma that impacts transracial families and their children's ability to build healthy racial and ethnic identities. Stephanie Johnson shared, "I know that ethnicities

can sometimes be an issue for people when they see different ethnicities raising different children, but for the most part, it hasn't been a problem for us.” BR shared, “Being caregivers to children in care means that other people don’t understand what our families look like or why they look the way they do. They do ask insensitive questions, and they will be put on the spot. They’re going to, especially with their peers, as they grow up, they will try to make it a thing of shame for them.”

### *Experiences with Racist Placements Affect the Safety of Children and Youth*

Two of the study’s lived experts HT (as Youth in Care and Parent of a Youth in Care), and Nikki (as Youth in Care) shared their experiences being in placements where the caregivers exhibited racist behaviors or enacted racist beliefs, which directly harmed their sense of safety and well-being. Nikki described being discriminated against by a white couple while sick with COVID-19.

I was at a group home, and it was like a white couple. Everything was good for a good month or two... I got sick, I had all the symptoms of COVID, but just for a day. I went back to school a couple of days later. I got tested and it came back positive for COVID. When I returned to the group home, the woman of the house was upset with me. They trapped me in my room for two weeks by myself with two hours of Wi-Fi. I still had to do my work. I couldn't leave the room without wearing a mask, and even then, I could only go to the bathroom. I would have to text them to get me food, and then I would have to wait for them to get up and do it. They would leave it at the door. I had to wait for them to walk away from the door before I could open it to get my food. The woman had also contracted COVID, but she was allowed to walk around the house. She cooked meals and played with the baby. I felt like that was a racial issue, and nobody noticed it. It wasn't resolved. I just had to wait it out. – Nikki (Lived Expert – Youth in Care)

HT (Lived Expert – Youth in Care and Parent of a Youth in Care) who is white, described her response to being placed in a home where the caregivers espoused racist ideologies (anti-Black). She shared,

It made me study, study, study. At the dinner table, I would ask, ‘Do you know about the prison-industrial complex? Do you know how that was started? Do you know where our police force came from? Did you know they used to be called the Runaway Slave Patrol? Do you know how deeply rooted racism is in this country to the point that it affects the food we eat, the media we see?’ It is deeply embedded into everybody's brains that we don't consider it an issue. – HT (Lived Expert – Youth in Care and Parent of a Youth in Care)

HT went on to explain that her pushback against the racist caregivers resulted in her being labeled as defiant and diagnosed with oppositional defiance disorder. She described that this diagnosis was repeatedly harmful, as she navigated the system as a youth in care and as a teen mother. HT shared other observations of racism in her time as a youth in care. She shared,

It breaks my heart that the agencies allow foster parents to put on their paperwork that they will not take in children who are not white. They allow them to write that, and they allow them to still take in kids when they know that they have this racist underbelly. That also directly affects the kids in their care because they are not exposed to different cultures or groups of people. The children in these homes do not learn how to treat others with respect. I think that's disgusting. I've been in multiple foster homes where the foster parents told me, 'We don't take Black children and you are not allowed to date a Black boy.' That's disgusting too. – HT (Lived Expert – Youth in Care and Parent of a Youth in Care)

### *Section Summary*

- Youth experiences with bias, discrimination, and racial profiling affect their sense of belonging, safety, and overall well-being.
- Gendered expectations of caregiving marginalize fathers and male caregivers, limiting their engagement and support. LGBTQIA+ children, parents, and caregivers face discrimination and misinformation, highlighting a need for targeted advocacy and support.
- Cultural disconnection and isolation adversely impact the capacity of youth to experience affirmation of their racial, ethnic, and cultural heritage.
- Having positive, social relationships with others that share racial, ethnic, and cultural heritage enhances identity resilience and well-being through that affirming connection.
- Cross-race and transracial placements present unique challenges, requiring intentional support to foster positive racial and cultural identity development. Exposure to racism within placements threatens safety and well-being, prompting youth to develop coping strategies such as seeking knowledge, community, and asserting their identity.

### **Chapter Summary: Proposed Definitions and Domains for Well-Being and Well-Becoming**

One of the key goals for the Listen to Us study was to challenge and ultimately enhance CWWR's work by engaging with lived experts to better understand how they define and experience well-being and well-becoming. Based on the information shared by Listen to Us Lived Experts, we

propose the following updated definitions for well-being and well-becoming and the six domains of well-being and well-becoming.

**Definition of Well-Being:** Well-being is an individual's current state of health, happiness, prosperity, and stability, shaped by their experiences, opportunities, adversities, and values. Well-being encompasses six domains: education and cognitive health; connection; physical and mental health; safe and secure environments; economic security; and racial-cultural-gender identity.

**Definition of Well-Becoming:** Well-becoming refers to an individual's future-focused efforts to grow, adapt, and improve their well-being over time.

**Domains of Well-Being and Well-Becoming:**

- **Education and Cognitive Health** is the extent to which individuals are engaged and able to grow intellectually. This includes all informal and formal means of learning. Cognitive functioning reflects a person's mental competencies, including their capacity to learn, current life skills, and employability skills (i.e., vocational aptitude, creativity, communication, problem-solving, and daily decision-making).
- **Connection** is the extent to which individuals' relationships and connections with others provide a sense of belonging, encompassing both formal and informal networks, social and familial ties, religious and spiritual connections, as well as identity and community associations.
- **Physical and Mental Health** is the extent to which, regardless of ability, individuals' overall health supports their ability to engage resources and opportunities they perceive as important to their well-being. Physical health and functioning encompass multiple factors, including nutrition, sleep, and stress, as well as the management of any ongoing illness or disability. Mental health is a person's outlook, attitudes, ability to manage stress, freedom from disabling symptoms, and the ability to cope with the ordinary demands and stresses of life.
- **Safe and Secure Environments** is the extent to which individuals experience both physical and psychological safety in their environments. Psychologically safe environments promote hope and growth through a sense of stability, control, reliability, trust, and consistency. Physically safe environments are spaces where the basic physical needs of the individual are met, and there is an absence of abuse, neglect, and other risks of physical harm, including violence in the home and local community.
- **Economic Security** is the extent to which individuals and families have the means to meet their basic needs, including childcare, clothing, education, food, health care,

housing, and utilities; absorb financial shocks; and support the resources and opportunities they perceive as contributing to their ability to thrive.

- **Racial-Cultural-Gender Identity Resilience** is the extent to which individuals, regardless of their race, ethnicity, gender, or cultural heritage, are treated fairly and respectfully, have access to equitable opportunities and resources, and are supported in developing a healthy, culturally rich identity.

Throughout the Lived Experts descriptions of well-being there is an underlying thread of intentionality. Lived Experts describe their ongoing behaviors, actions, goals, as contributing to their efforts to either improve well-being for themselves or those important to them. This includes things like seeking stable employment to provide safety for your family, investing in education as a means of future financial security, and choosing to spend time supporting a friend in crisis. Some actions are focused on changes to current or immediate states of well-being, while others are aspirational in nature and contribute to a perceived future state of well-being. This implies that well-being serves as the underlying motivation for the growth associated with well-becoming is rooted both in intentionality and a sense of self-efficacy about their ability to grow and change.

## Chapter 3. Well-Being Across Developmental Phases

This chapter draws on the study's Lived Experts to explore the foundational elements of child well-being across developmental phases. From their perspectives, Lived Experts illuminate what children need not only to survive but to thrive within diverse caregiving contexts. They emphasized that child well-being is dynamic, evolving as children grow and navigate new environments, relationships, and challenges. Consequently, developmental needs require age-appropriate, responsive care strategies. Whether addressing a child's physical health, emotional growth, or identity formation, one message is consistent: all children deserve nurturing environments grounded in stability, attunement, and connection.

### Physical Health of Children and Adolescents

Supports for basic needs and physical health support ensure children's fundamental physical requirements are met through comprehensive care and attention to nutrition, hygiene, shelter, and physical activity. This vital aspect of child development emphasizes providing balanced nutrition and regular exercise while teaching essential self-care routines that promote independence. Through consistent caregiving practices, children develop a sense of security as they learn to manage their physical well-being. Caregivers play a crucial role in establishing healthy habits by encouraging proper nutrition, maintaining regular sleep schedules, and fostering age-appropriate self-care skills. This foundational support creates an environment where children can thrive physically while developing the confidence and capabilities needed for their ongoing growth and development.

#### *Age-Specific Considerations for Basic Needs and Physical Health*

Infants and toddlers require complete parent and caregiver dedication as they are fully dependent on adults for all aspects of their physical care. KH (Lived Expert – Parent of Youth in Care) and Amelia Darcy (Lived Expert – Foster Caregiver) emphasize that parents and caregivers must actively manage every aspect of an infant's well-being, from feeding and diapering to maintaining cleanliness and hygiene. Amelia Darcy shared, "When you have an infant, there's a lot you have to do for the child. You have to make sure that they're eating, and that they have a clean diaper, and that they have clean clothes." KH emphasized that young children need constant attention and hands-on care since they cannot perform any self-care tasks independently. She said children need to be "well-kept and well-maintained" and that it is "up to the parent to do it because they can't do it themselves at that point."

School-age children benefit from established routines that provide structure to their daily activities. As TL (Lived Expert – Youth in Care, Parent, and Caregiver) illustrates, this age group

needs organized schedules for meals, hygiene practices like showers and baths, and other daily activities.

Another thing that I want to share is that for kids 10, 11, or 12, it's critical when they come home to have dinner ready or something for them to eat. Make sure that at 7:15 pm or 7:30 pm, showers and baths and stuff are out of the way. – TL (Lived Expert – Youth in Care, Parent, and Caregiver)

While they're developing more independently, Ingenious (Lived Expert – Youth in Care) notes that they still rely heavily on parental guidance and provision for their basic needs. She said, "For 10-year-olds, I will probably say they have parents guiding them. They have parents to provide everything for them." This stage requires a balance between teaching self-care skills and maintaining consistent parental oversight.

Adolescents, while more independent, still need thoughtful care and guidance tailored to their developmental stage. Jaime highlights two often-overlooked aspects of teenage care, adequate sleep (noting that teenagers need more sleep than adults) and proper nutrition. Despite their growing independence, teens require ongoing support to maintain healthy habits, particularly since they might be inclined toward poor dietary choices like excessive junk food consumption, as Jaime (Lived Expert – Youth in Care) noted in the following comment.

For teenagers, it's very important that they also get their rest. A lot of people tend to forget that kids need more sleep than adults... Making sure that they eat like well-balanced I know as a teenager, I would eat a lot of junk food. – Jaime (Lived Expert – Youth in Care)

This age group continually needs a delicate balance of independence and guidance to establish healthy lifestyle patterns.

### *Children's Basic Physical Health Needs*

Lived Experts highlighted the importance of meeting children's basic physical health needs, including hygiene, nutrition, and sleep and rest. Basic hygiene is a fundamental aspect of physical care that requires consistent attention and monitoring. As Charlotte Green (Lived Expert – Parent of Youth in Care) emphasizes, caregivers must actively guide children in developing proper hygiene habits, including regular showering and using personal care products like deodorant. Charlotte Green highlighted how parents and caregivers encourage their children to develop hygienic habit, "Just making sure they get in the shower. Giving them deodorant because their armpits are starting to stink. You want to make sure they smell good." AM (Lived Expert – Parent of Youth in Care) shared her observation of children wearing soiled clothing. She shared, "They might be dirty, or they may have worn the same clothes for two or

three days and you know, sometimes schools don't even notice that they've worn the same clothes." This comment highlights the importance of vigilance in identifying potential signs of neglect, demonstrating how basic hygiene is both a health necessity and an indicator of overall well-being.

Nutrition is a critical component of physical health across all developmental stages. MH (Lived Expert – Foster Caregiver) reflects the universal understanding that providing adequate food is a foundational responsibility of caregiving. She shared, "I would do for them what I did for my children, which is meeting their basic needs and *obviously* feeding them." Jaime's (Lived Expert – Youth in Care) insight adds depth to this understanding by highlighting how proper nutrition particularly impacts younger children's energy levels and growth. She shared, "Especially when they're at like that young age. Because they're growing and exploring worlds, all that energy comes through the food that they're eating." This demonstrates that nutrition isn't just about feeding children; it's also about providing the nutrients necessary to support their developmental needs.

Sleep and physical activities emerge as crucial indicators of children's overall wellness, particularly in younger ages. Stephanie Johnson (Lived Expert – Foster Caregiver) mentioned that infant sleep patterns illustrate how sleep serves as both a basic need and a potential warning system for other health concerns. She said, "Their sleep patterns, when they're really younger, like when they're babies... If he's not sleeping right, then something's wrong." Regular sleep patterns are recognized as essential for healthy development and can signal when intervention might be needed.

Physical activity and development opportunities are vital for children's growth and experiential learning. BR's (Lived Expert – Foster Caregiver) comment highlights that a child's joy in outdoor play spaces emphasizes how physical activity contributes to both motor development and emotional well-being. He shared, "When she has that free space outside to run around, to play in the jungle gym, to get on the swing, go down the slides, you know, her eyes light up because those are all new experiences." AM (Lived Expert – Parent of Youth in Care) shared, "He's all boy. He's full of bruises. It's not from me. It's from playing, you know, it's from playing outside." Her comment about play-related bruises provides insight into how normal physical activity manifests in children's lives, highlighting the importance of distinguishing between typical play-related injuries and concerns requiring intervention.

### *Preventive Health and Medical Care*

Preventive health and medical care encompass proactive healthcare measures and health education to support children's well-being. AA (Lived Expert – Parent of Youth in Care) mentioned vaccination scheduling ("PPV shot"); parents and caregivers must actively manage

preventive medical interventions and understand the timing of various health screenings and immunizations. AA (Lived Expert – Parent of Youth in Care) shared, "I had to take her [his daughter] to get a PPV shot or something like that where they check, and sometimes if you catch it on time, you got to get one shot, or sometimes you get two shots." This demonstrates the importance of staying current with recommended medical care to prevent potential health issues.

AA also emphasizes the crucial role of health education, particularly around developmental changes. AA shared his story of talking to his child about her menstrual cycle. He said, "And I was telling her your period will come soon. I told her, 'I don't know when it's gonna come, but these are some things that I want you to be prepared for.'" AA's account of preparing a child for menstruation shows how parents and caregivers must provide age-appropriate information about upcoming physical changes and bodily functions. This anticipatory guidance helps children understand and prepare for normal developmental transitions while establishing open communication about health matters.

### *Section Summary*

In conclusion, this analysis of lived experts' perspectives reveals nuanced recommendations for enhancing basic needs and physical health support across children's developmental stages. Study Lived Experts emphasized several key priorities for practitioners and policymakers:

1. **Age-Specific Care Guidelines:** Develop care practices that reflect children's evolving physical needs, from the complete dependency of infancy to the guided independence of adolescence. Guidance should incorporate evidence-based approaches for nutrition, hygiene, sleep, and physical activity, grounded in real-life experiences of parents and caregivers.
2. **Support Through Developmental Transitions:** Create clear frameworks to help children navigate developmental changes while maintaining consistent physical care and preventive health practices.
3. **Equitable Access to Health Resources:** Ensure all children, regardless of caregiving setting, have access to preventive care programs, health education, and supportive resources.

Lived Experts demonstrate a sophisticated understanding of how physical care requirements evolve with age, from the hands-on care needed for infants to the guided independence of teenagers. Their insights highlight how basic needs like hygiene, nutrition, sleep, and physical activity must be addressed differently at each developmental stage. While this study provides valuable guidance for practice, additional research could further strengthen the evidence base

for caregiver support programs and policy development, particularly in diverse care settings and across cultural contexts.

## Physical and Psychological Safety

Physical and psychological safety supports children's fundamental need for secure and nurturing environments where they can thrive developmentally. Several Lived Experts emphasized that caregivers should focus on ensuring physical safety while building emotional security by maintaining consistent and responsive relationships. This foundational element focuses on maintaining stable housing conditions, predictable daily routines, and reliable caregiving patterns that allow children to explore their environment confidently. Their recommendations highlight how physical and emotional safety work together to provide children with the secure base for healthy development, enabling them to build trust, develop new skills, and form positive relationships. This emphasis on comprehensive safety creates an environment where children feel protected and supported as they grow and learn.

Six Lived Experts as Foster Caregivers, Amber, MA, Kris, BR, and Salma Anna, mentioned the fundamental importance of providing safe environments for children. As Amber states, "The biggest thing you want to be for them is a safe place, nurturing them so that they know that they're safe." This sentiment is echoed by BR six Lived Expert as Foster Caregiver describes safety as "the basis to allow for thriving." Safety appears to be viewed as the essential foundation upon which all other aspects of well-being are built. Respondents consistently positioned safety as a prerequisite before children can explore, develop, and thrive in other areas.

Three Lived Experts (Salma Anna as a Caregiver; Jamie as a Youth in Care and Parent, and TL as a Youth in Care, Parent, and Caregiver) emphasized the importance of routines in creating psychological safety for children. As Salma Anna notes about her two-year-old: "he really thrives on having a predictable routine where he knows what's going to be happening in the day today." When this predictability is absent, children may experience anxiety and uncertainty. Jaime (Lived Expert – Youth in Care) reinforces this by stating, "Kids need routine, they need structure. It's very important." This suggests that predictable patterns provide children with a sense of security and control over their environment.

Three Lived Experts as Foster Caregivers (BR, Salma Anna, and Amelia Darcy) described the delicate balance between providing safety and allowing children space to explore. As BR notes, good caregiving "allows them to thrive and be able to do the little exploring that they like to do at that young age." Salma Anna builds on this concept, explaining the importance of "giving him space so he's able to learn different skills and do things independently... while showing that

you're still there and able to help if he needs assistance." This suggests that optimal well-being requires both protection and freedom to explore.

Beyond physical safety, four Lived Experts as Youth in Care (India, Ingenious, and Jaime) and one Lived Expert as a Caregiver (AK) highlighted emotional safety as crucial for well-being. India's example about a foster child being wrongly accused illustrates how emotional safety can be compromised in care settings. Ingenious notes that caregivers should "open their heart for the kid to feel comfortable and tell them about what they are going through," indicating that emotional safety includes having trusted adults to confide in.

Lived Experts emphasized that physical and psychological safety are essential for children's well-being. Children who have experienced trauma may need additional attention to both physical and emotional safety before they can fully thrive. Parents, caregivers, and systems supporting children should prioritize the following:

- Creating consistently safe physical environments
- Establishing predictable routines
- Balancing protection with opportunities for exploration
- Fostering emotional safety through trustworthy relationships
- Adapting safety approaches to match children's developmental stages

This study underscores the foundational nature of safety in the hierarchy of children's needs, positioning it as a prerequisite for healthy development rather than simply one aspect of well-being.

## Emotional and Mental health

The foundation of emotional and mental health in child welfare extends beyond individual interventions. It includes a compassionate network of support that honors the full complexity of human experience. This approach acknowledges that emotional well-being flourishes through secure attachments, understanding relationships, and consistent positive reinforcement.

### *Differences in Emotional Expression and Needs*

Lived Experts indicated distinct patterns in how emotional well-being manifests across different developmental stages. Children who are toddlers and preschoolers are developing fundamental emotional regulation abilities, but they lack sophisticated language to express their feelings. Three Lived Experts (India, Vee, Jaime) emphasized that very young children have limited verbal capacity to express emotions and "need attention" (India, Lived Expert – Youth in Care). Further,

they shared that children's emotional needs are often expressed through behavior rather than words - crying, tantrums, clinging behaviors, or withdrawal. Jaime (Lived Expert – Youth in Care) noted the importance of "regulating emotion" during the "terrible twos and terrible threes." Carol (Lived Expert – Foster Caregiver) highlighted how toddlers "have so little control, even over [their] emotions," making routines essential for emotional stability.

Lived Experts described elementary school aged children, from about six to twelve years of age, as developing more complex emotional awareness and vocabulary. Lisa (Lived Expert – Parent of Youth in Care) described this age as characterized by growing independence, "I'm outside! I'm a little free," while still needing guidance. Stephanie Johnson mentioned that her 10-year-old foster child began to verbalize feelings directly, whereas previously emotional distress manifested as "lying or more disrespect."

Lived Experts described adolescents, youth ages 13-18, as navigating an emotionally turbulent period. AM (Lived Expert – Parent of Youth in Care) referenced the movie "Inside Out 2" as "literally the perfect depiction of a teenager" with complex emotions. Lisa dramatically characterized adolescents' emotional states as "Depression! anxiety! Life is all bad!" Moses (Lived Expert – Youth in Care) expressed having struggled with his "teenage self," stating "I hated my teenage soul."

### *Emotional Security and Attachment*

Emotional security and attachment refer to children's need for stable, reliable relationships that provide comfort and safety. Several Lived Experts highlighted the critical role of secure attachments in emotional well-being. Kris (Lived Expert – Foster Caregiver) emphasized that very young children instinctively seek love and support, noting that as children develop (around ages 4-6), they begin to cognitively recognize whether they have supportive relationships or not. This suggests a developmental progression in attachment awareness. "That's just what they want. Four or five and six, they know whether they have it. I feel like. They know whether they have it or they don't people to support them, people to love them." India (Lived Expert – Youth in Care) specifically mentioned that an 11-year-old needs "someone they can go to go and talk to without being judged" - highlighting that emotional security includes having reliable people who offer unconditional acceptance. India also indicated that toddlers need "a parent that can actually be there for them," highlighting that attachment is formed through reliable presence and responsiveness. For children in foster care, who may have experienced disrupted attachments, this need is particularly acute. Amelia Darcy (Lived Expert – Foster Caregiver) indicated that even when young children cannot articulate their feelings about being "removed from their family," they still experience the emotional impact of these disruptions. A participant with experience as a youth in care emphasizes that for children, "consistency" and having "a

constant person" are essential components of well-being. Amelia Darcy (Lived Expert – Foster Caregiver) indicated that even when young children cannot articulate their feelings about being "removed from their family," they still experience the emotional impact of these disruptions.

### *Emotional Awareness and Expression*

Emotional awareness and expression play a crucial role in children's overall development, shaping their ability to communicate feelings, regulate emotions, and build healthy relationships. Vee (Lived Expert – Youth in Care) spoke to the profound effects of early adversity on emotional processing, stating that "a lot of times, you wouldn't be able to understand their world because they went through shit... at a younger age." This underscores how trauma can shape emotional responses in ways that may be difficult for others to comprehend. Recognizing these environmental elements is crucial for fostering emotional well-being in children and adolescents.

Teaching children how to articulate their feelings in constructive ways—rather than suppressing them or expressing them through harmful behaviors—can lead to better emotional regulation and mental well-being. Four Lived Experts (Jaime, Stephanie Johnson, Lisa, Amelia Darcy) emphasized the importance of supporting children's emotional literacy and healthy expression. Jaime emphasized a key distinction in emotional development: teaching children that "it's OK to feel the way they feel" while guiding them toward appropriate expression. She specifically contrasts this with simply punishing emotional outbursts, such as "hitting as a form of discipline," which she believes does not teach emotional regulation. Stephanie Johnson (Lived Expert – Foster Caregiver) described how emotions manifest behaviorally when language is limited, noting that her baby "pulls his hair if he gets too frustrated." This physical expression represents an early form of emotional communication.

Lisa (Lived Expert – Foster Caregiver) values children's "unrestricted" emotional expression, celebrating how they experience "the curiosity... the excitement... the anger." This suggests that emotional authenticity is itself a component of well-being. Amelia Darcy (Lived Expert – Foster Caregiver) discussed how therapy supports emotional development by helping children "start articulating a little bit more what they're feeling or at least learning how to do so." This points to the value of intentional interventions that build emotional vocabulary. For older children, emotions may be expressed in less direct ways. Stephanie Johnson (Lived Expert – Foster Caregiver) noted that her 10-year-old foster child initially showed emotional distress through "more lying or more disrespect" before developing the ability to verbalize feelings directly.

### *Environmental Factors Affecting Emotional Health*

External surroundings play a vital role in shaping emotional well-being. Supportive environments with safety, stability, and positive relationships help children develop emotional

health, while stressful or unpredictable settings can hinder emotional growth. HT (Lived Expert – Youth in Care and Parent of a Youth in Care) emphasized that "a safe environment where you react with compassion" is foundational for emotional well-being. This suggests that emotional safety is created not only through physical security but also through the way caregivers respond to children's behaviors and emotions. Key factors influencing emotional health include safe and compassionate interactions, predictable routines, social influences, media exposure, and experiences of trauma. Carol (Lived Expert – Foster Caregiver) highlighted the importance of routines in helping toddlers regulate their emotions, noting that young children have "so little control, even over [their] emotions." A Lived Expert as Youth in Care observed that "young ones can sense negative energy around them," highlighting how the emotional tone of an environment can affect even very young children. Another Lived Expert as Youth in Care reflected on the positively on "SpongeBob", recalling how the character contributed to their emotional well-being. This suggests that media figures can serve as emotional touchpoints for children, providing comfort, relatability, or even a sense of companionship. This reinforces the importance of fostering a positive and supportive atmosphere to promote emotional well-being. Without predictability, children may struggle with emotional regulation. BZ (Lived Expert – Foster Caregiver) provided a concrete example, describing how a consistent routine helped their 2-year-old feel secure enough to enjoy bath time "without fits."

### *Caregiver Responsiveness and Attunement to Children's Emotional Development*

Caregivers play a critical role in children's emotional development by recognizing and responding to their emotional needs. Attunement—the ability to perceive and interpret a child's emotions accurately—helps build trust, emotional security, and resilience. AM (Lived Expert – Parent of Youth in Care) highlighted the need to "pay attention" to children's "demeanor" and non-verbal cues, noting that some children "shut down" around certain people. This underscores that emotional attunement requires active observation beyond verbal communication to recognize when a child may feel unsafe or withdrawn. She also stressed that it is "really important to pay attention to these poor old kiddos that need some attention," suggesting that emotional attunement is an intentional and proactive process rather than passive awareness. Caregivers must actively engage with children's emotions rather than wait for them to express distress outright.

Effective caregivers go beyond verbal communication, paying close attention to behavioral cues, body language, and subtle shifts in demeanor. When children feel seen and understood, they are more likely to develop emotional awareness and healthy coping mechanisms. ALH (Lived Expert – Youth in Care) described the challenge of building trust with adults, explaining that children often need to "establish more trust in them before... opening up" and must "gauge their intention." This highlighted how a caregiver's trustworthiness and consistency influence a

child's willingness to share emotions and seek support. CW (Lived Expert – Parent of Youth in Care) valued her ability to recognize when "something's off" with her children emotionally. This intuitive recognition enables timely support and intervention, helping children feel acknowledged and cared for even when they struggle to express their feelings. Overall, these Lived Experts suggest that effective caregivers develop a refined ability to "read" children's emotional states by noticing behavioral cues and responding with empathy and understanding. This capacity allows them to meet children's emotional needs, even when the child cannot articulate their feelings directly.

### *Section Summary*

Lived Experts emphasized that emotional and mental health is a dynamic and foundational aspect of child well-being that evolves across developmental stages. Key recommendations for practitioners and policymakers include:

1. **Recognize Age-Specific Emotional Needs:** Tailor support to children's developmental stage, from helping toddlers regulate emotions through routines to supporting adolescents in managing complex feelings and social pressures.
2. **Foster Emotional Awareness and Expression:** Encourage children to identify, articulate, and constructively express emotions, using both verbal guidance and attention to non-verbal cues. Support interventions, including therapy when appropriate, to enhance emotional literacy and regulation skills.
3. **Create Stable, Nurturing Environments:** Maintain consistent routines, safe physical spaces, and predictable caregiving patterns to provide children with a sense of control and security. Recognize that environmental stressors, including trauma, media exposure, or social pressures, can significantly influence emotional well-being.
4. **Prioritize Caregiver Responsiveness and Attunement:** Promote caregivers' ability to observe, interpret, and respond to children's emotional cues with empathy and consistency. Building trust and secure attachments is essential, especially for children in care or those who have experienced adversity.

Lived Experts underscore that emotional health is closely linked to secure relationships, supportive environments, and attentive caregiving. These insights highlight the importance of proactive, developmentally informed strategies to nurture children's emotional well-being. Future research can further strengthen approaches for supporting children's emotional and mental health across diverse care settings and developmental contexts.

### **Cognitive Development and Learning**

Cognitive development is a dynamic and foundational aspect of child well-being, deeply influenced by children's natural curiosity, evolving communication abilities, and growing

awareness of their life circumstances. As children move through different developmental stages, their capacity to understand the world around them becomes increasingly complex—shaped not only by biological growth but also by the relational and environmental contexts in which they live. From the earliest stages of exploration to the formation of deeper, more abstract understandings of self and society, children's cognitive journeys reflect their intrinsic drive to make sense of their experiences. Insights shared by Lived Experts as Youth, Parents, and Caregivers in this study highlight the importance of nurturing this development through responsive communication, supportive learning environments, and sensitivity to how adversity can shape cognitive growth. This section explores how cognitive development unfolds across early childhood and beyond, and why attuned caregiving plays a critical role in fostering children's ability to think, question, and learn.

### *Natural Curiosity and Exploration*

Children possess an inherent drive to understand their world. This manifests as fearless questioning, fascination with diverse topics, and continuous investigation of their surroundings. The most prominent result across several respondents is children's inherent drive for exploration and understanding of their world. For example, one respondent (Lived Expert – Youth in Care) affirmed this fundamental trait, stating, "Children are naturally inquisitive." Similarly, AM (Lived Expert – Parent of Youth in Care) characterized her child as "fearless" and "curious," suggesting an eagerness to explore without inhibition. Jaime (Lived Expert – Youth in Care) emphasized the importance of supporting curiosity when children start "asking the big questions," cautioning against dismissive responses like "The world works the way it works because that's just how it is." She indicated that statements like this can discourage further inquiry. Lived Experts as Youth in Care, Parents, and Caregivers emphasized nurturing this curiosity rather than dismissing it. Respondents described children's natural inquisitiveness as the foundation for lifelong learning. Lisa (Lived Expert – Parent of Youth in Care) vividly described her son as "trying to understand everything around him," noting that "He is so curious about the ground, where water comes from, plants, dinosaurs, science... just about everything!" Overall, Lived Experts emphasized the importance of creating environments that support children's inherent drive to explore and understand their world, providing thoughtful responses to questions rather than dismissing them.

### *Developmental Progression in Communication and Cognition*

Children experience significant cognitive shifts throughout early development. Communication evolves from crying and basic gestures in infancy to single words, pointing, and eventually more complex questioning in the toddler and preschool years. They gradually develop perspective-taking abilities, recognizing that others have different viewpoints, which leads to experimental

behaviors like testing boundaries. Four respondents (Juliet Moore, HT, Salma Anna, and AM) noted the significant cognitive shifts that occur across early childhood. AM (Lived Expert – Parent of Youth in Care) noted her child's development around understanding early language concepts, responding to "No!" but not responding to "Stop!" Juliet Moore (Lived Expert – Foster Caregiver) described a clear developmental progression in communication abilities: "When they're an infant, your way of communication is to cry or to whine. When you hit that toddler stage, you start pointing or... single words or even hand motions." She further indicated that preschoolers begin to ask more questions, even if not yet using "full sentences." HT (Lived Expert – Youth in Care and Parent of a Youth in Care) identified a cognitive milestone when "children start to learn that people have differentiating views," which leads to experimental behaviors like lying "just to see what their reaction is." Salma Anna (Lived Expert – Foster Caregiver) also described how young children experience emerging perspective-taking abilities. She observed increased cognitive awareness in her two-year-old, who now "has a greater awareness of his surroundings" and "is more aware of his sibling relationships." Overall, Lived Experts highlighted the progressive nature of language development and its role in effectively communicating with children across different developmental stages. Therefore, cognitive abilities develop unevenly and progressively; caregivers should adjust their communication and expectations based on children's developmental stage.

### *Cognitive Understanding of Life Circumstances*

Children's comprehension of their life situations evolves with age and cognitive development. Younger children in challenging circumstances like foster care may perceive their situation as "normal," while older children develop a more nuanced understanding of their circumstances. Several respondents address how children's cognitive development affected their understanding of life situations.

Gabby (Lived Expert – Youth in Care) quote illustrates this developmental threshold in how children in foster care perceive their circumstances. She shared, "When they're that age in foster care [under 4 years of age]... to them it's pretty much normal. They are not thinking about the fact that they have new parents or a new guardian." She contrasted this with older children who "understand the implications of what's going on around them." Amber (Lived Expert – Foster Caregiver) observed that concepts like "economic security" aren't understood by very young children, noting, "If they were a little bit older, that might impact them a little bit more." As cognitive abilities mature, children become increasingly aware of broader social realities like poverty and inequality. This is illustrated by ALH (Lived Expert – Youth in Care), who described a cognitive shift in understanding social realities as children cognitively develop. She stated, "Then something happened... there's this shift. Then [the child says] 'Oh wait, actually, the world is kind of sad [referencing poverty and homelessness].'"

### Section Summary

- Children’s natural curiosity drives exploration, questioning, and a desire to understand the world, forming the foundation for lifelong learning. Supporting this curiosity through responsive communication and supportive environments nurtures cognitive growth.
- Development of communication and perspective-taking skills progresses across developmental stages, enabling children to express themselves more effectively and understand others’ viewpoints. Caregivers should adjust expectations and interactions based on these developmental changes.
- Cognitive understanding of life circumstances evolves with age; younger children may perceive challenging situations as normal, while older children gain nuanced awareness of social realities, including poverty, adversity, and trauma.
- Trauma, separation, and other adverse experiences can impact cognitive development, highlighting the need for sensitive, individualized support that accounts for children’s experiences and developmental stage.
- Attuned caregiving that responds to children’s questions, provides appropriate learning opportunities, and encourages exploration fosters cognitive development, resilience, and overall well-being.

### Identity, Self-Concept, Cultural Context

This section examines how environments support children's development of a strong sense of self, confidence, and belonging. It explores how they shape and express their personal, racial, and cultural identities within diverse and inclusive settings. Lived Experts highlighted how children build cultural competence and meaningful connections to their heritage and community across developmental stages. Lived Experts also discuss how educational practices affirm diverse identities, foster belonging, and help children navigate cultural contexts with pride in their backgrounds. Emphasizing social-emotional development over academic or cognitive skills, Lived Experts underscored how children come to understand themselves in relation to others and their broader cultural environment.

#### *Age-Appropriate Understanding of Identity and Belonging*

Children's understanding of their identity and sense of belonging develops over time. Lived Experts indicated that initially, very young children do not fully grasp cultural or racial differences. Amber (Lived Expert – Foster Caregiver) noted that young children (under 4) "don't see races" and remain unaware of complex social differences, allowing them a period of innocence. Amelia Darcy (Lived Expert – Foster Caregiver) discussed how children aged 3-5 start to question relationships and roles, particularly in non-traditional caregiving arrangements: "As kids get a little older, even three-, four-, or five-year-olds, they start to understand a little bit more depending on how long they've been with their caregiver....They may start to understand that a little bit more, even if they can't completely..." As children grow, they begin forming a

sense of self in relation to their family, caregivers, and community. Mark (Lived Expert – Foster Caregiver) emphasized that adolescents become more self-aware and reflective: "Around that age, they're more worried about maybe what they're going to become, where their life is heading."

### *Identity Formation Across Different Caregiving Settings*

Children in non-traditional caregiving arrangements, including adoption and foster care, experience unique identity challenges. Understanding where they come from and forming a secure self-concept can be complex. Shelly and Nikki discussed how children process their identity within caregiving structures. Shelly (Lived Expert – Foster Caregiver) discussed how a child's understanding of their biological origins evolves: "I think for right now it's OK, but I do know that she will have questions in the future because we haven't been able to continue that relationship." Nikki (Lived Expert – Youth in Care) shared the challenges related to her identity development: "I had to figure it out on my own and I feel like that's something that I should have gotten more support with."

As children develop their self-concept, their cultural identity and sense of belonging play a critical role. This is especially relevant in transracial placements and diverse caregiving situations, where children must reconcile differences between their cultural background and their immediate environment. The following perspectives highlight the importance of fostering cultural identity within transracial placements. Salma Anna (Lived Expert – Foster Caregiver) stated that as children grow, "there's a need for understanding their cultural identity. Where did they come from? What is their story, and how does it relate to what their story is now in the present day?" BR (Lived Expert – Foster Caregiver) discussed how children in transracial placements cognitively process racial differences as they grow older, stating "Identity and then a sense of belonging, especially in transracial placements in caregiving situations. You know, as these kids get older, obviously, they'll recognize that they aren't necessarily the same race as their caregiver." Marjorie (Lived Expert – Foster Caregiver) reinforced the need for caregivers to educate themselves about cultural differences, sharing "If you have a child that is a different race than you, then definitely educating ourselves as the caregiver so that we can support that is critically important."

### *Section Summary*

- Children's sense of identity and self-concept develop over time, with young children initially unaware of cultural or racial differences and older children becoming more reflective about themselves and their future.
- Social connections, family, and caregiving relationships play a critical role in shaping children's self-understanding and sense of belonging. Positive, supportive relationships foster confidence and emotional well-being.

- Children in non-traditional or transracial caregiving arrangements face unique identity challenges, requiring additional guidance and support to understand their origins, culture, and personal history.
- Cultural competence and connection to heritage enhance children’s identity formation and foster belonging, while caregivers’ awareness and education about cultural differences support this development.
- Environments that affirm children’s backgrounds, provide age-appropriate guidance, and encourage exploration of cultural identity promote healthy self-concept, emotional well-being, and resilience.

## Social Relationships and Connections

Social relationships form the cornerstone of children's development and well-being throughout their journey from infancy to young adulthood. These connections don't simply influence children—they fundamentally shape who children become, affecting their identity formation, emotional health, and ability to navigate complex social environments. As children grow, their social worlds expand and transform, requiring different types of support at each developmental stage.

### *Developmental Progression of Social Needs*

Social needs and relationships evolve across developmental stages, requiring different forms of support and guidance.

Most children’s earliest relationships are with their immediate family. These relationships initially develop in children’s infants and toddler years and develop across their lifetime. Healthy parent-child relationships provide emotional stability and a sense of security. Mark (Lived Expert – Foster Caregiver) highlighted the impact of parental presence: "I know when I get home from work, he's ready to see me. He's waiting for me... It helps his well-being because he's having something to look forward to and is excited." Sibling relationships offer emotional support and companionship. Moses reflected: "My friend Brandon, well-being to him means taking care of his little sister... He’s just hanging out with his family, hanging out with his sister."

As children reach preschool age, their social landscape begins to shift. The classic refrain of "mine, mine, mine" heard from toddlers reflects their developmental position between parallel play and true social interaction. BR (Lived Expert – Foster Caregiver) recognized this transitional phase in his child: "There's a lot of 'mine, mine, mine' happening. That's one of her favorite words at the moment... But, you know, obviously, you're transitioning from parallel play to interactive play." Within preschool environments, children begin practicing cooperation, turn-taking, and emotional regulation—skills that will serve them throughout their lives. One Lived

Expert as Youth in Care emphasized: "Things like daycare are important... learning how to be social with others, pick up on cues, and interact with peers."

The world expands dramatically for elementary-age children, when peer relationships take on newfound significance. Children at this stage actively seek out new friendships and begin navigating increasingly complex social hierarchies. AM (Lived Expert – Parent of Youth in Care) emphasized the importance of paying attention to these evolving social circles: "At 10 years old, they want to start hanging out with kids. That's whenever they want to start exploring new friendships and things like that. You have to start looking at their friends and who they start hanging out with." These relationships become powerful influences, sometimes rivaling the impact of family connections.

Providing structured opportunities for social interaction enhances children's ability to develop and maintain relationships. This includes the opportunity to participate in extracurricular activities such as cheerleading and sports, recreation provide valuable social connections. Impromptu and unstructured opportunities can also provide children with opportunities to build social and other skills. Jamie (Lived Expert – Foster Caregiver) described: "Whenever I'm cooking, sometimes my kid wants to partake in the actual cooking, so he has his own little kid-friendly kitchen stuff that he can help with." Ensuring equitable access to these opportunities is essential, particularly for children facing social barriers.

Peer relationships become increasingly influential during adolescence, helping shape social identity and emotional resilience. Lived Experts as Youth in Care repeatedly emphasized the significance of "friends" and "friend groups." Adult Mentors, Teachers, caregivers, and community members can provide guidance and stability. Marjorie (Lived Expert – Foster Caregiver) noted: "If there's even one other person at school—whether it's a teacher or another child—that my child felt connected to, that seemed like a step towards well-being."

Teenagers place immense value on their social lives, using these experiences to define themselves both within and apart from their families. Jamie (Lived Expert – Youth in Care) articulated why these connections matter so deeply: "It's very important for teenagers to socialize, whether that be via sports, clubs, or outside activities... so they can build those connections and relationships that can hopefully follow them into their adult life." Through these social experiences, adolescents develop not just friendships but a sense of belonging that carries them toward adulthood.

The transition to young adulthood brings new challenges in finding community and connection. Jasmine (Lived Expert – Youth in Care) described the disorientation that can come with this transition: "One of the questions [on a college application] was, 'What community do you

belong to?' and it was kind of hard... to differentiate what community do I want to belong to know that I'm a young adult?" This quest for belonging represents a critical developmental task as young people forge independent identities while maintaining meaningful connections.

### *Challenges in Social Development*

While relationships play a vital role in well-being, Lived Experts shared some of the challenges that can hinder social development, especially for children in foster care placements. Children in foster care frequently experience disruptions in social connections, making it difficult to form lasting relationships. Lived Expert as Youth in Care described this challenge: "This is a crucial time for social learning, which is why being in care can be so hard on kids." Foster youth often miss out on social opportunities due to logistical barriers and lack of support. India (Lived Expert – Youth in Care) shared her experience: "I should be participating in things at school, which I was not able to... Being in foster care, the foster parents most of the time don't help with anything. I didn't get a ride to just go to any of my games or after-school activities."

Young children learning social skills may struggle with concepts like sharing and cooperation. Addressing these challenges requires intentional support from caregivers, educators, and community programs. Children with ADHD often struggle with friendships due to impulsivity and self-centered behaviors. Amber (Lived Expert – Foster Caregiver) explained: "He struggles to maintain friendships and personal relationships because he's very impulsive. I don't like to use the term self-centered, but kids that have ADHD can tend to be very self-centered."

### *Section Summary*

- Social relationships are essential for children's development, shaping identity, emotional health, and social skills across all stages.
- Early relationships with parents, caregivers, and siblings provide security and emotional support.
- Peer interactions in preschool and elementary years teach cooperation, turn-taking, and navigating social hierarchies.
- Structured and everyday social opportunities foster connection, belonging, and skill-building.
- Adolescence and young adulthood bring new social challenges, with peers, mentors, and community members shaping identity and resilience.
- Children in foster care or non-traditional placements may face disrupted social connections, requiring intentional support from caregivers, educators, and programs.
- Social challenges, including difficulties with sharing, cooperation, or impulsivity, highlight the need for tailored support to ensure equitable access to relationships.

## Caregiver Relationships and Influence

Caregivers play a vital role in shaping children's well-being by providing emotional support, stability, and guidance. The quality of caregiver relationships influences children's ability to trust, regulate emotions, and develop resilience. While each child's experience is unique, patterns emerge in how caregivers impact well-being, particularly for children in foster care or those with early trauma. Ensuring that caregivers build trusting, supportive relationships is essential for fostering long-term emotional security and resilience.

### *Developmental Progression of Caregiver Influence*

Lived Experts described the influence of caregivers as evolving across different stages of a child's development, requiring adaptable caregiving approaches. For young children, caregivers fulfill critical physical and emotional needs. Consistent caregiving fosters trust, attachment, and security. Amelia Darcy (Lived Expert – Foster Caregiver) highlighted the importance of addressing both physical and emotional well-being: "if a child comes to you as an infant, they've already experienced the trauma, right? And it's still very hard. But if a child comes to you at two years old, and they've been moved five times, or, you know, they've been physically abused or emotionally abused, then they do need those physical basic needs, but you also might be working to show a child, you know, that life can be different than that, right? That's a completely different starting point, so those physical needs are needed. But the way that you progress may also be different to help that child have well-being." At this stage, children develop resilience through predictable, responsive caregiving, which helps them feel safe and valued.

Preschoolers begin expressing emotions and forming attachments beyond their primary caregiver. Their well-being is influenced by how caregivers respond to their evolving needs. Shelly (Lived Expert – Foster Caregiver) observed that signs of mental health concerns can appear early: "It's [mental health challenges] definitely something that you could see... even in a four-year-old. To be able to do some things to improve that for them would definitely be beneficial to their well-being." Early intervention and nurturing relationships at this stage help children develop healthy emotional regulation skills. Caregivers help school-age children navigate social and emotional challenges by fostering trust and providing guidance. At this stage, children begin forming deeper relationships with multiple caregivers, which strengthens their resilience. Shelly (Lived Expert – Foster Caregiver) emphasized the importance of trusting multiple caregivers: "It works... more effectively with more than one caregiver because they learn, you know, Mom can give me a bath and a bottle or, you know, the mother's helper can give me a bath and a bottle... It's critical to be able to trust more than one person." Having

multiple reliable caregivers helps children build a broader support system, increasing their emotional stability and adaptability.

Teenagers require caregivers who provide guidance while respecting their growing independence. The way caregivers engage with adolescents influences their ability to navigate complex emotions and relationships. CW (Lived Expert – Foster Caregiver) highlighted the importance of age-appropriate discussions: "I wait for an age-appropriate time to have certain conversations." Caregivers who engage in open, supportive dialogue help adolescents build confidence and make informed decisions, fostering long-term emotional resilience.

### *Challenges in Caregiver Relationships*

While caregivers play a critical role in children's development, various challenges can impact the quality of these relationships. Young children often struggle to communicate their needs, making it difficult for caregivers to address their needs effectively. Juliet Moore (Lived Expert – Foster Caregiver) explained: "I think especially kids that age, it's just a day-by-day thing because I mean, you know, it's hard for them to tell you what they need, but when they need it, they know they need it." Caregivers must develop attentiveness and patience to interpret children's emotional cues and respond with appropriate support.

Children in care can lack consistent, long-term caregivers, making it harder to develop secure attachments. India (Lived Expert – Youth in Care) described the lack of supportive foster caregivers: "There are probably some good ones that actually care about the foster kids, but I have not had them." This highlights the need for training and resources to help foster caregivers and build strong, nurturing relationships with children in their care. Some caregivers, particularly in foster settings, may focus on managing behaviors rather than addressing underlying emotional needs. India (Lived Expert – Youth in Care) emphasized: "The foster parents could change a lot of things, but they would not even take time to help out children, most of them." Ensuring that caregivers approach children with empathy and patience is essential for promoting emotional well-being.

### *Section Summary*

- Caregiver relationships are foundational to children's well-being, shaping their ability to trust, regulate emotions, and develop resilience.
- Consistent, responsive caregiving in infancy and early childhood fosters attachment, emotional security, and the ability to navigate challenges.
- Preschool- and school-age children benefit from nurturing relationships with multiple caregivers, which strengthen resilience and provide a broader support system.

- Adolescents require guidance balanced with respect for independence; open and age-appropriate communication supports emotional growth and decision-making.
- Children in foster care or other non-traditional settings often face disruptions in caregiving, making consistent, empathetic, and attentive support critical.
- Challenges in caregiver relationships, including focus on behavior management over emotional needs, highlight the importance of caregiver training and resources.
- Prioritizing nurturing, supportive, and reliable caregiving across all stages enables children to build trust, emotional security, and lifelong resilience.

## Chapter Summary

This chapter synthesizes the voices of Lived Experts as Youth in Care, Parents, and Caregivers themselves—to highlight seven interconnected domains essential to child well-being. These include physical health, safety, emotional and mental health, cognitive development, identity, social connection, and caregiver relationships. Lived Experts provided thoughtful, often urgent, recommendations for how to better support children across developmental stages and care contexts.

Lived Experts underscored the importance of age-specific care practices that adapt as children's physical needs evolve. From full dependency in infancy to growing autonomy in adolescence, support must be tailored with attention to nutrition, sleep, hygiene, and physical activity. Equitable access to preventive care and clear, evidence-informed guidance for caregivers are critical for fostering children's long-term physical health.

Physical and emotional safety were identified as foundational for healthy development. Stable housing, predictable routines, and emotionally consistent caregivers allow children to explore their environments confidently. Emotional well-being was described as dynamic and deeply influenced by relationships with caregivers. Responsive, attuned caregiving enables children to understand and express their emotions. Lived Experts stressed the need for trauma-informed support, particularly for children who have faced adversity, ensuring emotional health is nurtured at every stage. Lived Experts emphasized that these forms of safety are inseparable—both must be addressed together to create a secure base for growth.

Children's curiosity and communication skills were highlighted as key drivers of cognitive development. As they grow, their ability to understand complex life circumstances deepens. Caregivers must provide age-appropriate explanations and learning opportunities, especially for children who have experienced separation, loss, and other traumatic experiences.

Identity formation is shaped by cultural recognition, emotional safety, and social affirmation. Lived Experts advocated for supportive environments that honor children’s backgrounds and evolving self-concepts. For those in foster or non-traditional care settings, intentional guidance around cultural identity and belonging was viewed as essential for healthy identity development.

Social development emerged as a core component of well-being, with peer relationships offering joy, belonging, and emotional learning. Lived Experts called for systems that ensure all children have access to friendships and social spaces—emphasizing that connection is not a luxury, but a necessity for every child’s well-being.

Above all, consistent and nurturing caregiver relationships were seen as the bedrock of emotional resilience. For children navigating foster care, where stability is often lacking, the need for multiple trustworthy adults becomes even more urgent. Lived Experts advocated for caregiver training that prioritizes emotional responsiveness and builds children’s trust in their environments.

In conclusion, this chapter offers a roadmap for supporting holistic child well-being, grounded in lived experience. The insights shared by Lived Experts challenge professionals and policymakers alike to meet children where they are—developmentally, emotionally, and socially—while creating systems that honor their full humanity. Further research is encouraged to continue strengthening these frameworks, especially in culturally diverse and underserved communities.

This analysis has several important implications for supporting children's emotional and mental health:

- **Age-Appropriate Support:** Emotional support must be tailored to developmental stages, with younger children needing more non-verbal comfort and structure, while adolescents require understanding of their complex emotional landscapes.
- **Trauma-Informed Approaches:** For children who have experienced disruptions or trauma, additional attention to emotional security and attachment is essential, with recognition that behaviors often communicate emotional needs.
- **Training for Caregivers and Parents:** Caregivers and parents benefit from developing skills in emotional attunement—recognizing subtle cues and changes in children's emotional states. They also need support in designing environments that are stable, safe and feature routines supporting emotional regulation.

To strengthen social relationships and ensure positive developmental outcomes, the following strategies are recommended:

- **Implement Age-Appropriate Social Support** – Develop targeted strategies that address evolving social needs at different developmental stages.
- **Create Inclusive Social Opportunities** – Ensure all children, including those with behavioral challenges or in care settings, have access to quality social experiences.
- **Foster Relationship Quality** – Encourage meaningful relationships based on respect, equality, and emotional safety rather than simply increasing the number of connections.
- **Integrate Social Learning** – Embed social skills development into various environments, including education, recreation, and family interactions.

To enhance the role of caregivers in children's well-being, the following strategies are recommended:

- **Promote Stability in Foster Care** – Implement policies that support long-term caregiver-child relationships to reduce attachment disruptions.
- **Support Multiple Caregiver Relationships** – Encourage children to build trust with more than one caregiver to create a broader support system.
- **Foster Open Communication** – Educate caregivers on how to engage in age-appropriate discussions that help children process emotions and build resilience.
- **Expand Caregiver Training Programs** – Offer ongoing education for caregivers, to ensure they have the skills and resources to provide emotional and behavioral support.

## Chapter 4. Assessing Well-Being

One of the key goals for the Listen to Us study was to understand how lived experts assess their well-being and the well-being of those around them. This chapter outlines the perspectives and suggestions raised by lived experts for assessing well-being and changes in well-being. Their sessions were organized into four themes: 1) self-assessment of well-being, 2) assessing the current well-being of others, and 3) assessing changes in the well-being of others.

### Self-Assessment of Well-Being

Seven Lived Experts shared reflections on their self-assessed well-being at different points in their lives. Most of the young adults did this by reflecting on their well-being at a point in time when they were in substitute care. Lived Experts discussed their self-assessment involving two processes: 1) reflecting on their emotions and feelings, and 2) reflecting on continuity and discontinuity of their experiences.

#### *Emotions and Feelings in Self-Assessment*

Lived Experts expressed their well-being in terms of how happy or content they were at the time of the self-assessment. Ingenious shared, “Contentment is our happiness, our well-being.” Several young adults talked about feeling unseen as children or feeling that their self-assessment of their well-being was denied by the adults in their lives. HT (Lived Expert – Youth in Care and Parent of a Youth in Care) shared, “As a teenager, I just felt like a ghost. I felt like I wasn't seen. I felt like I was a name on a piece of paper.” She went on how the adults in her life would dismiss and deny her self-assessment of her well-being.

Sometimes I'd straight up tell them, 'I'm feeling like this.' Then they'd say, 'No, you're not.' That happened to me consistently in my childhood. I'm feeling depressed. I don't feel good. I'm tired all the time... I'd tell them this is how I'm feeling, and they wouldn't process it. They didn't want to. They don't want it to burden them. I think that's the key. They didn't want to feel burdened with someone else's well-being or emotional state. – HT (Lived Expert – Youth in Care and Parent of a Youth in Care)

LW (Lived Expert – Youth in Care) shared that when she was young her feelings were sometimes in contrast to what others experienced or expected. She shared that there were circumstances where she felt that she should be happy, but she wasn't and vice versa. She went on to share, “I feel like my well-being as a child was sometimes the opposite of what others thought... everything that was negative to others felt good to me. What people saw as positive, felt negative to me.”

Moses shared that well-being extends beyond social and emotional health – to include mental health. He described being suicidal while in care at the age of 14, and what that experience was like for him.

A lot of people didn't notice, when I was 14, I was suicidal... It was really hard. Even wanting to solve the problem, was hard. You just want to waste away, instead of getting up. When you're halfway wasted away, you think, 'Maybe, I should do something.' But you just want to rot away. – Moses (Lived Expert – Youth in Care)

He went on to share that it was hard to accurately self-assess his well-being when he was experiencing the depression that made him feel suicidal. He explained that he would experience “false signs of improvement, right before spiraling into a deep depression.” He explained that he was overwhelmed by feeling of worthlessness, and that sometimes he “didn't think that all the work was worth it, or even the next step.”

In the self-assessment of well-being, these comments highlight the importance of an individual's capacity to connect with their emotional state, name their feelings, open up to others about their feelings, and process feedback from others about them, noticing connection and disconnection. Lived Experts opened up about their struggle in creating connection with others around their well-being, being affirmed for their perspective, and being seen and heard through curious engagement, rather than surface judgment, projection, or dismissive communication.

### *Reflecting on Continuity and Discontinuity*

Two of the Lived Experts (one as Youth in Care one as a Caregiver) discussed how their reflections on continuities and discontinuities in their life provided them with insight into their current well-being. LW shared how as a child she would compare herself with others who had things she didn't, viewing their wealth as a signal of their well-being and by contrast her lack of well-being.

Back when I was in elementary school, well-being to me, was watching everybody else getting money for all different reasons. Well-being to me, was seeing you have the nice clothes and nicest Jordans to the cool little kicks on when they come to school. Then you see me, and I've got the same old stuff for a long time... Well-being to me was all the things I didn't have, if I am going to be completely honest. – LW (Lived Expert – Youth in Care)

LW shared how recently she compared her current educational status with her younger self. She relayed how her identity as a good student was threatened as she struggled with her GPA in college, and how that affected her self-assessment of her well-being.

I was on the honor roll in high school. In college, I barely got my GPA over 3.0. I am entering my master's program on probation. That is messing with my head a little bit. I would admit, though, that I used that as a distraction in high school. It was my place, the one thing I could control. – LW (Lived Expert – Youth in Care)

Mark (Lived Expert – Foster Caregiver) in comparison described his point of comparison as his goals and ideals, and he responds to discontinuities between these and his assessment of his current situation and status.

I would notice it because I would look and wonder why certain things that I may be looking for, I feel like I can't afford or achieve. So, I wonder why. And what I might have to do to improve my well-being?... I'd feel more down on myself and wonder what I'm doing wrong. I'd start questioning myself more. I would wonder why things weren't going how I felt they should be. – Mark (Lived Expert – Foster Caregiver)

### *Section Summary*

- Self-assessment of well-being reflects the individual's current experiences, emotions, and feelings rather than a conscious calculation of all contributing factors.
- Lived Experts highlighted the importance of being seen, heard, and affirmed in their self-assessments; dismissive or invalidating responses can negatively affect well-being.
- Emotional awareness and the ability to name and process feelings are central to accurate self-assessment, but this can be disrupted by depression, trauma, or systemic challenges.
- Self-assessment is influenced by comparisons with past experiences, others, or personal ideals, highlighting continuity and discontinuity in one's life.
- Well-being can sometimes contrast with what others expect or normalize, demonstrating that self-assessment is highly contextual, subjective, and complex.

### **Assessing the Current Well-Being of Others**

Twenty-eight Lived Experts, across all three groups of Lived Experts, discussed how they assess the well-being of others. First, they discussed the direct approach of inquiring about others' well-being. Second, they shared how through observations of others' emotional affect and

behaviors can provide insight into the well-being of others. Lastly, Lived Experts discussed their strategies for assessing the well-being of small children.

### *Inquiring about Others' Well-Being*

Twelve Lived Experts (four as Youth in Care, and eight as Parents) discussed the importance of inquiring with others about their well-being. KH (Lived Expert – Parent of Youth in Care) stated “You don’t know unless they tell you... You have to ask.” Lived Experts discussed two different approaches to when they ask others about their well-being. The first approach is regular check-ins with people who are important to them, like friends, family, and colleagues. Lived Experts emphasized the difficulty of getting and providing authentic responses to direct inquiries about well-being; noting a tendency to mask or minimize struggles.

Five Lived Experts talked about the importance of checking-in with loved ones on a regular basis. LW (Lived Expert – Youth in Care) shared that she checks-in regularly with her friends to make sure they are doing okay. She shared, “I do check-ins. It's like because I'm a good friend. At the end of the day, I would like to know how you are doing. If we haven't spoken, I'll just randomly text you.” TL (Lived Expert – Youth in Care, Parent, and Caregiver) shared that it is important to check on older family members regularly. They shared, “I call people to say, “Hey, how you doing?” What's going on with you?” I mean, I love older people, I interact with them a lot.” Two of the Lived Experts as Parents of Youth in Care shared how they that felt it’s important to do daily check-ins with their children. CW described their daily check-in routine with their children.

My biggest thing is asking when they are coming home from school. “How was your day? What did you learn today? Are there are some areas that may be troubling you?” For well-being, I want to make sure that they're taking care of themselves. I don't want to make them feel like they're being attacked in any way... I always explain to them that at the end of the day, it's about how you feel about yourself and then not what others feel or think about you. – CW (Lived Expert – Parent of Youth in Care)

Similarly, TL (Lived Expert – Parent of Youth in Care) described regular checking in with their grandson daily after school and work are done for the day.

I have a 12-year-old grandson, and he’s a little on the special needs side. He’s going to school, but for a while, I had him. He came home every day, once I got home from work. I would ask him, “How was your day? What did you do? How

was school? How is everything going and everything?” – TL (Lived Expert – Youth in Care, Parent, and Caregiver)

The second approach described by Lived Experts is asking about well-being as a reaction to observing something about another’s affect or behavior that could be an indication of their well-being. This seems especially true, when the observation may indicate that the person they are observing is struggling with their well-being. CW and AM (Lived Experts – Parents of Youth in Care) described examples of observations that would lead them to ask people who are important to them about their well-being. CW shared, “I know when she does that extra cleaning, she might be a little off. I will ask her, “Hey, what's bothering you?” Usually, she tells me absolutely everything.” Some triggers are the absence of action or engagement. For example, AM shared, “Are they communicating with me, or are they not communicating with me? If not, I reach out. I'm one of those, one of those people. I notice if they fall back, I kind of fall in.” AM also shared an example of asking about well-being to clarify something observed. She shared, “I’m looking and there’s a difference between ‘Are they dirty from playing outside?’ or ‘Are they dirty from not having a bath for a couple of days?’ Are those bruises from... you have to ask.”

The answers that others provided to inquiries about their well-being, may be inaccurate or incomplete, especially when people are struggling with their well-being. Lived Experts described situations where others misrepresent their well-being for a number of different reasons including pride, a desire to protect others, fear of being vulnerable, and even denial. Several Lived Experts as Youth in Care described these challenges. Gabby (Lived Expert – Youth in Care) for example, shared her observation that people are not always truthful, why, and how that can damage relationships. Gabby shared, “People don't really like to tell people when something's wrong with them, either because they feel like a burden or they think it's embarrassing. It's usually when they're not doing well, while the disconnect happens in our relationships.”

AM (Lived Expert – Youth in Care) shared how she sometimes avoids other people when she is struggling as an effort to protect them. AM commented, “I stay to myself whenever I'm going through something because I don't want to bother anybody else with my problems.” ALH (Lived Expert – Youth in Care) admitted that she hides her authentic well-being by presenting a lighthearted and happy mask. She shared, “I feel I tend to hide my true emotions in the inside. It can present as, ‘She's such a nice bubbly person.’ I think if I questioned it a little bit more, I’d wonder am I really like that or am I putting on a persona that isn't me, just to feel accepted?” Her comment also illustrates her internal reflections on her denial and struggle to authentically identify her well-being. Later in the interview ALH contrasted her masking with what she

perceives as the experience of someone with healthy well-being. She shared, “When someone’s doing well... They’re able to be by themselves and still just at peace in a way. However, their peace is [expressed]. But also, they can be vulnerable. I think that’s an indicator of being well-being, being able to be honest and vulnerable, not like surface level.” SIN and TLN (Lived Experts – Parents of Youth in Care) indicated that in the face of people’s tendency to hide their struggles with well-being, it is important to look for other observational clues when asking about well-being. SIN for example, suggested that “Their tone of voice is important... You sometimes can tell a little in the way some people speak and everything.”

### *Observations of Others’ Emotional Affect and Behaviors*

Eighteen Lived Experts discussed how they use observations of other’s emotional affect and behaviors to assess their well-being. This includes observing their affect, how they care for themselves, their engagement with activities, and their engagement with others. Eight Lived Experts described how they would observe the emotional affect of others to gauge their well-being. This includes emotional affects such as joy, happiness, sadness, and anger. It also includes evidence of mental health status, such as signs of depression or anxiety, and behavioral affects such as encouraging others and contentment. Charlotte Green (Lived Expert – Parent of Youth in Care) said she looks for signs of anxiety in others, as an important indicator of well-being. KH (Lived Expert – Parent of Youth in Care) described looking for signs that they are happy or not. KH shared, “You can tell because they are happy, they’re friendly. Compared to when they are not doing well, it is all grumpy.” Another Lived Expert as a Parent of Youth in Care look for signs that their child is happy. These signs included smiling, dressing well, being kind and encouraging with others.

Julie Moore (Lived Expert – Foster Caregiver) indicated she watches to see if they are crying a lot or if they seem to be “at peace, calm, or content.” She shared each of the children struggle with their relationship with their birth family, leading to different responses from each child including confusion, being stuck, hurt, and anger. This is particularly hard for her youngest who struggles with PTSD and not remembering his time with his birth family. Each of these children has a unique way in which they express their feelings, and there are signs in the change in their affect that as their caregiver she uses to identify when they are struggling with their well-being. Further the tone of others’ communications (e.g., positive outlook or negative outlook) also provide insight as to their current well-being. Mark (Lived Expert – Foster Caregiver) shared that the tone of comments from his wife provide him with insight into her state of well-being. Specifically, he shared that he’d know that her well-being wasn’t okay if, “She was not as smiley or talkative, or if she is being very, very quiet. She wasn’t acting like herself or showing happiness. I would know her well-being was being affected based on her negative outlook.” Melissa (Lived Expert – Parent of Youth in Care) shared a similar sentiment related to assessing

the well-being of a child in her care. Melissa emphasized, “It’s how they communicate. Are they positive, outgoing, or if they’re just sort of sad and depressed, or maybe angry? I feel like that has a part to do with it as well.”

Six Lived Experts highlighted observations of the extent to which others’ self-care behaviors are healthy as an indicator of their overall well-being. Lived Experts described observing eating, grooming, and sleeping patterns as important indicators of other’s state of well-being. Shelly (Lived Expert – Foster Caregiver) shared that when she is assessing the well-being of the children in her care, she knows “When they’re doing well, they are happy and content. They eat well. They sleep well. They ask for help when they need it.” Two other Lived Experts as Parents of Youth in Care talked about unhealthy eating can be a sign of poor well-being. TLN indicated that “binging on cupcakes and ice cream” is an example of the kind of behaviors that can indicate that there is a problem with their well-being. Charlotte Green (Lived Expert – Parent of Youth in Care) indicated that she looks for indicators like bags under their eyes and unkempt clothing and hair.

Setting goals and engaging in activities are two other areas where observed behavior can provide insight into others’ well-being. For children and young adults, a common example that was provided were educational goals and performance. Multiple Lived Experts as Youth in Care mentioned that getting bad grades, failing to complete schoolwork, are indicators of problems with well-being where setting and working towards academic goals can be seen as indicators of positive well-being. Ingenious (Lived Expert – Youth in Care) shared an example that included academic performance and physical health as important indicators. She shared, “When they don’t – do well in school. When they are not physically well. When they are sick, they need to see a doctor or when they have trouble with a placement. It may be that they are going through a hard life situation.” In contrast, LW (Lived Expert – Youth in Care) talked about seeing friends setting goals and doing well as signs that their well-being is good.

When I see my friends making academic goals, like the honor roll, that is good. When they do sports, that’s good. When I see my friends laughing and being cheerful, that’s all good to see. When I see them enjoying themselves, even if they are just sitting on the bench, cheering on the rest of the team. If they are laughing and engaging. That is what I like to see. I know they are doing well. – LW (Lived Expert – Youth in Care)

Reflecting on the well-being of their relatives, TL (Lived Expert – Parent of Youth in Care) shared that they look for the engagement in activities such as hobbies and housework.

My dad is getting ready to be 103... Dad is often talking, cleaning, and working on his 1954 car... My auntie is 91. When she's feeling good, she gets up, she's cleaning, cooking, out talking on the phone, stuff like that. – TL (Lived Expert – Youth in Care, Parent, and Caregiver)

Six Lived Experts discussed observing how others engage with the people around them as an indicator of their well-being. These Lived Experts shared that they look for signs that people are engaging or disengaging from others as cues of their well-being. For example, Charlotte Green (Lived Expert – Parent of Youth in Care) shared someone answering or not answering phone calls can be an indicator of their well-being. She shared, “I'd say that they're talking to you. They answer your phone calls. As opposed to if they are not doing well and not answering phone calls or being social. Sometimes, it's as simple as they texted you back.” Similarly, Lived Expert as Youth in Care described observing her friends' level of social engagement for cues into their state of well-being. She shared, “When they are doing well, they want to go on more outings with friends and go out more in general. They will stick to their room if they are not doing well.” Another Lived Expert as Youth in Care shared observations of how close someone is comfortable being with others can be a cue to their well-being. She shared, “When teenagers feel comfortable being close. When they are okay with healthy touch, like hugs.”

Lived Experts also shared that they consider the tone others use to engage with people as cues of their well-being. HT (Lived Expert – Youth in Care and Parent of a Youth in Care) shared how an inability to look at different perspectives, judging others, and an unwillingness to be sympathetic can be signs that their well-being is not healthy.

I think that more often than not, mentally sound and happy people have the ability to look at different perspectives and be able to understand other people's emotions. If you have someone who's very passive-aggressive, who rejects other people and will not take in new information and process it, that's a good indicator that something is wrong... Some people seem unable to understand others. They see people who are maybe on drugs or homeless and say, ‘Look at that piece of trash.’ ...It is bad when they have the genuine lack of capacity to understand someone else's emotions. – HT (Lived Expert – Youth in Care and Parent of a Youth in Care)

Lived Experts described individuals with a positive state of well-being as being more open to change and empathic, where they described someone with a negative state of being as being less capable of actively processing the need for change or others' experiences.

Two Lived Experts indicated that others engaging in conflict with others was a sign that their well-being is poor. One Lived Expert as Youth in Care shared that starting fights is a sign that her “mom is in a negative place.” HT (Lived Expert – Youth in Care and Parent of a Youth in Care) shared that seeing people project their own personal issues is a sign that they are not doing well.

My in-laws, for example, project their own personal issues onto me or whoever they are talking to. When it comes to things like parenting or body issues, people, especially older generations, like to project their trauma. Growing up in a generation where they were told that they weren't a certain weight, that they weren't, they didn't have any value for themselves, and so they project a lot of denial. – HT (Lived Expert – Youth in Care and Parent of a Youth in Care)

Rejecting change can also be an indicator of challenges with well-being. HT shared, “When you try to tell someone new information, they simply reject the idea of anything that changes their perspective. I think that is a good indicator for anyone that they're not in a good place.”

Four Lived Experts highlighted examples of assessing other people’s well-being by observing their environments. Two Lived Experts mentioned observing their person and personal spaces for clues to well-being. This includes aspects like cleanliness and the extent to which the spaces are orderly. One young adult with experience in care shared, “I would say cleanliness in general. When someone is doing well, they have positive cleanliness. Whether it is your house, you yourself, or your kids.” Another young adult shared, “They always say that your personal space or the rooms in your home directly reflect how you feel on the inside.” These assessments extended beyond simple observations of the physical space and material belongings. It can also include other observations that provide context for their behaviors, such as observations of how others are treating or responding to them. KH (Lived Expert – Parent of Youth in Care) stated observing the context they are operating in contributes to assessing well-being. She provided the example of noting that “they are under pressure” as informative for understanding their well-being.

### *Assessing Young Children*

Eleven Lived Experts as Foster Caregivers shared their insight into their approach to assessing the current well-being of young children. Young children, especially infants and toddlers, have limited ability to assess or describe their well-being. AK shared her observation that “with young children, their affect and emotions are more restricted.” LC reflected that young children are often unable to articulate their feelings, so caregivers rely on the children’s “facial expression or body language.” Further, children’s ability to express themselves is even more

restricted when they are experiencing a negative state of well-being. BR shared, “They're not going to be as able to express themselves so freely if they're struggling with their well-being.”

Shelly and MA pointed out that observation of children’s play activities can provide clues as the child’s current well-being. Shelly shared how her observations of her child’s play with others and toys provide her with cues as to their current well-being.

For preschoolers, they explore everything through play, and by watching how they play, you can often tell whether they're feeling well, like their well-being is good or not. How they interact and play with each other. How they interact and play with their toys is important. – Shelly (Lived Expert – Foster Caregiver)

Similarly, EG shared that you can understand the well-being of a child by observing them “acting out on stuffed animals or dolls.” MA pointed out that sometimes children’s level of willingness to engage in play can provide insight into their well-being as well. MA shared, “What it looks like when they're doing well is they're playing together with their toys and laughing and having fun. What it looks like when they're not well is a kid who wants to stay by your side, who looks sad, and acts sad all the time.”

Given young children’s limited ability to assess or describe their well-being, caregivers highlighted how they could use their observations of children’s emotions and behavior to assess their well-being. Lived Experts as Foster Caregivers described well-regulated emotions and behaviors as signs that the child is experiencing a positive state of well-being. AK shared, “For young kids, well-being looks like they’re sleeping well, eating well, and have consistent toileting.” Similarly, Kris described a child as, “happy and well-adjusted, with not a lot of meltdowns or at least not an extreme amount of meltdowns.”

Two of the Lived Experts as Foster Caregivers described observing signs that the child is thriving. Mark shared, “They're happy and they're thriving. If it's them getting a book, reading to them, or going out playing, and being able to run around. They should be able to laugh and feel happy.” MH shared her observations of a child she had cared for who is thriving.

Thriving is when you see a child who smiles a lot and responds. When I took the four-month-old, I had her to the pediatrician for the first time; she thought she was older... This was a child who exhibited intelligence. When you spoke to her, she looked directly into your eyes the whole time you talked... She was remarkably intelligent when she was 2.5 years old. She was very responsive and a child who smiled a lot. – MH (Lived Expert – Foster Caregiver)

The Lived Experts as Foster Caregiver cautioned that these assessments require caregivers to be trauma-informed, as displays of seemingly positive interactions, behaviors, and emotions can be defensive behaviors adopted in response to trauma.

There are kids that come into your house on the first day, and it's almost as if you are their parent. It's like they've known you for their whole life. Which to me is kind of scary. It goes both ways if a child comes into your home, and they love you like they've known you forever, that's a little bit scary. Why do they feel like they do that to everyone? – Kris (Lived Expert – Foster Caregiver)

Lived Experts as Foster Caregivers described dysregulated emotions and behaviors as signs of a negative well-being state and a need for additional care and support. EG indicated that this dysregulation correlates with the child's need to express themselves and their overall well-being. EG shared, "Young children express themselves a lot, and you notice a lot of dysregulations when they can't." Amber observed how children who are struggling to communicate their emotions may exhibit their frustration through their behaviors.

If they're not doing well, there are a lot of emotional meltdowns, a lot of need for control, and there's a lot of attention-seeking behavior... That's when you see behavioral issues like tantrums, the need for control, defiance, crying, yelling, and self-harm. I don't mean anything suicidal, but they get frustrated. They don't know how to express themselves. They start hitting themselves in the thighs, or they'll get frustrated and bang their head on the wall. Not super hard. They just don't know how to express their emotions in a healthy way at that age. – Amber (Lived Expert – Foster Caregiver)

AK showed the interdependence of the young children's limited ability to express themselves and their well-being. She shared, "Destructive behaviors or control sort of behaviors are indicators of poor well-being... Young children are not going to be as able to express themselves so freely if they're struggling with their well-being." Amber and Shelly connected the impact of dysregulation to other indicators of the well-being of the child. Shelly highlighted how dysregulation impacts their physical and mental health, as well as their ability to interact with others.

When their well-being isn't positive, how they interact with people is much more difficult. Transitions are difficult for them. It affects their body systems. They don't eat well; they don't sleep well. They don't want to entertain themselves. They don't want to accept help. – Shelly (Lived Expert – Foster Caregiver)

EG emphasized that it is not just the behavior observed but the intensity of the behavior. He shared, “It shows in the level of tantrum. Is it just crying and letting out feelings or is it screaming? Do they not want to be held or be in the room with someone? Do they not want soothing when they are trying to sleep?” They pointed out that a certain amount of dysregulation is developmentally normal, and that the threshold is different for each child and fluctuates over time as the child navigates their developmental journey. As such, Lived Experts Foster Caregivers emphasized how important it is to judge their behavior and emotional state within the context of what is typical for that child in the context of their current environment.

Lived Experts as Foster Caregivers pointed out that understanding the context of the children’s behaviors is critical to accurately assessing young children’s well-being. Towards this end, the caregivers discussed seeing trends in children’s behavior as it relates to their environment and what is being asked of them. Shelly highlighted how observing how a child reacts to requests or changes can provide insight into their well-being. Shelly shared, “How they respond to simple requests or statements. How they respond or react to change. It's interesting because with the foster kids, we get a lot of those cues.”

Lived Experts as Foster Caregivers highlighted observing children’s behaviors going into and after visitations with their families. They described this as a common point of tension in their homes, where additional support was often needed to support the well-being of the children in their care. Kris described how visits can involve a disruption to the child’s routine and that this can children to experience dysregulation.

You're staying with your foster family, your safe family. You know the routine. You know what's going on? You go and see your biological parents, and you come back, and things are rough. You don't know how to express that, like you don't have the words to say it. Then the behaviors are to the roof. Screaming, crying, anger. They don't have the ability to express that. I see it even with adopted kids. When you go from one situation, you're in, to another situation. You come back and here's so much to process in your brain and you don't know how to deal with it. – Kris (Lived Expert – Foster Caregiver)

AK described how visits can lead to dysregulation as children struggle to process their situation and the separation from their family.

Unfortunately, visits can lead to dysregulation. It's confusing for the child. I have this person who provides love and care, who is consistent and stable. I have this other person who I love and who loves me too, who I miss, but can't live with.

Kids don't have the language, so it comes out in behaviors. – AK (Lived Expert – Foster Caregiver)

Observations about the attachments the children have developed and their ability to trust others as key indicators of their well-being. Kris emphasized multiple times that it is critical that all children have at least one person with whom they have a healthy and secure attachment. She shared, “One main caregiver they can hug and love and show emotion to... someone they can hug and love and show emotion to.” MH highlighted how healthy attachments contribute to children’s well-being and their resiliency.

I haven’t had children who have shown any extreme issues of discomfort or insecurity. I think it is because the first one was two days old. It was like bringing home a newborn. The second and third ones were children who had come from families where they clearly were well loved and well cared for. I had a lot of trouble understanding how they came into foster care. – MH (Lived Expert – Foster Caregiver)

BR emphasized the attachment between them and their child, “I think about attachment. Do I have a healthy attachment with my child? Is my child able to see me as a safety net, and do I create spaces for them to express themselves?” Mark emphasized the relationship between the child’s well-being and that of their caregiver stating, “We're only humans, so we're doing our best to understand their well-being along with our own well-being.”

### *Section Summary*

- Assessing the well-being of others relies on a combination of direct inquiry and careful observation rather than a single, objective measure.
- Lived Experts highlighted that responses to direct questions may be unreliable, as people often mask, minimize, or deny struggles due to pride, fear, or a desire to protect others.
- Observation of emotional affect, behaviors, self-care, social engagement, and personal/environmental cues provides essential insight into others’ current well-being. Tone, communication style, and interactions with others are particularly informative.
- For young children, well-being is primarily assessed through play, emotional regulation, attachment relationships, and observable behaviors, as children have limited ability to verbalize their feelings. Dysregulation, withdrawal, or behavioral intensity can indicate the need for additional support.
- The well-being of individuals is closely interconnected with the well-being of those around them, particularly caregivers and family members, emphasizing the importance of relational and environmental context in assessment.

## Assessing Changes in Well-Being of Others

Thirty-two Lived Experts from the three groups of Lived Experts discussed how they assess changes in the well-being of others. All of these Lived Experts discussed looking for changes in the engagement, health, or affect of others when assessing changes in their well-being. In this section, first is a description of the conditions that lead to someone being able to accurately assess another person's well-being. Specifically, knowing someone well enough to recognize deviations in their affect, behaviors, or health. Next, is a description of how the Lived Experts' observations of changes in the ways in which others are engaged in their relationships serve as an indicator of changes in their well-being. The section concludes with a description of how observations of changes in the physical or mental health of others serve as an indicator of changes in their well-being.

### *Recognizing Deviations in Affect, Behaviors, and Health of Others*

Twelve Lived Experts shared information about the conditions that are needed to accurately assess another person's well-being. Emphasizing the importance of knowing an individual well enough to recognize meaningful deviations in their affect, behaviors, health, or daily routines. ALH (Lived Expert – Parent of Youth in Care) talked about the need to establish a safe and trusting relationship, where you get to know the person well. She shared, “You're so right because that safety part and that trust, I feel like, is so important in just getting to know who someone really is.”

ALH relayed that understanding who you are or who someone else is as key to recognizing and assessing well-being; that understanding how people change is part of what drives their well-being. She asserted that you need to establish who you are as a baseline in order to understand who you are becoming. Specifically, that you need to understand who you are to accept who you are becoming, and further that understanding who you are is key to understanding your well-being. She shared, “Who are we? Like if someone asked you, who are you?... I'm a sister... What if I wasn't a sister?... I pride myself in academics... What if that didn't exist? Happiness is an emotion that comes and goes... Who you are changes. Are you comfortable accepting who you are and how you are changing? It is a journey.”

Nikki (Lived Expert – Youth in Care) explained how once you have a baseline of what someone's routines and behaviors are, you can recognize changes in well-being as they relate to changes in their routines. She shared, “I can tell [when someone's well-being changes] by like daily routines that I pick up on if. If it is something that they don't normally do. Like if it is something like interest them and they won't really do it as much anymore.” AM (Lived Expert – Parent of Youth in Care) described it as knowing someone well enough to understand their patterns or cycles,

and to recognize when there is a change in them. AM shared, “It's a pattern. It ends up being a pattern after a while, until they decide to break that cycle.” Jasmine, a young adult with experience in child welfare, also highlighted that you need to understand what is normal for someone to recognize if their current behavior reflects a change in their well-being. She shared, “It depends on how they act generally. Some people may already be shut off and just need space or some people may be overly excited. I think you only know if you understand their day to day.”

Bonita (Lived Expert – Foster Caregiver) reminds us of that changes in well-being are seen in other contextual patterns. She describes how a child in her care’s well-being changes in response to parental visits. Her statement also shows how comparisons of changes in patterns can be made over longer periods in time, in this case a full year.

A lot of times, my foster child, when she talks to one of her parents, the next few days are hard. She fights and argues and tells them says “No” a lot more... She's doing a lot better than she did last year, but it’s still hard. – Bonita (Lived Expert – Foster Caregiver)

Kris (Lived Expert – Foster Caregiver) provided another example of how changes in behaviors are judged in the context of the environment they are occurring in. She described how the behaviors of a child she had had in her home changed as a result of returning home to his father. She also highlights how it can be difficult to assess if a change in behavior is a normal developmental behavior or a response to a change in their environmental context.

My kiddo, when he went back home, was doing well. I know his dad loves him and does well with him, but his behavior got a little wacky. He was not listening even to me. Then you think, well, is it a developmental stage? ... It's hard to say when children who are in care go back home or have a new living situation, move to a new apartment, is the change developmental, or if it's a change in parental roles or new people in their life. – Kris (Lived Expert – Foster Caregiver)

Finally, Bonita (Lived Expert – Foster Caregiver) shared examples of changes in behavior or affect. Changes happen at different rates, where some happen slowly over time where others are relatively quickly. In this first example, she shared her observations of how children open up over time in their placement.

Usually, when you first get a child, they're withdrawn and timid. A lot of times you get to know their well-being a little bit later that they're becoming more

active and more open. When they're able to speak and laugh and smile. – Bonita  
(Lived Expert – Foster Caregiver)

In this second example, Bonita discusses how a child's behavior can change quickly, when they reach a point when they are developmentally and otherwise ready for change. She shared, "About potty-training, sometimes, they refused to do it. They refused to try to learn. Then one day they'll be fine, all happy and learn. Similarly, Marjorie (Lived Expert – Foster Caregiver) discussed how regressive behaviors or hiding things can be an indicator of a change in well-being for young children. She shared, "If they're potty trained and then there's a regression or like hiding things, if they've pottied in their pants and you find it in the back of the closet or finding food hidden." A Lived Expert as Youth in Care pointed out that for school-aged youth and young adults that deviations from normal performance can be an important indicator of a change in well-being. She shared, "Something else that can be an indicator of well-being or a consequence of either positive or negative well-being is academic success. When you are happy, you can do well in school."

### *Changes in the Engagement Patterns as an Indicator of a Change in Well-Being*

Eighteen Lived Experts, across all three groups of Lived Experts, discussed observations of changes in the engagement patterns of others can serve as an indicator of change in their well-being. Observing patterns of isolation and withdrawal from social engagement was a common indicator of a decrease in well-being highlighted by Lived Experts. Gabby (Lived Expert – Youth in Care) described how she looks for signs that people are withdrawing from her or others, alongside other indicators of changes in well-being such as financial struggles.

I am able to tell [that other's well-being has changed] with people when they draw away from me or when they draw away from things that maybe depression is starting to settle in. Maybe they're struggling with bills or anything financially. Just things just sort of start to decline from a standpoint where I can see their mood, their attitudes, their financial standing... When they aren't doing too well, they get they become distant. I don't really hear from them as much, even if I am trying to help them. – Gabby (Lived Expert – Youth in Care)

AM (Lived Expert – Parent of Youth in Care) emphasized that it is not the level and frequency of engagement that can be signs of well-being, but it is also important to observe *who* they are engaging with.

Who are they surrounding themselves with? What people are they hanging around or not hanging around? Have they been keeping up with their positive influences in their lives? Have they fallen back? Have they fallen back into more

negative influences? Are they not hanging out with anybody at all? Have they just secluded themselves, or are they more introverted? – AM (Lived Expert – Parent of Youth in Care)

Lived Experts described observing things such as others not taking their call, not actively listening to others, and not engaging in activities with others. CW (Lived Expert – Foster Caregiver) shared, “When they're declining calls, and you know that's not them.” Shelly (Lived Expert – Foster Caregiver) shared, “They don't listen or hear things as well. They will physically turn away and not want to engage.” One Lived Expert as a Parent of Youth in Care shared that they have observed other parents withdrawing from engagement with their children, “not doing things with their kids when they're usually out doing things with their kids.”

Charlotte Green (Lived Expert – Parent of Youth in Care) and Stephanie Johnson (Lived Expert – Foster Caregiver) both spoke to how others may withdraw not just from other people, but also familiar activities and their environment in general. Stephanie Johnson shared, “When it is too much, and they don't want to be a part of what's going on around them. I know that is a big sign that something's off.” Charlotte Green shared that they may withdraw from activities such as shopping for household items or home maintenance and improvement. She shared that they may stop, “doing things to improve your house like getting a new TV or painting the house.”

Lived Experts also discussed positive signs of connection and engagement as a sign of positive changes in well-being. Mark (Lived Expert – Foster Caregiver) shared his observations of a positive change in the well-being of his wife. Mark shared, “I would know her well-being was improving because I would see her becoming happier and more outgoing. I see her wanting to go do different things and not keeping to herself and being isolated.” SIN (Lived Expert – Parent of Youth in Care) indicated that observing an “increase in communication with loved ones” as an indication of improved well-being.

Gabby (Lived Expert – Youth in Care) shared what it looks like when there is a positive change in well-being among her friends.

When they're doing well, they all seem pretty happy. What I see when my friends are doing well includes them buying more things and hanging out more. They want to talk more when they're doing well. They're very social and seem nicer. – Gabby (Lived Expert – Youth in Care)

Amber (Lived Expert – Foster Caregiver) provided a similar description, this time focused on observations of changes in children’s well-being.

If well-being is improving, you can tell by behavior. They seem more relaxed. They're happier. They're more affectionate. They're more compliant. In general, they're less anxious, there are fewer tantrums and meltdowns, and there are fewer behavioral problems. – Amber (Lived Expert – Foster Caregiver)

Juliet Moore (Lived Expert – Foster Caregiver) provided a description of her observations of the affect and behaviors she has observed when her child is feeling well. She shared, “When they were healthy, they were rambunctious, super easygoing, and active. They were happy, praying, eating and doing everything they needed to do.”

Lived Experts discussed signs of isolation as a sign of positive changes in well-being. Gabby (Lived Expert – Youth in Care) also shared that sometimes when someone has not been doing well, that they starting to re-engage can be a sign that something has changed and that their well-being may be improving.

After a disconnect, what usually happens is they reach out, they talk, they kind of act like nothing ever happened. They want to go outside. They smile more. They laugh more. They're just overall a brighter person when their well-being is improving. – Gabby (Lived Expert – Youth in Care)

Another Lived Expert as Youth in Care shared a similar observation that if a person opens up to more frequent get-togethers or being seen, it can be a sign that their well-being is improving. Additionally, she emphasized how seeing someone enjoy their interactions with others is also a sign of improved well-being.

I would add that you may start seeing them more. If they used to be cooped up in their room. They may be in a place where they will step outside or be more social than previously... I would say happy conversations. Your interactions with them are happy. – Lived Expert as Youth in Care

Stephanie Johnson (Lived Expert – Foster Caregiver) also discussed the relationship between a person’s affect and behavior with their ability to engage with others. She shared, “When they're in a very good mood and very happy, they'll be more accepting and interested in what's going on.” CW (Lived Expert – Parent of Youth in Care) shared how observations of changes in behavior changes can indicate a change in well-being.

When I'm at my best friend's house, I've noticed everything is usually how it should be. But if she gets up and she's cleaning, if she is going through her

cabinets and taking things out, then I know something's bothering her. Because it is a different type of behavior. Typically, when I come over, we just sit on the couch and talk about what has been happening over the last couple of weeks. But if I notice her, she moves off when she gets up and starts kind of doing things around when I'm there. That's not her routine. It's always set up and clean... I know her everyday routine. I can tell when her well-being is declining. – CW (Lived Expert – Parent of Youth in Care)

Lived Experts described how sometimes others engage with you seeking assistance or support, in response to changes in their well-being. Juliet Moore (Lived Expert – Foster Caregiver) provided a description of her observations of the affect and behaviors she has observed when her child is not feeling well. She shared, “When she is starting to get sick, she is a clinger. She wants to be around certain people instead of being okay with anybody. And sometimes they don't sleep as well. They weren't eating well or sleeping well.” The tone of their communications can also be an indicator of someone's well-being. For example, a Lived Expert as Youth in Care described how the tone of communications with her mother can indicate changes in her well-being. She shared, “I have noticed when my mom is having issues with other family members. We will get on the phone, and she is just nagging rather than having a conversation. ‘Oh well, this happened, and this happened, and then this...’” In this case the support that mother is seeking takes the form of venting or nagging and the negative tone alerts the child to her mother's declining well-being.

Finally, several Lived Experts as Youths in Care described observing the energy and affects associated generally with their engagement of others, with one youth simply indicating the need to watch for “a change in their emotions.” Nikki (Lived Expert – Youth in Care) indicated that the overall tone or energy invested into engagement is a key indicator of other's well-being.

I'm big on energy. You could just tell [assess change to their well-being] by how they go about their day. They're more energetic about things and enthusiastic. When they're up and going out. You could tell sometimes when they're too busy for things because they're elevating their life. – Nikki (Lived Expert – Youth in Care)

Another aspect of this is the observation of body language as an indicator of their energy and affect. LW described how their group of friends have grown adept at observing changes in body language as an indicator of their affect and changes to their well-being.

I'd say body language. I'm close to all my friends and we are so I can tight circle like all of us. We are really close. We know each other's body language and emotions. If we are mad or upset, you can tell by our body language. It's how you can just see it. It's more visual, we know by facial expressions. – LW (Lived Expert – Youth in Care)

Similarly, Shelly explains how she looks for changes in affect by observing others' eyes and voices and the overall energy they exert in their social interactions. She shared, "You spend so much time with them that I could see changes in their eyes and voices. Their whole activity level is better when their well-being is improving, because they have energy to use on that."

### *Changes in Physical and Mental Health as an Indicator of a Change in Well-Being*

Fifteen Lived Experts, across all three groups of Lived Experts, discussed observations of changes in the physical and mental health of others can serve as an indicator of change in their overall well-being. Common examples of health changes included such things as their health habits and self-care, sleep, and eating behaviors. Lived Experts indicated that changes in eating habits and weight are a particularly common change in behavior that can indicate a change in others' well-being. Charlotte Green (Lived Expert – Parent of Youth in Care) listed weight changes and poor hygiene as two of the things she looks for when assessing changes in well-being in others. She shared, "Weight loss, weight gain, not communicating, poor hygiene, not wanting to get out of bed, not answering any calls, not answering texts, not posting to social media, not coming to social events, if they are social." SIN, a parent, indicated that they watch the eating behaviors of their children, noting and changes including "eating healthy or eating more nutritiously." Similarly, EG (Lived Expert – Foster Caregiver) described how observing changes in others' relationship with food is a key indicator that she uses to assess well-being in others.

Noticing their relationship with food. It can be a roller coaster. I've had kids that one second, they're hoarding, and the next minute they're refusing to eat or they're afraid of food. There are trauma triggers there. When you notice that they're eating more consistently or not hiding food or not refusing to eat food. That's usually I've found an indication that they're kind of stabilizing out and feeling more comfortable. – EG (Lived Expert – Foster Caregiver)

Lived Experts highlighted changes in physical care and self-care routines that could be indicative of others' struggling with their mental health. Both Lived Experts as Youth in Care and Caregivers highlighted behaviors like not cleaning the house and hoarding are examples of changes in behaviors that may indicate that someone's mental health and overall well-being is

struggling. One Lived Expert as a Parent of Youth in Care said for example, “If they're a clean freak, and then you look at their crib and it is really dirty, you know that something's up.”

Likewise, changes in grooming and self-care can be indicative of a change in well-being. RD, also a parent, shared that when her friend is not doing well, “My friend will stop showering and doing things like brushing her hair and teeth.” Another Lived Expert as a Parent of Youth in Care indicated that they notice when those they care about seem to be struggling with having the “motivation to move forward.” Nikki, a young adult with experience in child welfare, indicated that when she is not doing well, she withdraws by sleeping a lot and “being more standoffish.”

One Lived Expert as a Parent of Youth in Care emphasized that an important example of health changes is a change in engagement with substance use (including alcohol) are an indicator of how well someone is doing. They shared, “Substance abuse, you know doing drugs and drinking, that's truly an indicator of someone is not doing well.” One Lived Expert as Youth in Care reflected on the interplay between health and other changes of behavior stating, “Regarding my mom's health, she will do less cooking and cleaning around the house when she isn't well.” Finally, Chalotte Green emphasized that sometimes the change of behavior is a cyclic, being that it is reflective of the individuals past and their well-being at the time. She stated, “Going back to old habits like unhealthy eating, house starting to look a mess, not calling, it's kind of a cycle.”

A couple Lived Experts (as a Youth in Care and as a Caregiver) brought up signs they look for to understand if their loved ones are at risk of harming themselves. Both Lived Experts raised concern that someone who is “suddenly feeling the best in their life” or is experiencing “really joyous spurts” may actually be at risk of suicide. With one of the Lived Experts sharing that they had this happen with someone that they hung out with. Stephanie Johnson (Lived Expert – Foster Caregiver) shared that self-harming is a critical indicator that someone is struggling with their mental health. She stated, “If a child starts to self-harm, then definitely something's not right.”

### *Section Summary*

- Assessing others' well-being requires knowing them well enough to recognize deviations in affect, behavior, and health.
- Trust and familiarity help establish baseline routines and patterns, which are essential for detecting changes.
- Withdrawal from social interactions or activities can indicate decreased well-being, while renewed engagement signals improvement.
- Observing who someone interacts with, and the tone and quality of interactions, provides insight into their well-being.

- Changes in physical and mental health, including sleep, eating habits, hygiene, and self-care, serve as key indicators.
- Context, environment, developmental stage, and cyclical patterns should be considered when interpreting changes.

## Chapter Summary

One of the key goals for the Listen to Us study was to understand how lived experts assess their well-being and the well-being of those around them. This chapter outlines the perspectives and suggestions raised by lived experts for assessing well-being and changes in well-being. Their sessions were organized into four themes: 1) self-assessment of well-being, 2) assessing the current well-being of others, and 3) assessing changes in the well-being of others.

As Lived Experts discussed how they self-assess their well-being they emphasized: a) assessing the emotions they are currently experiencing, and b) reflecting on continuities and discontinuities. For many of the Lived Experts, they equated their current well-being as a combination of their current emotional state, health, and social connections. Lived Experts emphasized that emotional responses to different well-being domains are neither equivalent nor static, and that an individual's current emotional state is the primary indicator used in self-assessment of well-being. Lived Experts emphasized that they utilize a wide range of comparisons to reflect on continuities and discontinuities that can be used to self-assess their well-being. Self-assessment strategies include comparing past and present experiences, contrasting personal experiences with perceptions of others, and point-in-time assessment against a set of ideals or goals.

As part of Lived Experts' assessment of the current well-being of others, key indicators include observation of the person's current affect, observations of their physical and mental health, and the extent and nature of their socialization with others. Additionally, Lived Experts discussed the challenges associated with assessing young children's well-being, due to their limited ability to communicate feelings and experiences. Lived Experts described observing play of young children, looking for evidence of emotional regulation and dysregulation, and viewing these observations through a trauma-informed developmental lens.

Lived Experts shared that in order to assess changes in well-being you have to know someone well enough to identify changes in their affect, behavior, and health. You also need to understand the context of what they are experiencing and how their environments may be contributing to their well-being. Finally, with young children there is the added difficulty of understanding what behaviors and changes in behaviors are grounded in normal developmental progression as well as other external factors and patterns.

Lived Experts discussed common changes in affect and behaviors that serve as indicators of changes in well-being. Behaviors include changes in the engagement patterns of others that can serve as an indicator of change in their well-being. Important areas of changes in a person's behavior and affect patterns include isolation, socialization, re-engagement, help seeking behaviors, and overall tone of engagement. Lastly, changes in a person's health serve as an indicator of a change in well-being. Lived Experts described looking for changes in self-care and physical care habits, as well as any risks of harm to self or engaging in risky behaviors such starting or increased reliance on legal or illegal substances.

## Chapter 5. Resiliency in Respect to Well-Being

This chapter examines resilience through the perspectives of this study's Lived Experts. Drawing on contemporary resilience theory, it frames resilience not as a fixed trait but as a dynamic, relational, and deeply contextual process. Across their narratives, resilience emerges as an evolving capacity shaped by adversity, identity, emotional regulation, purposeful action, and supportive relationships. These insights challenge simplified notions of "bouncing back," instead situating resilience within developmental pathways, systemic inequities, and the everyday practices through which individuals heal, adapt, and grow

### Lived Expert Perspectives on the Concept of Resilience

The study's Lived Experts constructed a rich, multifaceted understanding of the concept of *resilience* as an evolving process of persistence, adaptation, and self-reclamation in the face of adversity. While each speaker articulated resilience from their unique lived context, several individuals shared themes emerge including perseverance through hardship, adaptability to change, emotional and psychological growth, and the intentional pursuit of well-being.

#### *"Resilience is...not giving up"*

Several participants framed resilience as an active process of perseverance and recovery after hardship. As LP (Lived Expert – Parent of Youth in Care) emphasized, "resilience is getting back up every time you get knocked down. Every time you get a loss, just gotta go for the win... You got to stay in the game in order to win the game." This metaphor of "staying in the game" underscores resilience as an act of ongoing participation in life despite setbacks. LP also shared intergenerational wisdom passed onto her from her grandmother, "With resiliency you can get knocked down ten times, but you gotta keep standing up... My grandma told me, 'Don't stay down longer than three days.' Ingenious (Lived Expert – Youth in Care) stated that resilience is both about perseverance and strength stating, "My resiliency helps me be strong and not giving up." Ingenious (Lived Expert – Youth in Care) built on that connecting resilience to her goals, "I feel like resilience is just not giving up. It is just having a strong personality as having assurance that this is what I want in life. It's having a goal."

#### *"Resilience is...protecting your well-being"*

For others, resilience reflects a broader philosophy of survival and endurance. Stephanie Johnson (Lived Expert – Foster Caregiver) defined resilience in terms of survival. "Resiliency, to me, means that you're a survivor, that you've made it through the hard times, and you're able to keep your head on your shoulders." Mark (Lived Expert – Foster Caregiver) connected resilience to holistic well-being, "If you're a resilient person or you think resiliently it helps you with your well-being... You're constantly trying to find ways to overcome and achieve what you

may want to achieve.” He went on to reinforce the link between resilience and well-being, asserting that “Being resilient is about protecting your well-being... How are you going to achieve good health, economic safety, and other aspects of well-being without resilience?” For these Lived Experts, resilience serves not merely as a coping mechanism but as a necessary foundation for their well-being.

### *“Resilience is...being able to adapt”*

Lived Experts emphasized adaptability as a key aspect of resiliency. In the words of Jamie (Lived Expert – Youth in Care): “Resilience to me is adaptability and being able to adapt to different situations.” These views align with the reflections of another Lived Expert as Youth in Care who noted, “I think the role of resilience is being able to stand and change and adapt.” Similarly, Gabby (Lived Expert – Youth in Care) connects resilience to survival and determination, “Resilience is knowing I have to keep going... I think if I can get through that time, I can get through anything.” Jasmine (Lived Expert – Youth in Care) recognized that resilience in care often demands flexibility amid instability, with one noting that “resilience is only really talked about in foster care because we go through a lot of stuff to become adults, to adapt and still be great in the world.” Another Lived Expert as Youth in Care associated resiliency with being courageous and adaptable.

Resilience is being courageous. It’s what separates you from being strong. If you are courageous, you are able to do things that other people aren’t. You are able to adapt to certain situations more than other people. You are able to move and fight, where other people succumb to this world. – Lived Expert as Youth in Care

### *“Resilience is...about growing individually or together”*

Finally, several Lived Experts related how resilience is closely related to growth. Salma Anna (Lived Expert – Foster Caregiver) defined resilience as “experiencing the trauma and being able to cope through that experience and move to another place in your life... moving forward while still understanding what happened in the past.” This frames resilience as a temporal and reflective process — one that acknowledges past trauma while striving toward growth. One Lived Experts as Youth in Care emphasized collective growth, suggesting that “resilience is about growing individually or together.” Another Lived Expert as Youth in Care stated, “Resiliency requires being open to new experiences, new emotions, and new connections. Openness can help change your thinking for the better.”

### *Section Summary*

- Lived Experts defined resilience as a dynamic, relational process rather than a fixed individual trait.

- Resilience involves perseverance, adaptability, and intentional efforts to protect one’s well-being in the face of adversity.
- Participants emphasized the role of resilience in emotional regulation, survival, and goal pursuit, particularly in contexts of instability.
- Resilience was framed as supporting both individual and collective growth while acknowledging past trauma.
- Overall, resilience emerged as a cultivated capacity shaped by lived experiences, relationships, and context.

## Purposeful Motivation and Advocacy

This section explores how participants build and sustain resilience through intrinsic motivation, long-term goals, and self-advocacy. Youth, caregivers and parents consistently describe a deep sense of purpose, self-belief, and intentional action as central to navigating hardship. Resilience, in these narratives, was not simply about enduring hardship. It was an empowered and intentional commitment to change.

### *Purpose as a Compass for Resilience*

This study’s Lived Experts frequently grounded their descriptions of resilience in future-oriented thinking. Ingenious (Lived Expert – Youth in Care) named their “future self” as a guiding figure, stating, “I know what my future self wants. And I know what I need now to take every little step to get there. I want to help people, travel, and not depend on anyone. That vision keeps me going.” India (Lived Expert – Youth in Care) similarly found purpose in her family’s future.

I wanted to be there for my family... that mindset keeps me growing. It's something that's in my heart. That's in my mind that keeps me going. I just don't want to give up, because I have some hope for me and my family because we were down bad in a shelter at one point, and now we're we have our own home where we are safe and where we have food. It is very important to me to have hope. That keeps my myself going. – India (Lived Expert – Youth in Care)

These narratives reveal how a sense of purpose can operate as a motivational anchor, particularly when external stability is lacking.

### *Mental Framing and Inner Dialogue*

Four Lived Experts (a parent from the listening circle, Mark, India, and Ingenious) described cultivating resilience through mindset and daily self-talk.

Positive affirmations and never allowing yourself to be down... You might have lost the battle, but not the war. You gotta talk to yourself, ‘Man. Look. I know we

took it all today, but tomorrow we are getting up and we gonna try something different. – Lived Expert as Parent of Youth in Care

Mark (Lived Expert – Foster Caregiver) spoke about inner determination, stating, “You think I can't do it? Watch me do it. I always try to keep a positive mindset. I'm always trying to think positive and that I will be able to achieve what I'm trying to achieve.” Further, India (Lived Expert – Youth in Care) shared, “It's about having a positive mindset and having rules for myself.” And Ingenious (Lived Expert – Youth in Care) reflected, “I feel like I always go back to my purpose in my life because I feel that I'm here. And I have a purpose. So just waking up and saying, 'This is a new day. I can take a little step toward my goal' can definitely help.” These examples reflect how participants actively shaped their emotional landscapes, choosing optimism and perseverance as tools for survival and progress.

### *Help-Seeking as Intentional Advocacy*

Contrary to stereotypes of toughness through silence, participants described asking for help as a form of strength. Ingenious (Lived Expert – Youth in Care) shared, “When you don't know what to do... asking for help will make you get every resource that you need and that can help you pursue having well-being.”

Another Lived Expert as Youth in Care described re-enrolling themselves in therapy after it was discontinued.

When someone took the therapy away from me, I just went to school and asked, ‘I want to be enrolled in your therapy program that comes to the school.’ I didn't tell the foster parent until weeks after I had already been in it. – Lived Expert as Youth in Care

India also expressed the emotional weight of needing support sharing, “It do like mentally breaks me down when I need help and no one is there for me to get some help. I'm pretty sure if there was some help my family could have did way better than we are now.” Ingenious (Lived Expert – Youth in Care) reinforced their self-advocacy approach stating, “I did a lot of my own research because I know that people are definitely going to help me, as long as I ask for help.” These Lived Experts' comments highlight help-seeking as empowered decision-making rooted in clarity, need, and agency.

### *Resilience as Cycle-Breaking and Legacy-Building*

Among young adults with experience as youth in care, a powerful thread across the interviews was the desire to rewrite familial and social legacies. Gabby shared:

I don't want to have to put a child through the foster care system... I do everything I can to try to keep my mental health in good places... so I can make enough money and sustain a child. That's the main thing. – Gabby (Lived Expert – Youth in Care)

Another Lived Expert as Youth in Care shared, “Yes, this happened to me, and it sucks. But it also angers me. I am going to do something about it. I want to have my life together. I want to be respected.” Another Lived Expert as Youth in Care described how they realized the importance of not allowing mistreatment.

I put up with a lot of people as far as verbal abuse and everything, but I came to learn that ‘It is my life, and I’m allowing you to treat me like that and disrespect me.’ I was like, ‘No, I’m tired of that.’ – Lived Expert as Youth in Care

Another Lived Expert as Youth in Care emphasized a turning point and motivation for future stability.

At the end of the day, I come from a low-income family, and I want to be respected. I want to have kids. I want to be able to have my stuff together. So, my kids don’t have to go through any of that stuff. – Lived Expert as Youth in Care

In this reflection, resilience is interwoven with moral clarity and justice – it is about prevention, not just endurance.

### *Role Models and Internal Drive*

Three Lived Experts described different influences in the reflections to help them build resilience. India (Lived Expert – Youth in Care) shared how she draws on professionals for support, “There are some nurses... I see how nice they are and how they contribute... that influences me. I see how everyone else is living and I want our family to be better.” Meanwhile, Ingenious (Lived Expert – Youth in Care), reflected inward stating, “My strength comes from me wanting to better myself... I always go back to my purpose in my life because I feel that I'm here. I have the purpose of helping people, of being the person that can change others' lives or even have others change mine for the better.” Another Lived Expert as Youth in Care added, “I have a friend. And he’s very successful. He's a good dude. There's some things I can teach him. He can teach me. And there's some things that, you know, we can help each other with.” The reflections of these Lived Experts underscore the diverse sources of inspiration, from aspirational figures to self-trust and vision.

### *Section Summary*

- Resilience is an intentional, future-focused process grounded in purpose, self-belief, and personal agency.

- Participants described using goal-setting, positive self-talk, and emotional regulation to sustain motivation and navigate hardship.
- Help-seeking and self-advocacy are framed as empowered strategies, not signs of weakness.
- Resilience supports breaking harmful cycles and building stable, values-driven futures for themselves and their families.
- Overall, resilience is a proactive practice that safeguards well-being and promotes long-term growth.

## Adapting and Thriving through Adversity

This section explores how children and youth build resilience and achieve personal growth in the face of adversity. Participants, including youth, caregivers, and parents, shared deeply personal experiences of trauma, systemic neglect, and instability. Their experience reveals how hardship fosters emotional strength, awareness, and a drive to break intergenerational cycles. Resilience emerged as more than survival, and it was a process of transformation, fueled by internal agencies and critical support at times.

### *Self-Awareness and Inner Transformation*

Lived Experts described resilience as a deeply personal process shaped by internal reflection, emotional struggle, and identity development. For some, this transformation emerged through recognition of past hardships as meaningful contributors to growth.

HT (Lived Expert – Youth in Care and Parent of a Youth in Care) reflected on how a delayed diagnosis of autism led to a deeper understanding of herself and the world around her.

Maybe [had she been diagnosed with autism as a youth] I wouldn't have gone through some of the struggles that I went through. I'm happy that I went through every single one of them... I had to go through all of that for a reason. It's so I can be happy now and I can be educated. I can be educated about trauma, about child development, and racial and political issues. If I hadn't have went through that, I wouldn't know anything. — HT (Lived Expert – Youth in Care and Parent of a Youth in Care)

Gabby (Lived Expert – Youth in Care) described her intentional decision to shift from emotional pain toward healing and growth stating, “I just decided that I didn't want to be depressed anymore... I just decided to overcome... and from there everything got better.”

The process of healing required more than time. It demanded a decision to care for oneself. Others, like Jasmine (Lived Expert – Youth in Care), celebrated resilience through educational

milestones, reframing their foster care identity as a source of power and pride. Jasmine, recalling how she is part of a small fraction of former foster youth who succeed in college, stating, “Being in college, yes, that’s only 3%.”

Caregivers also reflected on how adversity can foster resilience. Sally noted that children with complex medical needs often develop strong resilience through repeated challenges.

They've already established a level of resilience. We can do things that increase that [their level of resilience]. Or we can do things that cause them to be less able to come back from something that's negative. With medical [complex] babies, they've often had a rough start with their health... I see higher levels of resilience in the medically complex kids. Which seems kind of counterintuitive because you know they have a lot of struggles. They've been through a lot. You might anticipate that they would struggle with a lot of things. They do struggle but then they come out on top... That's how they build that resiliency. Resiliency is definitely higher in the kids with medical issues. – Sally (Lived Expert – Foster Caregiver)

Across these narratives, Lived Experts emphasized that resilience is not an inherited trait or automatic response. Rather, it is cultivated through intentional choices, inner strength, and the ability to find meaning in adversity.

### *Structural Resistance and Adaptive Success*

Resilience also appeared as a response to unjust systems that placed children and youth in unstable and unsuitable environments. Four Lived Experts (Carol, Gabby, Nikki, ALH) highlighted how they resisted systemic neglect and turned survival into success. Carol (Lived Expert – Foster Caregiver) expressed both awe and sadness about children forced to mature too soon:

Our girls are already incredibly resilient, 100%. They already have been that way. The first day our daughter came to us she walked out to our trash can and started digging in it for food. Even when we are one year old, if she has an empty tray in front of her, she will bang her head. She will hit herself. Our pediatrician, was like, ‘She talks more than my 4-year olds’... She is brilliant. The fact that she can find words for her feelings like she is one of the smartest kids I've ever known. I think humans are amazing and that we adapt. These kids in care are like superheroes. I'm just disgusted that they have to be. – Carol (Lived Expert – Foster Caregiver)

Gabby (Lived Expert – Youth in Care) and Nikki (Lived Expert – Youth in Care) shared how they endured placement instability, abuse, and emotional hardship. Despite these obstacles, they stayed focused on their education and long-term goals. Nikki’s story, in particular, demonstrated

how managing long distance commutes, household hostility, and academic pressure became a testament to her strength.

I decided to work on my mental health, which was the struggle because you have to keep working at it and keep working at it. From there It just kept going up. My mental well-being and physical well-being, everything, got better. As the years went on in the system, I was able to get help. – Gabby (Lived Expert – Youth in Care)

I have had a lot of situations during the whole process of being put into the system. I had homes where I was being verbally abused, physically abused, or they just wanted me there for the money. And I was taking care of everything else on top of, you want additional money from me and the state. I traveled back and forth from Indiana to Chicago every single day. Just to have somewhere to sleep. I was going back and forth to school, I was paying for Ubers, train tickets, bus fare, and food. Basically, all the other things that I might need. It was just it was very draining for me. I still had to do my schoolwork and study for tests. I had to make sure I got there on time and make sure I got back to the house before curfew, even though the trains only ran at a certain time. It was all of that. I still was able to get good grades and be top of my class. And get a good scholarship and go off to college. It's just all about how you handle those situations. –Nikki (Lived Expert – Youth in Care)

In addition to academic determination, youth like ALH (Lived Expert – Youth in Care) emphasized the importance of owning your own experiences and determining your own path.

Being a foster kid, it's like sure this circumstance happened to me. But it almost becomes like a tool or like a weapon, something that you're not ashamed of. Using that weapon for good is powerful... This is your own timeline. The fact that you're showing up, it's like you're saying that this is important to you. – ALH (Lived Expert – Youth in Care)

The resilience of the four participants was not merely a reaction to adversity but a form of resistance against inequity, a purposeful navigation of broken systems, and a determined insistence on thriving despite them.

### *Section Summary*

- Resilience is cultivated through self-awareness, reflection, and finding meaning in past hardships, supporting emotional growth and identity development.

- Youth and caregivers transform adversity into personal achievements, including educational success, skill-building, and emotional regulation.
- Resilience involves resisting systemic inequities, navigating instability, and asserting agency over one's life and decisions.
- Purposeful actions, determination, and ownership of experiences enable youth to thrive despite trauma and systemic challenges.
- While individuals display remarkable strength, supportive systems are needed to make resilience a strength rather than a survival necessity.

## Resilience as Learned Capacity Among Children

This section explores childhood development of resilience as a learned skill that is context bound (e.g., impacted by available resources and opportunities in the relevant setting). Participants described resilience as a skill that children and caregivers gain as part of their growth through the well-becoming process. This includes resilience that is gained through experiences of adversity and growth (as well as mixed experiences). They described gaining resilience from navigating challenges, structured supports (e.g., therapy or early intervention), and reflection, recovery and adaptation processes. These insights show that resilience grows from experience, routine, relationship building, and a willingness to grow from adversity.

### *Growth Through New and Unexpected Experiences*

Charlotte Green, Amber, and Jamie, three of the study's Lived Experts, highlighted that resilience is not innate, but instead developed over time through repeated exposure to challenges, changes, and supportive environments. Charlotte Green (Lived Expert – Parent of Youth in Care), described how navigating shifting roles requires adaptability, which in turn strengthens resilience.

You gotta learn to put on these different roles and these different hats at different times. If not, then you're not going to be resilient or you know, and once you're succeeding because the old Charlotte Green got me here... It becomes a transformation. You're wearing these different hats and eventually like a million [different hats], it's a globally transforming process. -- Charlotte Green (Lived Expert – Parent of Youth in Care)

Amber (Lived Expert – Foster Caregiver) emphasized the critical role early environments and caregiving relationships play in shaping children's capacity for resilience. She stated, "When they're babies, they learn how to self-regulate from their parents. They learn how to self-regulate from whatever environment they're in, whether it's yours or it's the bio parents."

Jamie (Lived Expert – Youth in Care) argued that resilience is not an innate skill, instead it is a skill developed through experience, especially in learning to adapt to stress.

I feel like resiliency is learned. To be resilient is to be adaptable and not that's not something everyone knows how to be. Like straight out the room, people don't know how to handle different situations. They don't know how to handle high stress events or stuff like that. And that is something that you learn through experience. – Jamie (Lived Expert – Youth in Care)

Together, these insights reinforce the idea that resilience is a developmental skill, built gradually through exposure to adversity, consistent caregiving, and opportunities for emotional and behavioral growth.

### *Building Resilience by Building Emotional Awareness and Regulation*

Participants described the importance of teaching children to regulate their emotions and adapt emotionally to adversity. Participants emphasized that the learning process involved developing emotional regulation, understanding family dynamics, and discovering strategies for self-care and setting boundaries. For example, one Lived Expert as Foster Caregiver described intentional development of resilience as a protective factor for children's well-being.

I think resiliency is a big, big part of it, and especially with young kids, you can kind of help prepare and teach them about some of the aspects of this well-being... When a child is young and you don't know how long they're going to be with you, a lot of it is about their resiliency. It's about helping them to feel safe and showing them while they're with you and making sure that their needs are met in every aspect, whether it's social, emotional, etc. But again, that's a different kind of well-being because you don't know what's coming after. It's almost like a preparation kind of well-being, and I think that's where resiliency comes in. – Amelia Darcy (Lived Expert – Foster Caregiver)

Jamie (Lived Expert – Youth in Care) described how resilience is a learned skill, that is built through experience.

I feel like resiliency is learned. To be resilient is to be adaptable. That's not something everyone knows how to be. Like straight out the room, people don't know how to handle different situations. They don't know how to handle high stress events or stuff like that. And that is something that you learn through experience. -- Jamie (Lived Expert – Youth in Care)

Michelle Walsh (Lived Expert – Youth in Care) also relayed how resilience is built through experience. She emphasized that part of a successful transition into adulthood is having the resilience necessary to face adversity while retaining one sense of self. She shared, “The difference between a girl and a woman is letting yourself go through something and not allowing it to change who you are.”

One of the key strategies that caregiver highlighted was using routines and variation within routines help children to learn emotional regulation, a key aspect of resilience. Shelly (Lived Expert – Foster Caregiver) elaborated on how predictable routines and managed transitions can build emotional resilience.

We work on building in routines so that our kids know what to expect... We'll give you an idea of what's going to happen and if it has to change then we're going to make this work. This is going to be fine. It's not a big deal, and so you teach them that. While routine is good, that will change, and you can have different responses to that change. – Shelly (Lived Expert – Foster Caregiver)

Juliet Moore (Lived Expert – Foster Caregiver) emphasized the importance of helping children cope with changes to their routine as part of learning to emotional awareness and regulation.

Kids that adapt to different situations better are more socially, emotionally, and physically healthy. So [its important] to get them into situations where they see you act differently. It makes a big difference. [They learn] the ability to kind of control some of their emotions which obviously at that age isn't going to be perfect. – Juliet Moore (Lived Expert – Foster Caregiver)

This approach to learning resilience through controlled exposure to change helps children internalize coping strategies and reduce anxiety.

MH (Lived Expert – Foster Caregiver) emphasized that gaining resilience gained through adversity, does not reduce the impact of the trauma. She shared how her child gained resilience from her experiences, however the trauma resulted in ongoing emotional struggles.

If I look at my own child who I adopted, she had a great deal of resiliency, but she's not emotionally healthy. I think resiliency is what is what helps people to survive. I don't think it's what creates emotional well-being or a healthy emotional balance. – MH (Lived Expert – Foster Caregiver)

Juliet Moore (Lived Expert – Foster Caregiver) described how understanding the complex nature of a child’s need is important to help support their emotional regulation.

He has ADHD. He has, what did they call it, a pre-PTSD type. We're still working on some things because he might be on the spectrum. He's done OT (occupational therapy) until recently. He still does it at school. He's smart and he's come a long way. He knows a lot of emotional and social things, but he can't always control his impulses. – Juliet Moore (Lived Expert – Foster Caregiver)

Stephanie Johnson (Lived Expert – Foster Caregiver) explained how children adapt to a healthy and loving environment.

My kid, that we're adopting, when he was younger his resilience showed through by doing better in school, taking care of himself better, and being able to adapt to our lifestyle compared to his old life lifestyle. -- Stephanie Johnson (Lived Expert – Foster Caregiver)

### *Section Summary*

- Resilience is a learned developmental skill, shaped by experience, context, and supportive relationships rather than being innate.
- Children build resilience through exposure to challenges, new experiences, and structured supports such as therapy or caregiving guidance.
- Emotional regulation, adaptability, and reflection on personal responses are key processes in developing resilience.
- Caregiver modeling, routines, and safe environments help children internalize coping strategies and persistence.
- Resilience enables growth and well-being over time but does not automatically remove the impact of trauma.

## Resilience through Identity and Acceptance

This theme captures how youth and caregivers build resilience through identity development, cultural awareness, self-acceptance, and the navigation of systemic barriers. Discussions included emotional healing, radical acceptance of difficult life events, and the affirmation of identity in the face of social inequities and familial complexity. Resilience is often supported by caregivers, schools, foster care systems, and community-based coping strategies.

### *Healing and Transformation as Identity Work*

One Lived Expert as a Parent of Youth in Care in the listening circle described resilience as personal growth and healing, and as a form of personal metamorphosis. They shared, “Where you know you end up adapting from a terrible situation and then go into your healing process. It's like a butterfly [emerging] from a cocoon.” This metaphor of transformation through

adversity mirrored the child welfare journey, particularly the process of working through service plans and systemic interventions. Resilience, in this case, is not just recovery but an evolution of self, fueled by hope and perseverance.

Another Lived Expert as a Parent of Youth in Care described the importance of "radical acceptance" in sustaining well-being while facing trauma and adversity. They shared, "Resiliency looks a lot like radical acceptance. I've had a lot of unfortunate things happen... We've all had times as parents where you're hanging on to life. But the world keeps going, and I have generations of trauma that I have to break." The act of showing up for children despite personal struggles becomes an act of identity-based resilience—prioritizing growth and emotional regulation to disrupt cycles of trauma.

### *Resiliency as a Facet of Identity Development*

Lived Expert as Caregivers described teaching emotional expression as a core part of identity formation and resilience.

I ask them to express themselves. Tell me how they are feeling... Like my three-year-old, expressing his feelings looks way different than my 8-year-old. Just expressing how important it is that they're heard in this house. I think it's helping them with their well-being, especially going into a school environment where they are around these harsh kids. We live little less fortunate than most. I do not need anybody bugging my babies about wearing some hand-me-down clothes. – Lived Expert as a Foster Caregiver

Creating space for children to name and share emotions—regardless of age—was described as essential for developing both self-worth and social resilience.

Shelly (Lived Expert – Foster Caregiver) described how her five-year-old daughter has processed her adoption story.

She's so matter of fact about it. Okay, this happened. There was this person who carried me and gave birth to me. In the first couple weeks of my life, she took care of me, and she fed me and rocked me. Then she couldn't do that anymore. Then somebody else stepped up. – Shelly (Lived Expert – Foster Caregiver)

Shelly emphasized that this ability to integrate a complex identity—acknowledging both biological and adoptive parents—demonstrated resilience through self-acceptance. Despite limited or no contact with their birth parents, both daughters learned to hold space for their past while thriving in the present.

Several Lived Experts as a Parent of Youth in Care reflected on the challenges that cultural identity and racial inequities pose to well-being and healing. One parent for example, stated, ‘Some races have more benefits than other races. As far as making money, businesses, and going to school.’ Their statement highlights the emotional burden of navigating systemic racism and the barriers these inequities pose for their healing. For some parents, these experiences affirmed the need to instill cultural pride and resilience in their children while preparing them to recognize and survive in inequitable systems.

AA (Lived Expert – Parent of Youth in Care) emphasized the value of quiet observation in navigating new environments.

When they go into a new situation around new people, I tell them to sit down in the class or wherever you are and observe people. Don't speak. Don't do anything. You observe. You'll learn who the class clown is. You'll learn who is the smart person. You'll learn who the teacher's pet. You will learn a lot just by observing people. Then when you wanna ease into all the things. You know where you fit. – AA (Lived Expert – Parent of Youth in Care)

This reflective approach, rooted in self-protection and strategic social learning, was framed as a survival skill in unfamiliar or potentially hostile settings—especially for children of color.

### *Section Summary*

- **Identity as a Source of Resilience:** Youth and caregivers build resilience through self-acceptance, emotional expression, and integrating complex personal histories (e.g., adoption, trauma).
- **Healing Through Transformation:** Resilience is framed as personal growth and metamorphosis, fueled by hope, perseverance, and radical acceptance of life challenges.
- **Cultural Awareness and Social Navigation:** Understanding cultural identity and systemic inequities helps children and families develop pride, strategic observation, and adaptive social skills.
- **Caregiver and System Support:** Affirming environments, emotional guidance, and identity-affirming practices strengthen children's sense of belonging, purpose, and agency.
- **Beyond Survival:** Resilience encompasses not just coping, but thriving—cultivating strength, social adaptability, and long-term well-being.

## Healing and Emotional Regulation

This section explores the emotional dimensions of resilience, emphasizing healing as a layered and ongoing process. Twelve Lived Experts described a range of strategies, including self-care routines, therapy, setting boundaries, and cultivating grace, that supported their emotional regulation in the aftermath of trauma. They illustrated that recovery is not a linear journey, but a continuous effort to reclaim control, manage painful emotions, and reauthor one's personal narrative.

### *Healing as a Personal and Ongoing Journey*

Healing was not framed as a single event but as an enduring continuous commitment to emotional survival and renewal. CW (Lived Expert – Parent of Youth in Care) reflected on her struggle after the removal of her children and how simple routines became tools for reclaiming herself.

It's okay not to be okay. We just shouldn't live there. Resiliency, for me, is the fight to push yourself to want to get out of bed, especially for a parent who has had their children removed.... I woke up to my babies waking me up or me waking them up every day, so the routine within the year or two-year process looks a whole lot different. Resiliency for my well-being, I had to push myself to want to get up. I told myself to do something with my hair every day. It would make you feel a little bit better. I did a little routine in the bathroom. That would push me to move through that. Then let's do what we need to do. Resiliency for me is just fighting through whatever it is that you're facing, even if it's not a case in care. – CW (Lived Expert – Parent of Youth in Care)

A Lived Expert as Youth in Care echoed this perspective, emphasizing that recovery requires effort and persistence.

To truly recover, or even find some peace, you have to be willing to put in the work. Especially, for me the big thing is that I still need therapy... I was just starting to finally open up and truly find some things that I felt were unresolved.'... Honestly, I don't think that the people who are recovered know that they are recovered. In order to stay in the recovered state you are constantly having to apply those principles. It is constantly having to be dealt with. Just because you are recovered doesn't mean the things from your past have gone away and stay away. – Lived Expert as a Youth in Care

These reflections underscore that healing is not about erasing pain but learning to coexist with it—through action, intention, and daily resilience.

### *The Role of Grace, Forgiveness, and Self-Acceptance*

Three participants often spoke of the emotional labor involved in forgiveness—not just toward others, but also toward themselves:

I have been trying to work on learning to forgive. Trying to forgive my parents. Trying to forgive my aunt. Trying to forgive every placement that didn't work.... But I think forgiving is a big responsibility. – Lived Expert as a Youth in Care

I want to add that giving yourself grace is a big thing when it comes to resiliency, especially as we talked about before when it comes to parenting and well-being. Giving yourself the grace to feel those feelings.... Giving yourself grace to know that I feel how I feel right now. It isn't going to last forever. I'm going to make sure when the feeling does happen, I know how to sustain myself. – Lived Expert as a Youth in Care

I never wanted to admit that my parents were also foster parents, and then we ended up in foster care. That doesn't really make much sense, if you think about it.... Realizing you can't save everyone, and that you have to save yourself is hard. Your well-being is so incredibly important. – Lived Expert as a Youth in Care

Such expressions reveal how grace and self-acceptance help dismantle cycles of generational trauma and cultivate emotional resilience.

### *Boundaries, Privacy, and Emotional Agency*

For three Lived Experts as Youth in Care, healing meant reclaiming control over their narratives, emotions, and the pace of their growth.

I think you should be able to move at your own pace and not try to move at others' pace. If you are not ready to discover a certain part of yourself, then by all means, you should respect others and do as you wish. – Lived Expert as a Youth in Care

What goes into that is learning to respect your own privacy. When you go seeking help, you are not obligated to tell every single thing your whole entire life story... I learned to ask for help, but also respect my space, my peace, and my boundaries. – Lived Expert as a Youth in Care

The third Lived Expert as Youth in Care reflected on the importance of discretion and managing personal information.

What also goes into that is learning to respect your own privacy. When you go seeking help, you are not obligated to tell every single thing your whole entire life story. Sometimes you have to keep some things private.... I learned to ask for help, but also respect your space, your peace, and your boundaries. Somethings you have to learn how to manage. No matter who I tell, I still have to deal with it.  
– Lived Expert as a Youth in Care

These reflections show that boundaries are not about secrecy but about self-protection, agency, and the ability to engage with others on one's own terms. Healing, for these youth, was inseparable from the right to decide what to share, when to share it, and with whom.

EG (Lived Expert – Foster Caregiver) also observed emotional resilience expressed through kindness, especially by youth who had faced profound adversity.

It's easy to be hurt, and then to hurt others. But some of these kids, we're like, wow, they're really kind little human beings even after they've been through so much is amazing. – EG (Lived Expert – Foster Caregiver)

This reflection reinforces the idea that emotional regulation and healing are often demonstrated not through withdrawal, but through empathy and relational generosity.

### *Shame, Identity, and Reframing the Narrative*

One Lived Expert as Youth in Care described the lingering effects of shame and the powerful shift that occurred when they chose to confront or reframe it.

I remember when I was young, I told people that my parents had both died. They were alive, but I told people they died. There were assignments that asked, 'Where do you come from?' or 'What are the values in your household?' I remember that there was a lot of shame with these. – Lived Expert as a Youth in Care

Another Lived Expert as Youth in Care also acknowledged how others' perceptions complicated their healing.

Even now, I find myself struggling to get out of that mindset. Like I've been told multiple times that my biological mom was smart... but she couldn't get that behavior under control... I don't want to be an addict. I don't want to take something the wrong day, and then my whole life has flipped. – Lived Expert as a Youth in Care

These insights show how shame, when left unspoken, can distort self-perception. But by naming it and reinterpreting their narratives, youth were able to separate themselves from the circumstances of their past and affirm their agency in shaping who they become.

### *The Foundations of Resilience in Early Life*

Shelly (Lived Expert – Foster Caregiver) emphasized the importance of early nurturing in shaping a child’s capacity for resilience.

The resiliency that he had grew... and it caused changes in his physical health... to have that consistency... that allowed him to experience new things while he felt supported. – Shelly (Lived Expert – Foster Caregiver)

Her reflections centered on the transformative impact of presence and care. She recounted the story of her adopted son, born at 25 weeks, and the emotional and physical changes he experienced during their visits.

He was very tiny, preemie... and I remember a parent that had a child in a bassinet near us. She said, ‘I can’t believe how much weight he has gained since you started coming to see him.’ – Shelly (Lived Expert – Foster Caregiver)

This quote highlights how relational consistency—simply showing up—contributed to both the infant’s physical development and emotional security. Shelly (Lived Expert – Foster Caregiver) also reflected on the innate resilience present in newborns. She shared, “They come out of the womb with an inborn level of resilience... you see some babies who can just tolerate a lot of different things. Together, these insights illustrate that resilience is not only biological but also deeply shaped by early relational environments. Consistent, nurturing caregiving helps lay the emotional groundwork for children to adapt and thrive, even in the face of early medical or developmental challenges.

### *Section Summary*

- **Resilience as a Skill and Growth Process:** Developed over time, resilience emerges through experiences, supportive caregiving, structured interventions, routines, and emotional adaptation. It is learned, not innate, and strengthened by reflection and intentional growth.
- **Purpose, Identity, and Self-Advocacy:** Youth and caregivers sustain resilience through goal setting, future-oriented thinking, self-belief, cultural awareness, identity affirmation, and strategic help-seeking, transforming survival into intentional progress.
- **Healing, Emotional Regulation, and Legacy:** Resilience involves ongoing healing, emotional honesty, boundaries, self-compassion, and grace. It enables youth and

caregivers to navigate trauma, break generational cycles, and create lasting well-being for themselves and others.

## Early Childhood Resilience

This section explores how resilience manifests in very young children, particularly through the influence of nurturing caregiving, emotional presence, and consistent routines. Three Lived Experts as Foster Caregivers (MA, Juliet Moore, Shelly) shared experiences of infants and toddlers who showed remarkable adaptive capacities despite significant early adversity. While some resilience was described as innate, caregivers emphasized the essential role of stable environments and responsive care in helping children thrive.

### *Recovery Through Nurturing Environments*

Juliet Moore (Lived Expert – Foster Caregiver) emphasized the importance of safe, nurturing environments were described as critical to resilience and learning. She shared, “...being in a place where they are getting nurtured and being talked to and having access to different foods and stuff. I mean, it's just so much easier to learn in this situation where it's safe.” This highlights the strong link between emotional security and developmental growth in early childhood.

Shelly (Lived Expert – Foster Caregiver) shared a powerful experience of a medically fragile infant whom she and her husband adopted despite warnings from doctors.

You don't want to do this. This baby has got so many problems. They didn't know if he was going to hear he needs us, whether he's going to do those things or not. He needs to come into our home, and he needs to have love and care and security for whatever time and for whatever's coming, and he walks, he talks, he sees, he hears... The trauma of losing us as his first trusted caregivers... would have been hugely detrimental to his health and his well-being. – Shelly (Lived Expert – Foster Caregiver)

She attributed her foster kids' progress to both inborn resilience and the attachment security provided by consistent, long-term caregiving. Shelly also described her youngest foster daughter, placed in their home as a two-week-old, and her journey from emotional withdrawal to social confidence.

I think she had a low resilience level that quickly improved and increased, because she came into an established family. Here she's a quiet baby who is a little bit reserved and then she comes into a home with a three-year-old sister and a well 13-year-old boy, a dog and all these things. It overwhelmed her some at first, but then she started to come to a place where she was okay with it. From

there to a place where she was enjoying it... She was shy until about the age of three... but during the COVID pandemic... she learned how to interact in a much more extroverted way. We didn't expect her to do it based on the level of shyness and reserved that she was. We didn't expect her to be the outgoing little girl that she is now. – Shelly (Lived Expert – Foster Caregiver)

This transformation illustrates how emotionally secure and stimulating environments can foster resilience, even among children who initially appear reserved or overwhelmed.

### *Importance of Early Intervention and Developmental Stimulation*

Juliet Moore (Lived Expert – Foster Caregiver) emphasized the developmental benefits of early placement and intervention, especially for infants and toddlers.

Our kids that we've had younger. Have shown more resilience through, while learning in school, when playing with other children, through all kinds of social situations, but even more so in terms of like the educational side of things. – Juliet Moore (Lived Expert – Foster Caregiver)

She further shared an example of the developmental progress their adopted daughter had experienced over the last five years.

She [their adopted daughter] started talking walking and everything pretty quickly within the six months or so, from when we got her. She caught on to words much quicker than our three-year old did. Today, we noticed that as a six-year-old she catches onto corrections in things like past tense versus future tense, or the way things are worded more than our eight-year-old does. – Juliet Moore (Lived Expert – Foster Caregiver)

Juliet further emphasized how peer modeling and enriched environments supported language and cognitive development. She shared, “Even being moved from her parents... she was very quick to catch on to phrases... you would almost guess that she's like a tiny two or three-year-old.”

### *Supporting Medically and Developmentally Vulnerable Children*

MA (Lived Expert – Foster Caregiver) reflected on the first child placed in her home—a 14-month-old girl who had suffered severe burns—and how loving, attentive care contributed to her recovery and emotional resilience.

While in our care, we gave her the medical attention that she needed and the proper care and love... Just a lot of love and attention and letting her know we were there to care for her... making sure that she got to all of her medical

appointments to make sure that she healed up properly, and that's how we did it... She was so resilient, and she bounced back. – MA (Lived Expert – Foster Caregiver)

This child not only recovered physically but also became socially adaptable and emotionally strong, successfully integrating into school and peer environments.

Shelly (Lived Expert – Foster Caregiver) also reflected on raising a child with a degenerative neurological condition.

There are certain things that could happen in her life that could cause her to go downhill quickly. With her we work on resiliency as well. Especially on making sure that that her well-being is at a high level because of stress in her life considering her illnesses, accidents, injuries and surgeries. All of those things are difficult for her and can cause terrific decline. – Shelly (Lived Expert – Foster Caregiver)

This quote highlights how resilience-building strategies—such as reducing stress and providing high-quality emotional support—are critical even when long-term health outcomes are uncertain.

### *Section Summary*

- Resilience in infants and toddlers is shaped by both innate traits and supportive environments.
- Stable caregiving, emotional warmth, and consistent routines foster emotional and social adaptability.
- Early interventions and developmentally stimulating experiences enhance cognitive, language, and behavioral growth.
- Even children facing medical or developmental challenges can recover, adapt, and thrive in nurturing, responsive settings.

### **Responses to Being Labeled Resilient**

Comments made by Lived Experts about their experiences with being labeled resilient illustrate a complex and often painful relationship with the concept of “resilience,” especially as it relates to their experiences of trauma. While resilience can be seen as a reflection of personal strength and perseverance, many of the Lived Experts as Youth in Care revealed being labeled as resilience was experienced as a forced adaptation to systemic and interpersonal harm. Their reflections challenge the conventional framing of resilience as inherently positive and call for a

deeper understanding of the emotional, social, and structural realities that make such “strength” necessary in the first place.

Most of the Lived Experts as Youth in Care in this study expressed discomfort in being labeled as “strong” or “resilient.” They emphasized that they did not choose the traumatic events that they experienced and that they felt they should not need to be resilient or strong. In other words, that resilience was forced upon them. For example, HT (Lived Expert – Youth in Care and Parent of a Youth in Care) shared, “I didn't need to be strong. I needed to be protected... It makes me extremely sad that any child has to be resilient, or that any child has to be strong, or has to mature quicker than others.” The recognition of resilience, though intended as a compliment, can be a reminder to participants of what they were denied: care, security, and the freedom to be vulnerable. Michelle (Lived Expert – Youth in Care) emphasized how being labeled as resilient or strong can be dismissive and harmful. She shared, “It's hard to be resilient, and that sometimes gets blanketed by ‘You're strong’ or ‘You did great.’ You can tell someone they're strong, but if you don't know how strong they've had to be, then it can be hurtful.”

The reflections shared by the Lived Experts on the label of resiliency highlight how well-meaning, but superficial, affirmations can obscure the depth of pain and the involuntary nature of their survival. For many, resilience is less an internal virtue than a mechanism of survival necessitated by neglect, abuse, or systemic failure. Vee (Lived Expert – Youth in Care) candidly shared, “Refusal and quitting is never an option... where the real f\*\*\*ing coward is the man who molested me... It [resiliency] sucks. Most days I don't have the strength to even want to try to carry on.” This sentiment captures the profound grief and feeling of burden underlying the experience of resilience—what society praises as maturity or strength can be experienced as having your experienced dismissed and being abandoned to heal from their trauma alone.

Some Lived Experts as Youth in Care described phrases such as “you're strong” or “you're brave” as hollow or backhanded statements that fail to acknowledge the traumatic experiences they were forced to overcome. Specifically, they expressed that bravery only should apply in cases where someone had chosen to take a course of action. One Lived Expert as Youth in Care shared, “they say, ‘You are brave.’ I think, I never chose to be brave.” A different Lived Expert as Youth in Care added, “You are brave for going skydiving. You are brave for climbing up this mountain. Stuff like that, but those things are chosen. No one chose to survive these traumas. No one chose to be brave with this.”

Other Lived Experts felt that the people around them labeled them as resilient, when these people did not know how to provide effective support. In other words, some of the Lived Experts as Youth in Care felt that professionals referred to the youth as resilient in response to their inability to provide adequate support.

When people say you are strong, it is usually that fake persona. They're currently not there. It's like you have no idea what the protocol would be inside that moment. You are just not the right person to come to with this right now. That is what this comes off to me." – Lived Expert as Youth in Care

Such expressions lay bare the emotional exhaustion and coercive nature of the label of resilience, as is frequently experienced by youth in care, revealing it as a response to unmanageable circumstances rather than an empowering trait. Carol (Lived Expert – Foster Caregiver) observed, "I've been thinking very critically about the term resiliency because I think we throw it out there when people have to manage what are unmanageable situations." This perspective reframes resilience from a marker of individual success to evidence of systemic failure—of structures and adults that did not protect those most vulnerable.

The study's Lived Experts as Youth in Care emphasize the need for spaces where they experience safety, authentic concern, and a sense of belonging. ALH (Lived Expert – Youth in Care) emphasized that being labeled resilient felt dehumanizing to her, reducing connection and making people feel they need to earn love, respect, and trust.

I think this is so important because I feel like when we have this label like under/ attached to us, it kind of pushes like who we are or the meaning that we have on each other in the back burner. It always exists, and we also don't need to earn love, earn respect, earn trust. Like earning that vulnerable space. We often feel like we need to earn that, or we need to show others our worthiness... like we need to earn it in a way. – ALH (Lived Expert – Youth in Care)

HT (Lived Expert – Youth in Care and Parent of a Youth in Care) also emphasized the need for safe spaces where people can be vulnerable and free of expectation to be strong or resilient. She said, "People and especially children should have safe spaces where they can be completely vulnerable and vulnerable to safe people around them. Nobody should have to be strong all the time." The label of resilient is sometimes experienced as a constraint that overshadows personhood. This is especially true for youth in care, where they can experience resiliency as an external expectation that is related to their status as "foster youth." ALH (Lived Expert – Youth in Care) described this phenomenon as "foster care with a side of resiliency." For these youth, true well-being is found not in enduring harm but in the freedom to feel, to be believed, and to exist without the pressure of survival defining their identity.

Based on the experienced shared by Lived Experts as Youth in Care, resilience emerges as a double-edged construct—both a testament to survival and a reminder of the conditions that made such survival necessary. The participants' voices expose the emotional labor embedded in

resilience and reject the romanticization of suffering as character-building. They remind us that the ability to keep going is not a privilege, but a demand placed upon those who should have been protected. The Lived Experts reveal a shared desire for safety, vulnerability, and protection over endurance, underscoring that children should not need to be strong to survive. Through their words, resilience becomes less a story of triumph and more an indictment of the conditions that force children and youth to carry burdens they should never have faced. Ultimately, these lived experts call for a paradigm shift: from celebrating resilience to creating conditions where resilience is no longer required for survival. Their reflections urge caregivers, policymakers, and service providers to move beyond praise and toward meaningful protection, empathy, and systemic accountability.

## Collective Support Systems and Strengthened Resilience

This section explores how external support systems such as families, peers, caregivers, institutions, and broader community structures contribute to emotional recovery, identity formation, and long-term resilience. Across youth and caregiver narratives, support took many forms: consistent relationships, therapeutic services, affirming environments, mentorship, and resource access. These connections were foundational in helping participants navigate adversity and envision better futures.

### *Foundational Family and Community Support*

Support often began within the family unit or among trusted community members. India (Lived Expert – Youth in Care) shared, “If me and my family is with [my sister], she will be doing great. She really appreciates what we have, because she was right there in the shelter with us. She knows the life.... I've gotten help from my friends to be mentally stable... Love from your sister and your mom helps.” AA (Lived Expert – Parent of Youth in Care) illustrated how active parenting and community involvement built her daughter’s confidence.

She wanted to try out for the cheerleading team. She was scared. I said, they’re going to take the person who’s best. It won’t be because you’re Black. So, she practiced with others, and she made the team. Then she didn’t make a couple later, but it didn’t bother her.... We had them in taekwondo... It taught more than self-defense. It taught them a lot of good things. – AA (Lived Expert – Parent of Youth in Care)

Ingenious (Lived Expert – Youth in Care) reflected on how their father’s consistent presence, encouragement, and belief in their potential built a lasting foundation of emotional support, which strengthens their resilience and shapes their purpose.

My dad has always been there for me since I was younger... My dad was there more for me than my mom. He was always like showing me life and telling me stuff that I could never forget... He always said that he saw me as someone who would change the world someday. That's what will stick to my head. I would never let him down, or anybody. – Ingenious (Lived Expert – Youth in Care)

These supportive actions were not just practical. They signaled belief in the child's worth and potential.

### *Foster Care Support and Caseworker Relationships*

Lived Experts as Youth in Care stressed the impact of having responsive and consistent caseworkers. For example,

When I ran away... the caseworker would try their best to find me. They would. When I reached out, they would talk to me. They would get me therapy to try to figure out what was going on. They made sure I was safe. Then they sent me to a foster home that I was comfortable with.... They had me meet with foster parents and asked me, 'Is this something that you think works for you?'... The foster care system treated me very well... They just tried their best to find me a home I was comfortable with. – Gabby (Lived Expert – Youth in Care)

Ingenious (Lived Expert – Youth in Care) echoed this, describing how open communication with caseworkers helped guide placement decisions and how foster homes differed in their ability to provide emotional connection and support.

I really have a good relationship with my caseworkers... My caseworker was helping me the way I needed... It was me trusting in them and me letting them know what is right home for me. They (early foster caregiver) felt like the landlord and the roommate. It didn't feel no connection.... The family that I live with now, they gave me that space. They welcome me in the house as like a family member. I got to meet all of their parents, their cousins, nieces, and nephew. We go out and stuff. They help me. Where I need to apply for job. I feel like that's what family supposed to do. They need to be there for you, support you no matter what it is present in your life. My foster mom was the one that told me about getting an ultrasound... She also told me about the DCFS scholarship, which helped me find a good school and achieve that goal without worrying about a lot of debt. – Ingenious (Lived Expert – Youth in Care)

### *Structured Institutional Supports*

Beyond interpersonal relationships, youth and caregivers highlighted the importance of structured programs and services. Gabby reflected on a life skills program.

There was a program that I was in that used to pick me up after school and they taught me a lot of life skills. Actually, I can't believe I forgot about this. They taught me a lot of life skills, like how to cook, how to clean, how to shop for yourself. I was in that program when I was in high school, and they used to pick me up after school. I think that it was for ages as young as maybe 10. – Gabby (Lived Expert – Youth in Care)

Two Lived Experts as Foster Caregivers, Salma Anna and Amelia Darcy, shared how this type of relationship was important to the well-being of the children in their care.

I think showing up, being there, and being consistent for the child, and then exploring the different resources, like you said, for children who are younger than three—things like early intervention might be resources that you can utilize to help the child. – Salma Anna (Lived Expert – Foster Caregiver)

There are a lot of resources that are available in foster care... trying to get the child what they need. Whether that's help with their speech, for example, once they're three or four, or, you know, if they need occupational therapy, for example, is another example. Not just mental health, getting them all the resources and help that they need. – Amelia Darcy (Lived Expert – Foster Caregiver)

Supportive programs were effective not only for skill-building, but also for fostering independence and self-worth.

### *Multiple Trusted Adults and Stable Environments*

Lived Experts as Foster Caregivers noted that resilience grows through exposure to multiple trusted adults.

We have always made sure that our kids had more than one caregiver. It wasn't always me doing everything, it was Dad participating... It was her nanny that we had come in and help... The more people that kids see and learn to trust, the more resilient they become... Because the same people aren't always going to be there to meet their needs. Their needs are going to change over time. It's important for them to understand both on a cognitive level but also on a very deep emotional level that they have a community around them. A group of

people that any one of them individually, can create a safe environment and can meet my needs. They can help me if I have a problem. I think the more people that they feel that with the more they see the world as a safer, better place. Resiliency, springs out of that. – Shelly (Lived Expert – Foster Caregiver)

Additionally, Juliet Moore (Lived Expert – Foster Caregiver) shared how her caregiving approach included pets and emotional regulation tools.

He (foster child) is aggressive is his tendency.... He just keeps trucking, and all we can do is support the best we can. We try to get him to understand his own issues. So that he can start to advocate for himself. I think that's going to be super important for him. He found things that help him... He seeks out our mastiff when he wants to play and the mice when he needs to calm down. He knows what helps him. We just support the best we can and teach him to advocate for himself. – Juliet Moore (Lived Expert – Foster Caregiver)

These statements reveal how emotional safety and agency develop in diverse, responsive environments. Caregivers' well-being was shown to be intricately linked with their ability to model and provide resilience-building opportunities for the children in their care.

### *Navigating Barriers and Gaps*

Many of the study's Lived Experts spoke of effective support, while others focused on shared gaps.

Maybe the resilience to continue to keep in contact with the relationships that I find helpful. Like I really should be more resilient and like, keep in contact with Kate [Danielson/Foster Progress] and my foster parents. Because I haven't contacted anyone. I think resilience, because I'm dealing a lot, you know, with the abandonment issue. I think if I just kept in contact with Kate Danielson and my foster parents, then that'd be good. It's just... I always feel like it's hard to reach out, especially when you feel you don't feel like you deserve it. – Moses (Lived Expert – Youth in Care)

Mark (Lived Expert – Foster Caregiver) reflected on how his own networks strengthened their caregiving.

My coworkers... they're all positive people and they help. We all work like a family and we support each other. Sometimes we try to get help for our foster child, and that support it's a great help... My dad worked two jobs to make sure me and my siblings got what we needed. That showed me a great sense of

resilience. He wanted us to have good well-being. He was looking out for our safety.... The support of my co-workers and family helps my well-being and resilience. I'm able to try to constantly be in a state where I feel safe and have shelter. I have all this. I can do all these things that I need to do. I can achieve this for my family and myself. – Mark (Lived Expert – Foster Caregiver)

Amelia Darcy (Lived Expert – Foster Caregiver) pointed to system-level issues, sharing, “Some [resources] have long waiting lists, but we’re trying to get the child what they need.” These barriers underscored the importance of individualized, timely, and compassionate systems of care.

### Section Summary

- **Resilience is Learned and Contextual:** Children develop resilience over time through experiences of adversity, supportive caregiving, structured interventions, and emotional regulation, rather than as an innate trait.
- **Identity, Healing, and Emotional Growth:** Resilience is closely tied to identity development, self-acceptance, cultural awareness, and managing trauma through routines, therapy, and personal agency.
- **Early Life and Nurturing Environments:** Infants and young children benefit from stable, responsive caregiving and enriched environments, which support adaptation, recovery, and thriving even under early adversity or medical challenges.
- **Support Systems and Systemic Considerations:** Strong family, caregiver, peer, and community networks, along with responsive programs, are essential scaffolds for resilience, while being labeled “resilient” can be burdensome if it obscures trauma or denies the need for protection and care.

### Chapter Summary

The reflections of Lived Experts collectively portray resilience as a cultivated process rooted in both past and present experiences. Resilience develops through endurance, adaptability, and growth. This enables youth and families to safeguard their well-being over time. Participants emphasized that resilience is learned through interactions with caregivers, peers, and supportive adults, as well as through therapeutic engagement and self-reflection. This section highlights that resilience is contextual, because it is rooted in experience. As such, resiliency is bound by the application of experiences and access to resources that address adversity or support growth at any given time and circumstance. Based on the Lived Experts description of resilience, we propose the following definition:

**Resilience** is individuals' and families' ability to adapt, recover, thrive, and grow, even in the face of adversity. Resilience as a dynamic, relational, and context bond process supporting endurance, adaptability, and growth.

Lived Experts described healthy supportive environments as crucial in fostering resilience among infants and young children, especially those facing medical or relational challenges. Supportive and healthy early caregiving environments include stable, emotionally warm, and developmentally responsive caregivers. Their reflections position early childhood resilience as relational and developmental. It is strengthened through everyday experiences rather than being assumed at birth.

Lived Experts described making intentional choices to pursue healing, seek help, and shape their own narratives. They often demonstrated an acute awareness of the emotional labor required to endure and grow. Building on these intentional choices, they characterized resilience as a purposeful, future-oriented practice shaped by advocacy, self-determination, and emotional regulation.

Yet they were clear that resilience should not be romanticized or treated as a justification for adversity. Many expressed discomfort with being labeled “resilient,” noting that such labels often obscured the systemic and interpersonal harms that forced them to adapt in the first place. Lived Experts as Youth in Care underscored the need for systems to reduce harm, invest in prevention, and create healing environments wherein resilience becomes a capacity to flourish—not a requirement for survival.

Identity, belonging, and acceptance further shaped how participants understood and enacted resilience. Cultural pride, emotional honesty, and complex adoption or family narratives contributed to a sense of groundedness and strength. These experiences highlight the importance of systems that honor the full identities of children and families, affirming not only their survival but also their purpose and dignity. Resilience was strengthened when youth and caregivers felt seen, valued, and supported in their growth, particularly in ways that acknowledged both personal healing and broader social inequities.

Finally, the chapter illustrates that collective support networks form the foundation upon which resilience can take root and expand. From familial bonds and mentoring relationships to therapeutic resources and skill-building opportunities, these supports provided essential scaffolding for navigating adversity. Participants called for structures that are accessible, flexible, and aligned with the diverse needs of children and families. Their stories reinforce that resilience does not develop in isolation. It is nurtured through consistent, responsive care and through systems designed to promote healing, equity, and long-term well-being.

## Chapter 6. Lived Experts' Recommendations for Improved System Supports of Children, Youth, and Family Well-Being

This chapter summarizes comments by lived experts that directly asserted or implied recommendations for improvements in the child welfare system to better support child, youth, and family well-being. Across the 54 lived expert participants in the study, the research team coded 148 comments related to recommendations for improved system supports to youth and family well-being. Several themes emerged from these comments to inform supports by the Illinois child welfare system that strengthens child, youth, and family well-being. Lived experts advocated for child and youth rights to be affirmed by adults in professional roles, including foster caregivers. Illinois has a Foster Children's Bill of Rights, and youth with experience in care particularly highlighted desire to increase awareness of these rights and supports which empower youth in understanding and ensuring these rights are upheld.

Drawing both from positive and negative experiences, participants underscored desire to experience DCFS values in action – family-focused, integrity, respect, empathy, and equity. Lived experts communicated strong feelings of urgency to improve access and opportunity for more resources to quality and timely services that impact well-being needs for children, youth, and family members. Parents impacted by the child welfare system emphasized their needs for compassionate communication and timely access to needed resources to support family well-being and reunification. Lived experts underscored the need for additional support in family visitation, particularly improvements to respectful communication, transportation, and thoughtful support for logistics and child well-being in visitation.

If Illinois child welfare staff and service providers were to strengthen their implementation of DCFS' values of family-focus, integrity, respect, empathy, and equity, lived experts would begin to re-build their trust with the Illinois child welfare system. With mutual respect created and sustained, lived experts felt that they would be far more effective at building and strengthening well-being supports.

### Affirm Child and Youth Rights and Prioritize Their Well-Being

Children and youth have a right to be treated fairly, with kindness and respect. Study Lived Experts recommend that individuals in the child welfare system or its partners empathetically honor the experience of children and youth. This recommendation focuses on the relationship

between system actors or staff of any role more generally and does not specifically focus on the caregiver-youth relationship or the caseworker-youth relationship.

Policymakers and advocates in state, national, and international arenas have affirmed the rights of foster children and youth with experience in foster care. In 2019, the National Conference of State Legislatures reported at least 15 state jurisdictions in the U.S. enacted legislation to protect the rights of foster children and youth with a Bill of Rights.<sup>1</sup> Illinois enacted the Foster Children’s Bill of Rights Act in 2016,<sup>2</sup> which includes 28 distinct rights, and these rights were updated in 2022, increasing the total to 35 guaranteed rights.<sup>3</sup> Topping the list is the right to “live in a safe, healthy, and comfortable home where they are treated with respect.” Rights encompass many provisions for safety, service access and delivery, supports for contact and visit with family members (unless court prohibited), to be able to receive information and participate in their own case plan at age 12 and older, to have their rights fully explained and shared with them, have caregivers and child welfare personnel who have cultural competency and sensitivity regarding best practices for supporting LGBTQIA+ youth and their race, ethnicity, national origin, color, ancestry, religion, mental and physical disability, and HIV status, among other provisions.

Nine of 21 Lived Experts as Youth in Care emphasized the need for love, respect, empathy, caring, comfort, and affirmation. These youth advocated for support for their identity as human beings beyond the trauma experience that brought them into foster care, and the label of being a “foster youth.” They expressed the need to have their feelings and needs acknowledged without judgment.

Several specific recommendations emerged from insights shared by young adults who participated:

1. Support staff and caregivers to know and understand the Foster Children’s Bill of Rights, to help youth know, understand, and uphold these rights, as much as possible and over time, for themselves.
2. Uplift supports for staff and caregivers to act respectfully, empathetically, and compassionately with youth in care, offering comfort, affirmation, and love.
3. Provide support for youth in care to have their identity affirmed apart from the experiences that brought them into foster care, to be seen and heard for central, self-proclaimed aspects of their identity.
4. Acknowledge the feelings and needs of youth in care without judgment or expectation of gratitude.

### *Promote Awareness and Use of the Foster Children’s Bill of Rights*

Lived Experts as Youth in Care highlighted the need to support staff and caregivers in knowing and understanding the Foster Children’s Bill of Rights, so that they can support youth understanding and upholding these rights. Michelle (Lived Expert – Youth in Care) advocated for increasing the care and commitment to educating youth in care about the Foster Children’s Bill of Rights and meaningfully helping them to use this information to advocate for themselves. Michelle shared that many youth don’t know their rights. Even when a caseworker explains the rights to youth, Michelle argued that youth need to be supported in understanding how to advocate for their rights and how their rights apply to any given set of circumstances.

When I was at the Youth Advisory Board meeting, there were so many youth who didn't know they had a [Foster Children’s] Bill of Rights. I didn’t know what rights were in the Bill of Rights. I think a lot gets miscommunicated and I'm not saying DCFS, or caseworkers are directly to blame. I've gotten some documents and just signed it, not reading it, or looking into it at all. I've done that. I'm saying, if we think you don't care, then we're not going to care. – Michelle (Lived Expert – Youth in Care)

While a necessary component is having the Foster Children’s Bill of Rights explained, youth require reminders about their rights when circumstances arise, and support on how to uphold their rights in particular situations, decision-making, and pivotal moments affecting their safety, permanency, and well-being.

### *Foster Youth Seek Authentic Empathy from their Caseworkers and Caregivers*

Lived Experts as Youth in Care highlighted the need to uplift supports for staff and caregivers to act empathetically and compassionately with youth in care, offering comfort, affirmation, and love. HT (Lived Expert – Youth in Care and Parent of a Youth in Care) expressed aspirations for systemic change and racial equality in the modern era. HT observed that “they [teenagers] don’t see a lot of love in the system.” Next to Generation X, she expressed that her “generation is one of the most empathetic...aware of racial inequalities, and aware of how messed up the systems that are in place are.”

LW (Lived Expert – Youth in Care) highlighted the desire for empathy from adults in the child welfare system generally (caseworkers and foster caregivers), especially with regard to the understanding the impact of the trauma experienced. LW called out the need for caseworkers to “have a decent conversation before putting them into a home.” Ask them ‘What makes you comfortable?’ ‘What makes you feel okay?’ LW shared that “I felt like I was getting no comfort; I will do whatever I had to leave.”

Similarly, another young adult with lived experience in care expressed that what would have helped him most as a teenager was someone who truly cared about him, such as a mentor that could provide consistent support.

Vee (Lived Expert – Youth in Care) highlighted that youth want to be listened to and recognized for who they are, and for people to be upfront and truthful with them. Vee reflected that “...there are some DCFS people that could care. But they don't. A lot of times I felt like I wasn't being heard and not even my family cared at the time. A lot of it was a very bad experience.” At the time of the interview, Vee shared the overwhelming weight of being homeless, refused shelter, experiences of racism, and feeling alone. Amidst this adversity, she yearned for someone to listen, in order to feel that she could carry on through another day.

DCFS is not a type of place for children that don't have a friend. People who lie about what they can give for somebody else's kids, or people who do not have the training to deal with kids or teenagers should not be at DCFS, at all. These people have the training, but they [caregivers, staff, etc.] dismissed them. These people put it on for the cameras, but they never listen to us. The more they don't listen, the more teenagers with young adults and people are going to not want to be among the people that make up this civilization today. – Vee (Lived Expert – Youth in Care)

In the listening circle, one young adult also shared “it would be best if we had more people that were empathetic toward us.” MA (Lived Expert – Foster Caregiver) affirmed the central importance of a tailored approach to the well-being of each child and youth, rather than a one-size-fits-all, procedural case approach. “They're not thinking about the well-being of these kids when they don't look at the cases separately,” MA argued. An essential part of being empathetic and respectful to youth is having an individually-tailored approach to well-being supports, even while systematically working on procedures and standards required for casework.

### *Destigmatize Foster Care Status*

Young adults with lived experience in care discussed ways in which they navigated emotions and thoughts regarding the stigma of being in foster care. Among those who brought out this issue, they recommended that child welfare staff provide support for youth in care to have their identity affirmed apart from the experiences that brought them into foster care, to be seen and heard for central, self-proclaimed aspects of their identity.

Three Lived Experts as Youth in Care highlighted the need for youth to be recognized for who they are beyond the trauma they experienced and the reason(s) they came into the foster care system. As shared by Gabby (Lived Expert – Youth in Care), she described that youth are

“mediat[ing] the struggle that they go through in the foster system.” She advocated that “As a kid, it was really important that the state and foster parents put emphasize that it [foster care] isn’t a negative experience. Also, it’s not your fault...you’re not a bad person, and this isn’t something you deserve. This just happens to be your situation.”

ALH (Lived Expert – Youth in Care) shared aspects of how she mediated her struggle with being identified as a foster youth, or even worse, a “ward of the state.” She said, “Being in foster care felt like a shameful piece, or something I wanted to hide. It wasn’t until I started talking with other foster youth that I really started to accept that I was a foster kid. I don’t really want to label myself as a foster kid. Or a ward of the state. I hate that. I feel like a criminal...I think that’s trauma inducing.” Jasmine (Lived Expert – Youth in Care) concurred in the listening circle with young adults, “It’s kinda hard to establish yourself when you have been traumatized to the point you can’t differentiate who you really are.”

ALH described how she sought out a better grounding for her identity by re-examining her faith, and who she could open up to when expressing her deep shame and guilt. For ALH, the conversation about identity affirmation apart from being a foster youth was most impactful aspect of the listening circle. ALH said, “When Jasmine said, ‘All I had known was I was a foster kid,’ that really stuck out to me.” ALH continued to say that she also got used to her identity as “a foster kid”, and then she questioned, “If I took that label away from me, am I still ALH, without being in foster care?” Because I feel like foster care shaped me tremendously. It shaped my experiences. Maybe just the experiences that we go through, sometimes we feel we can keep them, like they are ours. But then we also have to let them go. Because if we hold on to all of everything, right, it’s like it feels like this pressure to uphold the standards.”

### *Validate the Feelings of Youth in Care without Expecting Gratitude*

Acknowledge the feelings and needs of youth in care without judgment or expectation of gratitude. Several Lived Experts as Youth in Care reflected on the tensions they experience in expressing their needs and feelings to caregivers, and experiences of being invalidated, or told, “You should be grateful.” Youth expressed the need for validation of their hopes and desires, to have their feelings acknowledged, even amidst scarce resources. One Lived Expert as Youth in Care in a listening circle exclaimed,

“I can’t tell you how many times my foster parents told me, ‘The state doesn’t give me enough money to take care of you. You are ungrateful.’ I’m just like, ‘Well, you don’t have to ...’ It just makes me feel like you’re not getting enough. I wanted to live with my mom and dad, not somebody who hurt me. At the end of the day, you don’t have to be blood-related, but you have to acknowledge my feelings. It isn’t about a dollar amount; it is about a human being. If it is not

worth it, then I don't think you are worth it either." – Lived Expert as Youth in Care

This Lived Expert recounted how when caregivers don't acknowledge a youth's feelings, the youth feels de-valued by the caregiver.

Another Lived Expert as Youth in Care reflected on their experience of being aged 14 coming into care and felt that the caregiver insisted on gratitude for being able to live in their house. "You are given this persona of how you should be grateful that someone would let you in their house as a teenager. You should be grateful. You owe me for this." Reflecting on the first right in the Foster Children's Bill of Rights, "to live in a safe, healthy, and comfortable home where they are treated with respect," this youth did not experience having this right, rather what was communicated that being able to live in a home while being treated with respect was a privilege.

In a youth listening circle, another participant shared experiences of having their feelings invalidated by therapists as a child in care. This young adult shared that they had stood up for themselves and the validity of their feelings. They shared:

A lot of the therapists that I mentioned would always try to tell me how to feel about what I had experienced. I was not having it...I was a little kid, who had this adult telling me that, 'No, this is how you should feel.' It was a very uncertain time. Looking back, I'm like, 'Good on me, for standing up for myself.' At that time, I was like, 'No, this is how I feel.' – Lived Expert as Youth in Care

Similarly, ALH (Lived Expert – Youth in Care) reflected on the ways in which when youth are expected to demonstrate gratitude for resources shared, the impact these events had on their well-being. While caregivers going through the difficulties of navigating all the challenges of being a foster parent and may long for gratitude from children and youth, youth experience this type of communication as invalidating their feelings and minimizing their needs. They also shared that they felt these exchanges placed pressure on them to express gratitude for the resources provided, even when that contrasted with how they felt. For example, in receiving scholarships to cover postsecondary education expenses, ALH shared the tension in receiving resources, expressing gratitude, and helping others (such as siblings) navigate access.

I feel like I need to show my gratitude. I need to be grateful. And that's like a beautiful thing. But, to what cost of your well-being? Are you willing to go and try to prove this to somebody else? They are very proud of you. You get your scholarships. It's not like they are inherently coming to you. You have to actively work for them. And I remember like applying to so many scholarships and being

frantic because I feel like my mom didn't know how to. My mom never went to college. She was just trying her best. I was like, let's figure this out on my own and now I can share it with my siblings. And I'm like, wow, I didn't go through that for nothing. I can use that for good, for the future. – ALH (Lived Expert – Youth in Care)

As illustrated by these comments, Lived Experts as Youth in Care demonstrated diverse ways of communicating their need for their rights to be affirmed, for compassionate understanding, and opportunities to be meaningfully heard as they navigate their own identity-shaping experiences.

### *Section Summary*

The voices of young people with lived experience in foster care highlight a critical gap between policy and practice: rights on paper do not always translate into meaningful protections, respect, or recognition in daily life. These young people emphasize the fundamental need for dignity, empathy, and belonging, calling on the system to honor them as full human beings with identities, feelings, and aspirations that extend beyond their trauma or foster care status.

Their reflections underscore the importance of affirming child and youth rights, particularly through the Foster Children's Bill of Rights, and ensuring that staff and caregivers are supported to act with compassion, respect, and empathy. Youth emphasized the need for identity affirmation apart from foster care experiences, validation of feelings without judgment or expectation of gratitude, and opportunities to meaningfully understand an advocate for their own rights.

Several recommendations emerged clearly from their stories:

1. Support staff and caregivers to know and understand the Foster Children's Bill of Rights, to help youth know, understand, and uphold these rights, as much as possible and over time, for themselves.
2. Uplift supports for staff and caregivers to act respectfully, empathetically, and compassionately with youth in care, offering comfort, affirmation, and love.
3. Provide support for youth in care to have their identity affirmed apart from the experiences that brought them into foster care, to be seen and heard for central, self-proclaimed aspects of their identity.
4. Acknowledge the feelings and needs of youth in care without judgment or expectation of gratitude.

These recommendations collectively call for a shift from procedural compliance to human-centered practice, ensuring that youth are not just “in the system” but fully seen, heard, and supported in their growth, well-being, and self-determination.

### Provide Timely and Quality Care for Children and Youth

The study’s Lived Experts recommended improvements in timeliness and quality of services that directly impact child-youth well-being (e.g., mental health, behavioral health, post-secondary education, documentation and identification services, medication or medical health). Thirteen Lived Experts (six as Youth in Care, one as a Parent, and six as Caregivers) provided comments informing the need for timely and quality care to address well-being needs of children and youth in care.

The study’s Lived Experts discussed a range of supports needed to address well-being needs including medical and dental, mental health, and behavioral health services; educational advocacy and postsecondary education scholarships; and state identification cards. One Lived Expert as Youth in Care in a listening circle expressed the central role of accessibility to needed services across well-being domains:

Access is key. You can’t have physical health without access to doctors. You can’t have safety without housing. You can’t have educational health if you don’t have access to quality schools. In all of these categories, you have to have accessibility because if you don’t, you are no longer able to have your overall well-being without missing so many valuable resources. – Lived Expert as Youth in Care

Specific recommendations to improve timely and quality care for children and youth, included:

1. Ensure that every youth is supported by someone who cares about them.
2. Improve support systems for education and cognitive health of youth in care.
3. Improve timeliness and access to providers to meet children’s mental and physical health needs.
4. Ensure trauma-informed, age-appropriate, and gender-affirming healthcare for youth in care.
5. Streamline steps required for state identification and document verification.

### *Ensure all Children and Youth have Access to Supportive Adults*

Lived Experts emphasized the importance of every youth being actively supported by adults who care about them. In one of the listening circles, several youths affirmed the importance of

having someone to care about them, someone who listens and is willing to advocate for them. One youth shared the bond of trust and protection they felt with a staff member.

There should be guidelines that help these children get help when they are at school. They really need to be able to get help 24/7. When they need somebody, they need somebody to talk to. They need someone who they can tell what is going on...There were times when I had people who got to know me so well, that they would say, 'If you are in this car right now, and you say, 'no report now,' then nothing you say after that sentence will go in my report'. – Lived Expert – Youth in Care

Michelle Walsh (Lived Expert – Youth in Care) shared their gratitude for people who helped and supported them, however, noted that their brother did not have the same type of supports. They observed that their brother's well-being was negatively impacted because they did not have supportive adults supporting and advocating for him.

I had so many valuable support systems. All of which I know helped me get to where I am today. My brother was not as fortunate as me. He was kicked out of school. As far as support, he has no one... He needed to have someone who he could talk to that was safe and where it was private. He needs intentional, interpersonal relationships with people. You need people, especially if you don't have your parents. The two people that were supposed to be the closest to me were not there. Nobody is going to fill that hole. There are people who are there, who have pushed me. They have given to me and cared for me. That is what should be there for them; that is what is missing for my brother. There are no other people there for him to lean on. – Michelle Walsh (Lived Expert – Youth in Care)

Another Lived Expert as Youth in Care further affirmed the importance of being heard and understood by people in authority (e.g., therapists and doctors) as they work through challenges with foster caregivers.

This is something that may not come up with many people, but for me, having therapists and doctors who truly advocate for children in care is incredibly important. We have therapists who will listen to you and those who won't. [Therapists who don't listen to youth] favor foster parents who claim, 'oh the child is acting out, the child is doing this,' instead of truly understanding the well-being of the child. – Lived Expert as Youth in Care

### *Improve Educational Support Systems*

Lived Experts indicated a need to improve support systems for education and cognitive health of youth in care. Kris (Lived Expert – Foster Caregiver) shared how two schools differed in their assessment of a child’s need for an individual education plan and argued for better educational advocacy in accurately understanding a child’s cognitive and educational needs.

I take her to school. I say, ‘She needs help’. And they say, ‘No, everything's all good.’ And then she switches to another school system, and they say, ‘No, she's not doing well and we're going to give her an IEP. We need to have better DCFS advocates for education. That was a problem I had. – Kris (Lived Expert – Foster Caregiver)

Several Lived Experts as Youth in Care affirmed the valuable support of postsecondary education scholarships for their well-being, which contributed to their economic security. One example is provided by Ingenious, a 20-year-old college student at the time, “Receiving the DCFS scholarship was a big plus for my financial stability. I would not be where I am today [without it] or even going to school.”

Even though the DCFS scholarship offers valuable and necessary support, students would like more flexibility in meeting their needs for their housing during breaks. Nikki (Lived Expert – Youth in Care) described restrictions on taking summer classes and receiving a monthly stipend for housing at the same time. Rather than have to stay with a caregiver during summer, they wanted to have the flexibility for affordable housing on their own.

### *Improve Timeliness and Access to Children’s Mental and Physical Health Services*

Lived Experts advocated for increased flexibility, convenience, and timeliness of children’s mental and physical health services. Amber, Carol, and Kris (Lived Experts – Foster Caregivers) discussed the challenges of waitlists, service delays, travel distances to get to providers that take state insurance, and having to pay out-of-pocket for better accessibility of needed medical and mental health care. Amber outlined the extent of the delays and excessive travel distances to see a specialist using the state-provided healthcare plan.

There's not always a good number of experts out there for them to get the mental health that they need. The wait lists are 18 months to 24 months just for them to be able to see a psychiatrist. An autism screening is a year, a year and a half. And of course, with the kids being on the state system...There's only a little bit of a selection of doctors you can take them to. You might have to drive two hours to see a dermatologist. The system should not be that way. You should be

able to find an expert relatively close, relatively quickly. – Amber (Lived Expert – Foster Caregiver)

Faced with these challenges, Amber described that she ends up paying out-of-pocket for various specialists in order to ensure timely service delivery in meeting the child's needs.

I want my son's teeth taken care of. I want his mental health taken care of. If I couldn't get into a psychiatrist soon enough or a therapist soon enough, I would pay for it out of my own pocket. I wanted a good dentist for him. I paid for it out of my own pocket. I don't have a problem doing it. For their well-being, but I think there should be more available for them. – Amber (Lived Expert – Foster Caregiver)

Lived Experts as Foster Caregivers shared how they work to educate themselves to meet their child's needs, and end up having to take charge of referrals, when workers do not themselves possess the knowledge of what a child needs. For example, Carol shared how she navigated waiting lists and access to early intervention services to meet the needs of her child.

The actual services that they need for well-being and resiliency are not covered. [Were] difficult to get and have huge waiting lists. Even foster parents with the best of intentions will likely not be able to secure them because the system is so confusing. The only reason [child name] is in early intervention is because I self-referred us. I asked our caseworker for a referral, and he said, 'I don't know what that is.' ...So, I completed it. – Carol (Lived Expert – Foster Caregiver)

Carol elaborated on additional ways that she is proactive in getting her foster children what they need in specialized services, and how she ends up paying out-of-pocket for services, at times. She recommends on implementing systems that make approvals and referrals easier and more efficient to reduce the burden to caregivers.

Make things simpler for foster parents to get their children to occupational therapy and physical therapy... If you, as a foster parent, think your child needs assistance, you go and get it. When [my 5-year-old] came to my house, and she needed help, I got her therapist...Other families that I know are told through their foster care agency that that's not their decision to make and that they can't see certain people or go certain places without their okay, and it never happens. If you're not allowed to get testing, or you're not allowed to pay for therapies out of your pocket, then things never happen. – Carol (caregiver)

Kris (Lived Expert – Foster Caregiver) shared a similar concern about foster caregivers being limited in the providers that they can use.

I have been trying to get her a comprehensive evaluation through the Children's Research Triangle for six months...My goal with this evaluation is to try to get therapy services on board for her...She's so smart. We know that she witnessed hitting in the home... none of the therapies that she has are touching that...There is a six month wait on the evaluation once the forms are turned in... I found Thera play, which is...attachment-based therapy...I think we're just gonna pay out of pocket... If you have a kid in your house that needs help, you cannot take them to see anyone in the outside world, you can only use a therapist from that foster care agency... That is a conflict of interest. – Kris (Lived Expert – Foster Caregiver)

Two caregivers shared ways that they apply different techniques to support their foster children's mental well-being, while navigating access to professional support. Amber (Lived Expert-Foster Caregiver) described ways that physical activity, weighted material, physical contact helps her young son with attention-deficit hyperactivity disorder related to better regulate his emotions.

Occupational therapy was able to incorporate specific exercises to help his condition [attention-deficit hyperactivity disorder] ... Some of those kids don't really know where their body is in space, so they can be clumsy. They can be constantly jumping, bouncing, running moving, bumping into people, touching people, getting in their space. Giving them exercises to help them learn, because that's just something that hasn't developed appropriately in their brain. – Amber (Lived Expert – Foster Caregiver)

Amber reinforced the importance of these services by describing how she applies what she has learned from the occupational therapist to support her son at home and the benefit to his well-being.

If you keep his body and his muscles busy, it keeps him more emotionally regulated. I'll say, 'Can you be momma's helper?' I'll have him drag or push a really heavy laundry basket full of clothes down the hallway or something like that. Just because for him that helps him regulate his emotions. Tight hugs, just pressure on his body. Just general pressure, he enjoys...Like if you put a something weighted around his shoulders, he'll regulate a little bit quicker. – Amber (Lived Expert – Foster Caregiver)

### *Provide Trauma-Informed, Age-Appropriate, and Gender-Affirming Healthcare for Youth in Care*

The study's Lived Experts stressed the importance of ensuring trauma-informed, age-appropriate, and gender-affirming healthcare for youth in care is both available and accessible. Five Lived Experts (one as Youth in Care, one as a Parent, and three as Caregivers) offered insights on their concerns for obtaining quality healthcare to address the physical and mental health needs youth in care have. The Lived Experts in this study expressed concerns about managing excessive medication for children under 10 years old, punitive record-keeping procedures for youth reported with homicidal ideation, improved access for trauma-informed care, especially gender-affirming approaches and play therapies for young children.

Michelle Walsh (Lived Expert – Youth in Care) in a listening circle pointed out concerns about the level of medication prescribed for her 9-year-old sister. She reported, "I have a big problem with young children being prescribed medications. My sister has nine different diagnoses and takes a mood stabilizer, an anti-depressant, and Adderall."

HT (Lived Expert – Youth in Care and Parent of a Youth in Care) shared her experience being reported for homicidal ideation, after school authorities observed her watching murder shows on her laptop. After a two-day hospital stay years ago, she expressed concern that this incident is still on her record. She shared:

I wasn't admitted because I was violent. I got admitted because I was watching investigation discovery, murder or criminal [type] shows on my laptop at school. My principal hated me and called the police and told them that I was having, homicidal ideation. Then I started freaking out, obviously because I'm just watching a show and me freaking out... I was there for two days. Then they let me go because they thought it was stupid that I was there...but it's still on my record. – HT (Lived Expert – Youth in Care and Parent of a Youth in Care)

Juliet Moore (Lived Expert – Foster Caregiver) advocated for better access to counseling services that is customized developmentally for the child or youth, and healing-centered from a trauma-informed perspective. She recommended earlier intervention when children are younger with behavioral concerns to help with better permanency options as children get older.

They've [child welfare agencies] got a lot of talk therapists and stuff for older kids. But we need to seriously invest in those interventions for younger kids, like play therapies. Then I think we will start to see a decrease in some of those behaviors that we see that doesn't get a kid placed with somebody old as they get older. – Juliet Moore (Lived Expert – Foster Caregiver)

AK (Lived Expert – Foster Caregiver) shared how well developmental therapy is helping her toddler daughter. She was able to have an assessment completed for early intervention and have a referral for speech therapy. She recommended promoting early intervention services and access more broadly and systematically. Even though her daughter tested on the cusp of needing speech therapy.

We want to continue because we love our therapist and there's nothing more important than investing in her future....People have stigma around therapies. Not everyone understands the purpose of occupational therapy or speech therapy, or developmental therapy or physical therapy for a child who is under three, right? Those kinds of things can be very helpful. – AK (Lived Expert – Foster Caregiver)

Juliet Moore (Lived Expert –Foster Caregiver) shared her experience with a teenage youth that did not have sufficient mental health support at a younger age and exhibited tantrum behavior associated with a much younger child. She argued that having support from mental health providers that is timely and trauma-informed at earlier age would have made a positive difference.

We had an older teen in our house who had been in and out of foster care. She didn't have some of the same interventions that like my kids have... There's a difference in her connections with people and her overall social development... There were times that I saw like a six-year-old type tantrum from a 14-year-old which is not something that is very widely socially accepted, and it's not socially understood. We were lucky to be in a place that did understand her background and everything when those happened most often. I can't imagine the turmoil that that causes in a teenager who...knows that they're being stared at and having that physical awareness of what's going on around you. – Juliet Moore (Lived Expert – Foster Caregiver)

Kris (Lived Expert – Foster Caregiver) echoes a similar sentiment about the importance of early intervention to promote children's behavioral and emotional self-regulation. Without effective intervention at earlier ages, children with severe behaviors have substantial prolonged time to permanency or end up transitioning out of care to independent living.

I have friends who've had kids for eight years and they're still not adopted. Parents are dealing with behaviors and we're questioning, 'Why do they have such severe behaviors?' There's many of my friends who have the same situation... How can you expect that there would be a good outcome when you

can't offer permanency to small children and they've been with you for nine years? – Kris (Lived Expert – Foster Caregiver)

Carol (Lived Expert – Foster Caregiver) discussed the difficulty in obtaining both trauma-informed and gender-affirming care for a transgender child through a private agency and found needed supports for advocacy at DCFS. Carol described her experience caring for a 12-year-old female, who identifies as a boy (he/him pronouns), who was severely abused and hospitalized in a mental health facility when he was four. [The youth] displayed violent behavior, has a developmental/intellectual disability, and his mother relinquished her parental rights. Carol felt he needed residential treatment, and potentially a hormone blocker. She conveyed that his needs were more than she and her transgender partner could shoulder. She shared that even though caring for a teenage, non-binary youth with low developmental functioning was traumatic, “I am simultaneously the most stressed I've ever been and the happiest I've ever been.”

I've spent full days just calling therapists. I've called DV (domestic violence) agencies because...if I can't find anyone that takes YouthCare (insurance) and I know he witnessed DV, maybe that's the system I can get him in...We were licensed at another private agency and then we found out..[caregiver friend] had pulled a kid because their foster parent was honoring their psychologist's recommendation to use their pronouns. They pulled the kid after being there for a year, and so we changed our license.

So that's how we ended up at DCFS, as we felt like DCFS had the best safeguards in place...I've tried to do some advocacy on his behalf, but his needs are just...he begged me to just come back and I was like, honey, it's not safe. And he was out of school because he beat up the teacher, and I can't even let him back in school so. It's so hard because his needs are beyond, but then also someone needs to tend to his gender needs too...Our caseworker really advocated for us.” – Carol (Lived Expert – Foster Caregiver)

In this example, Carol reinforces the many challenges she faced in addressing the youth's needs, which from her experience required residential treatment, hormone therapy, gender identity affirmation, accommodations for intellectual disability, and healing-centered care related to the domestic violence he experienced.

### *Improve Access to Identification Documentation for Youth in Care*

Lived Experts indicated the need for streamlined steps required for state identification and document verification and provide tangible support to youth in care to know their rights,

benefits eligibility, and access to services. Two young adults in care shared substantial delays in obtaining necessary state identification to be able to access services. One young adult (Gabby) discussed challenges in accessing her birth certificate and Social Security card in order to complete the process to get her state ID card at age 16, which took several months. Poor communication and follow-through prolonged the time for processing steps, and Gabby needed her state ID to access a range of services including postsecondary education financial supports, healthcare expenses, and more.

People would not message or call back. People would wait three weeks to respond. I think it took me almost three or four months to get my state ID...the average person who's not in the system, they could go and same day get that handled. – Gabby (Lived Expert – Youth in Care)

Another young adult was a citizen of India, and came into care at age 12, and had difficulty obtaining her passport and Social Security card which greatly impacted her economic security. At the time of her interview, India was 19 years old, and DCFS was processing her Social Security identification, however, it took 7 years. She found support from two caseworkers who helped her with Social Security identification and access to postsecondary education scholarship resources. Barriers she described were DCFS losing her passport, not having a savings account, and not having a placement where she experienced safety. Reunited back with her mom, India expressed mixed feelings – on one hand, she was glad to be with her mom and sister, however, she also shared her desperation and struggle to have hope for her future: “as an immigrant it is very hard for me to stay mentally focused when I see no opportunities. I feel I can say like, I don't see a future. It's just... Yeah, I can go to college, but right now I'm empty handed. That's what I that's what I think.”

### *Section Summary*

Thirteen Lived Experts (six Youth in Care, one Parent, six Caregivers) emphasized the urgent need for timely, accessible, and high-quality care to support the well-being of children and youth in care. Key insights include:

- **Supportive Adults:** Every youth should have consistent access to caring adults who listen, advocate, and respond to their needs across home, school, and service systems.
- **Education and Cognitive Health:** Strengthen educational advocacy, ensure appropriate assessments, and provide flexible access to postsecondary scholarships and resources.
- **Health Services:** Improve timely access to trauma-informed, age-appropriate, and gender-affirming healthcare, including mental, behavioral, and physical health services, with reduced wait times and better provider availability.

- **Documentation and Resources:** Streamline access to state identification and verification processes, ensuring youth can secure documents necessary for education, healthcare, and other essential services.

Overall, Lived Experts highlighted that well-being depends on systems that combine accessibility, responsiveness, and compassion, with high-quality services delivered in a timely manner to meet the complex needs of youth in care.

## Support Healthy Relationships Between Parents and Their Children

Parents have a right to be treated fairly, with kindness and respect. Study Lived Experts recommend that staff in child welfare and family-serving systems engage empathetically with parents and provide needed services in a timely manner. Service recommendations included economic and concrete supports, mental health and substance abuse treatment, and healing-centered approaches. With these services, parents would then be in better positions have safer and healthier relationships with their children. This recommendation focuses on the relationships between child welfare system and its providers for parents to safely and stably care for their children at home, not including supports for family visitation. Lived Experts from all the study's populations provided comments informing this recommendation.

### *Provide Economic and Concrete Supports for Parents Recovering from Trauma*

One young adult reflected on support that her mother needed after her mother was stabbed, resulting in life-threatening injuries. Recovery from this attack and the associated surgeries required years of care. The young adult described the support that would have benefited her mother, including housing assistance, English language learning, and employment that would have supported more timely family reunification and avoided prolonged, multiple foster home stays. As India reported, "My mom had to start from the bottom because she lost everything. She had no jobs for years. She was in a house where they do therapies for her to recover... It took her a long time...to get her own apartment and get her kids back."

A Lived Expert as a Foster Caregiver discussed how beneficial it would be for children and youth to have food assistance benefits direct to them, instead of only passed through adults caring for the child or youth. With this type of flexibility, the Lived Expert as a Foster Caregiver argued that caregivers and parents would have more options to provide specifically for each child's needs. With a "child-specific food stamp card," a caregiver or parent could then better tailor an individual child's food needs with benefits specifically earmarked for them. While responsible adults consider family needs overall in food shopping, they would also have a specific resource to meet the particular dietary needs of an individual child.

### *Reinforce Healing-Centered Approaches for New Parents*

HT (Lived Expert – Youth in Care and Parent of a Youth in Care) discussed the need for supports to cope with inter-generational trauma and break cycles of parenting practices that are harmful to children. HT discussed the fear of repeating harmful parenting behaviors that her mother had, “I’m absolutely terrified that I will end up like my mother. I have done everything that I can to try to not be.” She shared that in circumstances of abuse where “maybe the parent is over-controlling,” there may be a response for the young person to become “completely permissive...leads to neglect...letting their child do whatever they want.” HT expressed that they are “trying to find a happy medium of being an authoritative, gentle parent, and it’s really hard.”

### *Increase Parents’ Access to Transformative Role of Mental Health and Substance Use Treatment*

One of the Lived Experts – Parent of Youth in Care, a father, described the impact of first becoming a parent and the child’s mother leaving him to take care of the child. “I was using drugs at the time,” he said, “I did not want to miss a beat. [My child] was the inspiration to go get my life together.” This father then described going to a treatment center, going back to college to obtain a degree in mental health and substance use treatment. By learning about these fields as part of his degree programs and practicing counseling himself, he learned to seek and accept help for his own mental health when needed. “I worked as a social worker in mental health, and it helped me keep my mental health. I didn’t waste time if I had to go see a psychiatrist or a psychologist; I did that... I won’t be stigmatized by going to get some professional help.”

### *Provide Compassionate Listening and Motivational Support to Parents*

In a parent listening circle, Lived Experts as Parents of Youth in Care resonated with the need for compassionate and motivational support in coping with child welfare system involvement. As one Lived Expert as a Parent of Youth in Care shared the importance of ensuring “a good support system,” including “...somebody that gives you positive affirmations. A hug does wonders. Just being a listening ear for someone, and saying, ‘Yeah, you might have lost today, but tomorrow you’re going to win! Just keep pushing. Keep pushing.’” As another parent expressed, “you’re dealing with human beings, and as such, we’re all fallible...none of us are perfect.”

### *Consider Equitable Consequences for Abuse and Neglect by Foster Caregivers and Parents*

In a parent listening circle, Lived Experts as Parents of Youth in Care discussed disparate consequences for maltreatment by foster caregivers and parents in light of the death of a 7-year-old foster child. While one foster parent was at work, and the other went to Walmart for a short errand, the 7-year-old was left home with a 4-year-old, and a 10-year-old. The home had an uncovered, in-ground pool that was unsecured, in which the 7-year-old jumped in the pool, slid into the deep end, and drowned. Lived Experts as Parents of Youth in Care indicated they felt disproportionate consequences for foster caregivers, compared to if this situation happened to a parent. They also discussed disparities in how white caregivers are treated differently from Black parents.

Some people are saying [there are no consequences] because he's White. It's because he knows somebody who's in the county jail. It's because he's a foster parent, and DCFS needs foster parents. They need these foster homes. Basically, they get a slap on the wrist. Let that have been a birth parent. We would have been handcuffed and put in jail before they even removed the d\*\*\* body. – Lived Expert as a Parent of Youth

At the time of the circle, there were no known consequences for the white caregiver, such as revoking their foster care license.

### *Section Summary*

Study Lived Experts highlighted that parents need timely, compassionate, and equitable support to build safe and healthy relationships with their children. Key recommendations include:

- **Economic and Concrete Supports:** Provide parents recovering from trauma with housing assistance, employment opportunities, language support, and flexible resources (e.g., child-specific food benefits) to promote stability and timely family reunification.
- **Healing-Centered Parenting Approaches:** Offer support to address intergenerational trauma, guide parents in developing authoritative and nurturing parenting practices, and prevent cycles of neglect or harm.
- **Access to Mental Health and Substance Use Treatment:** Empower parents to engage in transformative mental health and substance use services without stigma, with guidance and encouragement to seek help when needed.
- **Dignity, Respect, and Motivational Support:** Ensure parents receive compassionate listening, encouragement, and affirmation as they navigate challenges with the child welfare system.

- **Equitable Accountability:** Address disparities in consequences for maltreatment between foster caregivers and birthparents, and consider the role of systemic racism in inequitable treatment.

Evidence from recent systematic reviews supports these recommendations, highlighting that structured, family-focused programs—including coaching, goal setting, role modeling, and supportive home-based activities—enhance family reunification outcomes and strengthen parent-child relationships (Luu et al., 2022; Maltais et al., 2019).

## Support Family Visitation Processes

Children and youth in care can benefit from support for family visitation that helps them retain, build, and sometimes repair their relationships with their family; heal from the trauma of family separation; and form healthy attachments with others that promote their well-being (Ruiz-Romero et al., 2022). Study Lived Experts recommended that the child welfare system provide tailored family visitation support.

Eight of 19 Lived Experts as Foster Caregivers commented on the need for additional support for family visitation. Even though the circumstances of the family separation, age of the child(ren), and contexts for visitation varied, one common theme was the need for support for children, caregivers, and parents as they navigated emotions regarding visitation. Lived Experts as Foster Caregivers raised questions about the degree to which visits are forced for children, how to manage outbursts of children who refuse visits, how to provide support to children and youth after visits, and improvements that can be made for the logistics of family visitation. Below are some examples of family visitation scenarios from caregivers, their questions, and implications.

Several implications arise from the information shared by Lived Experts as Foster Caregivers:

1. Create supportive structures for communication between parents, caregivers, and transportation aides to support each child and youth in navigating the impact of visits.
2. Address potential trauma caused by visits that have not occurred for prolonged periods of time.
3. Invite opportunities for feedback from caregivers, parents, staff, and children and youth to revisit the mandated visitation schedule and discuss adjustments and unique circumstances.
4. Share communication strategies that caregivers can use to help shape child and youth expectations about visits with parents and siblings.

5. Prioritize child and youth well-being in arranging transportation and logistics between parents and caregivers.
6. Build support for foster caregivers and parents to support children and youth post-reunification.

### *Strengthen Agency Supports for Communication*

The study's Lived Experts emphasized creating and implementing agency support for communication between parents, caregivers, and transportation aides to support each child and youth in navigating the impact of visits.

MA (Lived Expert – Foster Caregiver) shared the experience of her 3-year-old who “doesn’t understand why she was taken from her mom at 2 ½ years old,” and the result of the forced visits is that the kids come home crying, and “it can take up to three days for her to get back on track. That’s stressful.” MA’s experience highlights the impact of insufficient support for caregivers to help rebuild the child’s positive attachment to her mother.

MA (Lived Expert – Foster Caregiver) also shared an experience with a half-sister of a five-year-old in her care who has a medically complex genetic disorder. The visits with the child’s mother would trigger seizures related to her medical condition. Even though MA “always wanted them to know their mom,” the visits would cause over-stimulation and distress, and the adverse reaction would come about from her condition.

Lived Experts as Foster Caregivers expressed difficulty with some of the contexts of child removal and supporting visitation (e.g., mothers having sex with underage boys, parents involved in drug-related crimes, parents involved in pornography creation or possession, parents in jail). Carol (Lived Expert – Foster Caregiver) expressed that she enlisted the help of a therapist to assist her in communicating with her toddler foster children about their parent who is in prison. Once the caregivers obtained approval for the Zoom visits from prison, which took months, the therapist helped with how to explain to the child, e.g., “Mommy carried you in her tummy.” Carol also shared the importance of having caseworker support for navigating the unique challenges of visits and the emotions children face before, during, and after visits. Carol’s child came to her at three months, would hit others and pull her hair out at the roots when she could not regulate her emotions. Carol would work with her on strategies to ask for help when she is frustrated and ask for caseworker assistance in getting her specialized therapy to address the trauma her child experienced related to the violence she witnessed. Carol observed that caseworker turnover greatly impacted the quality of care, “The caseworker just left; he was there for like a month...supervisors also burn out the caseworkers...and so my one

job is to keep this caseworker in this job until my kids go to TPR (termination of parental rights)...”

BZ (Lived Expert – Foster Caregiver) shared experience with a “She was a five-year-old girl, and her biological father was in jail for ...child pornography and stuff like that.” She shared that the lawyer advocated for the father’s rights, and the judge granted for him to have pictures of his daughter. Since he was due to be released in five years, there was an effort to find “someone to temporarily take her so he could have full custody when he got out.” In the listening circle, caregivers expressed difficulty in believing that reunification was in the best interest of the young girl in this situation. EG (Lived Expert – Foster Caregiver) raised questions about whether sexually abusive behaviors, for example, can be counseled out of continuing the harmful behaviors to children. Several Foster Caregivers raised the question, to what extent should family reunification be a possibility in these circumstances?

### *Revisit Mandated Visitation and Mitigate Related Trauma*

The study’s Lived Experts suggested revisiting the mandated visitation schedule and discuss adjustments and unique circumstances with the input of caregivers, parents, staff, and children and youth. Additionally, they argued that it is important to mitigate any trauma experienced by children and youth related to mandatory visitation. MA (Lived Expert – Foster Caregiver) shared the challenges of mandated visitation with a child’s mother who has severe developmental and intellectual disabilities. MA shared the adverse impact to children in participating in mandated court visits with their mother, in a situation where the mother “can barely have a conversation [with the child]” and the toddler child “doesn’t understand why she’s smarter than her mother.” This caregiver explained that “Every case is different, and the rules and the laws should not apply to every case equally.”

Regarding a mandated final visit for her 9-year-old son, Stephanie Johnson shared the story of a traumatic final visit between her (adopted) son and his biological mother.

His mother wanted to consent to adopt specifically to us, but she needed a final visit. She hadn't seen him in over a year before that final visit, so he went from no visits for a year, no contact whatsoever, mostly her choosing. She signed the court paper saying she wanted to terminate her rights and give consent to adopt to me, and then they forced the kid to have that final visit. I know for a fact that it really affected his mental health a lot. I think at a certain a certain point where there hasn't been contact in over 365 days, why are we introducing this and causing more trauma? Because now he thinks he's gonna get more visits, when it was the final visit. – Stephanie Johnson (Lived Expert – Foster Caregiver)

EG (Lived Expert – Foster Caregiver) highlighted the importance of taking into consideration the child’s reaction and point of view. “Some of the hardest things is when I’ve seen forced visitation with parents and just continuing that because they’re supposed to, instead of really taking into account what the child is expressing and how they’re reacting. And then the stress of having to get the kids’ therapist to advocate for them,” and getting the caseworkers to really listen to the child. Lived Experts as Foster Caregivers noted insufficient support for family visitation for all those involved. Carol (Lived Expert – Foster Caregiver) summarized, “The system is designed to...destroy everyone involved,” due to inability to obtain needed therapeutic supports for her children, timely assessments, and referrals to needed services with availability.

### *Reinforce Communication Strategies for Preparing Children for Visits*

Lived Experts as Foster Caregivers related the need for supportive communication strategies to assist children in coping with unexpected changes that impact their relationships with their siblings. AK (Lived Expert – Foster Caregiver) shared her experience navigating sibling visits for her young foster daughter and the challenges of helping her process changes and inconsistencies in the visits. One of the caregivers of two sisters was inconsistent with sibling visits. The sister’s caregiver gave notice that she was going to end caregiving for one of the sisters and then rescinded the decision after considerable arrangements were made to have the sisters placed together. Among two other siblings who were placed with a family member after three years of being in foster care, “there were no transitional visits.” AK shared that she did not receive information on her foster daughter’s siblings for three years. In the caregiver listening circle, another caregiver expressed understanding about prioritizing biological family members for kinship care, however, acknowledging that “it’s heartbreaking” when there’s no prior relationship built or transitional support to help the child understand and adapt better.

### *Prioritize Children’s Well-Being When Arranging Logistics*

The Lived Experts in this study argued for the need to prioritize child and youth well-being in arranging transportation, schedules, and needed supplies between parents and caregivers. Kris (Lived Expert – Foster Caregiver) shared her experience with a young child that was recently reunified with his father after coming into care as a baby, and the impact of unfamiliar people transporting them for visits.

I feel he suffered...that was no one’s fault. But having someone coming to your house, picking you up, even consistency with that, like having a driver providing transportation for people who are consistent, so a stranger isn't coming to your house, taking you away from the people who love you. Each week multiple times a week in a strange car, in a strange car seat, that kind of thing also needs to be looked at. – Kris (Lived Expert – Foster Caregiver)

MH (Lived Expert – Foster Caregiver) describes the adversity associated with not adequately equipping families to meet the needs of young children during extended family visits. “At almost 11 months old, getting in the car of the agent and driving. It was an hour away, so here they're taking this child an hour's car ride. She goes to the DCFS office...They don't even have a crib for her at the other end. They have some kind of a makeshift crib... This is a child that was sleeping through the night at four months old when she came here, she slept through the night for the very first night on. She stopped sleeping at night. She cried a lot. She was so lost. And none of that had to happen to her.”

### *Strengthen Family Supports for Post-Reunification*

Lived Experts emphasized the need to build support for foster caregivers and parents to support children and youth post-reunification. MH (Lived Expert – Foster Caregiver) discussed the difficulty experienced by a young girl in returning home, after coming into care at four months old and returning home after a couple of years. She was able to keep in contact with the young girl post-reunification and noticed she would scream that she did not want to go back home with her brothers. While she was in care, she had visitation with her mother once a week for two-hour visits.

...when I see her, she doesn't want to go home, and it's not just because she's bonded with me... she is like a stranger in her family. The boys know their mother and father, but she doesn't. And that's the fault of DCFS. They should have allowed the mother to...come and live with me. I even proposed that at one point of my taking all three children and letting the mother live with me, I could supervise the mother...And then I talked to an attorney who works for DCFS, which she's a public guardian. And she said yes. In fact, they have done that. –  
Lived Expert as a Foster Caregiver

When the oldest brother had some acting-out behavior (i.e., exposing himself at school) the children were removed from the home. The caregiver was unable to keep in touch or know where they went.

### *Section Summary*

Lived Experts emphasized that children and youth in care benefit from structured, supportive family visitation that helps maintain, repair, or strengthen family connections, supports healing from trauma, and fosters healthy attachments (Ruiz-Romero et al., 2022). Key recommendations from study Lived Experts include:

- **Strengthen Communication and Coordination:** Create agency-supported structures to facilitate clear communication among parents, caregivers, transportation aids, and caseworkers, ensuring children understand and can navigate visits.
- **Mitigate Trauma and Revisit Mandated Schedules:** Adapt visitation schedules to account for each child’s developmental needs, emotional responses, and unique circumstances, avoiding forced visits that may cause distress.
- **Prepare Children for Visits:** Implement strategies for caregivers to help children process expectations, changes, and sibling or parent interactions, including transitional supports when placements or visitation arrangements change.
- **Prioritize Child-Centered Logistics:** Ensure transportation, scheduling, and material supports (e.g., appropriate seating, supplies) are consistent and responsive to children’s well-being, reducing stress and disruption.
- **Support Post-Reunification Adjustments:** Provide ongoing supports for both caregivers and parents to help children reintegrate safely and positively after reunification, including therapeutic and practical assistance.

Across scenarios described by Lived Experts, children’s emotional responses, developmental differences, and complex family circumstances underscore the need for flexible, individualized, and trauma-informed approaches to family visitation. Consistent, child-centered strategies in communication, logistics, and post-visit support can improve children’s well-being, promote healthier relationships, and strengthen outcomes for reunification.

## Strengthen Resources Which Foster Children’s Connection to Their Familial Network

The study’s Lived Experts discussed concrete and human capital supports provided to caregivers, that enhance child and youth connection to their familial network. Children and youth in care rely upon the effectiveness of their substitute caregivers to thrive. The child welfare system contracts with substitute caregivers to provide safety, support well-being, and participate in permanency planning for children and youth in care. Foster care is aimed at providing substitute care and support services towards goals of safety, permanency, and well-being for children through family reunification, guardianship, adoption, or transition to independence from care. The familial network includes primary foster caregivers and their familial support relationships as well as the biological family and kinship support relationships. Twelve of 19 Lived Experts as Foster Caregivers (including two Caregivers who have experiences as Youth in Care and Parents of Youth in Care) and two Lived Experts as Youth in Care described the need to provide caregivers with targeted economic, concrete, and human capital supports to improve their effectiveness in substitute care roles and responsibilities.

Various scholars have highlighted the need for improved economic, concrete, and human capital supports to promote retention and well-being of foster caregivers, as well as well-being of the children and youth in their care (Bald et al., 2022; Chanmugam et al., 2017; Geiger et al., 2013, 2016; Leffler & Ahn, 2022; Mallette et al., 2020; Sharda, 2022; Simon et al., 2024). Economic support may include performance-based contracting with foster care agencies, changes to subsidy rates and monthly maintenance payments, or financial allocations to incentivize specific placements (e.g., kinship) (Bald et al., 2022). Simon and colleagues (2024) found that increases to foster care monthly payments in Minnesota was associated with increased placement with kinship, improved school stability and academic achievement, and reduced school suspensions.

Several studies highlighted caregivers' needs for services and support that concretely assist youth in meeting their well-being needs (e.g., quality provider referrals, concrete assistance with completing medical and other appointments, life skills programming) (Chanmugam et al., 2017; Leffler & Ahn, 2022). Mallette and colleagues (2020) conducted focus groups with caregivers and found a strong need for appropriate and applicable foster caregiver trainings, combined with support from both formal and informal systems. Sharda (2022)'s research findings confirmed the protective role in social support for foster caregivers in mitigating parenting stress, which can include participation in formal or informal support networks, perceived or enacted support in relationship with others. Geiger and colleagues (2013) similarly found that social support was an important factor in foster caregiver retention, which encompassed emotional support (words of encouragement, compassionate listening, respect and recognition, proactive communication, advocacy) and practical support (provision of goods and services).

Aligned with prior research, Listen to Us study Lived Experts highlighted several recommendations for economic, concrete, and human capital support for caregivers, including:

1. Provide tailored economic support for new placements, tailored to the individual needs of each child and youth coming into the foster home.
2. Structure economic incentives to reduce time to permanency, promote accountability in foster care, and equitably pay kinship caregivers to minimize cultural dislocation among children and youth.
3. Increase training, information availability, and ongoing support to build caregiver knowledge and skill-building, particular to the individual well-being needs of children in their homes.

4. Develop and maintain an ongoing support system to connect experienced and novice caregivers, and youth in care with other youth in care, with flexibility for in-person, online, or other modalities of relationship-building.

### *Tailor Economic Supports for New Placements*

Concrete economic supports are especially needed at first placement, according to caregivers that receive children on relatively short notice. As described by Carol (Lived Expert – Foster Caregiver) “the girls were dropped off at 11:30 at night with one car seat. No diapers, no formula, nothing.” Carol works as a university instructor and was not in a position to take off work, so she had to immediately arrange for childcare, paid an additional \$600 for each girl to enroll them, and an extra \$300 each month above the compensation for childcare provided by DCFS. At this daycare, Carol experienced adverse judgment and discrimination against her foster children, as racial minorities in a predominantly white daycare, and reported she did not have other good options.

Stephanie Johnson (Lived Expert – Foster Caregiver) highlighted the positive impact of economic supports that make caregiving easier, such as the new law that provides for foster caregivers to receive \$500 cash cards when a new child comes into the foster home. However, Stephanie explained that “there needs to be an easier way for parents to get the card,” such as the caseworkers bringing the card with them when they bring the ‘906 paper’ or the first day they bring the child. Waiting for the card to come in the mail takes additional time when babies have many costly and immediate expenses.

One of the young adults in the study discussed the adverse impact of delayed board payment for her first foster mother. ‘ The board payment didn’t come for more than two months after I came...the foster mom would have to pay out of pocket for a lot of things...if my foster parent wasn’t able to cover my expenses, it would have been a problem.’ – Gabby (Lived Expert – Youth in Care)

### *Structure Economic Incentives to Improve Outcomes*

This study’s Lived Experts suggested structuring economic incentives to reduce time to permanency, promote accountability in foster care, and equitably pay kinship caregivers to minimize cultural dislocation among children and youth. This study’s Lived Experts indicated that structure economic incentives are needed to reduce time to permanency and promote accountability in foster care. They also emphasized the importance of these incentives in promoting equitability between kin and non-kin caregivers and for minimizing cultural dislocation experienced by children and youth. Most caregivers are not well-prepared for the intensity of communications, visits, and additional relationships to be coordinated in support of their child’s well-being (e.g., guardians *ad litem*, Court Appointed Special Advocates (CASAs),

social workers and providers, drivers for family visits, etc.). Kris (Lived Expert – Foster Caregiver) raised questions about the economic incentives that contribute to the prolonged process of keeping children and youth in care. Kris (Lived Expert – Foster Caregiver) also points out that after a caregiver has built a relationship with a child/youth for three to six or more years, the attachment does not necessarily end after family reunification. The inefficiencies in permanency staffing contribute to lower retention of caregivers, and one Lived Expert as a Foster Caregiver pointed out how economic incentives are not well-structured to accelerate permanency timeframes.

For the majority of my friends [Foster Caregivers], it takes at least 3.5 years. Sometimes a mom signs a piece of paper, and it still takes 2.5 years for someone to be adopted. We wanted these kids to go back to their parents. That's the ultimate goal. But it's taking way too long. That is one of the reasons a lot of people leave fostering after they finish taking care of the kids in their home. They have issues with how the state treats them and the kids. – Kris (Lived Expert – Foster Caregiver)

To address inefficiencies and adverse economic incentives that prolong stays in care, this caregiver recommends agency staff work more proactively to support concurrent planning and processing time for family reunification, adoption or guardianship. Kris (Lived Expert – Foster Caregiver) highlights how agencies need to assist in helping caregivers manage the overwhelming needs with thoughtful, efficient, and responsible communication instead of haphazard scheduling or cancellations.

HT (Lived Expert – Youth in Care and Parent of a Youth in Care) found little accountability for foster care agencies in providing necessary information and mitigating excessive placement moves. “[The foster care agency] got me moved for like six different houses... [The caseworker] made my second foster placement cry...really belittling and berating her...when my case got moved to [third foster placement]... My records were shredded in 2020.” Her experience reinforced the need to ensure agency management practices are well-aligned with timely permanency and youth well-being needs.

AK (Lived Expert – Foster Caregiver) also highlighted the adverse impact of lack of professional, paid caregiving for the well-being of foster children. “Even though the stipend is so small, I have met some foster parents who are in it for the money...[and] some parents who have four specialized kids and a two-bedroom, and they’re not getting their needs met...”

EG (Lived Expert – Foster Caregiver) highlights how the foster caregiving compensation structure reinforces existing economic and racial disparities in caregiving of children and youth in need of

substitute care. Without a structure for paid, professional caregiving, and needs that children and youth have for numerous support and services, foster caregivers tend to reflect race and economic disparities that advantage white, middle and upper class homes. However, many racial and ethnic minorities from lower socioeconomic backgrounds come into care, and there is a mismatch with foster caregivers that have more resources to provide for needs of children and youth who have experienced trauma or neglect in their families' homes. EG (Lived Expert – Foster Caregiver) recommends to give “foster parents the tools where anyone, regardless of their income...were paid as a professional caregiver. I think [this] could even out a lot of those things [disparities] better. So, it wasn't the majority of African American kids being placed in white homes. And then, we're all wondering, why we feel lost.”

### *Develop Caregivers' Knowledge and Skills to Support Child/Youth Well-Being*

Lived experts called for improved support for caregiver knowledge and skill-building to individual well-being needs of children in their homes. Lived Experts as Foster Caregivers expressed the importance of additional concrete support to help children and youth in substitute care to optimize their well-being. As Amber (Lived Expert – Foster Caregiver) expressed, we need supports from the licensing agency “help these kids succeed, and get better, or be the best version of themselves.” Seven caregivers highlighted the need for improved support for caregiver knowledge and skill-building to individual well-being needs of children in their homes. Each caregiver presented unique circumstances with their child/youth well-being needs, however, they shared recommendations for the need for improved support for knowledge and skill-building, many of which carry a substantial additional cost. For example, Carol (Lived Expert – Foster Caregiver) reported that her child required additional tools and supports for behavioral management, so she enrolled in a 10-week behavioral support class, which cost \$1600. She also obtained a special therapist to work with her as a caregiver on her own needs as the caregiver of a child with special needs. While one of the child's aunts offered to help support caregiving, the aunt did not end up following through on meetings and caregiving appointments, which further necessitated the outside support.

Caregivers expressed that the support provided to them is insufficient to meet the needs of the children in their care. Juliet (Lived Expert – Foster Caregiver) described that DCFS does provide written resources, such as books, and relationship with mom helps. MA (caregiver) explained that as caregivers, “We're not [well] trained...we [provide foster care] based on how we handle our own life...or common sense.” As Salma Anna (Lived Expert – Foster Caregiver) pointed out, “it's important for the foster parents to know about different resources that are available to the child” to support their well-being, especially for new foster parents navigating the unpredictable landscape of permanency planning for the child.

Kris (Lived Expert – Foster Caregiver) explained that caregivers come from diverse backgrounds, knowledge, and skill sets – whether they be grandparents, young caregivers, caregivers without postsecondary education, or caregivers with postsecondary education. Across these different backgrounds, “You don’t know the questions to ask. You don’t [always] have the time or the energy to seek these things out.” In some cases, a caregiver may know to ask questions that support family reunification, but they do not receive follow-through on the information needed in a timely manner. Kris (Lived Expert – Foster Caregiver) described how she asked her caseworker about the possibility of guardianship and return home to the child’s father to shorten time to permanency, however, she was not able to obtain this information and support from the caseworker to shorten the child’s time to permanency.

Caregivers also experience difficulty in navigating questions from others about their children/youth in substitute care. For example, Amelia Darcy (Lived Expert – Foster Caregiver) describes how she received questions from others, “Which ones are your real kids?... Why don’t you look like your mom?” In addition to not knowing what resources are available for children/youth, and not being able to get answers to questions, this caregiver emphasized the importance of foster parents having supportive connection with other foster parents, and for the children and youth to have “positive interactions for their well-being with other kids who have either been adopted or who are in foster care.”

### *Transform the Support System for Caregiver Empowerment*

Five caregivers recommended expanded support for caregivers to connect with other caregivers who are knowledgeable, experienced, and empowering in their communications and support. MH (Lived Expert – Foster Caregiver) described the positive impact of attending meetings with other foster parents. As other foster parents described the serious trauma experienced by their children and their responsive approaches, she noted how “remarkable” they are and how they are a source of inspiration. Kris (Lived Expert – Foster Caregiver) also described the high value in the in-person get-togethers with other foster parents. However, the Covid-19 pandemic changed the nature of the get-togethers, such that people don’t organize in-person gatherings as frequently, and scheduling/location is a barrier for in-person meetings.

Even when the logistics of in-person meetings are a barrier for foster caregivers, they value support for connection and problem-solving, and ongoing relationships with other caregivers. As BR (Lived Expert – Foster Caregiver) described, “we went out of our way to reach out to those foster parents to assist them and give them whatever information they needed, whenever they needed it. If they need to call us or text us or email us, whenever and whatever, just do it, because we care about the kids...we want to empower them as much as possible.” This caregiver highlighted the need for empowering support for caregivers to find the avenues

among system actors or outside of the child welfare system to meet the child’s well-being needs. “Parents are resourceful, they have to be. The buck stops there when you’re a parent,” BR reinforced. When caregivers have adverse experience with their licensing agency, empowering foster parent support networks are critically important, BR explained.

One of our Caregiver Lived Experts serves as a contracted support specialist to caregivers. Juliet Moore’s (Lived Expert – Foster Caregiver) recommendation is for DCFS to “put more emphasis” on supports for foster parents because “a lot of times, [foster parents] are pitted against the [child/family] team, and they’re supposed to be part of the team.” As Amelia Darcy (Lived Expert – Foster Caregiver) explained, the need for empowering support of foster caregivers is especially important because of the unpredictability, “you don’t know how long a child’s going to be with you, and you don’t know if they go home. And that’s one of the hardest things.”

### *Section Summary*

Twelve of 19 Lived Experts as Foster Caregivers, and two young adults participating in the study discussed implications and recommendations for concrete support for caregivers in support of child and youth well-being. Drawing from their own experiences and those of other caregivers in their networks, recommendations were to:

- Provide tailored economic support for new placements, tailored to the individual needs of each child and youth coming into the foster home.
- Structure economic incentives to reduce time to permanency, promote accountability in foster care, and equitably pay kinship caregivers to minimize cultural dislocation among children and youth.
- Increase training, information availability, and ongoing support to build caregiver knowledge and skill-building, particular to the individual well-being needs of children in their homes.
- Develop and maintain an ongoing support system to connect experienced and novice caregivers, and youth in care with other youth in care, with flexibility for in-person, online, or other modalities of relationship-building.

### **Build Respect and Trust Among Child Welfare Staff, Caregivers, and Youth**

Listen to Us Lived Experts reinforced the necessity of cultivating respect and trust between direct service staff and youth, between child welfare staff and caregivers, and between caregivers and youth. They suggested focusing on timely, respectful communications;

responsiveness; and compassion as strategies for building trust. Twenty Lived Experts (ten as Youth in Care and ten as Caregivers) discussed aspects of building trusting relationships that either work positively to promote youth and family well-being, or how broken trust contributes adversely to youth and family well-being. In various ways, these lived experts reinforced trust-building when staff, caregivers, and caseworkers practice Illinois DCFS' values of family-focused, integrity, respect, empathy, and equity (FIREE values).

Listen to Us Lived Experts had the following recommendations in strengthening the quality of care and relational trust impacting child and youth well-being:

1. Provide support for consistent, timely communication between direct service staff and youth, family members, and caregivers.
2. Implement accountability mechanisms and support for quality communication and professional integrity among child welfare staff in their relationships with caregivers, youth, and parents.

### *Provide Consistent Case Staffing and Timely Communications*

Both caregivers and youth discussed the adverse effects of high turnover and low engagement of caseworkers, and other case staff, affecting child and youth well-being. With youth well-being as a central goal, participants highlighted the importance of consistency, and staff following through on commitments.

That's what children need the most; they need routine and consistency. When they're in foster care, I don't think that there's a way to give them that consistency, even with case aides and transportation. Half the time it would be a new person. When we start doing at home visits, he would freak out and scream and cry because he doesn't like strangers. – HT (Lived Expert – Youth in Care and Parent of a Youth in Care)

Kris (Lived Expert – Foster Caregiver) also reinforced the detrimental impact of high caseworker and staff turnover for one of her foster children.

For one of my kiddos, she had a new social worker every month for eight months. The new person every single month had no idea how my kid was doing. They had no idea what the case was. They didn't even know my phone number. If these people, who are entrusted in taking care of and knowing the well-being of the kids, don't even know my phone number and know nothing about the kids...children in Illinois are in care way too long because of the lack of consistency with social workers. – Kris (Lived Expert – Foster Caregiver)

By contrast, when one of the children in Kris' care had a consistent caseworker for two and half years, the adoption went through more smoothly in that case. Across these divergent experiences with caseworker stability, Kris concluded that worker consistency contributes to overall better well-being outcomes for the children. "Until you can improve the consistency of workers, I think kids will fall through the cracks...it's important to have consistent people outside that can notice changes or help with therapies or different things that would be helpful."

Carol (Lived Expert – Foster Caregiver) agreed with Kris, of the critical importance of caseworker continuity. Carol shared an experience of a caseworker that worked for about a month, and one day just did not show up. Carol conveyed that the likelihood of being assigned an adequate, stable caseworker is like "roulette" She explained her fear in moving her foster daughter to another agency or specialized foster care, where she would end up with a new caseworker. "My one job is to keep this caseworker in this job until our girls go to TPR (termination of parental rights). I'm not willing to risk that, even for the extra services.... it's all such a gamble."

Moses (Lived Expert – Youth in Care) shared his experience with different caseworkers, one of whom "hardly saw us [in the group care setting]. And even then, all she did was come here and say, 'I hope everything's going well; how's school going? Bless you guys and then left.'" Moses had another caseworker for three months that he did not see at all, who was fired. He has observed that caseworkers are swamped and recounted how valuable it was for him to have a caseworker that followed through on their job responsibilities.

It makes a huge difference when you have a caseworker that does their job. A caseworker that does their job is going to make your time in DCFS 10 times better...They'll let you know of resources that are available, a good caseworker will be like, 'Hey, I just saw this open up...I was looking out for stuff for you. They're doing this here; Would you like to do this?' A bad caseworker would see that and then they and then, if you brought it up, they'd be like, 'alright do it.' They'll wait for you to be your own caseworker, as a teenager. – Moses (Lived Expert – Youth in Care)

EG, Marjorie, and AK (Lived Experts – Foster Caregivers), highlighted the positive impact to child well-being when there is a consistent caseworker doing a good job. Marjorie went as far to say "the number one most important thing for a child's well-being is to have a consistent caseworker, somebody that is with them through the whole thing...I don't even know if that exists, if that's some kind of magical unicorn somewhere...I can't imagine what that [caseworker stability] would do for them [foster youth]." EG shared the experience of having seven

caseworkers in six months. “Some of them were not great, some of them were really good...but, they go away, and then you have to start over again.”

In the listening circle, caregivers discussed the lack of centralized information and knowledge as a major contributing barrier to timely permanency. AK shared how she provides continuity of information with each new worker, resending her notes, in order to protect some continuity and consistency in developing the child’s well-being and progress to permanency:

Every time we get a new caseworker, I'm providing them with information and documentation because I've been supervising the visits. For the sibling visits, I have to resend my notes...they should be in the file. They should be a centralized system that they should keep the information in...so different caseworkers could access the same information. – AK (Lived Expert – Foster Caregiver)

Marjorie and EG both agreed with how frustrating it is to not have consistency of information across workers. Marjorie said: “it feels like there’s a nefarious black hole that some of this information just disappears into.” She has “filled out the same form and told the same story multiple times” for children in her care. Among these three caregivers, they discussed how the lack of centralized information and continuity has an adverse impact for children’s well-being. As Marjorie conveyed: “My heart breaks for these children because they're in the middle of this mess...my main question that I ask anybody who will listen is, ‘Whose best interests are we looking out for?’” EG shared her experience with one of her foster children not being able to access healthcare credentials over six months and five caseworkers:

Even the simplest things of like a health passport, where you're supposed to get that right off the bat. I know with one kid, it took like six months and five caseworkers later to be able to access something that had been there all along. – EG (Lived Expert – Foster Caregiver)

AK, Marjorie, and EG discussed parallels between how consistency and attachment by adult caregivers and parents greatly impact children’s well-being, and how at a macro-level, consistency of casework relationships similarly matters for the well-being of caregivers and children and youth in their care.

### *Support Quality Communication and Professional Integrity among Child Welfare Staff*

Lived Experts encouraged implementation of accountability mechanisms and supports for quality communication and professional integrity among child welfare staff in their relationships

with caregivers, youth, and parents. This study's Lived Experts shared the damaging impact when confidential information is not handled carefully, when appointments and deadlines are not kept, and when other types of trust are broken.

### *Children Need Regular Access to Caseworkers Who Prioritize Their Safety in Placements*

HT (Lived Expert – Youth in Care and Parent of a Youth in Care) recounted a couple of experiences that illustrated the need for integrity and accountability in managing sensitive information and navigating inter-personal relationships with both caregivers and youth in care. She described experiences of being moved through several foster care placements by leaders in a child welfare contributing agency who destroyed records and repeatedly invalidated her concerns.

I don't know what kind of personal vendetta [agency director] had against me...She did everything in her power, including threatening to take my foster parents' license away. When DCFS worked to remove my newborn baby from my custody, we had to hire a personal lawyer. [The agency director] finally won and she got me removed from the foster home. But the judge said that [my son] had to stay with me. She got me moved into a different home. She convinced the foster parents that they weren't helping me. I had to be moved again. She got me moved through six different houses... She made my second foster parent cry on the phone; belittling and berating her... When my case got moved to [third foster parent], they tried to get all of my records and all of my notes. One of the agency's administrative directors told my caseworker that [the records] have all been shredded... There's nothing that I can do about what she did to me or how she treated me, or how she violated HIPAA like on six different occasions. – HT (Lived Expert – Youth in Care and Parent of a Youth in Care)

As HT (Lived Expert – Youth in Care and Parent of a Youth in Care) pointed out, child welfare contributing agencies need to strengthen their efforts in monitoring, supervising, and ensuring quality of casework.

I think that the agency should look inward a lot more often. And have like a red flag system for specific caseworkers or even supervisors and directors. If there's a bunch of red flags around the specific caseworker, maybe it's not the kid... I understand the ideology of 'We don't wanna get sued,' but these kids need help.

They don't need to be scared of their workers. They don't need to feel ashamed around their workers. They need to feel safe, and when they come around, I know that they're going to help me in some way, not hinder me emotionally. – HT (Lived Expert – Youth in Care and Parent of a Youth in Care)

In addition to greater accountability for child welfare agency staff serving youth in care, HT (Lived Expert – Youth in Care and Parent of a Youth in Care) raised concerns about increased monitoring of residential care agencies and better supports for staff to prioritize youth well-being.

When they're [youth in care] are struggling, give them sunlight and a little bit of fresh air... You can put a metal gate up if you're worried about them jumping or trying to escape... Where it's [a window] able to open at least like four inches to get some fresh air. Let them keep their belongings that can't cause harm to themselves or other people... Implement a system where good behavior equals more privilege. Build like even like a small area...to at least put their bare feet on the grass. Why can't people have ten minutes to call a caseworker, a family member, or a friend? – HT (Lived Expert – Youth in Care and Parent of a Youth in Care)

In a listening circle, several Lived Experts as Youth in Care highlighted the risks to their safety, when caseworkers and other child welfare staff are not accessible, or when youth concerns are invalidated by comparison to the viewpoints of foster caregivers.

If a kid cannot have that connection to the caseworker, it does not give them the spaces to talk about their physical and mental health or any injuries... Kids need time with the caseworkers away from the foster parents. They need to be able to talk about whatever they want, and nobody ever will know that they talked about it. Oftentimes, the child will get in trouble if they mention what is happening in the foster home. – Lived Expert as Youth in Care

Another Lived Experts as a Youth in Care in the listening circle agreed with how difficult it is to face retaliation from foster caregivers, when youth report concerns in the home.

Once a child comes to a caseworker or whoever about it, they go back and try to confirm with the parents. I feel like the abuse gets worse in the home. 'Oh, you just told on me.' There needs to be better protocols. It is getting worse.

Caseworkers need to keep up with the child on a more consistent basis, especially after a report of abuse. – Lived Expert as Youth in Care

A third Lived Expert in the Youth in Care circle shared similar experiences with a caseworker who invalidated their experiences of abuse in favor of their foster caregiver.

I was in a situation like that where I was in a new school. Things at home were not going so great. I felt safer at school... I talked with the principal; she ended up sending my caseworker to my house. They had a conversation with the foster parents, who put on a whole façade, 'It's just her; she is being a child.' By the end of the day, you're making me feel this way after everyone has taken their [foster parents'] side." – Lived Expert – Youth in Care

Another Lived Experts as Youth in Care recounted their experience with maltreatment in a foster home, reporting the abuse to their caseworker. This youth was removed from the abusive home, however she credited this to being heard by the school social worker, not her caseworker.

My caseworker did come. I did tell them. [The caseworker] kept coming, and I still stayed in that [abusive foster parents'] house. I don't understand how we have workers who are put into place to report abuse, who would overlook the bruises and abuse. The only reason I was removed from a home is because my school social worker listened to me. – Lived Expert – Youth in Care

## Caregivers' recommendations for integrity and accountability with casework staff

Eight Lived Experts as Foster Caregivers shared experiences of not having their concerns addressed, their information protected, or perspectives adequately heard by caseworkers. AK (Lived Expert – Foster Caregiver) reinforced that having a supportive caseworker who is responsive to concerns has a large impact for caregiver well-being, as well as youth well-being.

For my own well-being, I actively communicated with the caseworker.... Ensure that things are documented, and everyone knows what's happening, instead of waiting until things are just really, really rough. Then you come in and they're (the caseworker is) like, 'Why am I only hearing about this now?' – AK (Lived Expert – Foster Caregiver)

Marjorie (Lived Expert – Foster Caregiver) shared how her privacy and safety were violated by agency staff.

I've been threatened by directors of agencies, because I've advocated for my children. I have had my personal information leaked to my children's family members. I still get threatening phone calls from people for children that I don't even have in my care any longer. – Marjorie (Lived Expert – Foster Caregiver)

Amber (Lived Expert – Foster Caregiver) emphasized how caseworkers need to be kept accountable for responsive communication, and helping caregivers as well as youth to feel heard, seen, and understood, while working towards productive next steps and decisions.

It starts with basic things like having caseworkers that answer their phone or caseworkers that respond when you have a question. Does your caseworker respond back relatively soon... or least respond in the next 24 hours, or do you send them five messages before they ever respond to you?... knowing you have support in the system as a foster parent, that your voice is going to be heard. The goal is always for children to return home to their biological family. As a foster parent, you're conditioned that you really don't have a voice or a say in that matter. It's all up to a judge. It's all up to how a caseworker writes a report. If foster parents had a little bit more involvement in what the child's future was, that would be a huge feeling of support. Listen to the foster parents...they're the ones that spend the most time with this child and are in the same home. Listen to them, believe them, and get them the help that they need for the child. – Amber (Lived Expert – Foster Caregiver)

MH (Lived Expert – Foster Caregiver) discussed how the transiency of multiple placements and insufficient supports for placement stability, not only affect the child's well-being, but also the caregiver's willingness to keep fostering. MH recommended that casework staff communicate and behave with empathy, respect, and integrity in building a collaborative relationship with youth, parents, and caregivers.

During foster care training what they tell you is you are part of a team. We're not part of a team. I used to say we're like robots, and the and the children are like footballs. They get bounced from place to place to place, and we're treated like we're just here to take that child... You've established security and well-being for the child, then all of a sudden, something changes. – MH (Lived Expert – Foster Caregiver)

MH (Lived Expert – Foster Caregiver) also shared that she cared for a four-month-old child who then was moved at 11-months into another home to be with siblings.

It took a lot of work for me to find out why she [11-month year old girl] was moved, and the reason they gave me was so she would be with her other two siblings. Yet, for seven months after she was moved, she wasn't living with her other siblings... After being a single child in my home with lots and lots of attention, and suddenly she's in a home with five other kids... But there's no flexibility in DCFS and there's really no rhyme or reason to why children are moved around on a whim... You can't just take a child into your home, fall in love with him, wake up every day, month after month after month with them. And not care about what happens to them in the future. And you can't shut off that feeling. I am never not going to want to know those children. – MH (Lived Expert – Foster Caregiver)

MH (Lived Expert – Foster Caregiver) conveyed the emotional toll that it takes when children are removed suddenly with no way to follow-up after the caregiver and youth have developed a relationship. Even when the placement move is a beneficial one, such as an aunt being willing to provide guardianship for a child, MH explained that she was not given the reason for the child's removal from her home. She insisted on being told the reason for the placement change, and once she did, was able to create some closure by hosting a party for her foster daughter.

MA (Lived Expert – Foster Caregiver) also discussed the discouragement that she felt over not having sufficient support to endure the long time to permanency. In recent years, she fostered four children, adopted one of them, and is working to adopt two more. For one of the young children, MA shared the following:

We had to let the one little girl go. We could not give her the care she needed. We asked for support and training from the foster care system at DCFS. We asked for almost a year and no one ever helped us out. Finally, we just couldn't do it anymore... The system is so broken that and it's so stressful for us as parents that I don't think we were going to be a foster parents anymore. – MH (Lived Expert – Foster Caregiver)

MH (Lived Expert – Foster Caregiver) described that transitional visits with new caregivers are not consistently implemented, in order to provide a supportive transition between one caregiver home to the new placement.

You know how much difference it would have made if I had gone (with the baby to the new home), let's say three times before the actual move... That's one of the rules (of practice), and it was ignored. I think it is important to have that transitional period, but more importantly, I think we need to be a team...they'll tell you, we can't give you information because we have to keep the privacy of the parents or the privacy of the next foster parent...I think it's a poor excuse for not sharing with a foster parent who spends 24/7 with these kids and can't help but develop a lot of feeling for them. I think it does a lot of harm to both the child and the foster parent, not to be more informative, not to make them part of the transition. – MH (Lived Expert – Foster Caregiver)

Carol (Lived Expert – Foster Caregiver) also shared the emotional difficulties and supports needed for caregivers while navigating foster care placement changes. With one of her foster children, the mother considered giving guardianship to a non-relative in a different state, which did not pan out. Carol described that she has to manage “to be present for the kids, because they can’t handle instability...there’s so much self-regulation you have to be able to do” through the “ups and downs” of a case. Carol explained how she stays in touch with her foster child’s mother – writing letters each month, sending pictures, talking with her about having two moms, and arranging for a therapist. When she learned of the mother’s interest in having an aunt care for her daughter, “I looked at our caseworker with tears in my eyes...you cannot look at the wellness of the kids without the wellness of the foster parents, and the wellness of their bio family if they’re involved. Not from a punitive lens, from a holistic lens. Everyone that touches these kids influences their wellness. If they are not well, the kids cannot thrive.” Through her lived experience, Carol illustrates the need for holistic communication that reinforces DCFS’ values of family-focus, integrity, respect, empathy, and equity. AK (caregiver) shared a similar reflection.

Families are supporting workers, and the goal is support you (as caregivers). You have to support the foster parents and the workers and the supervisors in order to support the children and families...a lot of the times people really lose sight of that. There's a lot of work to be done...Being a foster parent has been very disempowering. – AK (Lived Expert – Foster Caregiver)

Marjorie (Lived Expert – Foster Caregiver) likewise shared how worker behaviors and communications, as well as court communications, brought about stress and trauma that

pushed her to discontinue foster parenting. She explained how values in communication have to come from agency leadership and everyone held accountable to those values.

For me, the bottom line is that it's a trickledown effect. How the system is being run and led is going to affect all the way down. If you want to have successful child well-being markers, it's got to start from the top, and that is going to affect the consistency of workers that you keep in the system. That is going to affect the well-being of that child. And that is going to affect the type of foster parents that you attract and that stay in.

I truly, truly love these children that come into my home. But my heart has been absolutely broken. Multiple times by the system. OK, not by the kids. The not the kids that are doing it to me, it's the fact that I am going to the very people that are supposed to be looking out for the best interest of these children. Which also means me because I don't want to just be a babysitter. I'm supposed to be their advocate. And the number of times that I have been threatened, told that I will be held in contempt of court, I mean just really, really ugly things when I have kindly tried to advocate for these children.

I actually discontinued my foster parent license. I told him don't call me again. Take me out of the system, and after about a month of just completely languishing in heartbreak, I thought, you know what? I'm not going to do that. I've worked too hard to be here and it's not going to ever change if I keep my mouth shut. So, we reinstated our license and here I am. – Marjorie (Lived Expert – Foster Caregiver)

Finally, EG (caregiver) reflected that the financial incentives for child welfare agencies should be re-examined to protect the well-being of children, rather than exacerbating harm where they experience additional trauma.

The financials of how the system is run needs to be looked at... how it perpetuates the cycle of trauma that's being inflicted on some of the most vulnerable kids that are supposed to be protected by this system. – EG (Lived Expert – Foster Caregiver)

EG (Lived Expert – Foster Caregiver) highlighted how moving back and forth regarding priorities for a child in reunifying with their parent, finding guardianship with a relative or other supportive adult, or pursuing adoption by a caregiver, is a delicate balance. EG compared the

impact of navigating sweeping system-wide priorities for permanency “plays out like a basketball game for these kids then because people just wanna enforce this narrative of what they think is supposed to happen because it's hard to look at things on a case-by-case basis.” EG recounted the situation with a young girl with a teenage mother who has developmental disabilities. The court chose to provide support to the parent while she was in a group home and keep the child with her instead of terminating parent rights. However, EG described how this setting was not conducive to support a strong attachment or the young child’s development, specifically in regard to the child development of motor and communication skills.

*Reinforce DCFS FIREE values in supporting caregiver-youth relationships and communication.*

Several Lived Experts as Youth in Care confirmed how their relationships with foster caregivers impact their well-being in positive and negative directions. Moses (Lived Expert – Youth in Care) shared his experiences with depression and ostracization from his family, and the comfort he found in the support provided by one of his foster caregivers. However, many of the Lived Experts as Youth in Care described not feeling seen, heard, or respectfully treated by their foster caregivers. For example, India (Lived Expert – Youth in Care) reunified with her mother after several years in foster care and expressed that her foster caregivers did not give her emotional and well-being support beyond basic food and shelter.

From the age of 12, I was never treated in any of my foster homes like their own kid. It's always, ‘You eat so much.’ ‘We don't have money to do that for her.’ ‘No, you can't go to the game because we can't give you a ride.’ My whole life I wanted to do cheerleading, but I was never able to...my sister is doing that now. There was a lot of things that I wanted to do, like after school programs, I was never able to because the foster parents were getting paid for me, but they never took me. The foster parents and I complained about each and every thing to the caseworkers. All the caseworkers care about is putting us in a home so they could get their job over with... I'm pretty sure no one even cared, because, ‘OK. Yeah, you get food and shelter. That's enough for you.’ ...I have seen foster parents mistreat my other foster siblings, but they were too scared to leave the houses because they don't know anyone else. They were kids. I have seen it with my own eyes; how they were treated. I complained for them, but they were too scared to leave or move on. But yeah, for me I'm happier here (reunified with my mom), even though I don't have anything. – India (Lived Expert – Youth in Care)

India also shared her experience with insufficient supervision in a foster placement, and her feelings of not being protected while under DCFS care.

This lady would let me go out anywhere without even asking me where I am going, which did teach me a lot of things. I learned about the world and how the world can be. But still, I was mistreated very badly, and DCFS did not do anything about it. – India (Lived Expert – Youth in Care)

HT (Lived Expert – Youth in Care and Parent of a Youth in Care) described how she felt treated differently as a youth in care before and after she was pregnant and gave birth to her child. “I was in three different foster homes while I was pregnant. And in each one, it was never about how I was feeling... We were always talking about the baby.” HT had experiences with sexual assault in one foster home, and verbally abusive behavior by a foster father in another placement. She shared how she sought out a sense of belonging in these homes, and her disappointment in not finding it. HT described her experiencing racism in one of her placements, and relayed how her time in this placement led to her being labeled as “oppositional defiant.”

I think that was one of the biggest reasons why I had to leave that home was because they were telling the caseworkers, ‘She's being oppositional defiant, she's saying things that I don't want to hear about, including [discussions of] race. I was not the one to roll over and be like, ‘I don't know why they don't like people of color, but I guess I have to conform to what they're saying.’ No, I was always a challenger every single time. Since I am autistic, there is this big thing in autism where it's like the critical need for justice... They didn't like it at all. That's another thing of like people how you can see that they're obviously not well off or they're they don't have a good standing and well-being because when you bring up those ideas to them, they immediately get defensive like you're personally attacking them. When you're just trying to describe someone else's struggles, and I think that's why they made me leave. – HT (Lived Expert – Youth in Care and Parent of a Youth in Care)

HT (Lived Expert – Youth in Care and Parent of a Youth in Care) expressed that she found it better for her to learn how to communicate as a neurotypical youth, rather than seek accommodation for autism. She feared being treated differently, especially in her role as a parent. Most of all, she wanted her caseworkers to listen to her concerns and help her and the

caregivers come to the best decisions for her care, and her baby's care. In one of the youth listening circles, several youths reinforced the need for stronger guidance and accountability for developing affirming, positive relationships between youth and caregivers. As one youth expressed:

There needs to be more rigid guidelines. Foster parents should not be able to leave the home, turn off their phone, and cut off all access for us to get help --to have a child's physical and mental well-being at such a risk. There needs to be stricter guidelines that prevent children's well-being from being negatively impacted at any time. There should never be a time when you cannot reach out to someone in case of an emergency. – HT (Lived Expert – Youth in Care and Parent of a Youth in Care)

Another youth in the listening circle indicated that youth are seeking supportive relationships from adults. When they cannot find such a relationship with a foster caregiver, they look for it elsewhere such as at school. "This (accountability for foster caregivers) is important, especially for youth in care. We have absent parents or caregivers who aren't as loving, so we look to the school setting for support."

Another Youth in Care Lived Expert described that:

My foster parent did the minimum. She waited until she had a hold (on payment) and had to do something. She knew what the manual said she had to do. And when it came to a kid who had severe mental illness, she decided that this kid needed to be considered specialized. Her paycheck was doubled because of that. This child was going through mad episodes from a very young age, and we, as foster kids, were her caregivers. We were told that we had to take care of her while the foster parent would turn her phone off. If she goes off, call the police or take her to the hospital, and I'll deal with her later. – Lived Expert as Youth in Care

Youth in the listening circle continued to explain that there should be greater transparency with youth regarding how their money is spent. Youth shared that caregivers would ask them to take care of the younger children as an obligation, and the youth did not sign-up to be foster parents of other children.

You (the youth) have to take care of the younger kids that I (caregiver) take on. You now owe me this. What a person signs up for is not on the kids to take care of for them. You

signed up. You know what it costs to feed a kid... I think there need to be guidelines on where that money is spent. Because there were so many times when our money, like we got our vouchers for clothing. They would spend it on a biological child in the foster care house. They need to be accountable for what that money goes to and what it has been spent on. Verification needs to be shown. Here is everything that was purchased; here is the documented receipt, all the sizes, and everything. You can't have it where you have a 14-year-old here, and you bought a 3T t-shirt. – Lived Expert as Youth in Care

### *Section Summary*

Lived Experts emphasized that cultivating trust, respect, and accountability across all relationships in the child welfare system—between youth and staff, caregivers and staff, and youth and caregivers—is critical for supporting safety, permanency, and well-being. Consistent, transparent, and responsive communication was repeatedly highlighted as essential for building trust and mitigating the adverse effects of staff turnover, high caseloads, and insufficient support.

- **Youth and Direct Service Staff.** Direct service practitioners (caseworkers, residential staff) carry primary responsibility for ongoing communication and facilitation of the well-being, safety, and permanency needs of children and youth in care. When direct service practitioners build trusting and supportive relationships directly with children and youth, they are better able to achieve desired outcomes. Lived Experts recommend supports for caseworkers and residential staff to achieve a quality continuum of care through training, mentoring, professional development, etc. This recommendation is focused on minimizing the adverse effects of caseworker turnover and high caseloads, improving the quality and continuity of caseworker/staff-youth relationships.
- **Caregivers and Child Welfare Staff.** The child welfare system depends upon substitute caregivers to provide for the well-being needs of children and youth, when their parents are unable to do so. Children and youth depend upon caregivers to support timely permanency, as they cope with the impact of their experiences with the child welfare system. Lived Experts recommend that individuals in the child welfare system relate with caregivers with integrity, respect, resourcefulness, and empathy. This recommendation is focused on the quality of the relationship built between system actors and caregivers, not including concrete support to caregivers.

- **Youth and Caregivers.** Children and youth thrive when they feel safe, respected, and supported by their caregivers. Lived Experts recommend that caregivers communicate and relate with children-youth in care with compassion, resourcefulness, integrity, and respect. This recommendation focuses upon how caregivers can better support the well-being needs of children-youth in care, not including support for family visitation.

Overall, building trust requires system-wide accountability, prioritization of DCFS FIREE values (family-focused, integrity, respect, empathy, equity), and deliberate efforts to maintain consistent, transparent, and compassionate interactions across all relationships impacting youth in care.

## Chapter Summary

Among the 148 comments by lived experts specifically directed at improvements for the Illinois child welfare system, participants emphasized the need for child welfare professionals to demonstrate more consistent application of DCFS' values: family-focus, integrity, respect, empathy, and equity. Lived Experts recounted some instances in which these values were upheld and the positive impact that quality, consistent casework and caregiving has youth well-being. Many Lived Experts discussed the devastating impact of broken trust for child and youth well-being, and how failures in timely and quality well-being services and poor communication about necessary tasks and information, adversely contributed to child and youth well-being.

Study Lived Experts recommended drastic improvements in accountability practices for direct service staff in implementing professional standards of casework, supporting compassionate and timely communication, and fostering advocacy and understanding of well-being supports across the board – for youth, parents, and foster caregivers. Though some youth Lived Experts shared some healing-centered experiences with child welfare system providers, many Youth Lived Experts recounted trauma they experienced in being invalidated, stigmatized, neglected, mis-represented, and poorly supported by caseworkers and foster caregivers alike. Parents similarly expressed traumatic experiences with a lack of compassionate care, insufficient support for family visitation and timely reunification, and inequitable treatment compared to foster caregivers.

Study Lived Experts recommended a re-examination of available economic support to foster caregivers and youth in new placements, economic and concrete supports to parents to support re-unification, and alignment of economic incentives to desired safety, well-being, and permanency outcomes. Study Lived Experts reinforced the need for consistent, supportive relationships with providers, caseworkers, and other support staff. They advocated for respectful and tailored communication of all types and with each Lived Expert. Most of all,

Study Lived Experts illustrated that in order for children and youth to grow and thrive in a family, child welfare staff, providers, and caregivers must be knowledgeable, compassionate, respectful, and have timely follow-through on their commitments, tasks, and communications.

## Chapter 7. Conclusion and Implications

The Listen to Us study set out to elevate the voices of Lived Experts—youth with experience in foster care, parents, and foster caregivers—with the goal of strengthening how child-, youth-, and family-serving systems understand and support well-being and well-becoming. Their insights offer a transformative, experience-grounded redefinition of what it means for children, youth, and families to flourish. The study advances clear definitions of well-being and well-becoming and articulates six interconnected domains—education and cognitive health; connection; physical and mental health; safe and secure environments; economic security; and racial–cultural–gender identity resilience—that together reflect the complexity and multidimensionality of human thriving.

Across all chapters, **Lived Experts described well-being as lived, felt, and interpreted through daily experiences—rooted in emotional states, shaped by relationships, and influenced by the presence or absence of safety, opportunity, dignity, and belonging.** They describe their motivation to improve their well-being and the well-being of those close to them leads to intentional choices, behaviors, or practices that actively support growth. Their reflections consistently highlighted that the child welfare system too often fails to recognize children and youth as whole people with identities, goals, and dreams that extend beyond the circumstances that brought them into care. Where systems provided stability, compassion, cultural affirmation, and honest communication, youth experienced real opportunities for healing and growth. Where systems fell short—through inconsistency, inequity, or disengagement—young people experienced disruptions with lasting impacts on their emotional health, identity, and trust.

The developmental insights from Lived Experts reaffirm that children’s well-being is not fixed but evolves across life stages. Physical health, emotional safety, cognitive development, social connection, identity formation, and caregiver relationships must all be supported in age-appropriate, relational, and culturally grounded ways. Trauma-informed approaches, stable relationships, and environments that foster emotional regulation are essential to healthy development, particularly for children who have endured systemic or interpersonal adversity.

Lived Experts also offered a nuanced understanding of assessment and resilience. They described assessing well-being in themselves and others by attending to emotional states, changes in behavior, relational patterns, and context. Resilience was characterized not as an inherent trait, but as a dynamic, learned process requiring supportive relationships, access to resources, and opportunities for healing—not as a justification for adversity, but as the capacity to flourish in the presence of meaningful support and equitable systems.

Finally, Lived Experts provided powerful recommendations for transforming child welfare systems to better uphold the dignity, rights, and humanity of youth and families. Their insights illuminate a path forward: one grounded in meaningful relationships, racial and cultural equity,

trauma-aware practice, consistent communication, and policy and financial structures that reinforce—not undermine—safety, well-being, and permanency. They remind us that child well-being is not achieved through compliance or procedure alone, but through responsive, compassionate, and accountable care delivered by individuals and systems that truly see and value the children and families they serve.

## Implications for Policy, Practice, and Research

The findings of this study carry significant implications across multiple domains of child welfare and family support. These implications, rooted in lived experience, challenge current practices and point toward a more humane, equitable, and effective system.

### *Promote the Updated Definitions of Well-Being, Well-Becoming, and Resilience*

One of the key goals for the Listen to Us study was to challenge and ultimately enhance CWWR's work by engaging with lived experts to better understand how they define and experience well-being and well-becoming. Based on the information shared by Listen to Us Lived Experts, we propose the following updated definitions for well-being and well-becoming and the six domains of well-being and well-becoming.

**Definition of Well-Being:** Well-being is an individual's current state of health, happiness, prosperity, and stability, shaped by their experiences, opportunities, adversities, and values. Well-being encompasses six domains: education and cognitive health; connection; physical and mental health; safe and secure environments; economic security; and racial-cultural-gender identity.

**Definition of Well-Becoming:** Well-becoming refers to an individual's future-focused efforts to grow, adapt, and improve their well-being over time.

#### **Domains of Well-Being and Well-Becoming:**

- **Education and Cognitive Health** is the extent to which individuals are engaged and able to grow intellectually. This includes all informal and formal means of learning. Cognitive functioning reflects a person's mental competencies, including their capacity to learn, current life skills, and employability skills (i.e., vocational aptitude, creativity, communication, problem-solving, and daily decision-making).
- **Connection** is the extent to which individuals' relationships and connections with others provide a sense of belonging, encompassing both formal and informal networks, social and familial ties, religious and spiritual connections, as well as identity and community associations.

- **Physical and Mental Health** is the extent to which, regardless of ability, individuals' overall health supports their ability to engage resources and opportunities they perceive as important to their well-being. Physical health and functioning encompass multiple factors, including nutrition, sleep, and stress, as well as the management of any ongoing illness or disability. Mental health is a person's outlook, attitudes, ability to manage stress, freedom from disabling symptoms, and the ability to cope with the ordinary demands and stresses of life.
- **Safe and Secure Environments** is the extent to which individuals experience both physical and psychological safety in their environments. Psychologically safe environments promote hope and growth through a sense of stability, control, reliability, trust, and consistency. Physically safe environments are spaces where the basic physical needs of the individual are met, and there is an absence of abuse, neglect, and other risks of physical harm, including violence in the home and local community.
- **Economic Security** is the extent to which individuals and families have the means to meet their basic needs, including childcare, clothing, education, food, health care, housing, and utilities; absorb financial shocks; and support the resources and opportunities they perceive as contributing to their ability to thrive.
- **Racial-Cultural-Gender Identity Resilience** is the extent to which individuals, regardless of their race, ethnicity, gender, or cultural heritage, are treated fairly and respectfully, have access to equitable opportunities and resources, and are supported in developing a healthy, culturally rich identity.

The proposed domains capture the breadth of what children and families identify as essential: relational, emotional, physical, educational, economic, and cultural factors. Systems should integrate these domains into assessment tools, case planning, provider training, and program evaluation to ensure that well-being is understood holistically and remains central to child welfare efforts throughout Illinois.

Resilience develops through endurance, adaptability, and growth. Lived Experts emphasized that resilience is a process that is learned through experience and that it is context and circumstance bound. Based on the Lived Experts description of resilience, we propose the following definition:

**Definition of Resilience:** Resilience is individuals' and families' ability to adapt, recover, thrive, and grow, even in the face of adversity. Resilience as a dynamic, relational, and context bond process supporting endurance, adaptability, and growth.

**Implications for the promotion of the updated definitions include:**

- Embedding the six domains into statewide frameworks for child and family well-being.

- Aligning interventions with both current well-being and future-oriented well-becoming for children, youth, and families.
- Ensuring culturally responsive definitions that honor identity, belonging, and community as key to well-being.
- Centering well-being and well-becoming in the identification, implementation, and scaling of services and supports.
- Centering well-being and well-becoming in the agencies' continuous quality improvement efforts.
- Centering well-being in efforts to engage with both internal and external partners; and joint efforts with other state agencies.

### *Provide Developmentally Tailored Trauma-Informed Support for Child, Youth, and Family Well-Being*

Lived Experts emphasized the need for developmental-tailored, trauma-informed, and emotionally attuned support for child, youth, and family well-being. Systems must address children's physical and emotional safety simultaneously and consistently throughout development; allowing children, youth and families with the opportunity to develop healthy relationships and build their resilience.

#### **Implications for providing tailored well-being support include:**

- Provide training for caregivers, staff, and families that reflect tailoring trauma-informed supports to be developmentally and culturally appropriate for children and youth. Include in the training for staff, guidance on empowering caregivers and families to provide this support to youth and children.
  - Additionally, provide caregivers with guidance on co-parenting and working in collaboration with families to provide these supports for children and youth.
- Integrate social-emotional learning and cognitive development supports in home, school, and placement settings.
- Ensure consistent routines and predictable environments to foster a secure base for growth and allowing children to develop their resilience. This is of especially high importance for supporting the well-being of very young children and children who are experiencing or healing from traumatic events and stress.

### *Rebuild Trust Through Communication, Stability, and Relationship Quality*

Lived Experts underscored the centrality of trusting, stable relationships—with caregivers, caseworkers, partners, community, and families. These relationships are the foundation of families' well-being, well-becoming, and resilience.

**Implications for rebuilding trust include:**

- Enable consistent relationships between caseworkers and providers, community partners, families (including children and youth), and caregivers.
- Support healthy support networks for children, youth, and families to increase their relational stability and support resilience.
- Encourage open, age-appropriate communication to help youth process emotions, experiences, and transitions. This includes ensuring that children, youth, and families have access to timely and responsive mental health services as needed.

*Develop Assessment Practices that Accurately Capture Well-Being*

Lived Experts described their approaches to assessing well-being in themselves and others. Their reflections highlight the need for contextualized assessments that reflect both a current assessment of well-being and the trending direction of well-being over time. This assessment also needs to reflect that well-being across different domains can be dramatically different at the same time, and that the domains themselves are valued differently across different people and at different moments in time.

**Implications for assessment including needing to acknowledge and address the following:**

- Well-Being changes rapidly.
- Well-Being is both temporal and contextual.
- There is substantive variation in the impact that the different domains of well-being have on overall well-being across people, time, and context.
- Self-assessment of well-being is both valuable and flawed.
- Individuals are not always honest with themselves or others about their current well-being.
- Honest assessments of well-being and changes in well-being are value laden; and as such these assessments create vulnerabilities for the individuals being assessed regardless of intent or who is doing the assessment.
- Assessing the well-being of youth requires understanding and accounting for their experiences and healing from trauma, the developmental stage of the child, their current emotional regulation and their ability to self-regulate their emotions, and the biases of those completing the assessment.

*Position Resilience as a Supported Process, Not an Expectation*

Lived Experts as Youth in Care cautioned against romanticizing resilience. Systems must reduce harm and provide conditions under which resilience can develop naturally, not out of survival.

### Implications for positioning resilience as a support process include:

- Educate caseworkers, staff, providers, and caregivers on the potential harm caused by labeling someone as resilient, especially for youth in substitute care.
- Design environments that nurture resilience through safety, connection, empowerment, and growth.
- Expand prevention-oriented services to reduce the burden of adversity.
- Support youth in developing agency, emotional regulation skills, and access to therapeutic resources.

### *Elevate Supports for Identity, Belonging, and Cultural Responsiveness*

Identity affirmation was consistently described as central to well-being and resilience by the study's Lived Experts. Systems must move beyond basic compliance to actively affirm cultural, racial, gender, and family identities.

Implications include:

- Providing identity-affirming resources, support, and environments.
- Reducing cultural dislocation by strengthening kinship care and equitable compensation for kin caregivers.
- Ensuring every youth's identity is recognized, honored, and separated from their system involvement.
- Ensuring culturally affirming spaces where identity is respected and celebrated.

### *Support Well-Being by Transforming System Support for Parents and Foster Caregivers*

More consistent and nurturing environments where children can both grow and thrive were described as essential by the study's Lived Experts.

Implications for expanding support for parents and foster caregivers include expanding:

- Economic and concrete support for both caregivers and parents.
- Support and application of co-parenting and active engagement of extended relatives in the raising of children in substitute care.
- Access to flexible and individualized support for family visitation, transportation (to visits and resources), and at critical transitions (e.g., reunification, independence, etc.).

### *Directions for Future Research on Well-Being, Well-Becoming, and Resilience*

There are several areas where further research could strengthen child welfare systems' efforts to build well-being, well-becoming, and resilience:

- Explore culturally specific expressions of well-being, well-becoming, and resilience; and the culturally specific support necessary for children, youth, and families to thrive.
- Expand the populations voices to understand how other populations of children, youth, and families experience and assess well-being, well-becoming, and resilience.
- Develop validated tools for the well-being assessment across developmental stages and over time.
- Investigate the mechanisms used to activate resilience and the extent to which resilience related skills are transferable across contexts.
- Examine systemic inequities that impact efforts to promote well-being for children, youth, and families.

## Conclusion

The insights shared by Lived Experts are a call to action. Their voices are both a critique and a blueprint: a critique of system practices that have too often caused harm, and a blueprint for a future in which children, youth, and families thrive. To honor their experiences is to commit to building a child welfare system that not only protects but uplifts; not only responds but anticipates; not only intervenes but heals. Their message is clear: well-being and well-becoming are possible when systems recognize the full humanity of those they serve, while engaging them as active agents of change both in their own lives and for the system designed to serve them.

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# Appendix A. Recruitment Support Request Email Template

**Subject:** Listen to Us – Children, Youth, and Families with Lived Experience Perspectives on Well-Being and Resiliency

Dear <<NAME>>,

I am reaching out to request your assistance in recruiting adults with lived experiences with child welfare in Illinois <<pick one: youth/children, parents, caregivers of children in care who were under the age of four at the time of placement>> to participate in our study, Listen to Us. It would be wonderful if individuals from the <<GROUP NAME>> would be interested in being part of a listening circle. Listening circles will involve talking about these topics with others with lived experiences for approximately one hour. We can coordinate a listening circle that aligns with other activities you have planned with <<GROUP NAME>>.

Listening circles will be co-led by a researcher and an individual with lived experience. Please let us know if you have someone in mind who you think may be interested in partnering with us on this project. Listening to individuals with lived experiences and perspectives is central to our study. We want to hear from these individuals how they view and experience well-being and what supports resiliency for them. This information will inform the design support for children, youth, and families across Illinois.

For your information, I have attached two consent forms for the study. The first is for partner participants. These are the individuals open to a more involved role in the study, specifically to help co-lead a listening circle. The second is a participant consent form for those who are willing to be part of a listening circle. Additionally, if someone would prefer to participate in a one-on-one interview, that is also an option. These documents outline the purpose and goals of the study, what is involved, the criteria for participation, and their rights as participants.

Please reach out to me with any questions you or any member of your group has. We hope this is just the first of many opportunities that individuals with lived experiences will help shape the future of child welfare in the state. Their voices are critical to everything that we do!

Best,

Heather L. Fox, Ph.D. (she/her)

Research Specialist

Office of Translational Research

Office of Research and Child Well-being, Illinois Department of Children and Family Services

@University of Illinois at Urbana-Champaign, School of Social Work

100 Trade Centre Drive, Champaign, IL 61820

1-217-333-5461

## Appendix B. Recruitment Flyer

### Listen to US A Study of Well-Being and Resiliency

#### YOUR INVITED TO SHARE YOUR PERSPECTIVE ON WELL-BEING AND RESILIENCY!

Listening to the perspectives of individuals with lived experiences is central to our study. We want to hear from you how you view and experience well-being and resiliency. This information will inform the design of supports that focus on promoting well-being and resiliency for children, youth, and families across Illinois.

#### Who Qualifies to Participate?

We are looking for adults with experiences with the Illinois Department of Children and Family Services (DCFS) as a:

- Youth with lived experience with Illinois DCFS, OR
- Parent with lived experience with Illinois DCFS, OR
- Caregiver fostering a child under the care of Illinois DCFS who is four years of age or younger.

If you have experience in one or more of the groups listed above, **we invite you to share your perspective on well-being and resiliency as part of a research study.**

#### Choose How YOU Want to Participate

You can choose to participate by:

- Listening Circle: Discuss well-being with a group of peers, virtual or in-person, about 1 hour.

OR

- Interview: Discuss well-being with a researcher, virtual, about 1 hour.

#### Sign-Up for the Study

The first step of participating in either is to complete a consent and brief survey. The survey starts with an overview of the study and a consent form that outlines your rights as a research participant. This is followed by ten questions about yourself. This includes questions about your preference for a listening circle or interview, and the best way for me to contact you. To sign up for the study, either scan the QR code to the right with your phone's camera OR visit <https://go.illinois.edu/LTU>

#### Study Compensation

Upon completion of the sign-up survey **and** either a listening circle or interview you will receive a \$50 Amazon e-code as compensation for your time.

#### Video Invitation:

Watch a [3-minute video invitation](#) to participate in the study.



#### Sign up for the Study:

Go to: <https://go.illinois.edu/LTU> or use your phone camera to scan the QR code below.



#### Have Questions? Contact:

Heather L. Fox, [hlfox2@illinois.edu](mailto:hlfox2@illinois.edu) or 217-369-7279



School of Social Work  
UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

University of Illinois at Urbana-Champaign IRB24-0033

## Appendix C. Participant Consent and Demographics Survey

The Illinois Department of Children and Family Services wants to know more about well-being from individuals with lived experiences with child welfare services. We invite you to participate in this effort called Listen to Us. Your insights on well-being will be used to design support for children, youth, and family well-being in Illinois.

**You are being asked to take part in a research study.** It is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Ask us if there is anything that is not clear or if you would like more information.

**Participating in this study involves either a listening circle or an interview.** It will take you about an hour to complete this study. Interviews and listening circles will be co-led by an individual with lived experience and a researcher. Listening circles will be held in groups. Some circles will be held in-person and others will be online. Most interviews will be conducted online. Some may be conducted in person.

**There are two goals for this study.** First, to learn from individuals with lived experience what well-being means to them. And to learn what is central to their well-being. Then, to use what is learned to work with the Department to promote programs that center the well-being of the families across Illinois.

**To participate, you must meet the following criteria.** You have personal experience with the Illinois Department of Children and Family Services, as a Youth with lived experience with the Illinois Department of Children and Family Services, OR Parent with lived experience with the Illinois Department of Children and Family Services, OR Caregiver of a child currently in care who is under the age of four. You are at least 18 years of age or older.

**Your health and comfort are important to us.** There will be separate youth, parent, and caregiver listening circles. It is your choice if you would like to be part of a listening circle or to do an interview. Your participation in this study is voluntary. You can end your participation at any time without penalty. Your decision to participate or not to participate will not affect your relationship or status with the University of Illinois at Urbana Champaign or the Illinois Department of Children and Family Services. We do not want you to share anything that makes you uncomfortable. By agreeing to be part of this study, you are not giving up any of your legal rights.

**We respect your confidentiality and privacy.** We will ask participants not to share any information from the listening circles outside of the group. However, we cannot control what is shared outside of the group by participants. We ask that every participant select an alternative name that they would like the researchers to use instead of their name. This is the name that researchers will use to refer to you. To further protect your privacy, we will remove any personal information that could identify you from the audio transcripts. We will not share any personal information that could identify you when we share what is learned from this study. Despite these measures, we cannot guarantee the anonymity of your personal data.

**The information we collect about you during this research study is only for the study's records.** This consent form is the only place where your name and the alternative name you chose will be stored together. All files including consents will be kept for three years. Consent forms will be stored separately from all other study documents. Physical copies of consent forms will be scanned. Then the physical copy of the consent will be destroyed. All the information you share will be stored in password-protected files that only the study's researchers can access.

**What we learn from this study will be shared with the Illinois Department of Children and Family Services.** The study findings will help the Department to design and improve its programs and services. Your real name and information will not be used in the study report. We will share what we learn in this study with the research community. This includes briefs, reports, articles, and presentations.

**In addition to the researchers in the study, others may have access to the information collected.** Efforts will be made to limit the use and disclosure of your personal information, including research study records, to people who have a need to review this information. We cannot promise complete secrecy. There are reasons why information about you may be used or seen by other people beyond the research team during or after this study. Examples include: University officials, government officials, study funders, auditors, and the Institutional Review Board may need access to the study information to make sure the study is done in a safe and appropriate manner. The research team may give information to appropriate authorities for reasons of health and safety – for example, if you indicate that you plan to harm yourself or others, or for public health reasons.

We will not ask you about child abuse. **If you tell us about child abuse or neglect, we may be required or permitted by law or policy to report it to the Illinois Department of Children and Family Services.**

**The Illinois Department of Children and Family Services requested and approved this**

**study.** There are no direct benefits to you for your being part of this study. The Department of Children and Family Services requested this study as an effort to learn from individuals with lived experience. This study will illustrate what well-being means to and looks like for children, youth, and families. The information learned through this study will be used to improve the Department's programs by centering the well-being of the children, youth, and families it serves.

**The risks of participating in this study are minimal.** You may feel upset thinking about or talking about personal information related to well-being. These risks are like those you experience when talking about personal information with others. If you feel upset from this experience, please tell the researcher. They will tell you about resources that are available to help.

**You will be compensated for your participation.** Participants will be compensated for your participation. You will receive a \$50 Amazon gift code for participating in a listening circle or interview. Gift codes will be sent via email, within one week of participation.

**Alternative Name.** We ask that every participant select an alternative name that they would like the researchers to use instead of their name. This is the name that researchers will use to refer to you. To further protect your privacy, we will remove any personal information that could identify you from the audio transcripts. We will not share any personal information that could identify you when we share what is learned from this study. Despite these measures, we cannot guarantee the anonymity of your personal data. You are being asked to choose an alternative name that researchers will use instead of your name. Please note if more than one participant chooses the same alternative name, a different name may be used.

**Please provide the alternative name you would like researcher to use:**

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**Please contact us if you have any questions about the study.** The lead researcher for this study is Dr. Heather L. Fox, a researcher with the School of Social Work at the University of Illinois at Urbana-Champaign. She is part of the Translational Research team. Translational Research supports the Illinois Department of Children and Family Services in the use of research to plan and improve services provided for families. If you have any concerns or questions about the study, please contact Heather at [hlf0x2@illinois.edu](mailto:hlf0x2@illinois.edu) or 1-217-333-5461. Please leave a voicemail if your call is not answered that includes your name, the best way, and the best times to contact you. In most cases, Heather will return your call between 9:00 am and 5:00 pm, Monday to Friday.

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**Contact the Institutional Review Board if you have any questions about your rights as a research participant.**

If you have questions, concerns, complaints, or to offer input, you may call the Office for the Protection of Research Subjects (OPRS) at 217-333-2670 or e-mail OPRS at [irb@illinois.edu](mailto:irb@illinois.edu). If you would like to complete a brief survey to provide OPRS feedback about your experiences as a research participant, please follow the link here or through a link on the OPRS website: <https://oprs.research.illinois.edu/>. You will have the option to provide feedback or concerns anonymously or you may provide your name and contact information for follow-up purposes.

**Statement of Consent**

- Yes, I consent to participate. I confirm I have read the information in this consent form and have had the opportunity to ask questions. I will be given a copy of this consent form. I understand that the listening circle or interview will be audiotaped. I voluntarily agree to take part in this study.
- No, I do not wish to participate at this time.

Please tell us a bit about your background. This information will help us understand how closely our group of participants reflects the demographics of the families served by the Illinois Department of Children and Family Services.

Please select your area(s) of expertise based on your lived experiences with the Illinois Department of Children and Family Services. *(select all that apply)*

- lived experience of being an infant, child, or youth
- lived experience of being a parent or guardian
- lived experience of a caregiver (aka. foster parent) of a child in care under the age of four (at time of placement)

How would you describe your race/ethnicity? *(select all that apply)*

- American Indian or Alaska Native
- Asian, South Asian, or Southeast Asian
- Black or African American
- Hispanic, Latino, Latina, Latinx, or Spanish origin
- Middle Eastern or North African (MENA)
- Native Hawaiian or other Pacific Islander
- White
- If we have not identified a category with which you identify, please indicate which racial or ethnic origins you identify with below. \_\_\_\_\_

What gender do you identify as? *(select all that apply)*

- Man
- Non-binary
- Transgender
- Woman
- I don't identify with a gender
- I prefer to self-identify (please specify) \_\_\_\_\_

Please indicate what DCFS region you live in. The *counties in each region are listed below. [If you are a college student, please indicate the county of permanent address that you most identify with.]*

- Central Region: Adams, Brown, Bureau, Calhoun, Cass, Champaign, Christian, Clark, Coles, Cumberland, Dewitt, Douglas, Edgar, Ford, Fulton, Greene, Hancock, Henderson, Henry, Iroquois, Jersey, Knox, La Salle, Livingston, Logan, Macon, Macoupin, Marshall, Mason, McDonough, Mclean, Menard, Mercer, Montgomery, Moultrie, Morgan, Peoria, Piatt, Pike, Putnam, Rock Island, Sangamon, Schuyler, Scott, Shelby, Stark, Tazewell, Warren, Woodford, Vermilion
- Cook County
- Northern Region: Boone, Carroll, DeKalb, DuPage, Grundy, Jo Daviess, Kane, Kankakee, Kendall, Lake, Lee, Ogle, McHenry, Stephenson, Whiteside, Will, Winnebago, Woodford
- Southern Region: Alexander, Bond, Clay, Clinton, Crawford, Edwards, Effingham, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jasper, Jennifer, Johnson, Lawrence, Madison, Marion, Massac, Monroe, Perry, Pope, Pulaski, Randolph, Richland, Saline, St. Clair, Union, Wabash, Washington, White, Williamson
- I am not currently living in Illinois.

## Appendix D. Partner Consent and Demographics Survey

The Illinois Department of Children and Family Services wants to know more about well-being from individuals with lived experiences with child welfare services. We invite you to participate in this effort called Listen to Us. Your insights on well-being will be used to design support for children, youth, and family well-being in Illinois.

**You are being asked to take part in a research study.** It is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Ask us if there is anything that is not clear or if you would like more information.

**Participating in this study involves either a listening circle or an interview.** It will take you about an hour to complete this study. Interviews and listening circles will be co-led by an individual with lived experience and a researcher. Listening circles will be held in groups. Some circles will be held in-person and others will be online. Most interviews will be conducted online. Some may be conducted in-person.

**There are two goals for this study.** First, to learn from individuals with lived experience what well-being means to them. And to learn what is central to their well-being. Then, to use what is learned to work with the Department to promote programs that center the well-being of the families across Illinois.

**To participate, you must meet the following criteria.** You have personal experience with the Illinois Department of Children and Family Services, as a Youth with lived experience with the Illinois Department of Children and Family Services, OR Parent with lived experience with the Illinois Department of Children and Family Services, OR Caregiver of a child currently in care who is under the age of four. You are at least 18 years of age or older.

**We are asking you to partner with us for this study.** Participants in this study will be part of either a listening circle or interview. As a partner you will still be part of at least one listening circle. However, as a partner, we are looking to you to help co-facilitate these activities. Here is what is involved:

**A Preparation Meeting (about 30-minutes).** During this meeting a researcher will meet with you and review the protocol for listening circles. The researcher will answer any questions you have. The researcher will also describe their role in supporting listening circles.

**Co-facilitate a Listening Circle (about 1 hour).** This will involve reading questions from a list of questions, and then having a discussion with a small group of people with lived experience. The

participants you work with will have the same type of lived experience as you (youth, parent, caregiver). The researcher will be present to support you and answer any questions about the study.

**A Debrief Interview (about 30-minutes).** This short interview will be between you and the researcher who facilitated the listening circle with you. The purpose of this interview is to reflect on what you heard in the listening circle. This information will help guide the research.

**Your health and comfort are important to us.** There will be separate youth, parent, and caregiver listening circles. It is your choice if you would like to be part of a listening circle or to do an interview. Your participation in this study is voluntary. You can end your participation at any time without penalty. Even if it is during a listening circle that you are co-facilitating. Your decision to participate or not to participate will not affect your relationship or status with the University of Illinois at Urbana-Champaign or the Illinois Department of Children and Family Services. We do not want you to share anything that makes you uncomfortable. By agreeing to be part of this study, you are not giving up any of your legal rights.

**We respect your confidentiality and privacy.** We will ask participants not to share any information from the listening circles outside of the group. However, we cannot control what is shared outside of the group by participants. We ask that every participant select an alternative name that they would like the researchers to use instead of their name. This is the name that researchers will use to refer to you. To further protect your privacy, we will remove any personal information that could identify you from the audio transcripts. We will not share any personal information that could identify you when we share what is learned from this study. Despite these measures, we cannot guarantee the anonymity of your personal data.

**The information we collect about you during this research study is only for the study's records.** This consent form is the only place where your name and the alternative name you chose will be stored together. All files including consents will be kept for three years. Consent forms will be stored separately from all other study documents. Physical copies of consent forms will be scanned. Then the physical copy of the consent will be destroyed. All the information you share will be stored in password-protected files that only the study's researchers can access.

**What we learn from this study will be shared with the Illinois Department of Children and Family Services.** The study findings will help the Department to design and improve its programs and services. Your real name and information will not be used in the study report. We will share what we learn in this study with the research community. This includes briefs, reports, articles, and presentations.

**In addition to the researchers in the study, others may have access to the information collected.** Efforts will be made to limit the use and disclosure of your personal information, including research study records, to people who have a need to review this information. We cannot promise complete secrecy. There are reasons why information about you may be used or seen by other people beyond the research team during or after this study. Examples include: University officials, government officials, study funders, auditors, and the Institutional Review Board may need access to the study information to make sure the study is done in a safe and appropriate manner.

The research team may give information to appropriate authorities for reasons of health and safety – for example, if you indicate that you plan to harm yourself or others, or for public health reasons.

We will not ask you about child abuse. **If you tell us about child abuse or neglect, we may be required or permitted by law or policy to report it to the Illinois Department of Children and Family Services.**

**The Illinois Department of Children and Family Services requested and approved this study.** There are no direct benefits to you for your being part of this study. The Department of Children and Family Services requested this study as an effort to learn from individuals with lived experience. This study will illustrate what well-being means to and looks like for children, youth, and families. The information learned through this study will be used to improve the Department's programs by centering the well-being of the children, youth, and families it serves.

**The risks of participating in this study are minimal.** You may feel upset thinking about or talking about personal information related to well-being. These risks are like those you experience when talking about personal information to others. Another participant could share any information from the listening circles outside of the group. Additionally, partners may feel some stress or anxiety about co-facilitating a listening circle. We want you to feel empowered by this experience. Please be assured that we want to answer any questions you have about your role or the study. If you feel upset or anxious at any time during this experience, please tell the researcher. They will tell you about resources that are available to help.

**You will be compensated for your participation** Participants will be compensated for your participation. You will receive a total of \$100 Amazon gift code for each listening circle that you co-facilitate. Specifically, you will receive \$25 for the preparation meeting, \$50 for co-facilitating the listening circle or interview, and \$25 for the debrief interview. It is possible that you may be asked to co-facilitate more than one learning circle. If you are willing, you would be

compensated equally for each learning circle. Gift codes will be sent via email, within one week of participation.

**Alternative Name** We ask that every participant select an alternative name that they would like the researchers to use instead of their name. This is the name that researchers will use to refer to you. To further protect your privacy, we will remove any personal information that could identify you from the audio transcripts. We will not share any personal information that could identify you when we share what is learned from this study. Despite these measures, we cannot guarantee the anonymity of your personal data. You are being asked to choose an alternative name that researchers will use instead of your name. Please note if more than one participant chooses the same alternative name, a different name may be used.

**Please provide the alternative name you would like the researcher to use:**

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**Please contact us if you have any questions about the study.** The lead researcher for this study is Dr. Heather L. Fox, a researcher with the School of Social Work at the University of Illinois at Urbana-Champaign. She is part of the Translational Research team. Translational Research supports the Illinois Department of Children and Family Services in the use of research to plan and improve services provided for families. If you have any concerns or questions about the study, please contact Heather at hlfox2@illinois.edu or 1-217-333-5461. Please leave a voicemail if your call is not answered that includes your name, the best way, and the best times to contact you. In most cases, Heather will return your call between 9:00 am and 5:00 pm, Monday to Friday.

**Contact the Institutional Review Board if you have any questions about your rights as a research participant.** If you have questions, concerns, complaints, or to offer input, you may call the Office for the Protection of Research Subjects (OPRS) at 217-333-2670 or e-mail OPRS at irb@illinois.edu. If you would like to complete a brief survey to provide OPRS feedback about your experiences as a research participant, please follow the link here or through a link on the OPRS website: <https://oprs.research.illinois.edu/>. You will have the option to provide feedback or concerns anonymously or you may provide your name and contact information for follow-up purposes.

### **Statement of Consent**

- Yes, I consent to participate. I confirm I have read the information in this consent form and have had the opportunity to ask questions. I will be given a copy of this consent
-

form. I understand that the listening circle will be recorded. I voluntarily agree to take part in this study.

- No, I do not wish to participate at this time.

Please tell us a bit about your background. This information will help us understand how closely our group of participants reflects the demographics of the families served by the Illinois Department of Children and Family Services.

Please select your area(s) of expertise based on your lived experiences with the Illinois Department of Children and Family Services. *(select all that apply)*

- lived experience of being an infant, child, or youth
- lived experience of being a parent or guardian
- lived experience of a caregiver (aka. foster parent) of a child in care under the age of four (at time of placement)

How would you describe your race/ethnicity? *(select all that apply)*

- American Indian or Alaska Native
- Asian, South Asian, or Southeast Asian
- Black or African American
- Hispanic, Latino, Latina, Latinx, or Spanish origin
- Middle Eastern or North African (MENA)
- Native Hawaiian or other Pacific Islander
- White
- If we have not identified a category with which you identify, please indicate which racial or ethnic origins you identify with below. \_\_\_\_\_

What gender do you identify as? *(select all that apply)*

- Man
- Non-binary
- Transgender
- Woman
- I don't identify with a gender
- I prefer to self-identify (please specify) \_\_\_\_\_

Please indicate what DCFS region you live in. The *counties in each region are listed below. [If you are a college student, please indicate the county of permanent address that you most identify with.]*

- Central Region: Adams, Brown, Bureau, Calhoun, Cass, Champaign, Christian, Clark, Coles, Cumberland, Dewitt, Douglas, Edgar, Ford, Fulton, Greene, Hancock, Henderson, Henry, Iroquois, Jersey, Knox, La Salle, Livingston, Logan, Macon, Macoupin, Marshall, Mason, McDonough, Mclean, Menard, Mercer, Montgomery, Moultrie, Morgan, Peoria, Piatt, Pike, Putnam, Rock Island, Sangamon, Schuyler, Scott, Shelby, Stark, Tazewell, Warren, Woodford, Vermilion
- Cook County
- Northern Region: Boone, Carroll, DeKalb, DuPage, Grundy, Jo Daviess, Kane, Kankakee, Kendall, Lake, Lee, Ogle, McHenry, Stephenson, Whiteside, Will, Winnebago, Woodford
- Southern Region: Alexander, Bond, Clay, Clinton, Crawford, Edwards, Effingham, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jasper, Jennifer, Johnson, Lawrence, Madison, Marion, Massac, Monroe, Perry, Pope, Pulaski, Randolph, Richland, Saline, St. Clair, Union, Wabash, Washington, White, Williamson
- I am not currently living in Illinois.

## Appendix E. Protocol for Lived Experts as Youth in Care Listening Circle

### **PARTNER INSTRUCTIONS**

Thank you again for helping us to run today's session. There are six sections to the discussion today. Your role is to lead the conversation; this includes asking the questions, encouraging conversation, asking clarifying questions as needed, participating in the conversation, and closing out the question when time is up. For each section, there is one primary question. For some sections, there are follow-up questions that explore the topic more deeply. Some questions are optional. These are follow-up questions that can be used to encourage discussion if needed.

The researcher will collect consent and briefly describe the study to participants. Throughout the discussion, the researcher will act as a visual recorder for the session. Primarily this will reflect capturing comments from the group on a flipchart visible to everyone in the room. Additionally, they will set a timer for you for each session to help you in keeping the session on time. However, the important thing is that everyone who wants to share is heard, not keeping to a strict timeline. They are also there in case you have questions or if a participant asks a question about the study in general.

Sometimes, facilitating a group discussion can present challenges. One of the most common is making sure everyone has the opportunity to participate (even if they choose not to). Try to help make space to allow quieter participants to share. This might mean asking them if they would like to contribute, especially when they seem interested. Another strategy is asking people to respond to a comment that one of the participants (including yourself) shared.

### **OPENING SCRIPT – PARTNER READ THE FOLLOWING TO THE GROUP**

Good morning/afternoon/evening. Now that we have completed the consent process, we are going to go ahead and get started. We are going to start the recording now. THE RESEARCHER STARTS THE RECORDING. No part of this recording will be released to anyone outside of the study's researchers.

Hi, I'm NAME. I will be leading our discussion today. Like you, I have lived experience and will be discussing things with you today. NAME OF RESEARCHER will help us by recording visual notes for us. They will not be participating in the discussion today, but they are available if anyone has questions about the study. Our goal is for this discussion to last about an hour. To help

facilitate this, we will keep a timer for each section. However, this is not a hard cut-off. What is more important is that anyone who wants to share on the topic has an opportunity to share.

### SECTION 1 – GENERAL RESPONSE TO THE TERM WELL-BEING

We will start by talking generally about what well-being means to us. We will take 4-5 minutes to do this first session.

Question	Time for Section	Researcher Role Activity
<p>When you hear the word well-being, what are some words that come to mind?</p> <p><i>(optional follow-up question)</i></p> <p>Are there any images or feelings that come to mind when thinking about well-being?</p>	4-5 minutes	The researcher will create a <u>visual word cloud</u> for the participants, reflecting their answers. The researcher will also be a resource for the partner if they have any questions. Otherwise, the researcher will not participate in the conversation.

Thank you for sharing your initial response to well-being. Next, we are going to spend 8-10 minutes talking about well-being across age groups.

### SECTION 2 – WELL-BEING ACROSS AGE GROUPS

Question	Time for Section	Researcher Role Activity
<p>Imagine that you are meeting an adult who is new to you.</p> <p>How might well-being look and feel for them?</p> <p>How might their well-being be different if they were a teenager, say a 15-year-old?</p> <p>How about if it was a 10-year-old?</p> <p>How about if it was a 3-year-old?</p>	8-10 minutes	The researcher records the participants' responses, grouping them by age group. Working down from adult (adult – over 18; teen 14-18; school-age child 6-13; young child 0-5).

Thank you for sharing how well-being looks across age groups. Next, we are going to spend 8-10 minutes talking about the well-being of close friends and family members.

**SECTION 3 – PERCEIVING WELL-BEING OF CLOSE FRIENDS OR FAMILY**

Question	Time for Section	Researcher Role Activity
<p>I'd like you to think of a close friend or family member.</p> <p>What are some key things in their lives that are important to their well-being?</p> <p>How does it look when they are doing well?</p> <p>How does it look when they are not doing well?</p> <p>How would you know if their well-being was improving?</p> <p>How would you know if their well-being was declining?</p>	8-10 minutes	The researcher will record key points shared by the participants under the headings of Key Things, Well-Being +, Well-Being -.

Thank you for sharing your observations of the well-being of close friends and family members. Next, we will spend 5-6 minutes exploring the role of resiliency in well-being.

**SECTION 4 – ROLE OF RESILIENCY IN WELL-BEING**

Question	Time for Section	Researcher Role Activity
What is the role of resiliency in well-being?	5-6 minutes	The researcher will record key points shared by the participants on a sheet simply labeled "the role of resiliency."

Thank you for sharing the role of resiliency in well-being. Next, I am going to share with you a definition of well-being, and we will spend 8-10 on your response to it.

**SECTION 5 – RESPONDING TO A DEFINITION OF WELL-BEING**

Question	Time for Section	Researcher Role Activity
Well-being refers to overall health, happiness, and prosperity. This includes various aspects of an individual's life, including physical health and safety; education and cognitive health; social, emotional, and	8-10 minutes	The researcher will record their ideas/feedback on a sheet that has the full

<p>mental health; economic security; and racial and ethnic equity.</p> <p>How could this definition be improved?</p> <p><i>(optional follow-up question)</i> Are there parts of the definition that resonate with you?</p> <p><i>(optional follow-up question)</i> Are there parts of the definition that seem wrong to you?</p>		<p>definition written on it and a series of numbers (e.g., 1,2,3,) for recording the suggestions.</p>
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Thank you for your feedback on one definition of well-being. The next section is our last.

**SECTION 6 – FINAL THOUGHTS**

Question	Time for Section	Researcher Role Activity
<p>Resiliency is individuals' and families' ability to adapt, recover, and even thrive in the face of adversity.</p> <p>Is there anything else that anyone would like to add about their thoughts on well-being or resiliency?</p>	<p>4-5 minutes</p>	<p>The researcher will record key points shared by the participants on a sheet simply labeled "Closing Thoughts."</p>

Thank you for coming and sharing your perspectives. If you indicated that you would like a copy of the study's final report, it will be emailed to as soon as it is completed. Please be patient, these reports take a while to complete. You can contact Dr. Heather Fox at [hlf02@illinois.edu](mailto:hlf02@illinois.edu) if you have any questions about the study.

We are done. Please give yourself a round of applause. See RESEARCHER to receive your gift card.

## Appendix F. Protocol for Lived Experts as Parents of Youth in Care Listening Circle

### **PARTNER INSTRUCTIONS**

Thank you again for helping us to run today's session. There are six sections to the discussion today. Your role is to lead the conversation; this includes asking the questions, encouraging conversation, asking clarifying questions as needed, participating in the conversation, and closing out the question when time is up. For each section, there is one primary question. For some sections, there are follow-up questions that explore the topic more deeply. Some questions are optional. These are follow-up questions that can be used to encourage discussion if needed.

The researcher will collect consent and briefly describe the study to participants. Throughout the discussion, the researcher will act as a visual recorder for the session. Primarily this will reflect capturing comments from the group on a flipchart visible to everyone in the room. Additionally, they will set a timer for you for each session to help you in keeping the session on time. However, the important thing is that everyone who wants to share is heard, not keeping to a strict timeline. They are also there in case you have questions or if a participant asks a question about the study in general.

Sometimes, facilitating a group discussion can present challenges. One of the most common is making sure everyone has the opportunity to participate (even if they choose not to). Try to help make space to allow quieter participants to share. This might mean asking them if they would like to contribute, especially when they seem interested. Another strategy is asking people to respond to a comment that one of the participants (including yourself) shared.

### **OPENING SCRIPT – PARTNER READ THE FOLLOWING TO THE GROUP**

Good morning/afternoon/evening. Now that we have completed the consent process, we are going to go ahead and get started. We are going to start the recording now. THE RESEARCHER STARTS THE RECORDING. No part of this recording will be released to anyone outside of the study's researchers.

Hi, I'm NAME. I will be leading our discussion today. Like you, I have lived experience and will be discussing things with you today. NAME OF RESEARCHER will help us by recording visual notes for us. They will not be participating in the discussion today, but they are available if anyone has questions about the study. Our goal is for this discussion to last about an hour. To help facilitate

this, we will keep a timer for each section. However, this is not a hard cut-off. What is more important is that anyone who wants to share on the topic has an opportunity to share.

### SECTION 1 – GENERAL RESPONSE TO THE TERM WELL-BEING

We will start by talking generally about what well-being means to us. We will take 4-5 minutes to do this first session.

Question	Time for Section	Researcher Role Activity
<p>When you hear the word well-being, what are some words that come to mind?</p> <p><i>(optional follow-up question)</i> Are there any images or feelings that come to mind when thinking about well-being?</p>	4-5 minutes	The researcher will create a <u>visual word cloud</u> for the participants, reflecting their answers. The researcher will also be a resource for the partner if they have any questions. Otherwise, the researcher will not participate in the conversation.

Thank you for sharing your initial response to well-being. Next, we are going to spend 8-10 minutes talking about well-being across age groups.

### SECTION 2 – WELL-BEING ACROSS AGE GROUPS

Question	Time for Section	Researcher Role Activity
<p>Imagine that you are meeting an adult who is new to you.</p> <p>How might well-being look and feel for them?</p> <p>How might their well-being be different if they were a teenager, say a 15-year-old?</p> <p>How about if it was a 10-year-old?</p> <p>How about if it was a 3-year-old?</p>	8-10 minutes	The researcher records the participants' responses, grouping them by age group. Working down from adult (adult – over 18; teen 14-18; school-age child 6-13; young child 0-5).

Thank you for sharing how well-being looks across age groups. Next, we are going to spend 8-10 minutes talking about the well-being of close friends and family members.

### SECTION 3 – PERCEIVING WELL-BEING OF CLOSE FRIENDS OR FAMILY

Question	Time for Section	Researcher Role Activity
<p>I'd like you to think of a close friend or family member. What are some key things in their lives that are important to their well-being?</p> <p>How does it look when they are doing well?</p> <p>How does it look when they are not doing well?</p> <p>How would you know if their well-being was improving?</p> <p>How would you know if their well-being was declining?</p>	8-10 minutes	The researcher will record key points shared by the participants under the headings of Key Things, Well-Being +, Well-Being -.

Thank you for sharing your observations of the well-being of close friends and family members. Next, we will spend 5-6 minutes exploring the role of resiliency in well-being.

#### SECTION 4 – ROLE OF RESILIENCY IN WELL-BEING

Question	Time for Section	Researcher Role Activity
<p>Resiliency is individuals' and families' ability to adapt, recover, and even thrive in the face of adversity.</p> <p>What is the role of resiliency in well-being?</p>	5-6 minutes	The researcher will record key points shared by the participants on a sheet simply labeled "the role of resiliency."

Thank you for sharing the role of resiliency in well-being. Next, I am going to share with you a definition of well-being, and we will spend 8-10 on your response to it.

#### SECTION 5 – RESPONDING TO A DEFINITION OF WELL-BEING

Question	Time for Section	Researcher Role Activity

<p>Well-being refers to overall health, happiness, and prosperity. This includes various aspects of an individual's life, including physical health and safety; education and cognitive health; social, emotional, and mental health; economic security; and racial and ethnic equity.</p> <p>How could this definition be improved?</p> <p><i>(optional follow-up question)</i> Are there parts of the definition that resonate with you?</p> <p><i>(optional follow-up question)</i> Are there parts of the definition that seem wrong to you?</p>	8-10 minutes	The researcher will record their ideas/feedback on a sheet that has the full definition written on it and a series of numbers (e.g., 1,2,3,) for recording the suggestions.
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Thank you for your feedback on one definition of well-being. The next section is our last.

### SECTION 6 – FINAL THOUGHTS

Question	Time for Section	Researcher Role Activity
Is there anything else that anyone would like to add about their thoughts on well-being or resiliency?	4-5 minutes	The researcher will record key points shared by the participants on a sheet simply labeled "Closing Thoughts."

Thank you for coming and sharing your perspectives. If you indicated that you would like a copy of the study's final report, it will be emailed to as soon as it is completed. Please be patient, these reports take a while to complete. You can contact Dr. Heather Fox at [hlfox2@illinois.edu](mailto:hlfox2@illinois.edu) if you have any questions about the study.

We are done. Please give yourself a round of applause. See RESEARCHER to receive your gift card.

## Appendix G. Protocol for Lived Experts as Foster Caregivers Listening Circle

### **PARTNER INSTRUCTIONS**

Thank you again for helping us to run today's session. There are six sections to the discussion today. Your role is to lead the conversation; this includes asking the questions, encouraging conversation, asking clarifying questions as needed, participating in the conversation, and closing out the question when time is up. For each section, there is one primary question. For some sections, there are follow-up questions that explore the topic more deeply. Some questions are optional. These are follow-up questions that can be used to encourage discussion if needed.

The researcher will collect consent and briefly describe the study to participants. Throughout the discussion, the researcher will act as a visual recorder for the session. Primarily this will reflect capturing comments from the group on a flipchart visible to everyone in the room. Additionally, they will set a timer for you for each session to help you in keeping the session on time. However, the important thing is that everyone who wants to share is heard, not keeping to a strict timeline. They are also there in case you have questions or if a participant asks a question about the study in general.

Sometimes, facilitating a group discussion can present challenges. One of the most common is making sure everyone has the opportunity to participate (even if they choose not to). Try to help make space to allow quieter participants to share. This might mean asking them if they would like to contribute, especially when they seem interested. Another strategy is asking people to respond to a comment that one of the participants (including yourself) shared.

### **OPENING SCRIPT – PARTNER READ THE FOLLOWING TO THE GROUP**

Good morning/afternoon/evening. Now that we have completed the consent process, we are going to go ahead and get started. We are going to start the recording now. THE RESEARCHER STARTS THE RECORDING. No part of this recording will be released to anyone outside of the study's researchers.

Hi, I'm NAME. I will be leading our discussion today. Like you, I am a caregiver of a young child in care and will be discussing things with you today. We will be discussing your observations of well-being with young children five and under today. NAME OF RESEARCHER will help us by recording visual notes for us. They will not be participating in the discussion today, but they are available if anyone has questions about the study. Our goal is for this discussion to last about an

hour. To help facilitate this, we will keep a timer for each section. However, this is not a hard cut-off. What is more important is that anyone who wants to share on the topic has an opportunity to share.

### SECTION 1 – GENERAL RESPONSE TO THE TERM WELL-BEING

We will start by talking generally about what well-being means to us. We will take 4-5 minutes to do this first session.

Question	Time for Section	Researcher Role Activity
<p>When you hear the word well-being, what are some words that come to mind?</p> <p><i>(optional follow-up question)</i> Are there any images or feelings that come to mind when thinking about well-being?</p>	4-5 minutes	The researcher will create a <u>visual word cloud</u> for the participants, reflecting their answers. The researcher will also be a resource for the partner if they have any questions. Otherwise, the researcher will not participate in the conversation.

Thank you for sharing your initial response to well-being. Next, we are going to spend 8-10 minutes talking about your observations of well-being among young children.

### SECTION 2 – PERCEIVING WELL-BEING OF THE YOUNG CHILD

Question	Time for Section	Researcher Role Activity
<p>I'd like you to think about the young child or children in your care.</p> <p>What are some key things in their lives that are important to their well-being?</p> <p>How does it look when they are doing well?</p> <p>How does it look when they are not doing well?</p> <p>How would you know if their well-being was improving?</p> <p>How would you know if their well-being was declining?</p>	8-10 minutes	The researcher will record key points shared by the participants under the headings of Key Things, Well-Being +, Well-Being -.

Thank you for sharing your observations of the well-being among young children. Next, we will spend 8-10 minutes exploring well-being across age groups for young children.

### SECTION 3 – WELL-BEING OF YOUNG CHILDREN

Question	Time for Section	Researcher Role Activity
What does well-being look like for preschoolers?  Toddlers?  Infants?	8-10 minutes	The researcher records the participants' responses, grouping them by age group (Preschoolers, Toddlers, Infants).

Thank you for sharing how well-being looks across age groups. Next, we are going to spend 5-6 minutes talking about the role of resiliency in well-being.

### SECTION 4 – ROLE OF RESILIENCY IN WELL-BEING

Question	Time for Section	Researcher Role Activity
<b>Resiliency</b> is individuals' and families' ability to adapt, recover, and even thrive in the face of adversity.  What is the role of resiliency in the well-being of young children four and under?	5-6 minutes	The researcher will record key points shared by the participants on a sheet that has the definition of resiliency under which reads "The role of resiliency."

Thank you for sharing the role of resiliency in well-being. Next, I am going to share with you a definition of well-being, and we will spend 8-10 on your response to it.

### SECTION 5 – RESPONDING TO A DEFINITION OF WELL-BEING

Question	Time for Section	Researcher Role Activity
<b>Well-being</b> refers to overall health, happiness, and prosperity. This includes various aspects of an individual's life, including physical health and safety; education and cognitive health; social, emotional,	8-10 minutes	The researcher will record their ideas/feedback on a sheet that has the full

<p>and mental health; economic security; and racial and ethnic equity.</p> <p>How could this definition be improved?</p> <p>How well does this definition reflect the well-being for young children?</p> <p>What works and doesn't work?</p> <p>What is missing?</p>		<p>definition written on it and a series of numbers (e.g., 1,2,3,) for recording the suggestions.</p>
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Thank you for your feedback on one definition of well-being. The next section is our last.

### SECTION 6 – FINAL THOUGHTS

Question	Time for Section	Researcher Role Activity
Is there anything else that anyone would like to add about their thoughts on the well-being or resiliency of young children?	4-5 minutes	The researcher will record key points shared by the participants on a sheet simply labeled "Closing Thoughts."

Thank you for coming and sharing your perspectives. If you indicated that you would like a copy of the study's final report, it will be emailed to you as soon as it is completed. Please be patient, these reports take a while to complete. You can contact Dr. Heather Fox at [hlfox2@illinois.edu](mailto:hlfox2@illinois.edu) if you have any questions about the study.

We are done. Please give yourself a round of applause. See RESEARCHER to receive your gift card.

## Appendix H. Lived Expert Interview Protocol for Lived Experts as Youth in Care and Lived Experts as Parents of Youth in Care

### Opening Script (following the consent process)

Now that we have completed the consent process, we can go ahead and get started. Before I start the recording do you have any questions for me?... Please ask questions at any point in this interview, including if you are unsure of the meaning of a question or why we are asking it. I prefer you feel you are confident of what you are being asked. Also, do not forget, you are not required to answer any specific question in this interview. Just let me know if you want to skip a question, you do not need to provide a reason. If you need a break at any point just let me know. Okay? Are you ready for me to start recording?

*Start Recording (assuming affirmation; if not inquire and address any concerns)*

1. We will start by talking generally about what well-being means to you. When you hear the word well-being, what are some words that come to mind?
  - Are there any images or feelings that come to mind when thinking about well-being?
2. Imagine that you are meeting a peer who is new to you. How might well-being look and feel for them?
  - How might their well-being be different if they were a teenager, say a 15-year-old?
  - How about if it was a 10-year-old?
  - How about if it was a 3-year-old?
3. I'd like you to think of a close friend or family member. What are some key things in their lives that are important to their well-being?
  - How does it look when they are doing well?
  - How does it look when they are not doing well?
  - How would you know if their well-being was improving?
  - How would you know if their well-being was declining?
4. Now, I'd like to ask a question about resiliency. We define resiliency as individuals' and families' ability to adapt, recover, and even thrive in the face of adversity. (If virtual, "I'll put this definition in the chat for your reference." If in person, provide them with a copy of the definition.)
  - In your view, what is the role of resiliency in well-being?

5. We define well-being as referring to overall health, happiness, and prosperity. This includes various aspects of an individual's life, including physical health and safety; education and cognitive health; social, emotional, and mental health; economic security; and racial and ethnic equity. (If virtual, "I'll put this definition in the chat for your reference." If in person, provide them with a copy of the definition.) How could this definition be improved?
  - Are there parts of the definition that resonate with you?
  - Are there parts of the definition that seem wrong to you?
6. Last question, Is there anything else that you would like to add about well-being or resiliency?

## Appendix I. Lived Expert Interview Protocol for Lived Experts as Foster Caregiver

### Opening Script (following the consent process):

Now that we have completed the consent process, we can go ahead and get started. Before I start the recording, do you have any questions for me?... Please ask questions at any point in this interview, including if you are unsure of the meaning of a question or why we are asking it. I prefer you feel you are confident of what you are being asked. Also, do not forget, you are not required to answer any specific question in this interview. Just let me know if you want to skip a question, you do not need to provide a reason. If you need a break at any point, just let me know. Okay? Are you ready for me to start recording?

*Start Recording (assuming affirmation; if not inquire and address any concerns)*

1. We will start by talking generally about what well-being means to you. When you hear the word well-being, what are some words that come to mind?
  - Are there any images or feelings that come to mind when thinking about well-being?
2. I'd like you to think about the young child or children in your care. What are some key things in their lives that are important to their well-being?
  - How does it look when they are doing well?
  - How does it look when they are not doing well?
  - How would you know if their well-being was improving?
  - How would you know if their well-being was declining?
3. What does well-being look like for preschoolers in your care?
  - How about toddlers?
  - How about infants?
4. Now, I'd like to ask a question about resiliency. We define resiliency as individuals' and families' ability to adapt, recover, and even thrive in the face of adversity. (If virtual, "I'll put this definition in the chat for your reference." If in person, provide them with a copy of the definition.) What is the role of resiliency in the well-being children four and younger?
5. We define well-being as referring to overall health, happiness, and prosperity. This includes various aspects of an individual's life, including physical health and safety; education and cognitive health; social, emotional, and mental health; economic security; and racial and ethnic equity. (If virtual, "I'll put this definition in the chat for your reference." If in person, provide them with a copy of the definition.)

- How could this definition be improved?
  - How well does this definition reflect the well-being of children under four?
  - Are there parts of the definition that resonate with you?
  - Are there parts of the definition that seem wrong to you?
6. Last question: is there anything else that you would like to add about the well-being or resiliency of the young children in your care?

## Appendix J. Lived Expert Partner Interview Protocol Following a Listening Circle

Thank you for facilitating our discussion today with (parent(s), youth, or caregiver(s) of young children). Your contribution is critical to our understanding of well-being and our ability to support families throughout the state. I have a few questions for you about your reflections and observations during this conversation.

1. What ideas or concepts shared in today's discussion are core to us understanding of well-being?
2. Was there any particular comment or story shared about well-being that stood out?
3. Was there anything you felt was left out?
4. Was there anything about the role of resiliency in well-being that stood out for you?
5. Was there anything that was discussed today that raised concern for you?
6. How would you describe your experience as a partner facilitating this discussion?
7. Is there anything we could do to improve our process to support you and future partners?
8. Lastly, do you have any questions for me?

## Appendix K. Round One Codebook

Round One Code	Related Questions	Description	Distinctions	Round Two Codes
<b>Definition and Domains of Well-Being</b>	How do lived experts define well-being? What are the key components of well-being?	Descriptions and conceptualization of well-being as a term or concept broadly. This includes any discussion of the domains of well-being, including both the domains in the framework and new domains proposed by the participants.	This is how they describe well-being as a concept. Domains are areas of people's lives that both contribute to and show evidence of an individual's well-being.	Affirmation – CWWR definition of well-being Improvements – CWWR definition of well-being Domain: Education and Cognitive Health Domain: Connection Domain: Physical and Mental Health Domain: Safe and Secure Environments Domain: Economic Security Domain: Racial-Cultural-Gender Identity Resilience
<b>Well-Being Across Developmental Phases</b>	How do we describe well-being differently across different developmental stages?	Descriptions of how well-being looks across different developmental phases across life.		Physical health of children and adolescents Physical and psychological safety Emotional and mental health Cognitive development and learning Identity, self-concept, cultural context Social relationships and connections Caregiver relationships and influence

<b>Assessing Well-Being</b>	What does a change in well-being look like? How do we assess well-being in ourselves and others?	Describes both the methods and measures used by the participant to gauge their well-being and the well-being of others.	This code includes strategies for understanding what someone's well-being is AND measures that are used to determine well-being.	Self-assessment of well-being Assessing the current well-being of others Assessing changes in well-being of others
<b>Resilience in Relation to Well-Being</b>	How is resiliency related to responses to adversity and, ultimately, well-being?	Theories and descriptions of how resiliency is developed and applied during adversity.	This code is how resiliency relates to well-being, including how someone builds resiliency, how resiliency relates to well-being, how resiliency looks at times of adversity, and how resiliency looks in child welfare during times of adversity.	Concept of resilience Purposeful motivation and advocacy Adapting and thriving through adversity Resilience as learned capacity among children Resilience through identity and acceptance Healing and emotional regulation Early childhood resilience Responses to being labeled resilience Collective support systems and strengthened resilience
<b>System Roles to Support Well-Being</b>	What is the system's role in supporting children, youth, and family well-	Descriptions both positive and negative of how systems impact children, youth, and family well-	Includes both descriptions of existing system roles and recommendations for improving the	Affirmation of child and youth rights Timely and quality care Healthy relationships between parents and children

being? Advice on how to improve the system to support greater well-being of children, youth, and families.

being. Changes to system policies, procedures, or practices that could support better well-being.

system to better support well-being.

Family visitation processes  
Respect and trust among parents, staff, caregivers, youth