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THE INDEPENDENCE-DEPENDENCE PARADOX FACING YOUTH AGING OUT OF CARE FROM TRANSITIONAL LIVING PROGRAMS

A Thesis

Presented in

Partial Fulfillment of the

Requirements for the Degree of

Master of Arts

August, 2020

By Rebecca P. Johnson, LCPC

Department of Women and Gender Studies

College of Liberal Arts and Sciences

DePaul University

Chicago, Illinois

Dedication

This project is dedicated to my RISE and my REACH Families.

And to Anthony Houston, may you rest in power.

Acknowledgement

First a foremost, I want to thank Elyse Nylin, who at the time this is fully completed will be my wife. Thank you for falling in love with me through all my ups and downs of developing this project, late night calls with young people in crisis, and when all I can see or talk about are the youth who matter most to me.

Thank you to my parents, Rachel and John, for believing in me before I did and encouraging me to pursue something that brings me life. I wouldn't be here without your constant and unwavering support. And thank you to my siblings, Ben, Emily, and my sister-in-law Darcy for being my cheerleaders. Thank you to Christina Carbone who has helped distract me, supported me, and inspired me through this academic journey. And to my new Nylin family, thank you for supporting me through this adventure.

Thank you to Beth Catlett, who is the mentor, advisor, and advocate I needed through many hardships and realities while pursuing my academic and professional goals. I am so thankful for your patience and willingness to challenge me always.

Thank you to Vanessa Klodnick, who saw something in me and let me bother you for the last five years. You have helped me grow personally, professionally, and academically. Thank you for editing all my drafts, sitting with me through some of my toughest days, and being a fierce advocate for youth, peers, and me.

Thank you to Ann Russo for seeing something in my application and truly teaching and guiding me through my early stages of antiracism and feminist scholarship. Your humanity and the strength you lend your students is inspiring.

Thank you to all of the faculty and my peers at DePaul who have guided me, encouraged me, and taught me to do more and do better every day.

Thank you to Christina Jackson, for you are such willingness and passion to guide and teach me. Thank you for encouraging me to keep asking why and keep learning and writing.

Thank you to all of the staff at Thresholds who made this work and this project possible. To my ERQ team for listening to me go on and on about my passions and supporting me every step of the way. To Bea Sobel for guiding me and supporting me, and always trusting my judgment. I am so thankful for you. To Erik Pajula, for allowing me to bounce ideas off you while squatting in your office and helping me brainstorm the idea of sustainability. To Angel Williams, who I truly am at a loss for words on how to thank you for challenging me, loving me and being with me on this bananas Thresholds journey. To Victoria Horne, for driving me home, to so many trains, and to get donuts, for letting me cry when it was all too much and for being such a fierce advocate for every young person we worked with. To Alicia Bradley, for gathering DCFS documents for me and believing in change. To Marc Fagan and Patricia Biggs, for building a program and putting everything you have into helping older youth in care. To all the case managers, therapists, interns, staff, community supports, and team members who have challenged me, been through the rough of it all, and continued to put youth first, you all are my heroes.

And to all the young people who have entered into my life, each one of you has taught me a different lesson. I am so incredibly thankful for the moments we have shared, and the impact that you have had on my world view.

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Abstract

Problem. Youth who age out of care experience poor outcomes, including high rates of mental health conditions, housing instability and homelessness, unemployment and poverty, and justice involvement. At particular risk are youth who exit semi-institutional care settings, including transitional living programs that support youth with achieving "independence" by the time they emancipate. This project explores: (1) how the child welfare system and transitional living programs instill independence in youth aging out of care and (2) the intersection of race and racism in the independence construction process that occurs during the transition out of care.

Methods. This project used a qualitative case study approach. A nationally recognized community mental health provider in Illinois served as the study site. The program provided intensive housing, psychiatric and transitional supports to youth diagnosed with serious mental health conditions who had histories of complex trauma and institutionalization. Data collected and thematically analyzed included: (1) the child welfare system contract with the program and program's participant manual; (2) in-depth interviews with ten youth during their transition out of care; (3) memos reflecting my own experiences and observations in the field.

Results. First, the child welfare system and transitional living program valued independence as the goal of emancipation for this particularly vulnerable population. Achieving independence was seen and understood as achieving success. Second, a deep tension emerged in transition out of care as young people adopted the rhetoric of independence while also simultaneously pursuing benefits based on their disability status. Third, lack of understanding of and acknowledgement of race, racism, and institutional hardship and oppression that impacts these vulnerable youth

Discussion. This project contributes to understanding "why" focusing on interdependence matters for preparing youth for aging out of care, especially from semi-institutional settings.

Child welfare systems and providers must recognize and address the tension between independence and dependence for this population in policies, programs and practice.

Key words: aging out of care, child welfare, independence, race, racism

Introduction

My project aims to understand the construction, as well as tensions produced between independence and dependence for individuals aging out of the child welfare system with serious mental health needs. I applied anti-racist and resistance driven feminist frameworks in the design and implementation of this research. As a Women & Gender Studies scholar, to introduce this project and to frame my approach, I must socially locate myself. I am a white, middle-class, able-bodied, cisgender, queer woman. I am currently living with my queer and female-identified partner on Chicago's Northside. I grew up in a white, upper middle-class family in the suburbs of South New Jersey. My parents both hold master's degrees and work as clinicians in New Jersey. My father is a physical therapist and my mother is an occupational therapist. I completed my bachelor's degree in Psychology at Rutgers University, in Camden, New Jersey. My parents paid for my undergraduate degree. I worked two jobs every summer and one part-time job through the school year to pay for some living expenses and travel. I am aware of the privilege and opportunities I have been given by not having any debt from obtaining my bachelor's degree afforded me the opportunity to take the financial risk to pursue an advanced degree, something many of peers with undergraduate debt were not financially able to do. After completing my undergraduate degree, I struggled to get accepted into a master's program, first applying to occupational therapy programs, and later to psychology and counseling programs. While applying to graduate schools, I worked in a group home as a support staff member with adults with both developmental disabilities and mental health conditions. I became acutely aware of the realities of long-term adult residential care and the struggles persons with disabilities faced in achieving a meaningful quality of life. I was the only white staff member who worked at the site

who was not at a supervisor level. At this time, early in my career, I began to grapple with how race impacted my coworkers and the general work environment.

In 2013, I began a master's program in clinical mental health counseling at Adler University in Chicago. Adler's counseling program has a social justice focus, which resonated with my interest in working with marginalized populations. During my time at Adler, I took classes from and worked as a research assistant with Dr. Christina Jackson-Bailey—a woman of color, an activist, and an academic. Halfway into my program, Dr. Christina Jackson-Bailey approached me about a paper I wrote for a group counseling course on the creation of a group for women with sexual dysfunctions, stating that this was good work—and maybe that counseling was not my end point. She encouraged me to explore Women and Gender studies as an academic field and worked with me to complete a thesis project on the internalized sexist attitudes of women counselors in training.

Also, while at Adler, I began an internship at the Thresholds Young Adult Program (YAP) as a graduate-student therapist, providing counseling to 16-21-year-olds diagnosed with serious mental health conditions who were in the care of the state of Illinois. YAP is the site where this project is situated, which is described in detail later. While at Adler and YAP, I began exploring future academic career options, applying for a few doctoral programs and the DePaul master's program in Women and Gender Studies (WGS). Dr. Ann Russo, the then graduate director, reached out to me, asking me a few questions about what I was looking for in a program and brought me in for an interview. I remember sitting in her office, mesmerized by her overflowing bookshelves and talking to her about how something was missing. Something was missing for me as a student, a writer, and a practitioner.

When I began my education in the WGS department at DePaul, I had a misrepresented view of feminism and feminist theory. I was deep in my exploration of why race matters and I was still grappling with understanding of, and my ability to, challenge my own implicit biases. In my first quarter, I woke up. I became aware of the role of systemic factors in fostering violence, oppression, and hatred in communities and institutions, and how this violence is often incorrectly attributed to individual people, families or communities. I began to see many social and systemic factors at work undermining the work of the community mental health clinician, who typically targets the individual and family in their intervention. I realized that I, as a clinician with my views and my practices, was implicated in these injustices.

Working as a clinical therapist, I noticed the lack of discourse around race and racial injustices within community mental health. I began to question the pathologizing of young people and consider how my own privileges affected my work. I questioned my approach – realizing that every interaction I had with system-involved young people is shaped by my own privilege. Although close in age, young people knew I was in their lives because of my advanced degree, and because they were *mandated* to participate. They saw me as white and female. In my role as a therapist, I experienced young people negatively responding to me in part because white people have harmed them in the past. I have also experienced young people trusting me more because white people have *always* "*saved"* them. As I became increasingly aware of my privilege, I began to bring race, class, and queerness into daily conversations as a practitioner as well as conversations about how these and other identities and structures of inequality (e.g., ability, homelessness, race) impacted their goals and our work together.

During my third quarter at DePaul, I took an independent study of Anti-Racist Feminism. I read a book a week, wrote a paper a week, and met with Dr. Ann Russo to discuss my

interpretations. I linked the texts and theories to my work with marginalized young people at YAP. My first reflection after reading bell hooks, Angela Davis, and the essays in This Bridge Called My Back, was anger. I was (and am) angry at the macro systems of oppression. I was angry at the institutions of social work and psychology, I was angry at the child welfare systems and welfare programs. I was angry at YAP and its parent organization Thresholds. More than anything else, I was angry with myself for continuing to be a part of systems that were failing our young people, and that I was implicated in their continuation.

At this point, Ann changed my reading list and gave me *Peace Making Circles and Urban Youth: Bringing Justice Home* by Dr. Boyes-Watson. It is a study of Roca, a community-based youth organization that uses restorative justice practices with vulnerable youth and young adults. This book restored my hope in society. It allowed me a space to focus my anger into action, create achievable goals to improve my practice, and to challenge the ideology being thrust upon me through my counselor role requirements. From here, I developed a deeper understanding of the philosophy and practices driving our mental health approaches and what we could be doing better as counselors within child welfare and mental health systems. I realized that before I could make change, I needed to understand what needed to change: what we, as a private system and as workers with child welfare youth, were doing well, where we were struggling, and what factors were involved. Throughout this process, I continued to reflect and challenge myself, knowing that I cannot change everything through one project over a short period of time, but I can empower myself, and hopefully others, to gain awareness and make change happen.

During this project, I have experienced several professional changes. When I first developed the project, I was a part-time therapist at RISE, a small program within YAP. RISE is a program that housed and provided multidisciplinary support services to homeless 18-22-year-olds

diagnosed with serious mental health conditions (SMHCs). SMHCs include posttraumatic stress disorder, bipolar disorder, major depressive disorder, and schizophrenia spectrum disorders. Through my connections at Thresholds and support from my mentor and supervisor, Dr. Vanessa Klodnick, I successfully negotiated a secondary position where I engaged in program evaluation, research, quality improvement and special projects management for Thresholds Youth & Young Adult Services (YAYAS; a name also adopted during this period). In this position, I gained new insights into YAP policies and practices– and why/how these came to be. In my new role, I began working on a research project examining young adult experiences within adult community mental health services, implementing the RISE program evaluation and quality improvement initiatives and continuing in my role as the RISE therapist. In these roles, I contributed to the development of YAYAS guidelines and assessment protocols and the continued use of practices about which I was critical. For example, I found it challenging to develop and refine psychosocial and runaway assessment tools, consequence systems for rule infraction, and policies around visitation and chosen family involvement – all feeling that these were inherently oppressive – and not developmentally attuned. Sometimes, I felt I could advocate for changes in language, practice, and design of programming through the co-creation of YAYAS materials, and at other times I felt my ideas and suggestions were not heard. But in my role, I was able to make some changes – at least in the development and implementation of RISE practices.

While in these multiple roles, RISE lost its federal funding and closed its doors. The process of RISE closing was one of the most difficult transitions I have experienced in my professional life. I felt like a part of me was stripped away; I had poured my heart and soul into providing direct support to young people while also helping the program to operationalize our innovation. The piece I struggled with most was that the agency was slow to respond and appeared to have

no clear transition plan for young people, many with whom I had developed deep bonds and mutual respect. I felt betrayed and faithless in an institution that touted evidence-based transition practices, yet appeared to be failing these vulnerable young people at a critical time in their lives. The agency finally negotiated housing vouchers for each young person and our team was able to successfully link each to needed mental health and care coordination services. Our RISE team was offered employment opportunities at the agency and I agreed to take a part-time therapist-evaluation coordinator position created for me. This position housed me as a therapist within the YAP Transition Living Program (YAP-TLP) and within what soon becomes the YAYAS Evaluation, Research & Quality Improvement (ERQ) Department. The YAP-TLP provides supported housing and care coordination for young people in state care with complex trauma histories, serious mental health needs. I had already begun my thesis project at YAP-TLP because it was a YAYAS program in which I had never worked directly and one with which Dr. Klodnick had conducted her dissertation project. I began providing therapy and support to six YAP-TLP participants. Through regular consultation with my advisors, I did my best to make sense of my research project and my therapy practice – recognizing the inherent challenges in being aware of my place and implication within this system. My embeddedness within YAP-TLP is both a strength and limitation, which I discuss later in this paper.

At times, it is challenging to reflect and write without implicit bias due to being directly entrenched, and therefore implicated within the system that I am studying. I took frequent breaks from writing to center myself and reflect, allowing myself to be both critical of a program, system – and ultimately of myself – an actor within the program. My various roles within YAYAS have been key in my capacity to truly unpack the many internal and external factors influencing the actual design of intensive care for system-involved young people with SMHCs. If

not embedded in YAP, I may have lacked the critical insight needed to even pose the questions that emerged overtime in this project. I am thankful for my WGS courses and mentorship – paired with my real-world community mental health and child welfare clinical and program evaluation experience. Both continue to challenge and motivate me to apply antiracist feminist theory to develop (and evaluate) practice and policy for those aging out of care.

Background & Rationale

My time spent as a clinical intern, therapist, project coordinator, researcher, and evaluator at Thresholds Young Adult Program (YAP) in Chicago is at the foundation of this thesis project. YAP provides housing, vocational, clinical, and transitional support to young people ages 16-22 diagnosed with serious mental health conditions (SMHCs). I have been fortunate to connect and learn from incredibly resilient young people at YAP. These young people have experienced complex loss and traumas, including familial disruption, abuse, and sexual trafficking. Some have experienced serious mental health symptoms that led to substantial life disruption and additional traumas. Many of these young people experienced revictimization, continued trauma in their communities by police, by community members, and by continued systemic oppression.

As a clinical intern, I worked with Joe (named changed for anonymity) who was nearing his 21st birthday, meaning he would emancipate from child welfare and leave YAP when he turned 21. When I met Joe, he was living in the YAP-TLP, which is a transitional living program (i.e., supported apartment in community) with extensive monitoring and behavior expectations designed specifically for 18-20-year-olds with serious mental health needs. Joe had been in state care since he was three years old. He possessed multiple current and past diagnoses as he moved from one program during his childhood to another. Joe experienced complex trauma, his story is one that is common with in the child welfare system, specifically with older youth. He experienced many placement changes in his childhood, further abuse while in care, and distance from the relationships he cared about most: bonds with his siblings and other family members. In fact, Joe had been placed in a number of foster homes (where he experienced further maltreatment), residential treatment settings, and psychiatric hospitals. Despite the instability of his childhood (and consequent disruption in school, community, and friend/family relationships),

Joe was a funny, caring, and resilient person. Joe usually had a smile on his face and loved being out in the world, working, being with people he cared for, learning, and exploring the city.

Joe had substantial emotional support from his Department of Child and Family Services (DCFS) team who was involved in his mental health treatment (not typical nationally), as well as a YAP multidisciplinary treatment team. When I got to know Joe, he had no recent contact with his family of origin, although he had a strong support system of chosen family. He was engaged in therapy with me (meeting weekly/actively reflecting on his life), but continued to struggle with symptom management and was psychiatrically hospitalized multiple times for suicidal ideation and attempts. In therapy, Joe struggled especially with his identity and understanding who he was, and where he came from. He described attempts to find family members and aimed to live closer to them post-emancipation. In therapy, he questioned his sexuality, race and ethnicity, and gender expression. He described his desire to someday have a child that would never leave him. He used some substances (akin to peers his age), had strong bonds with friends who relied heavily on one another for both emotional and tangible support, and did everything in his power to appear independent while at YAP and when meeting with me.

To Joe, being independent meant being able to do everything on his own without help. This concept of independence was incredibly important to him (and to his peers at YAP). Independence was complicated by the fact that intensive services were mandated by DCFS – and to some extent were reinforcing reliance on DCFS and YAP staff to navigate life daily. Joe, like his peers, deeply desired to move to a less restricted program with less monitoring and support – and more freedom to exercise his capacity to be independent. This created a paradox for Joe, where he was internally conflicted between receiving support that he perceived as being *dependent* and his desire for *independence*, conceptualized as doing everything on his own.

In our time together, Joe experienced a number of developmentally relevant struggles (e.g., stress and anxiety, loss of friends, struggles finding and maintaining work). However, Joe used his newly developed self-advocacy skills in treatment related meetings, and successfully worked toward goals that demonstrated independence: cooking, cleaning, and finding a job.

Throughout Joe's quest to be more independent, he was classified as *disabled* and unable to move into a lower level of care setting prior to his 21st birthday because he was considered unable to maintain *stability*. At YAP, because of uniqueness of the population served, *stability* is marker of a young person's success or failure when preparing to transition to adulthood. Stability is often captured by a young person's engagement (compliance) in services, use of medication, decreased psychiatric hospitalizations, and engagement in their community (i.e. school and/or work). For Joe, while he attempted to demonstrate stability, his team was also actively supporting him in applying for Supplemental Security Income (SSI). SSI would provide Joe with financial stability when he emancipated. For SSI qualification, an individual must demonstrate that they are disabled and unable to sustain employment. As young people emancipate, SSI can serve as a substitute for income from work. Joe finally got his own apartment at age 21, which to him felt like real independence. But, like many of his peers, his qualification for SSI produced dependence on the state and created a continued paradoxical inconsistency for him during a critical life transition.

Our time together ended as Joe's team helped him to prepare for his *launch* into the community. *Launch* typically occurs at six-months prior to a young person's 21st birthday/emancipation. As Joe's launch date approached, we conversed about his plan for his future, what he wanted, where he wanted to live, how successful he felt he was capable of being; and what success meant to him. Joe wanted to move to the South Side of Chicago near his family

of origin with some friends (his chosen family). Joe did not get this opportunity because a judge decided the risk of Joe living alone for six-months prior to emancipation with the support of the YAP-TLP and his DFS team was too great. After being denied the experience of launch, Joe experienced a series of events that led to his service disengagement. He experienced the tragic death of a dear friend and the simultaneous incarceration of his chosen brother. Joe stayed away from YAP, reaching out via phone for our last official conversation together. It was during this time that I transferred teams within youth and young adult services (YAYAS). However, I occasionally ran into Joe and checked in with him. He had successfully negotiated his *launch* into the community approximately three-months before his 21st birthday into his own apartment on Chicago's Southside. He was working part-time and receiving SSI due to his mental health diagnosis and limited work history. Through my colleagues, I learned that he had approximately six people living in his very small studio apartment with him at any given time. One described Joe's individual space as wall-to-wall mattresses. The young people living with him were his friends and other young people who had exited from YAP. Joe was eventually evicted, an experience we know anecdotally happens too many who age out of programs like YAP. He was attempting to create a community that ended with a consequence.

Joe's transition out of care is one of many that led me to question how the child welfare system effectively transitions older youth out of service settings like YAP. The conceptualization of independence as success, as well as paradoxical inconsistencies between developing independence through aging out of care while at the same time engaging in activities that fostered dependence on the state (through qualifying for SSI and food stamps), became bothersome to me in relation to texts I was reading in my WGS program at DePaul.

Joe and the many young people I have had the honor of working with and knowing have shaped this project –ultimately having a profound impact on my academic aspirations and my professional work. Observing young people's attempt to enact independence while living in highly structured settings that inherently limit personal choice and action made me consider how these settings foster a sense of dependency. If you act independently and do not comply with rules, then you are being *bad.* If you show mental health symptoms or engage in risky behavior related to mental health, you are considered *unstable*. If you *comply*, you will likely end up dependent on SSI and ill-matched with an intensive mental health team without sufficient life experiences to navigate life independently. New awareness of how systems appeared to shape young people's actions during their transition out of care led me to investigate the intersection of mental health/disability and child welfare/permanence for vulnerable youth aging out of a TLP.

Project Foundations

This project poses three research questions: 1) How is adulthood constructed by the program and by young people? 2) What are conflicting and problematic themes that exist for young people aging out of care and where is the tension coming from? 3) How are race and racism addressed and reflected within programs with transition age youth? This section outlines the literature and theoretical perspectives, providing an interpretative framework for my research findings. First, a literature review grounds this project in a developmental framework. The theory of "emerging adulthood" is critiqued for its limited capacity to explain the actions of youth aging out of care. Then, I detail system conceptualization of independence in relation to the child welfare notion of permanence. Next, I explore the neoliberal ideology and its impact on social welfare and youth development. I outline feminist critiques of neoliberalism through the development of (be)longing. Finally, I apply an antiracist feminist perspective in making sense of the intersection of child welfare and mental health systems in producing the independence-dependence paradox facing youth aging out of care.

Understanding Young Adulthood

Young people's transition to adulthood is considered a continuous process of rapid psychosocial change between ages 16 and 30. Adulthood is marked by taking responsibility for oneself, making independent decisions, and achieving financial independence (Arnett, 2007). The journey to achieving these milestones typically includes: completing education, building peer and romantic relationships, re-organizing roles within one's family, developing independent living capacities, and launching and sustaining careers – all of which matter for leading largely what is considered in western society as an *independent adult life*. The transition to adulthood is especially important for exploration, experimentation and risk taking. Building on his earlier

work describing adolescence as a key time for identity development, Erikson (1968) acknowledged that for many young people, there is a "prolonged adolescence" (p. 150), suggesting that the time between adolescence and adulthood is misunderstood. Arnett's career is rooted in unpacking the mystery of the transition to adulthood. His theory of emerging adulthood extends Erikson's work by identifying core experiences during this transition. These include a focus on identity development, every interaction has personal meaning for who one is and how they make sense of themselves; instability across all life domains – having the greatest opportunity for the greatest amount of change compared to any other time in the life span, and feeling in-between being an adolescent and adult. Arnett (2006) theorizes that emerging adults experience intense self-focus and a bumpy road to in their quest for self-sufficiency – relying heavily on family of origin for support well into their twenties. *Self-sufficiency* for Arnett is defined through career, education exploration, and financial security. However, Arnett (2006) also finds emerging adulthood to provide the opportunity to overcome obstacles, trauma, and difficulties experienced in childhood – and for many, the opportunity to start anew and live life differently from one's family of origin.

Although Arnett claims emerging adulthood is applicable to those across social classes and races, the theory is heavily criticized for being rooted in privilege and lacking perspectives of youth of color and of vulnerable backgrounds (Coté, 2014; Hendry & Kloep, 2007). For vulnerable and marginalized young people, such as those aging out of care and those with serious mental health challenges, emerging adulthood looks different. It is through both emotional, relational, and tangible personal and social resources that the kind of exploration and self-discovery is ultimately possible. Courtney, Hood, and Lee, (2010) theorize that emerging adulthood does not exist among many who must take personal responsibility for themselves,

their living situation and their finances suddenly without state support at emancipation - or take on a disability identity to continue with social services and public aid that ultimately limits their capacity to truly explore their options during emerging adulthood like their peers in the general population. Further, Schoon and Schulenberg (2013) highlight the many life experiences that truncate or prevent a process of emerging adulthood altogether, forcing young people into more *adult* roles before peers. These include: homelessness, abuse, taking a parental role over younger siblings, early pregnancy, and poverty. Considering what emerging adulthood is like for young people who face the transition to adulthood with a psychiatric disability while preparing to age out of intensive treatment settings helps us to understand why the notion of independence as a goal of aging out is both complex and paradoxical. *Independence* is at odds with what the majority of young adults are expected to have achieved, leading marginalized young adults to face being *independent* with arguably much less personal and social resources compared to those who do not have SMHC and who are not aging out from semi-institutional care.

Instant Adulthood: What Does It Mean to Leave Care?

Every year, more than 23,000 young people age out of state care in the U.S. At least 20% become homeless in the year after aging out; 70% of young women will be become pregnant; and 60% of young men will be convicted of a crime (Gaille, 2017). Of older youth in care, it is estimated that at least one in three have a mental health diagnosis (McMillen et al., 2004). Of those with SMHC, 42% of older youth were in residential settings prior to aging out (McMillen et al., 2005). Young people aging out of the child welfare system with SMHCs from semi-institutional settings are at increased risk for housing instability, unemployment, and justice system involvement (Klodnick, Davis, Fagan, & Elias, 2013) – and increased risk for immediately ceasing mental health treatment upon emancipation (McMillen et al., 2005). Young

people aging out of these institutional settings with mental health conditions often have grown up relying on (or being forced to rely on) systems, providers, and professionals for emotional and instrumental support – instead of family and community members. For many young people, these relationships are sources of support and strength. This is a form of institutional racism due to the systemic institutional structure that preclude full articulation of the nature of these relationships. This puts these young people at particular risk for depending on (or being entangled in) public systems during the transition to adulthood (Osgood, Foster, & Courtney, 2010)**.** Thus, in addition to navigating the stress and simultaneous life changes faced by emerging adults in the general population, this unique subgroup of the aging out population additionally must disentangle themselves from systems and learn how to navigate their family systems and adult social services – both of which are challenging to do "on your own."

Permanency vs. independence. Permanence, historically is defined through legal permanency in the "best interest of the child" (DCFS IL, 2016, p.2). It is important to note that the policies within the child welfare system are the same for young children as they are for young adults. Legal permanency, in this context, is accomplished through family reunification, or permanent guardianship or adoption. It is rooted in the idea of a safe, stable and continuous permanent family experience. IL DCFS describes permanence through the lens of emotional and physical safety, the wishes and long-term goals of the young person, what permanency with a family and community means for youth identity, the sense of attachment, belonging, security and familiarity experienced in permanency (2016). The assumption is that with permanence, child well-being is ultimately protected and fostered by one's forever family (Samuels, 2009). This involves a transfer of responsibility from DCFS to a family. However, legal permanence is not enough to combat the effects of child abuse and neglect (Walsh, 2015). Relational permanence is

defined by emotional stability and safety, and is often linked with attachment and well-being. Child welfare policy and practice has long been criticized for focusing too heavily on legal permanence and not enough on relational permanence and relational functionality (Samuels, 2009; Stott & Gustavsson, 2010). The purpose of mentioning permanency is to align with the language that DCFS outlines for young people. *Permanency* is the main term utilized when talking about young people preparing to age out of care. Every step taken by the young people includes "permanency" steps. For example, they go to permanency court hearings and have state facilitated permanency planning meetings.

Many states and providers focus primarily on interventions and services that directly foster independent living skills as these are largely perceived necessary to successfully navigate young adulthood without child welfare system support (Antle, Johnson, Barbee, & Sullivan, 2009). However, there is growing research and expanding child welfare efforts nationally to improve the social and emotional well-being of youth in care, including a focus on relational health and wellness – and *interdependence*. (Antle, et al., 2009). Particularly for those with SMHC in group and TLP settings who are likely operating with social deficits given their mental health conditions, disrupted social networks and connections to school, work and community- and substantial stigma (related to diagnosis and system involvement) – focusing on relational health and social skills may be particularly beneficial. Youth in care often experience what is described as an ambiguous loss of home, a certain (im)permanence about who they are and where they belong in the world that occurs through entering and experiencing the child welfare system (Samuels, 2009). Most young people who age out of care plan to reunite with their family of origin (Samuels, 2009) and many do move back in with family at that time. These experiences tend to be impermanent and can lead to further

experiences of rejection, abandonment, and hardship. Young people who age out of TLPs and group care tend to not have the opportunity to engage in the permanency best-practice of healing bonds, processing trauma, and re-establishing roles with family in preparation for their move in with family (Samuels, 2009). There is also minimal, if any, support for families of origin in their preparation for the return of their now adult child. For older youth and young adults in care, the goal of permanency remains in place, along with a focus on a goal of independence. In the legal sense, permanency is still the goal, however in practice, preparing for independence focuses primarily on independent skill building and lacks any focus on family and community interdependence or having supportive adults in your life.

What is Independence? Independence is defined through Illinois DCFS through Rule 315 (IL DCFS, 2016) as an appropriate option for young people over the age of 15 who have ruled out the option of reunification and adoption. The young person needs to also demonstrate the "ability, capability, and willingness to care for him or herself, has become economically self-sufficient, and/or is establishing a family of his or her own" (IL DCFS, 2016, p.33). This is also an option for young people with a mental or physical disability who have been able to demonstrate the same abilities and willingness. Similar to permanence, independence is a goal that needs to be ordered and determined by a court of law (p. 34).

Independence is typically broken down into the concepts of self-sufficiency and independent living skills. Self-sufficiency is explained as the ability to take care of yourself without outside help (Propp, Ortego, & NewHeart, 2003). Self-sufficiency is considered a marker for success for youth aging out of care. Independent living skills are considered the tangible skills that young people should have in order to be considered self-sufficient and have the ability to live

independently. These skills include budgeting, locating housing, and making progress in vocation and education (Propp, et al., 2003).

Goodkind, Schelbe, and Shook (2011) identified, that in general, young people are becoming independent later in life due to a lack of financial independence and that financial independence is seen as the biggest marker of being an independent adult. McCoy, McMillen, and Spitznagel (2008) discovered that young people who leave care at 18 instead of 21 (in states where this is an option) often experience that there is very little self-determination and ability to do things on their own when in the child welfare system. Samuels and Pryce (2009) found that there was a stronger link with independence being seen as emotionally independent and able to protect and take responsibility for oneself as a marker of independence. The next section will expand on an understanding of independence through a lens of neoliberalism.

Neoliberalism and the Impact on Young Adulthood

This section outlines how a neoliberal framework contributes to the construction of adulthood for young people aging out of child welfare systems. First, I consider how neoliberalism has been interpreted by social welfare and non-profit programs and how it has impacted the practices of social workers and health professionals. Then, I identify ways that neoliberalism has played a role in the social construction of adulthood and how impacts young people as they transition to adulthood.

Neoliberalism within Social Welfare Programs. Neoliberalism, a current manifestation of capitalism (Porfilio & Carr, 2010), focuses on dismantling and discrediting processes, values, and beliefs that emphasize the collective and state responses to issues. Neoliberalism was developed through a theory of political economics and connects to the belief that human well-being can be best advanced by liberating individual entrepreneurial freedoms within an

institutional framework. This framework was emphasized by free markets, free trade, and private property rights (Harvey, 2005). This system of neoliberalism focuses on the deregulation, privatization and the withdrawal of the state. Neoliberalism is also not just embedded in policies; it has the power to transform human beings themselves (Schwiter, 2013). Neoliberalism also attempts to restructure institutions and practices to reflect its own value base (Baines, 2010). Values and processes of neoliberalism are often controlled from a macro level in the shrinking of the welfare state and market policies, and advancing interests of corporations and capital. This process of neoliberalism has led to the destruction of prior institutional frameworks and powers and the divisions of labor, social relationships, welfare provisions, and ways of life through the process of privatization (Harvey, 2005). Neoliberals often claim that certain free market reforms can lead to greater economic productivity and innovation which can also be linked to social welfare improvement (Larsen & Stone, 2015). In social service fields, often this is seen through saturated management of performance and outcomes (Baines, 2010). Adjoa Florencia Jones de Almeida (2009) highlights that funding, state, federal, private, and billing, typically Medicaid, not only facilitates what is done within non-profit programs, but shapes and dictates the providers' work by forcing the conceptualization of our communities as victims and to utilize language, talking about the persons we serve as "disadvantaged" and "at risk" (p. 186). There is a desire to highlight what we are effectively doing to prevent drug use, pregnancy, homelessness and prioritize management of performance outcomes as a way to monitor service productivity. Within the nonprofit sector, these approaches are referred to as *best practices* (Jones de Almeida, 2009), and seen as an increase in competencies defined by standardized work practices. This has led to an increase in pace and volume of work as well as an increase of risk of staff burnout (Baines, 2010; Jones de Almeida, 2009). Due to the impact that the neoliberal agenda has on the

nonprofit sector and the need to focus on outcomes as *best practices*, nonprofits are conforming to a neoliberal framework due to their focusing on fixing the individual. For those participating in nonprofit services, this can negatively impact their development, their understanding of their problems, and ultimately their futures.

Individualism and Young Adulthood. Individualism is rooted within a "psychosis of domination" (Okun, 2010). Notions of individualism celebrate capitalism and liberal democracy (Okun, 2010). Individualism is built upon the mentality of survival of the fittest created in an individualistic culture that allows for a space to blame individuals and their choices for things happening in their life, such as poverty, homelessness, and instability of housing, mental health, job, and education (Okun, 2010). In the U.S., we are socialized within a white supremacist neoliberal culture that teaches us that this is the land of opportunity and we are built as individuals that need to *pull up on our bootstraps* in order to succeed. Goodkind and colleagues (2011) identified that the experience of emerging adulthood is a privilege enjoyed by those from well-off families. They found that emerging adulthood and adulthood itself are socially constructed, derived from U.S. neoliberal ideas. It is often believed in a capitalistic society that those unable *to move up in the world* are weak (Okun, 2010). Individuals often see and understand the world as it reflects their own experiences. This is a manifestation of the culture that lionizes individualism. We are socialized to see their world through the lens of the dominant group, a white middle class lens. Often this lens lacks awareness of the construction of oppression from an institutional and cultural level (Okun, 2010).

It is believed that freedom can become redefined as the capacity to exercise discrete choices through the use of policy reforms. Neoliberalism is described as a mechanism for making participants use their "free choice" in ways that are socially constructed (Larsen & Stone

2015). Capitalists believe that individuals make choices to guide their actions for which they are responsible. These choices, however, are often constrained by largely unchosen factors and events (Razack, 2014). In the United States, there is a belief that this is the land of the free and that people *choose* to come here for a promised better life. However, "how much of a choice is it to flee poverty and starvation" (Razack, 2014, p. 28)? This leads to a question of what is, and is not of our choosing (Razack, 2014, p. 28). We cannot hold someone accountable for their own success or failure based on choices they make, when options are limited to poverty, homelessness, or another potentially damaging situation (i.e., moving back in with family/chosen family that may have physically, emotionally, or sexually abused them).

The notions of free choice and individualism are connected to the interests of the dominant groups, imposing a particular structure for individuals, regardless of whether or not they fit into the dominant culture's expectations (Razack, 2014). Schwiter (2013) makes neoliberal connections with how young adults in the United States plan their futures, pointing out that young people often believe they are different from others. Young people perceive their sense of self as one of a kind, with an emphasis on individualism. This connection to individualism connotes the neoliberal idea that adult lives are built on difference rather than commonalities (Schwiter, 2013). Goodkind and colleagues (2011) discovered that young people aging out of care often chose to leave care early as a desire for greater control and to *make it on their own.* The desire for independence is leading young people to not seek out relationships with supportive adults, including those who would benefit from supportive adults during their transition to adulthood. Goodkind and colleagues (2011) theorize that no adult is truly independent, but rather all people are interdependent.

Carrillo-Rowe (2008) describes that there is a need to move away from the self and

individuality, but to look at the self as *being*. “Subjectivity” as an “effect of belonging—of the affective, passionate, and political ties that bind us to others” (pp. 17-18). This radical notion of belonging states that everything is about where you long to belong, who accompanies you, who is there for you in the practices that give life meaning (Rowe 2008, p. 27). For young people who are aging out of state care, and many young people from marginalized groups, the goal of independence being linked to self as individual is not effective in the hopes of collective healing, learning, and living. The concept of (be)longing also suggests that “whom we love is political.” (Be)longing itself is dynamic, forever changing through relationships. Belonging constitutes how we see the world, what our personal values are, and what we are becoming. Identity is built through feeling belonging to others and community – and to who we feel accountable to (Carrillo-Rowe, 2008).

Antiracist Feminist Perspectives

Race has a historical discourse within the child welfare system. Within the child welfare system, this study argues that institutional racism impacts interpersonal interactions that can be internalized by people of color. There is an overrepresentation of youth of color involved in the child welfare system, especially African American youth. Mental health conditions are over-pathologized among people of color, without an acknowledgement of race trauma or emotions (e.g. anger, sadness) produced through systemic oppression. There is a need for an antiracist lens in the viewing and analyzing of the child welfare system and practices.

Antiracism is best described as the consciousness of a person’s own whiteness, paired with a commitment and practice to confront racism. Antiracism implicates white humans within a racist structure (Thompson, 2001). Typically, antiracism is connected with activism. As discussed previously, I am a white woman who works every day to confront racism within my

professional, academic, and personal life. Antiracist is not something you are, but something you strive for daily (Thompson, 2001). The majority of my antiracist learnings and theoretical foundations were learned from women of color and other antiracist scholars and activists.

Racism is race prejudice combined with social and institutional power, which creates structural advantage based on race and a white supremacy system (Okun, 2010; Jones & Okun, 2001; Tatum, 1997). Anti-Black racism is considered a form of structural violence that has its roots in slavery. It is linked to the concept that white supremacy is equal to patriotism and Blackness is the "other" that threatens the security and prosperity that is whiteness (Phillips & Pon, 2018). White supremacy is a historically based, institutionally perpetuated system that exploits and oppresses continents, nations, and peoples of color to maintain wealth, power, and privilege among whites (Okun, 2010). White supremacy culture is a system of power that (re)produces toxic constructs of what it means to be "normal," which persists to dehumanize and oppress non-whites (Okun, 2010). For instance, white supremacy reinforces the notion that Black people are inferior to whites, that Black people come from broken homes, commit crimes, and are all on welfare. While overt racism is no longer accepted as it once was, racism very much still exists within the U.S. through institutional, ideological, interpersonal, and internalized forms of oppression (hooks, 1995).

The child welfare system is in many ways shaped by a dominant racial ideology in which Black bodies are criminalized and viewed as threatening. The over-representation of Black children in care can be attributed to systemic and structural oppression of racism and colonialism (Phillips & Pon, 2018). Historically, during slavery times in North America, Black mothers subjected themselves to violence in order to protect their children. The humiliation and violence experienced by Black mothers by their slave owners is parallel to the humiliation experienced by

Black mothers by the child welfare system (Phillips & Pons, 2018; Roberts, 2002). Along with the risk of being separated from their children, Black mothers that attempt to advocate for their children are considered "angry Black women." Their voices are often ignored and criminalized (Phillips & Pons, 2018; Roberts, 2002).

Racial disparity within the child welfare system perpetuates the idea that Black parents are unfit to raise children without supervision from (white) caseworkers. Beth Richie (2012) describes the lengthy history of child welfare services targeting families without resources and women who have experienced violence. Often, Black women who experience intimate partner violence are told if they do not leave the relationship, they will lose their child because the witnessing of violence is as damaging as experiencing abuse (Richie, 2012). This puts mothers in a difficult situation: facing the loss of their children or loss of support of a partner, even an abusive one, which can lead to housing and financial insecurity.

Racial motives within the child welfare system are rarely articulated, often appear unconscious, and the result of embedded implicit bias within the system, child welfare workers, and society more generally. Roberts (2002) interviewed mothers to understand the impact of having their children removed from their care and what they experienced in attempting to get their children back. Roberts (2002) concluded that Black mothers are continuously denied that right to regain custody of their children due to a lack of "trust" in change and a focus on the "well-being of the child." The child welfare system surveils mothers of color, constructing narratives about their ability to parent their children. It's challenging to capture this by interviewing child welfare workers, who rarely describe their decision-making based on race, but instead state they acted to protect the well-being of the child[ren] (Roberts, 2002). Stereotypes of Black family dysfunction create implicit biases among child welfare workers and society, likely

resulting in more black children being removed from their families. This is a troubling continued cycle of produced systemic racism by continued ignorance of the intersections of race, class, and the systematic oppression that exist which can perpetuate divides and continued pathologizing of Black families and Black children (Roberts, 2002).

Within the child welfare system, Roberts (2002) notes that white children are more likely to be identified as youth who have experienced trauma and need therapy and support, and as such, receive mental health treatment. Black children conversely are more likely to be labelled as “a problem” or “juvenile delinquents” (Roberts, 2002), or “little monsters” (Boyes-Watson, 2008), often leading to institutional care settings or group homes. Placement in institutional settings implies a child is “different” (Roberts, 2002; Boyes-Watson, 2008), “higher need” or “crazy” compared to other children. It also results in geographical relocation, placing children farther away from, and inaccessible by, family and home community. Additionally, these institutions cost more than it does to keep a young person with family or in a foster home (Roberts, 2002).

One in three youth in the child welfare system have a diagnosable mental health condition (Courtney, Terao, & Bost, 2004). Due to laws that pertain to Medicaid reimbursement, in order for a child in care to receive mental health care, there must be a diagnosed mental disorder through the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatry Association, 2013). Often, young people are assessed and diagnosed based on behaviors they are exhibiting. For example, if it is perceived a youth is *acting out*, they will likely receive a conduct disorder diagnosis. Diagnoses result in foster parents receiving additional funds for caretaking. Diagnosis can also lead to mandated psychotropic medication and therapy, where the focus becomes the label and not the young person (Lash, 2017). A mental health diagnosis diminishes the trauma experienced by young people. In some cases, this trauma

occurred in the home of origin and was the source of separation from the family. However, removal from the family system is also traumatic. Lash (2017) states that in some cases, children do not show symptoms until removed from the family system. Sometimes once removed, the child may show clinically significant symptoms of depression, including: detachment, diminished pleasure from activities, and insomnia.

bell hooks describes the fears of Black humans associated with psychology and a fear that Black life will be seen as pathological (hooks, 1995, p. 133). This fear is the result of pathologizing Black rage at society's injustices by institutions (e.g., education, justice department, state, federal) that make assumptions around Black masculinity and predisposition for violence. hooks states:

> "for black folks to acknowledge that we are collectively wounded by racial trauma would require severing our attachment to an unproblematized tradition of racial uplift where that trauma had been minimized in the effort to prove that we were not collectively dehumanized by racist oppression and exploitation." (hooks, 1995,p. 134)

Society's need to "prove" that racism has not led to ongoing psychological havoc (hooks 1995, p. 134) comes from the perspective that stigma already exists in the Black community regarding mental health and mental illness. The stigma associated with mental illness leads to the belief or assumption that people who experience mental health symptoms are weak. Racial assaults and abuse brought on by white supremacist society are brutal and can have a negative psychological effect on individuals and communities regardless of whether or not it is named or acknowledged. This stigma and continued dehumanizing and pathologizing of Black bodies encompass systemic damage that white supremacy has had on the Black community.

In connection to understanding young people's reactions to trauma and the perception of young people's reactions to trauma, the interpretations by many clinicians often endorses the conceptualization of individual pathology and lacks a focus on collective trauma. This focus on

pathology often takes away the focus of identifying the problem which can lead to assumptions and manifestations of symptoms, rather than an acknowledgement of institutional racism and experience of systemic inequity. This is problematic and leads to continued persecution around the understanding of pain and experience of trauma. Often, instead of creating a space for healing, young people are pushed into a medicalized view of mental health and illness. The child welfare system continues to struggle as an institution to acknowledge a balance in need of learning to acknowledge their resistance and strengths as a way to heal from the realities of the trauma that the young people have experienced.

In a call for political understanding of personal pain that would allow for the healing process through the use of politicization and social activism, hooks encourage clinicians to support that mental health symptomology includes a space to acknowledge the unresolved recurring psychological pain that is brought on by capitalism and white supremacy (hooks, 1995). hooks promotes the idea that if providers of mental health care were to centralize their efforts in collaborative resistance, they could work to overcome white supremacy and transform society.

Purpose

Using the theoretical perspectives discussed above as a foundation, this project explores the production of particular notions of independence for youth aging out of semi-institutional care with serious mental health needs. This project aims to answer three questions: 1) How is adulthood constructed by the program and by young people? 2) What are conflicting and problematic themes that are being represented by the programs and impacting young people aging out of care? 3) How are race and racism addressed and reflected within programs with transition age youth?

Methods

This study was approved by the Institutional Review Board at DePaul University and Thresholds (Appendix A).

Study Site

This qualitative exploratory study was conducted at a program within Thresholds, a large mental health provider in Illinois. I initially selected the YAP-TLP for this project because although employed within YAP, I had not interacted clinically with members in this program. However, in the middle of this project, I became a part-time therapist in the YAP-TLP.

The Thresholds Young Adult Program (YAP) provides housing and services for system-involved sixteen to twenty-one-year-olds diagnosed with SMHCs. Most are Black (about 70%) from low socioeconomic backgrounds, and with histories of complex trauma and multiple placement changes. YAP's services include: intensive case management, education and employment services, supported continuing education, therapy, psychiatry, optional day programming, and housing. Young people live in supervised housing, either a group home or transitional living program (TLP), described below. Thresholds adheres to state child welfare policies while incorporating best practices from child and adult mental health fields. Thresholds strives to include evidence-based, trauma informed services, (Hummer, Dollard, Robst, & Armstrong, 2010) and utilizes the Transition to Independence Process (TIP) Model (Clark & Unruh, 2009). TIP is described below.

This study specifically focuses on the YAP-TLP, which is designed for 18-20-year-olds who are under the custody of the state and diagnosed with a SMHC. TLP's are community-based individual apartments with 24-hour on-site staff (Klodnick, et al. 2013). Young people typically age out of the YAP-TLP at age 21. Six-months before their 21st birthday, based on court

approval, young people "launch" to community living. During launch, YAP-TLP provides support services until emancipation (Klodnick, 2015), DCFS covers rent, and young people receive up to $440 monthly for living expenses (Table 1). YAP-TLP participants are expected to take a percentage of their allowance and put it into a savings account. In 2016, the amount saved was approximately 20% of the allowance breakdown. The 20% came out of their monthly allowance details. Young people also have the opportunity to receive additional money for completing DCFS emancipation preparation tasks. These tasks included the completion of required DCFS financial literacy training and DCFS facilitated futures planning meetings, when young people emancipate, they will receive an addition $1200.

Table 1. YAP-TLP Monthly Allowance Details

Type	Amount	Description of Allowance Processes
Groceries	$200	Often given in a grocery card; split into 2 payments on the first and fifteenth of the month
Transportation	$100	Often placed on transportation card at beginning of month as a 30-day pass
Phone bill	$40	Often given in one sum in the beginning of the month
Personal Expenses & Entertainment	$50	Often split into two payments; often the first sum effected by loss of money and need to put into savings (20% of income)
Clothing	$50	Often split into 2 payments; often the second sum affected by loss of money & requirement to put into savings (20% of income)

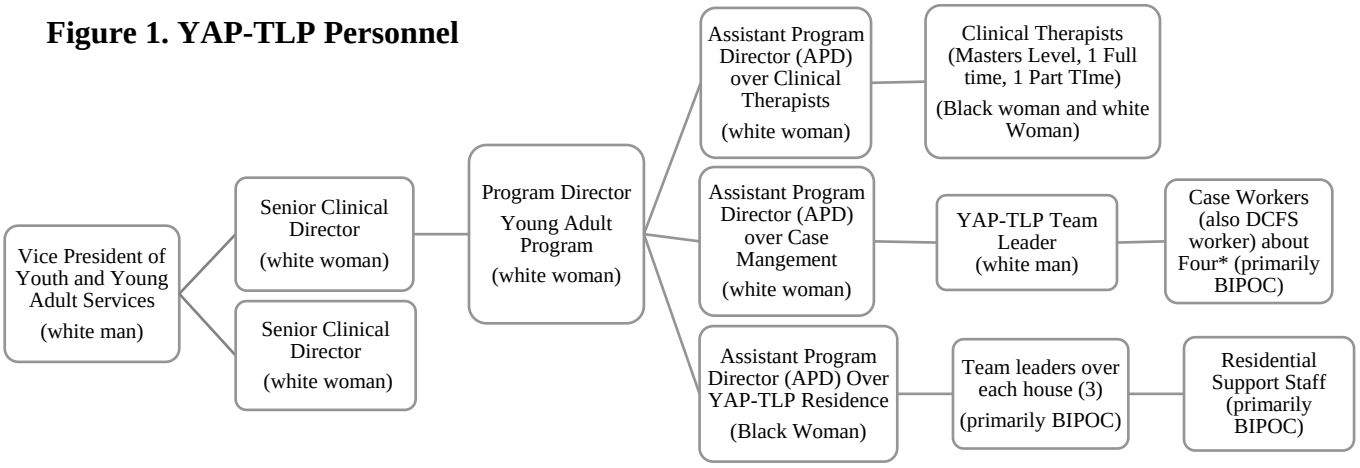
Allowance is impacted by program infractions or not participating in services. Table 2 displays the amount of money deducted for various infractions.

Table 2. YAP-TLP Consequence Process

Infraction Type	Amount Deducted
Missed therapy appointment	$5 per meeting
Missed case management/other appointments	$2 per meeting
Not keeping room clean/completing chores	$1 per day
AWOL/Incarceration	$2 per day
Missing school/programming	$2 per day
Destroyed Property	Pay invoice

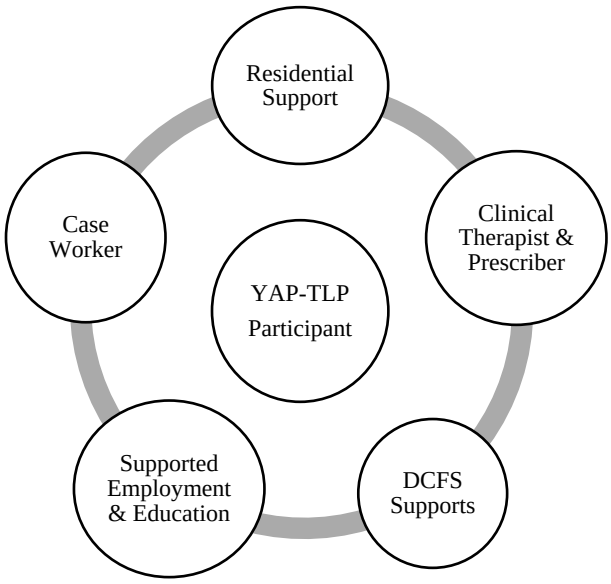
YAP-TLP Personnel. The YAP-TLP is composed of residential support specialists, case managers, therapists, team leaders and program managers (see Figure 1). The team meets twice a month to discuss overall participant progress and programming. Specific team members meet

Figure 1. YAP-TLP Personnel



quarterly with young people for each young person's individual treatment team meeting. Meetings are for discussion and documentation of progress, needs and plans. The young person's clinical team includes a therapist, a caseworker (who is a Thresholds employee but also serves as they young person's DCFS caseworker), DCFS monitors (individuals who are DFCS employees who monitor young people safety and program services), residential staff, and other staff the young person has access to, including prescribers, peer mentors and employment/education staff. See figure 2. A paper document guides these meetings, covering the following domains: young person physical health, education and employment progress, interpersonal relationships, clinical mental health, financial, food management, transportation

Figure 2. YAP-TLP Participant Treatment Model

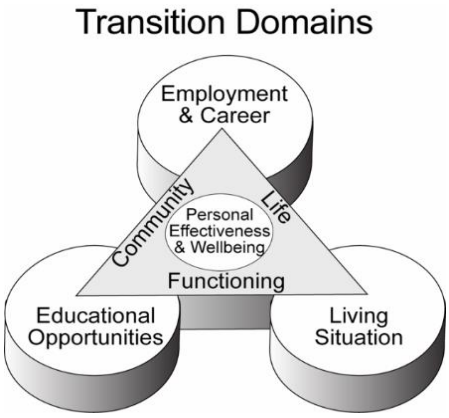


and community resources, legal needs, pregnancy and sexual health, and safety. Within each domain, staff summarize progress made in the quarter and new action steps by members and/or staff members for the upcoming quarter.

YAP-TLP Practice & Philosophy. The YAP-TLP utilizes an evidence-informed "best practice" called the Transition to Independence Process (TIP). This practice aims to offer support to young people with emotional and behavioral difficulties transitioning from adolescence to adulthood (Clark & Davis, 2000). The goal of TIP is to prepare and support young people in their movement into adult roles through individualized process that utilizes person-centered planning, a safety net of support, and encourages all services and supports be coordinated and tailored to the individual. TIP empowers young people to be central to their own planning process, and include natural supports in their treatment (Clark et al., 2000).

TIP has five transition domains: employment and career, educational opportunities, living situation, community life functioning, and personal effectiveness and well-being (see figure 3). These domains are broken down to include interpersonal relationships, emotional and physical well-being, self-determination, and communication. YAP-TLP staff are trained in TIP and expected to utilize TIP principles in practice in the residences, the clinic site, and in the community.

Figure 3. TIP Transition Domains



Data Sources

Program Policy & Procedure Documents. The first source of data for this research includes two documents used to inform care in the YAP-TLP (Appendix B). These texts provide valuable insight into how the child welfare system (Illinois DCFS) and YAP-TLP define and

construct adulthood, independence, and permanency. The first document is a contract between DCFS and the YAP-TLP from 2016. This contract details YAP-TLP program practices and guidelines. The second document is a YAP-TLP participant guidebook. Itis a private document to this program and agency. Although private, it is informed by state level policies; similar documents and program guidelines exist in TLPs throughout the state. Both documents outline policies, procedures, rules, and guidelines expected to be followed by YAP-TLP participants. It also outlines YAP-TLP philosophy including: intake, treatment, transition, and services, including key evidence-based practice philosophies embraced by the YAP-TLP, including the TIP Model. Connected to the guidebook is a one-and-a-half-page document describing the YAP-TLP rules and consequences related to participant allowance.

Qualitative Interview Data. The second source of data are in-depth interviews with 10 young people during their transition out of care. This data comes from a larger study conducted by Dr. Vanessa V. Klodnick (approved by the University of Chicago and DCFS IRBs, Appendix A), in which she explores constructions of "home" and social support exchanges experienced through aging out of care. Participants consented to participate in three in-person interviews. The first was completed within four-months prior to their emancipation, the next at six-months post-emancipation, and the final at twelve-months post-emancipation.

The interviews were open-ended and explored perceptions and experiences of success, transition, mental health and support, relationships and future plans. See Appendix C for the list of interview questions. To examine perceptions of success, the questions prompted sharing what success looked like for themselves and their peers (e.g., *What does it mean to be successful after leaving YAP? What helps a former YAP member to be successful after they leave YAP).* Questions examining transition experiences included (e.g., *How do members prepare to exit YAP*

(age out on their 21st birthday)? What helps them to prepare? What doesn't help?) Mental health and support questions examined young people's personal experiences with and use of services, access to and exchange of resources, and how they envisioned their future (e.g., *How do you feel about having a SMHC?; How do you envision your life in the year/next five years following your exit?).* Questions about relationships prompted reflection on important people in their lives and what this support looked like over their transition *(e.g., Who are the most important people in your life? What role do they play in your life? What would need to change for them to play a different role in your life?).* The last section included questions prompting participants to suggest what they would change about the YAP-TLP or DCFS, and what advice they had for other young people preparing to exit.

Sample. The interview data sample includes 10 young people who emancipated from DCFS while enrolled in YAP-TLP between May and December 2012. All young people entered the YAP-TLP between the ages of 18 and 20, on average spending 758 days enrolled in YAP-TLP (range=230-1429 days). The YAP-TLP electronic health record (EHR) provided sample demographic information. In the EHR, eight were female identified and two were male identified. However, both of the documented male identified participants were in transition and identified as women during the third interview. Sexual identity was not collected, however, from the interviews, five were engaged in romantic and/or sexual relationships with someone who identified with their same gender. Ethnic and racial identities from the EHR included: one identified as Latinx, four as white, and five as African American. The majority had two mental health diagnoses. Primary diagnoses included bipolar (n=6), schizoaffective (n=3), and posttraumatic stress (n=1) disorders. Secondary diagnoses included posttraumatic stress (n=2), generalized anxiety (n=1), attention-deficit/hyperactivity (n=1), substance use (n=1) disorders,

and neurodevelopmental disability (n=1). Two also had tertiary and quaternary diagnoses, which were both borderline personality and posttraumatic stress disorders.

At emancipation from DCFS care, nine were receiving SSI; eight had graduated from high school, three were working (one with a CNA certificate); two were enrolled in community college; one enrolled in GED program; and all 10 were linked with an adult mental health provider. Seven experienced homelessness at least once during this first year out of state care. Three experienced repeated bouts of homelessness after emancipation. The three who did not experience homelessness were receiving SSI, two had adult mental health teams as their payees' and the other participant moved to a rural area.

Participant Observation Data. The third source of data for this study are my own experiences and observations in the field as a therapist, program evaluator, and project coordinator. While designing and implementing this project, my insider status as a Thresholds employee provided substantial opportunity for me to meet with individuals who possessed particular expertise related to young people under the custody of the state. This insider status also included participation in staff and team meetings as a clinician and team member and not just an observer. These include: individuals who work or have worked as case managers, residential staff, transition coordinators, researchers, administrators, and stakeholders at Thresholds. Our conversations and my observations deepened my understanding of the process of aging out of care from a variety of perspectives. I learned about staff frustrations within the aging out process, how staff made sense of DCFS policies and perceived notions of independence and permanence within this space. These conversations aided in my capacity to remain aware of my personal subjectivities and assumptions during data analysis and to make sense of the findings within a larger system and practice context. My observations involved keeping memos and notes and

reflecting on how I am implicated within this system and my role in facilitating social change. My self-reflection and participant observations were recorded as field notes and reflective writings post-meetings and conversations with staff members.

Analytic Strategy

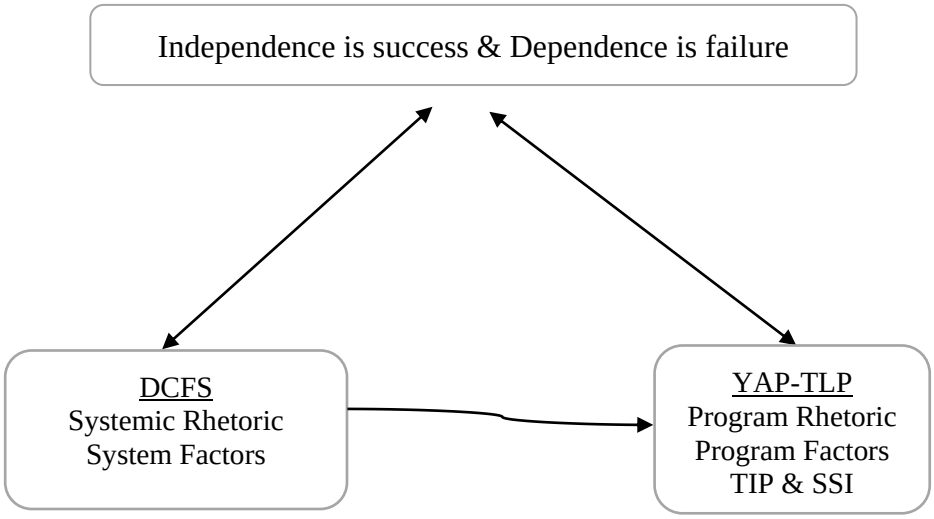
Qualitative Content Analysis. A qualitative content analysis process was applied to the first two data sources (i.e., YAP-TLP and DCFS documents and interview transcripts). Each transcript and document were coded for salient topics, as well as commonalities and patterns both within each participant's interviews overtime and across all ten participant interviews (Bogdan & Biklen 1992; Marshall & Rossman 1989). Code categories were identified (i.e., permanency, resistance, race/identities, support-DCFS family, support-Young people family). Through discussions with advisors and mentors, transcripts were coded into more specific and theoretically focused analytic themes (Bogdan & Biklen, 1992), including: self-sufficiency, inherent tension, disability vs. stability, and lack of permanence. Analytic notes, including theoretical and analytic memos, were kept during the coding process. Quotations were selected illustrating key findings, and framing of quotes were discussed with advisors and mentors.

Balancing Insight with Researcher Subjectivity as a Participant-Observer. The purpose of using my own observations and experiences is to enhance the analysis of my other two data sources, and to increase trustworthiness of the findings. Throughout this process, I met regularly with my advisors (Dr. Beth Catlett and Dr. Ann Russo) and mentor (Dr. Vanessa V. Klodnick) to ensure continuous examination of my personal subjectivities and acknowledgement of my own position of power in the writing of this thesis.

Findings & Discussion

The Construction of Independence and the Illusion of Self-Sufficiency

Figure 4: Independence or Dependence



Program and state system conceptualization of adulthood. There is a continuous programmatic focus on defining independence as success that I believe is grounded in neoliberal philosophy, and is embedded throughout the YAP-TLP. We see evidence of this in program documents from the YAP-TLP and state DCFS system in Illinois. The system and program conceptualize *independence* as self-sufficiency, which is internalized by young people by the time they age out of care. This is evident by participants' interview responses to: "What does it mean to be successful when leaving here?" Supporting previous research, (e.g., Samuels & Pryce, 2009), many participants defined being independent as doing everything "on their own." For example, this participant stated:

> *Somebody who is successful after leaving [YAP-TLP] would be a person who knows what they're doing and know how to be independent and just reaching the goals by themselves without needing others' help*. (Interview 1007_001)

YAP-TLP and DCFS define transition success through this same language in their institutional documents. The YAP-TLP utilizes pillars of self-sufficiency as a way to identify progress and capture outcomes. The YAP mission statement, found in the YAP-TLP Guidebook, focuses on the need for young people to work toward independence:

> *The Thresholds Youth & Young Adult Program engages and empowers young people in their journey toward recovery through individualized, developmentally appropriate services and supports designed to* ***achieve maximum capacity for independence*** *across the transition to adulthood (p. 5).*

This mission emphasizes independence as the outcome, achieved through individualized planning and service participation that leads one on a "*journey toward recovery*." The ideology of "*maximum capacity for independence*" assumes that each has an individual capacity for independence. This embedded language reinforces notions of neoliberalism, through a construction of independence centering on the notion of "free choice." Free choice is categorized that a person's future is based on their own choices and built on the societal contract through the duty to enforce levels or responsibility (Pendenza & Lamittina, 2019). This ignores and lacks an acknowledgement of systemic hardships placed on marginalized people. The mission statement of the program suggests that through personal action (i.e., engagement and empowerment), independence can be achieved. Healing happens for YAP-TLP participants through therapy and case management and a reinforcement of being a "product of society" (Pendenza & Lamittina, 2019) – not through supported connections to one's community, or though identity and community development. Further, within the DCFS contract, young people are expected to achieve self-sufficiency. DCFS utilizes an "indicators of self-sufficiency" measure of achievement for all youth discharged during a fiscal year and focuses on areas of education/vocation, employment, and financial stability (DCFS Contract, pp. 32-34). This illusion of self-sufficiency is reflective of the ideologies central to neoliberalism through a focus

on an individualistic culture that focuses on “survival of the fittest” and a push to blame an individual for their own success or failure (Goodkind, et al., 2011). These demands and expectations of reaching this illusion of self-sufficiency is also a product of the funding related demands on the YAP-TLP by the DCFS system. The YAP-TLP is funded by DCFS, therefore have to align with the expectations of the state system. The program pushes an illusion of self-sufficiency on young people instead of focusing on the needs of the young person. These expectations are outlined through a focus on young people’s enrollment, regardless of engagement, in programming and through a constant expectation of meeting achievement of life domains.

The YAP-TLP is heavily informed by the TIP model. TIP has embedded ideologies that focus on independence as achieving self-sufficiency through a process, serving again to reinforce neoliberalism ideologies. The TIP model promotes independence and defines independent functioning through budgeting money and maintaining a job (Clark, 2009). There is continued neoliberal ideology embedded within the TIP philosophy and language through an expectation of independence taught and pushed on to staff, young people, and clinicians as the way for young people aging out of care to achieve success.

To further complicate and compound this issue, I see that program staff are under pressure to “prove” success because of funding demands. For example, there is a focus on billable time versus a concentration on creating a supportive environment to teach and connect with young people to meet their needs. This too is grounded in neoliberal ideology as reflected in nonprofit industrial complex. The nonprofit industrial complex is defined as a “set of symbiotic relationships that link together political and financial technologies of state and owning-class proctorship and surveillance” (Rodriguez, 2009). This system is designed to force nonprofit

industries to keep with the status quo and prevent potential radicalism through financial control (Mananzala & Spade, 2008). There is also a continued push toward the interests of governmental and non-profit bureaucracies instead of a focus on social change. An example of the non-profit industrial complex in this context is the expectations and demands placed on the non-profit YAP-TLP by its funding source (i.e. DCFS) and the outcome expectations to meet funding demands. For example, funding is based on young people being in programming a certain percentage each month. In order to adequately be paid, the program staff must meet direct contact demands while young people are away from programming. The billing for an interaction with a young person or regarding a young person is prioritized over the actual looking out for, checking in on, or concern over the young person's wellbeing.

The YAP-TLP and DCFS focus on an illusion of self-sufficiency for young people as they age out of care. This focus on independence and self-sufficiency undercuts the reality of the population of young people that are served and lacks a focus on a young person's needs. The YAP-TLP serves arguably the most vulnerable and highest need older youth in the state of Illinois. To prove its success and meet performance-based contracting, a neoliberal expectation placed on the program by the state system, the YAP-TLP must demonstrate that its participants are achieving self-sufficiency when aging out of care. They must *prove* the success of the program to the primary funding source (i.e. DCFS). DCFS dictates the policy and procedures within the YAP-TLP. For example, if a young person is aging out of care without hitting the self-sufficiency markers (i.e., safe and stable housing, work, school, financial stability - often qualifying for and receiving SSI), the DCFS system places failure with the YAP-TLP. Program evaluation practices then have a priority goal of demonstrating that the program is successful through *forcing* young people to reach these neoliberal standards of *self-sufficiency*.

By focusing on the illusion of self-sufficiency, often it seems that everyone is working harder to achieve the DCFS pillars of self-sufficiency through neoliberal expectations, instead of actually focusing on the young persons' needs, strengths, and necessary social network connections and resources for navigating the transition out of care more successfully. For example, from a program evaluation perspective, in measuring program exit favorability, or success, the YAP-TLP focuses on: 1) housing characteristics at emancipation (e.g., stable, secure, and independent), 2) working or in school prior to, and at exit, 3) eligibility for, and receipt of SSI, and 4) linkage to adult mental health services. These outcomes are expected through performance-based contracting by the DCFS system. In order to meet the performance goals, the program employs a *one-day rule*, meaning that a young person "successfully leaving" the program and being independent on the day of exit (e.g., living in own apartment on 21st birthday), is defined as a favorable exit. If the young person is evicted to homelessness the next day, this would still be marked in our documents, and in DCFS documents as *favorable.* For key funders, such as DCFS, the *one-day rule* gives the illusion that YAP-TLP participants were making real progress towards self-sufficiency. Through the skewing of evaluation practices, it demonstrates a focus on the notion of self-sufficiency placed on the young people; we can see evidence of a neoliberal non-profit industrial complex. This is present through the use of a focus on *best practices* and prioritization of meeting performance outcomes (Baines, 2010; Jones de Almeida, 2009) over the focus on meeting the young people's needs.

Young adult internalization of independence as self-sufficiency. We also have ample evidence that young people themselves are internalizing this neoliberal ideology of equating success with independence. YAP-TLP participants believe they must be able to complete tasks on their own, and take responsibility for themselves in order to be successful. Interview data

reveals how YAP-TLP participants will do anything they can to be seen as *independent.* Participants describe achieving self-sufficiency through similar language found in DCFS contract and YAP-TLP Guidebook. Many described how independence was a demonstration of independent living skills, such as being able to cook, clean, and maintain a living space, paired with a mental health resiliency and confidence about being independent.

> *"Somebody that knows how to be independent. With what they do, independent cooking, have good life skills, have good coping skills, um, a person that's like knows when to go forth with things, don't back down, is strong enough to actually succeed in life. A person who is actually just confident in what they do."* (Interview 1009-001)

For participants, independence includes application of coping skills and strength to weather stressful times successfully. This feels promising, but quickly becomes problematic given how emerging adulthood is often characterized by instability, stress and the onset of more serious mental health conditions (Klodnick, et al., 2013). Furthermore, participants commonly shared how being independent is being able to do everything "on their own" without assistance from others. Others might include family and friends, but also especially extended to formal social service providers and systems.

> *Somebody who is successful after leaving [YAP-TLP] would be a person who knows what they're doing and know how to be independent and just reaching the goals by themselves without needing others' help. Cause pretty much being independent means, don't need nobody there with you or need you to help, but sometimes you may need the help regarding how to be on your own completely. So successfully you can graduate from a school or college.* (Interview 1007_01)

For this participant, there was an observed pride in completing education, not relying on the system, but also recognizing that sometimes help may be needed on how to be on your own completely. The internalized goal is to be on one's own. The goal is not needing others. What is importantly missing is the goal of belonging within one's community, exchanging resources with others, and feeling supported by others – all critical experiences for healthy transitions to

adulthood (Goodkind, et al., 2011). This strong desire to be "on my own" was most prevalent in pre-emancipation interviews. Participants were hopeful and excited about the future and the prospect of trying to do everything they can to be successful – on their own.

> *I do everything on my own. I get my own self in school. I pretty much do everything on my own. Like, I don't need that type of help [referring to multidisciplinary, community-based mental health treatment team].* (Interview 1014_01)

As evidenced in this quote and by others, YAP-TLP participants defined doing life "on their own" by successfully navigating school, managing their finances, including SSI, and demonstrating independent living skills. This is the same *self-sufficiency* language found in the YAP-TLP guidebook and DCFS contract. Internalization of these self-sufficiency, neoliberal ideologies is problematic. If participants fail at self-sufficiency (i.e., doing life on own without support, including potentially beneficial mental health support), they are at risk of perceiving themselves as, and being perceived by staff as, failing at emancipation. Through a lens of neoliberalism, this *failure* is blamed on the young person, for not meeting the expectation of society, lacking a view that society is not set up for the success of marginalized youth (Pendenz & Lamattina, 2019). Under this view, the fault is theirs's and theirs's alone. These are young adults with serious mental health challenges who have been subject to long-term semi-institutional care. The likelihood of needing support in navigating DCFS's pillars of self-sufficiency and the YAP-TLP transitional life domains is high. Yet, for participants, there is an internalization that needing and benefiting from mental health services thwarts one's independence. This often leads to a discontinuation of mental health treatment shortly after emancipation. Evidence has shown that "well-adjusted" adults are intrinsically interdependent, meaning they are embedded within meaningful relationships and communities and they need these communities to be effective in their lives (Goodkind, et al., 2011). Within an antiracist

feminist lens, this focus on the individual and continued focus on provider supports over natural supports is problematic. This perspective lacks a focus on community, and the collective as a way to be successful (Carillo-Rowe, 2008).

Furthermore, the YAP-TLP utilizes a punitive framework to monitor a young person's success while in the program. This framework comes through in treatment team meetings through staff attributing young people's behavior for not completing personal goal-related tasks to "laziness" or "defiance." YAP-TLP staff and leadership often do not consider the young person's hardships. This language of "lazy" blames the young adult for their own demise; the young person's actions leading to the success or failure of "self" as the individual, and of their own fault. Often the language of laziness becomes the easy way to blame the individual, rather than recognizing that young people may not be "able" even if it is their desire is to do more, and better at any particular task (ex: getting a job) (Greene, 2010). Razack (2014) talks about the limitations of choice, young people coming from marginalized systems, societies attempt to keep them here through blaming the individual for not working hard enough. Ross Greene (2010) compares two philosophies: "kids do well if they can" vs. "kids do well if they wanna". Within the philosophy of "kids do well if they wanna", when a young person is not doing well, it is because they do not want to be doing well. Greene states that this ideology is wrong, stating that all people do the best they can within the circumstances within which they find themselves. The language associated with "wanna" is how children are defined and is coercive, damaging, and blames the young person for their own success or failure. Greene believes that it narrows the ability of the person that is trying to help this kid by focusing only on "making them wanna" through incentivizing and punishing behaviors (Greene, 2010). Greene philosophy supports the idea that kids do well if they can, and that if a young person is struggling, something must be

getting in their way outside their control. The role of the supportive person is to help to identify what is getting in the way of the young person through collaborative problem solving. For example, many are not being lazy or defiant but, instead are in need of support to overcome a barrier that went deeper than "not doing" what was expected of them. For example, in an observation of a young person, Tina (named changed to protect their identity), who repeatedly did not show for court appointments, it was later learned that they were left by their family at that same courthouse and told they were not going to be able to return home. To Tina, court is a place where they were abandoned. Tina, who was being defined as defiant and lazy was responding to, and avoiding reliving a traumatic event in their life. Also, many young people receive consequences for not keeping their space clean, resulting in staff seeing laziness instead of potential mental health symptoms or a trauma response from childhood neglect. While participating in program staff meetings, YAP-TLP staff make statements like, "I am not going to help them, they should already know how to do that," when discussing an identified basic living need (i.e., completing laundry, cooking meals, cleaning) (staff meeting memos, February 2017). This reflects a belief that young people have "free choice" and that their decision to do or not do a task is theirs alone. Staff use of terms like "lazy" and "defiant," ignore mental health and trauma-related contributors, as well as symptom barriers to making progress towards self-sufficiency.

In several program-led TIP trainings in which I participated, I recognized a disparity in how program direct care staff operationalized independence compared to the program leaders who were the TIP trainers. Trainers refrained from using the word *independence*, focusing instead on teaching staff how to empower young people to work toward their futures. However, direct care staff in the training concluded, the young person needs to: "*fill in any task,"* independently in

order to not fail. Thus, even if the rhetoric from leadership values empowerment and progress across multiple transition domains (one of which is interpersonal effectiveness and building a healthy and strong social network), it appears it will not alter the more concrete pillars of self-sufficiency embraced by program staff. This aligns with the neoliberal framework that teaches people in the U.S. that each *individual* human is responsible for their own success or failure.

SMHCs and complex trauma impact self-sufficiency; the transition to adulthood is recognized as universally stressful, and the focus of completion of tasks related to achieving the pillars of self-sufficiency without support is a recipe for struggles for YAP-TLP participants. The stress that YAP-TLP participants experience when they are not successful with what they deeply believe that they need to be successful with, *independence*, can negatively impact mental health and wellness. But the catch-22 is that by demonstrating independence, critically needed supports can be neglected even before emancipation. Thus, the safety net is there, but it is not doing anything for some YAP-TLP participants because they are working so hard at being "independent."

For example, one of my YAP-TLP therapy clients Sam (name changed for anonymity) enrolled in the YAP-TLP about two weeks prior to her 20th birthday. Slow to warm up and trust others, she deeply believed she was capable of doing everything on her own. She experienced a serious mental health episode that included symptoms of mania and psychosis about nine-months prior. Sometimes, she talked about this episode and her fears associated. Yet, Sam typically shrugged it off, stating she had to *get it together*. Sam talked frequently about her need to complete tasks on her own and pushed away help, often skipping appointments, disappearing for days at a time, refusing to take phone calls. Sam always reappeared in crisis, trying to utilize YAP-TLP supports. Sam launched to her own apartment, obtained employment, and

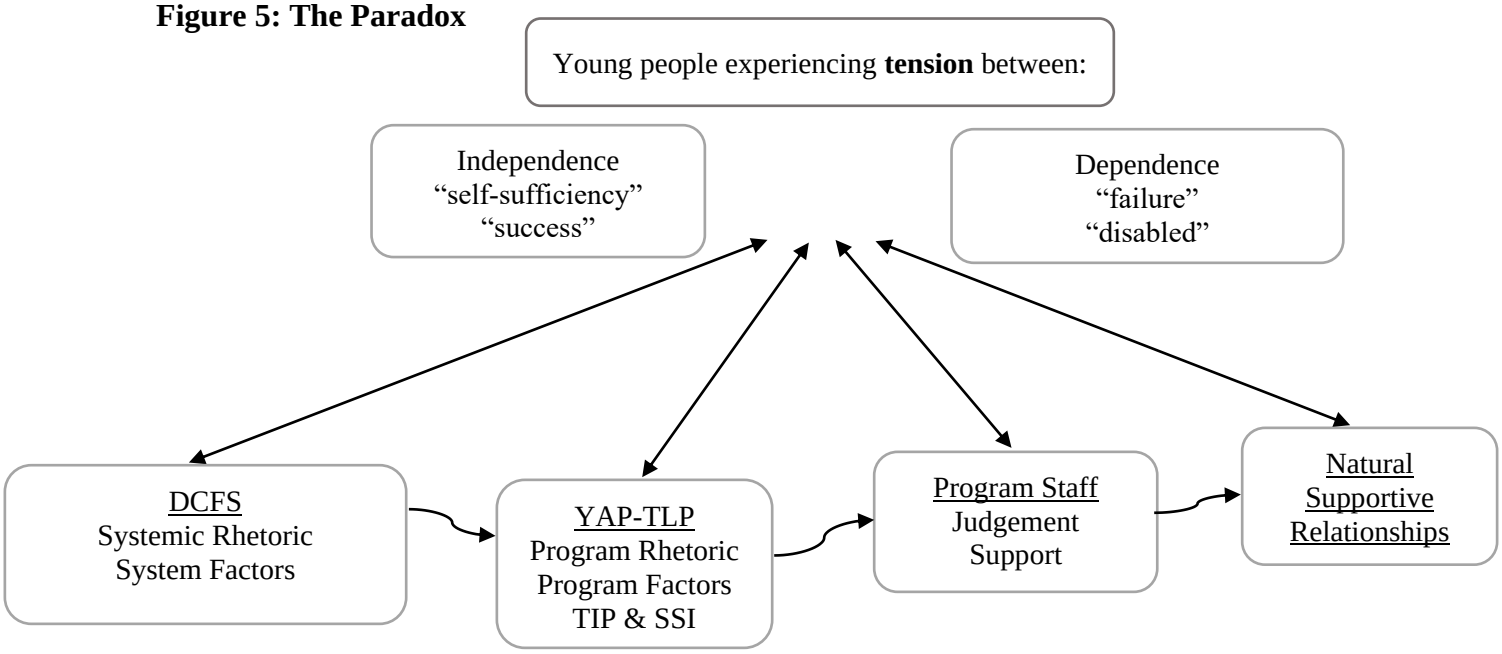
approximately 5-weeks before her 21st birthday (her planned emancipation date), she was hospitalized for a severe manic and psychotic episode. Her condition worsened and she was in and out of psychiatric inpatient units for three months, emancipating from care during this time. After several YAP-TLP requests, DCFS refused to extend her care beyond age 21 despite her serious mental health needs, stipulating that she did not have enough savings available for extended care. She lost her apartment and her job. Post-discharge from the hospital, YAP-TLP staff made multiple attempts to locate, support, and link Sam to support services. Unsuccessful, a decision was made to cease outreach because: 1) Sam was no longer part of this program (i.e., there is no funding for this outreach) and 2) Sam did not actively participate in YAP-TLP services regularly prior to her episode (i.e., this is her fault, not ours).

Through this justification, and through this need for funding work with this individual on an ongoing basis, (an arguable neoliberal and capitalist development problem), the team had to cease working with this young person. There is something terribly wrong with being told to stop meeting with someone abruptly. The main issue here is that once a young person turns 21, and ages out of care, they are considered on their own. Any attempts they made and any problems that arise, even those fully out of their control, resulted in a pattern of blame that goes like this: DCFS blames the YAP-TLP for not doing enough, not encouraging saving enough, not putting in more supports in the beginning. The YAP-TLP blames the young person for not *complying* with the program's punitive rules. The young person attempts to be independent, by any means necessary (Samuels & Pryce, 2009), and subsequently struggles and enters homelessness. There is an emphasis on the actions that a young person takes being the answer, and the lack of action is equal to failure and laziness on the fault of the young person alone, never on the system itself.

This continues a pattern of neoliberal ideology that blames the young person whom the system (state and program) has set up to fail.

Inherent Tensions in the Conceptualization of Adulthood

Figure 5: The Paradox



The goal of this section is to bring the paradoxical focus of independence to the forefront. First, I describe the tensions between the state and program documents, calling attention to the inconsistencies of what is written versus what occurs in practice. Then, I outline how these tensions are shored up through the program practice of supporting young people in applying for SSI and what SSI receipt means for young people's identities. Finally, I identify how conflicting messages about independence are internalized by young people and by program staff, myself included.

Tensions in state and program understanding of adulthood. While the continued focus on success as defined through the notion of independence is compelling, it's complicated and there are tensions due to a paradoxical focus on independence and dependence. One could imagine that if someone who has worked within these programs for several years is confused by these

inconsistent messages one can only imagine the confusion of young people as they are navigating this complex nonprofit bureaucratic system. It is important for this research that I analyze DCFS documents because they are the foundation upon which the YAP-TLP is developed, DCFS is the funding agency of this program. DCFS documents include family reunification, support networks and permanency language. The documents emphasize a need for support. State and program document language aligns with the need for interdependence, the idea that young people need and should have supportive relationships as part of becoming more independent. Yet, a focus on building interdependency is not emphasized in staff training, program practice, or program evaluation metrics. Rather, program practice minimalizes the importance of building supportive relationships and focuses on building financial independence and independent living skills. The focus on independence is internalized by staff and young people.

DCFS & program document language of interdependency. DCFS contract language demonstrated the value this system places on young people in TLPs fostering community and supportive attachments in order to be successful. The DCFS contract language around permanency sits in tension with the initial goal of independence as self-sufficiency without social support outlined in study finding one. In writing, DCFS stipulated the responsibility of the YAP-TLP (and other TLPs in Illinois) in encouraging the development of young people's secure relationships.

> *...secure and healthy attachment is the foundation of our child welfare practice and the core goal for every child and youth." (Contract, 2016, p. 2)*
> *"a) Safety:* ***without a secure and healthy attachment*** *we often achieve physical safety for our children and youth but leave them feeling unsafe, frightened and insecure.*
> *b) Permanency: There is really no experience of permanency for children and youth* ***without secure and healthy attachment*** *providing a secure base and a safe haven.*
> *c) Well Being:* ***Without establishing a secure and health attachmen****t we leave our kids awash with anxious, reactive, and awash in stress hormones; and without the necessary*

> *conditions to develop the more integrated brain circuitry needed for self-regulation. This is not only limiting their development processes but is also destructive for their longer term emotional and physical health.* (Contract, 2016, p. 3)

The DCFS contract use of the term "permanency," which has legal, relational, and emotional implications. Finding a "forever family" remains the goal of care, even among older youth in care (Samuels, 2009; Berrick, 2009). Young people aging out of care engage in permanency court hearings and have state facilitated permanency planning meetings. By using this language and supporting young people's engagement in activities to attain permanency, we observe how DCFS believes that supportive relationships (e.g., natural/informal supports) are critical for success. The DCFS contract language focus on the secure attachment aligns with the philosophy of interdependence. Interdependence is believed crucial for healthy development, with focus on building meaningful relationships, communication, and a need for community collaboration (Paulsen & Berg, 2016; Propp, Ortega, & Newheart, 2003). However, in practice, the attempts of young people in care to cultivate secure and healthy attachments leads to continuous, chronic, and repeated losses with natural relationships. For example, I observed a young person who wanted to move back in with a parent, who then experienced rejection from their parent who stated they did not want the young person living with them. I have also observed young people experiencing losses leaving previous placements. For example, leaving foster and adoptive placements where caregivers pass away or end care due to number of disruptions. This also can be a young person aging out of a residential placement and moving to another, losing their relationships with previous staff and peers. This in turn can impact young people's identity and own sense of belonging, which Samuels (2009) describes as an ambiguous loss of home. Young people often experience the sudden severing of secure relationships with program staff, a phenomenon referred to as "a transition cliff" (Atwood, 2011).

Program guidebook language suggested the importance of helping young people develop meaningful relationships:

> *"A primary goal of [YAP-TLP] is to support members in building strong long-lasting relationships. Being a young adult is* ***not*** *just about living alone, going to school, and getting a job. It's also about forming meaningful friendships and romantic relationships. Sometimes members might need to rely on family for guidance and support after they emancipate."* (Guidebook, 2016, p. 25)

The hope and expectations are for young people to develop and rebuild natural relationships.

> *While at [YAP-TLP], members build their social support networks by involving supportive adults in their lives. Members are encouraged to invite supportive adults to their staffing, program events, and to visit them at their TLP. Members are encouraged to spend time with supportive adults outside of [YAP-TLP].* (Guidebook, 2016, p. 25)

The YAP-TLP guidebook's descriptions of building social support networks became the proxy for DCFS permanency language. The YAP-TLP recognizes that young people need relationships, and without these relationships, young people will be less successful. In my observations, there is tension between this written language that validates that secure relationships are critical for success, and the way the program, in practice, supports development of healthy secure attachments.

Program Interdependence Practice**.** While working within the various YAP programs, including the YAP-TLP, I have personally felt a tension between the realities of the young adults' relationships and an attempt to work within the ideology that relationships are important that is written in DCFS and program documents. The reality is that young people lack informal adult supports and if they do have supportive adults in their life, these relationships are not believed to be helpful for preparing a young person for independent living. First, limited invited natural social network supports participate in young people's quarterly goal planning meetings because they are held at 8:30AM and 9:30AM one day a week. These are times when key supports are not available due to their work and school schedules. When natural social supports

are present for quarterly goal planning meetings, little is done to prepare for and engage these individuals in meetings. This process does not effectively support young people in involving their family, friends, paramours, and supportive adults in their lives, nor encourages social network participation. For example, involving the people who personally matter to young people produces a tension due to the real composition of their networks and the value that staff place on certain social network ties.

Second, the Transition to Independence Process (TIP) has "independence" within its title yet utilizes the language of "interdependence."

> *TIP is all about making progress in multiple areas of life – and leveraging your relationships with supportive people in your life, including those you identify as family, friends, and mentors in order to sustain progress* (Guidebook, 2016, p. 8)

TIP philosophy supports building on one's community to ensure a safety net of support for young people as they prepare to enter adulthood. TIP encourages young people to identify who to solicit for support, and how, emphasizing that transition goal planning and execution should involve a team of players selected by young people. However, observations of program practice and staff training, the way TIP is applied, privileges independence. This is observable through the language chosen and continuously used by staff and stakeholders that young people need to learn to be independent and do it "on their own." The language chosen by staff often includes terms of "individual", "on their own", and implies the expectation that young people are solely responsible for their actions.

Through the TIP philosophy, the program encourages young people to take ownership over their treatment through creating personally meaningful goals and actively participating in quarterly goal meetings. However, as noted from my experience as a therapist, many young people do not participate in quarterly meetings nor do they engage in the process of creating

treatment planning goals. Program staff state: “it will be easier without them anyways.” Young people do not understand how participation could benefit them or that their opinion in this process is of value, leading to a lack of motivation to participate. Young people state: “why bother, you are going to decide for me.” In my previous role as a therapist, I personally experienced not wanting to involve or prepare young people in staffings because it involved an extra step in the work flow of my day, it slowed down the process, added extra work to engage young people, and we would not actually get a description of everything that is going on, within DCFS guidelines.[1] Despite the program believing in young person empowerment and involvement in treatment planning, in practice, the therapists (and other staff) played critical roles in not involving young people. Young people are then blamed for non-participation despite the program’s failure in neither coaching nor encouraging participation in quarterly goal meetings.

SSI adds to the tension. Every young person in the YAP-TLP is heavily encouraged to apply for Supplemental Security Income (SSI). The SSI application further reflects this independence-dependence tension. SSI aims to support people with disabilities who are unable to work or engage in substantial gainful activities (SGA) (Goldman, Frey, & Riley, 2018). SGA includes any substantial gainful work which exists in the national economy that exceeds an income of $1120 per month (Goldman, et al., 2018). However, the process of applying for, and obtaining SSI requires one be categorized as disabled through a five-step process that includes determining if person is participating in SGA, determination of impairment, assessing severity, and the capability of performing previous and any work (Goldman et al., 2018). The mere

[1] DCFS required exact dates and details of events (i.e. hospitalizations, incarcerations, etc.), dates of doctors’ appointments, and information that spanned across thirteen areas

defining of disabled includes an expectation that one lacks independence and is impaired, in relation to the norm of society (Friedman & Owen, 2017).

The application process for applying for SSI is deficit focused. Staff focus on the young person's worst day, week, or time in their life in order to procure SSI. The process of emphasizing deficits and a need for financial support for independence is at odds with system and program value of self-sufficiency. Young people are expected to participate in this process in order to procure these benefits. In order to participate in this process, young people are encouraged to identify as disabled and fit into a mold of impairment in order to qualify for these services. For example, during the SSI application process, if a young person is employed, they are encouraged to cut down their hours and see a psychiatrist who is considered an expert in identification of one's disabled status. I have observed young people making appointments with the psychiatrist only during the time of beginning their applications and suddenly identifying as someone with a severe mental health condition in this moment, thinking it would be the only way to prove they need SSI. Some young people seek prescriptions for psychotropic medication as a way to demonstrate SSI need. Eight young people (n=10) in the study were collecting SSI benefits, primarily to cover what it cost to live alone. At the time the interviews were collected, SSI was $731 per month. This is expected to pay for rent and other basic needs. This process is complicated by the pressure put on youth to successfully receive these services. Although, the procurement of SSI can be the difference between homelessness and housing for many youths.

Joe's experience highlights this contradictory experience of being disabled and receiving SSI. Joe strived to be independent, not relying on others and securing employment. He rejected help from the program around him until desperate (i.e., being hungry, not having clothing). Yet Joe relied on SSI to create his notion of an ideal independent life. Joe was able to live frugally on his

own, paying his rent and bills. Joe felt independent. However, SSI defined Joe as disabled and dependent on the state.

Some young people I worked with rejected SSI because SSI made them look disabled and dependent. Their rejection came from the continued push of the white middle class expectation that this perceived dependency and lack of independence was bad. Yet, like Joe, eight study participants used SSI to achieve independence. There was a certain power that came with SSI. Young people did not have to ask for help with housing or other living expenses from others.

> *I: well, how is SSI helpful to you?*
> *P: because I don't have to ask nobody for nothing.* (Interview 1011_002)

This young person then talked about how his needing case workers to help with applying and keeping SSI. Most participants secured a provider payee (Social Security Administration, n.d.). The use of a provider payee instills in many young people the feeling of a system of internal inconsistency of needing and not needing others, and a continued ideology that asking for help is not how adulthood works.

Young people's internalized inconsistencies. Young people who are aging out of care are internalizing a paradox between their construction of independence and dependence. This construction is being placed upon them through program structure and mixed messages, as well as a continued rejection of community through punitive rules and punishments. What young people are internalizing and learning is not something that is created out of nowhere, but rather is communicated to them by systems of institutional racism and oppression. It largely comes from what is taught by the DCFS system, the YAP-TLP, and the systems that surround them.

As young people prepare for, and adjust to, life post-emancipation, the tensions between the ideologies of independence and dependence is observable. We witness an over-identification and focus on neoliberal notions of independence: I can do life "on my own," and do not need

support. In finding one, young people endorsed the ideology of independence, defined by doing "on my own" as how to be successful. Their goal is to live life without formal supports (e.g., professional, providers), monitoring and directing their behavior. They also do not want to rely on their informal network (e.g., family, friends) due to the belief that relying on others in any way is linked with being a failure. Enacting this vision of independence with such limited personal, financial, emotional, and relational resources results in homelessness, incarceration, psychiatric hospitalization, assault and trauma. Yet, post-emancipation, young people do indeed seek out formal and informal supports post-emancipation. For example, the majority of the young people in the sample reached out to family members, often parents, sometimes grandparents, cousins, aunties, that they have been estranged from most of their lives. The paradox emerged in how young people rejected and avoided support for themselves while simultaneously recognizing how their peers, who are facing similar life circumstances, would benefit from formal supports.

> *If you don't know it, they're in there saying, "well, how you supporting yourself to be independent?" And some kids might say, well I'm looking for a job, but I'm not in school. Or, I'm trying, but I'm not getting good results. [yeah?] Or I'm believing something is better is gonna happen, but nothing never happens. And, then they tell you, "well maybe you need a job coach? Or maybe you need to speak to a therapist? Or maybe you need counseling?* (Interview 1004_003)

This young person placed a focus on others needing help, when maybe they do not. This is an example of the internalized paradox. Young people have a sense that it can be helpful to use resources they have around them, while pushing these resources onto others rather than considering them for their own use. This is an example of an individual level of analysis that focuses on the individual persons rather than looking at a collective systemic issue.

In post-emancipation interviews, there is more grappling with the need to lean on others and feeling unsuccessful by needing someone. For most young people, this support came from peers

and intimate partners, and there is a hope that biological, former-foster, or adoptive family may become involved. For many, support continued to come from adult mental health provider professionals, staff, therapists, caseworkers, and a continued need for provider support, while simultaneously rejecting the support offered. For example, when young people were asked what they would do if they were the leaders of the YAP-TLP, young people often would recreate the formal supports that are already in place:

> *… I would basically provide the services for mental health and case working and I would make sure that the kids have fun in what they do, instead of sitting there all day with groups. I'll have groups, but I'll have fun with my groups.* (Interview 1009_002)

These young people, who initially rejected support because of their neoliberal view of independence, perceived that formal mental health and case management services are crucial to success.

> *…Everything else I've just been doing independently. But, if I need them I ask them…um, just follow-up with whoever is trying to help you: your case workers, your therapist, your doctors, your – whoever's trying to follow-up on you.* ***Keep in touch with them cause they can do a lot more than you can think they could. Thinking, ok, it's good to keep in reach with your family and stuff, but they probably can't answer half the questions that you really need to know. so, it's best to keep whoever your support system is on your side****. It's important to keep them so they can help you as much as they could and with your friends and family and yourself can help you.* (Interview 1007_002)

Along with provider supports, some attempted connections with informal (e.g. natural) supports. These natural supports often produced psychological, emotional and relational turmoil for participants. For example, several young people shared their experiences losing housing and moving in with a peer, a group of peers, or a family member. This needing of support then led to a strained relationship with this support person including situations that involved being locked out of the home during the day, being required to pay a significant portion of the rent and a shift in the relationship that once was from friendly to be built on reciprocity.

Participants stepped into the new role of support provider within their resource-limited networks in order to help their friends and themselves maintain housing. Returning to Joe's experience: Shortly after emancipating, Joe was evicted from his studio apartment for having, as described by a program staff member: "wall to wall mattresses and multiple young people (many former DCFS youth) living with him. This is a common phenomenon that comes up in the interviews with youth aging out as well. In the interviews, eight of ten young people (80%) either had others living with them or they squatted with others at some point in the year post-aging out. After becoming homeless, some described squatting at other young people's places – an experience that echoed pre-emancipation service experiences. Suddenly young people were subject to other people's rules, sometimes being locked out from their temporary housing situation during the day, and required to pay their friends rent, or through other favors. Despite this seeming negative, it is an act of resiliency in how these young people worked together to maintain a basic right, shelter. Thus, despite the program and the young people valuing living alone in their own space as realization of "independence," young people faced cohabitation and social support exchanges like their peers in the general population post-emancipation. It's developmentally normative to cohabitate at age 21 with family, friends, and/or partners. Young people did not have the skills to navigate these relationships and social exchanges effectively – given the number who have become homeless through taking in squatters and becoming a squatter.

Participants benefitted from understanding independence as something you engage in with support. Those who avoided homelessness or recovered quickly from a bout of homelessness, recognized the need, and had the ability to ask for and use support from a variety of sources (e.g., family, a clinical team, or friends). Those who experienced chronic homelessness, in general,

lacked supportive people in their lives and held a deep conviction to "doing life on their own." It was apparent in most of the interviews that young people felt confident in knowing what they needed. There is recognition of needing support and needing to support yourself. In the most recent quote, the young person talks through knowing that at some point, they may need someone. These young people, throughout their interviews, show an internal back and forth of what they want, versus what they need, versus what they have, and back again. The most compelling observations in the interviews was related to young people seeking independence "by any means necessary." Because of this, for so many young people, seeking and needing support and help aligned with perceptions of being unsuccessful.

Internalized inconsistencies in staff & stakeholders. Staff and stakeholders similarly enact this independence/dependence paradox. Staff encouraged young people to prepare for and do life "on their own" through securing an independent apartment, learning independent living skills, securing SSI and not involving key natural supports in transition planning. However, staff and formal stakeholders played critical instrumental and emotional support roles during the transition out of care.

The staff and young people build deep bonds during a young person's time in the programs. Despite the neoliberal notions on independence found in program documents and observed in program staff, I have observed the development of deep bonds between the staff and young people that are instrumental support exchanges that are not considered clinically relevant or institutionally important to the young people. These emotional bonds between young people and program staff speak to internalized inconsistences. For example, I have heard staff talk about their frustration of young people spending all of their money. Making statements that include "they ran out of grocery money that is their problem!" I have observed the same staff bring in

extra food, give a young person half of their own meal, or slip them $5 to go get something to eat. Staff push young people to do everything on their own, yet also provide and care for young people. At emancipation, I witnessed hugs and tearful goodbyes, safety planning for who to contact when in need, and contact information exchanges. The same program staff who were quick to see describe young people as “lazy” and refusing to learn independent living skills, were actively maintaining contact with young people after they emancipated. Many continued to drop by or call the program post-emancipation, seeking to fulfill a basic need, such as food, but usually also looking for meaningful connection. For example, Joe came by the program and would call to talk with beloved staff members. He would stop by for some food or just to chat with anyone who was around.

In discussing the phenomena of young people not wanting support but then seeking it out from the very program they had wanted to escape post-emancipation, one program staff explained how young people know of one former member post-emancipation each year that dies, from suicide, drugs or street violence - and that “everyone needs someone sometimes.” The seeking of others, including staff, who knew this loved one was part of the grieving process for young people post-emancipation. Program staff largely welcome young people post-emancipation to share a meal, share their experiences, and receive emotional support. Thus, although program staff are taught and believe that living alone is independence, their actions of providing emotional support post-emancipation suggest they have internalized conflicting views of independence and dependence. These conflicting views focusing on the binary of independence-dependence paradox also lacks a conceptualization of interdependence. The ideology of interdependence challenges the societal equation of adulthood and encourages the

use of a safety net and extensive social support from trusted adults (Hokanson, Golden, Singer, Cosner Berzin, 2020) as a pillar of strength for young people aging out of care.

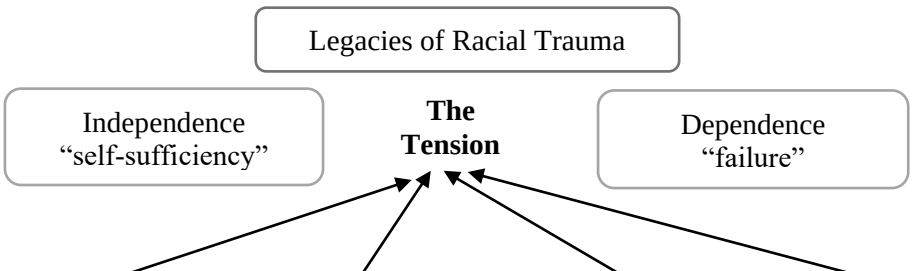
Along this journey of unpacking tension between independence and dependence, there is lack of explicit conversation among program staff about how marginalization and historical, systemic, and institutional racism impacts this process for young people transitioning out of care and the creation of these paradoxical inconsistencies and endorsing of neoliberal beliefs.

The Failure of Racial Justice

No language about race, racism, or systems of discrimination were found in system or program documents. Nothing, so it is invisible, and the invisibility speaks loudly. In Illinois, approximately half of youth involved in DCFS are Black, although youth of color make up only a fifth of the state's youth and in Cook County, Black youth make up 71% of the DCFS population (DCFS, 2020). Historically, compared to white youth and other youth of color, in particular, Black youth are more likely to enter care, are the least likely to leave care, and are subject to the worst care within state child welfare systems (Roberts, 2002).

Despite the over-representation of youth of color in child welfare and in this study's sample, policy and practice specifically addressing racial inequality and institutional racism for those aging out of child welfare are glaringly missing. In the previous findings that outline the neoliberal definition of independence and the inherent tensions of independence-dependence paradox, it is also important to note that this paradox is racialized. These notions of independence-dependence are centered in the experience of white Americans and lack a perspective of people of color. The lack of open and direct discussion of race and its intersection with mental health and disability produces and reinforces the criminalization of youth of color experiencing mental health challenges, trauma, and commonly experienced stressors of transitioning to adulthood.

Figure 6: The Paradox and the Impact of Institutional Racism



Within the state DCFS contract, there was no mention of race, oppression based on race, or systemic racism's impact on youth in care, only a mention of a need for "culturally responsive services" (DCFS Contract, 2016, p. 16). However, this is more about effective communication with young people and families, typically around language barriers.

> *Services to youth will be* ***responsive to the cultural background****, beliefs, and practices of individual youth and, as applicable, to a youth's parent(s), guardian(s), and/or other significant persons involved with the youth. The Provider ensures services are provided in the primary language or method of communication of each youth and, as applicable, to the youths' parent(s), guardian(s), and/or other significant persons involved with the youth. The Providers' policy and procedure in relation to culturally responsive services shall be available for inspection upon request of the department.* (Contract, 2016, p. 16).

The notion of "culturally responsiveness" comes from the fields of counseling and social work. Being culturally responsive means that an organization or individual practitioner seeks to understand, learn, and acknowledge cultural differences between themselves and their clients (Holcomb-McCoy & Myers, 1999). Culture has meaning and should not be ignored by practitioners. However, there is no mention of recognizing institutional and system-related hardships experienced by families of color who are disproportionately involved in DCFS, or a need to recognize racial trauma and its impact on the aging out process. In practice, being culturally responsive within TLPs typically focuses on ensuring the program supports (and does not mitigate) youths' opportunities to practice their religion and cultural beliefs and practices, or ensuring that youth in need of an interpreter have access to them. For example, if a young person wants to attend a church, or synagogue, staff support the young person in finding a place to

worship. Or in the case of language barriers, at staffing's, if the parent and/or child is Spanish speaking, they are entitled to an interpreter.

Within the program handbook, race is mentioned only on page three as a way of introduction to the program to demonstrate the program strives to be non-discriminatory.

> *REACH stands for Responsibility, Empowerment, Achievement, Choice, & Hope. Young adults who enter REACH become "members" of REACH. We strive to be a place where all members feel welcome – independent of their previous life experiences, gender, race and/or ethnicity, sexuality, socio-economic status, religion, or culture.* (handbook, 2016, p. 3)

Akin to the DCFS contract, recognizing institutional and systemic hardships, or a need to recognize race trauma and its impact on development and attachment among young people are not mentioned. In practice, this philosophy appears to have more to do with practicing non-discriminatory eligibility screening and service enrollment practices then ensuring program systems, policies and practices consider race, racism, or systems of institutional oppression.

In reviewing literature about race and the child welfare system over the past three decades, there is a common theme that Black children and families (along with other families of color), are disproportionality representative within the child welfare system. This problematic disparity is observed to be a result of the disproportionate levels of poverty resulting from a variety of racist systems, such as housing, employment, healthcare, welfare, and education and the pathologizing of Black families by child welfare decision-makers who incorporate the view that Black people's cultures, lifestyles, child rearing practices are inherently problematic and in need of correcting (Singh, 1992; Chand, 2000; Johnson, Antle, & Barbee, 2009; Huggins-Hoyt, Briggs, Mowbrary, Allen, 2019, to name a few). What is perplexing, is that each article, crossing decades of work, states that this is a continued issue that is under studied, and continues to lack an effective way to make a change within the child welfare field. There is continued agreement

that the change needs to start with the professionals who have attempted to intervene, often through improving training that includes antiracist competencies, and working with social workers and other professionals to understand historical bias. Trainings and conversations are often met with a level of defensiveness and an inability for [white] professionals to reflect and change (Okun, 2010). This defensiveness is an action of denial, and is used to erase and ignore the fact that harm is being, or has been done to a group or a person based on race (Okun, 2010). This example of invisibility and lack of action strengthens this argument that discussing institutional racism is beyond the scope of practice, and implicates each layer of the child welfare system from practice through research and policy.

Historical trauma. In a program like this that has disproportionate representation of people of color, there must be at least some explicit recognition and training of legacies and histories of racialized trauma. Again, the invisibility speaks loudly. By not acknowledging or addressing systemic racial inequities in child welfare, punitive and discriminatory policies, practice guidelines, and aging out expectations, we are ignoring how these inequities are internalized by youth of color as they age out. Historically, children of color are disproportionately removed from their homes and placed in child protection in the U.S. (Roberts, 2002). This history of family disruption is central to how we should be understanding our work with this population of young people.

As someone who works within, and is implicated in, an institution shaped by white supremacist capitalistic patriarchal bias (hooks, 1995, p. 138), I have seen the dilemmas that face some Black young people who are seeking support. There is a lack of discussion and follow through around the ‘political understanding of the personal pain’ (hooks 1995, 142). bell hooks also talks about the rare conversations that “talk about a healing process that would include

radical politicization and social activism" (hooks, 1995, 142). bell hooks (1995) describes the need to create a space to understand the personal pain of people of color who have unresolved recurring psychological pain. hooks focuses on a need to acknowledge and name the brutality brought on by a white supremacist society.

bell hooks outlines fears associated with the mental health systems and a fear of the black life being perceived as pathological (hooks 1995, 133). This is such a legitimate fear because of the way that the institutions have already pathologized Black rage, and continues to make assumptions around Black masculinity and the associations for violence. hooks states,

> *for black folks to acknowledge that we are collectively wounded by racial trauma would require severing our attachment to an unproblematized tradition of racial uplift where that trauma had been minimized in the effort to prove that we were not collectively dehumanized by racist oppression and exploitation. (hooks 1995, 134)*

This need to "prove" that racism has not led to ongoing psychological havoc (hooks 1995, 134) comes from understanding the perspective of the stigma that already exists within mental illness rhetoric. This rhetoric views people who experience mental illness as being weak, and lacks an intersectional acknowledgment that institutional racism produces this stigma. The racial assaults and abuse that are brought on from a white supremacist society are brutal and will affect individuals, no matter how much it is attempted to be pushed away.

Anger is misinterpreted among Black young adults in care. An example of bias towards Black young people within the child welfare system is through the understanding of anger. Historically, when young Black children present as angry they are often medicated and labeled as mentally ill (hooks, 1999). For example, in my observations, anger is a racialized symptom often diagnosed as a manic episode in a bipolar disorder, conduct disorder, or oppositional defiant disorder. In my observations of young people in the program, this anger has led to psychiatric hospitalizations, young people being moved to mental health placements, and has led to being "locked out" of, or

removed from adoptive and foster care settings. Young people of color, especially older youth (Fraser, Vachon, Hassan, & Parent, 2015), are more likely to enter residential and transitional living programs where their anger is also over-pathologized. For example, as a therapist I worked with nineteen-year-old Black young man. He presented with displaced aggression toward his white adoptive family. As a young child, he was adopted by a white middle class family who had two white biological children in a rural area in the Midwest. He was described as a struggle to raise, struggled in school, and struggled with impulse control and anger issues. There was a continuous blame toward him from his adoptive family for being a "problem" because of his inability to conform to dominant (white) culture. In my observations, he presented as angry, and in previous placements, this anger resulted in diagnoses of oppositional defiant, bipolar disorder, attention deficit/hyperactivity disorder (ADHD), and posttraumatic stress disorder (PTSD). Throughout my time working with him, I noticed a continued lack of discussion or acknowledgement in conversations and meetings with colleagues of how his race and the race dynamics that existed in his family unit, had played a role in his development. The anger that he experienced led to him being removed from his adoptive family and placed at Thresholds. His anger was pathologized, criminalized through being removed from the home, and assumptions were made again that he was the problem. As a program, there was a lack of calling this young person's anger what it is, ANGER, and justified anger at oppressive systems that led to a young person experiencing further disruption in his life, which resulted in more anger.

The pathologizing of young Black people lacks a trauma informed lens, focusing on the individual rather than an analysis of institutional and systemic hardship. This lens translates into program and clinical spaces beyond the individual case and creates further assumptions about young people within the child welfare system. The trauma that young people within the program

experience goes beyond just over diagnosing, but also includes forms of trauma that exist for people of color all over the United States and the world. Examples of traumas observed in case examples within the program have included experiences of police brutality, disruption of families, abuse, neglect, abandonment, housing and community instability, and continued layers of oppression: ideological, institutional, interpersonal, and internal, that enter the education systems, healthcare systems, and mental health systems, to name a few.

Although programs like the YAP-TLP purport to utilize trauma informed practices, these practices are often still focused on an individualized analysis of what trauma is rather than looking at systems and structures of violence that have impacted young people, particularly young people of color, and lack a view of needing community healing. Anger is a form of healing, and for many young people it's the only emotion they know how to express (West, 1999). Not acknowledging this anger lacks a focus on the collective healing of racial inequity and layers of oppression on youth in care. Despite trauma-informed and strength-based initiatives and trainings, state and program policies and guidelines use deficit focused language and punitive models that embrace compliance and punishment in preparing young people to age out.

Table 2: Consequence Process

Infraction	Amount
Missed Therapy Meeting	$5 per meeting
Missed Case Management or Other Meeting	$2 per meeting
Keeping Room Clean/Completing Chores	$1 per day
AWOL/Incarceration	$2 per day
Missing School/Programming	$2 per day
Destroyed Property	Pay invoice

Criminalizing youth. From years of working in this program, I see evidence of institutional racism. This is evident through the use of a punitive financial model through the use of consequences in an attempt to shape behavior. There is pressure placed on compliance and use of unreasonable

consequences for not complying. Transitional living and residential programs tend to use consequence systems as a way to shape behavior through punishment for non-compliance with behavior expectations (Boel-Studt, Schelbe, Hasen, & Tobia, 2018, Fraser, et al., 2015). An example of program policies that criminalize young people, are the financial consequences related to DCFS provided allowance. This punitive financial model focus on "docking" money young people receive for not complying with program rules is analogous to what is happening in the United States to youth and people of color through, for example, police brutality and other forms of systemic racism.

The YAP-TLP guidebook outlines financial consequences for not meeting program expectations, which include being away from or missing programming without program approval (see Table 2). These guidelines are shaped by both DCFS contract expectations (e.g., youth participate in therapy; attend school, are not away from the program without approval) and program desires to support youth in preparing for life after aging out (e.g., keeping room clean, managing appointments) (see Table 2). Although these consequences have changed over time, they still exist in a similar capacity. The program also offers individualized incentive programs. These often are given on case by case basis and are decided by what might incentivize an individual.

Consequences, even those designed to resemble a natural consequence, continue the perpetuation of racism within the program. This use of consequences is a form of institutional racism through the mirroring of the surveillance and monitoring of people of color. For example, in the history of the removal of children, parents and caregivers experienced monitoring, the neighborhoods were monitored, and research has shown that neighborhood conditions has shown a connection to the disruption of families. Often families in poverty live in constant fear of the

surveillance (Roberts, 2002). Just the act of being criminalized because individuals are poor is a form of institutional racism (Richie, 2012).

Beth Richie (2012), through her analysis of Black women and America's prison nation, analyzes the steps that led to the developed blame on the individual for their own experience of abuse, threats, violence, and experience of poverty. These systems of surveillance and criminal justice sanctions were created by the neoliberal white dominant societies in order to avoid responsibility for the victimization of people, specifically marginalized people, and to put the blame back on these individuals. In turn, this process created the prison nation that exists today. This historic push to blame the individual for their own demise, criminalizing the victim and poverty, explains the problematic nature of these punitive consequence systems. Similarly, the consequence systems within child welfare programs places blame on the individual for not complying based on rules and expectations created by white policy makers. It is then continued to be delivered by white culture that continues this push to force marginalized young people to fit into the white middle-class mold. All of these systems are based on the idea of having power over marginalized people in an attempt to control. If people are then not *compliant* they are met with a consequence of isolation, loss of benefits, or criminal intervention.

Criminalizing being out of programming. The DCFS contract and program guidebook label young people as "Absent without Leave (AWOL)" or "on-run" any time a young person is away from the site for 24-hours or longer at an "unauthorized placement." After 24-hours from being away from the program, a staff member files a missing person's report and informs DCFS. Staff place the report regardless if they know where the young person is, even if the placement is authorized. Young people also have to ask for permission to leave the site. Their rooms or apartments are also locked when they leave, therefore requiring that they inform staff of all

comings and goings from the site in order to get back into their home. Often this "runaway" behavior is interpreted by DCFS as rebelling against institutional and semi-institutional placements (i.e., group homes) or are considered at risk of danger or participating in dangerous activities. However, many young people who are labeled AWOL are with family or other supportive people.

To be away from programming and it not be considered AWOL, the program case managers must visit the proposed placement to authorize it. Each person living in the home must complete a background check. This is problematic for many families and supportive adults. For example, family members may have a former child maltreatment allegation, unfounded or not, and often from many years ago that impacts the willingness of DCFS to give permission for young people to then visit that home. Despite the rebuilding of relationships, the age of young person, and the family's rehabilitation or work on themselves, placements can go unauthorized, which also continues the criminalization of families of color and/or typically families of a lower socioeconomic status. Whether they are going to an authorized placement does not prevent the young person from leaving the program, being declared AWOL, and therefore losing their *allowance*. Also, due to a desire of not wanting to become involved and monitored by the child welfare system, some refuse to participate in a background check. For example, here is how one young person described the challenges and negative outcomes of staying with a parent that was not "authorized."

> *…The only time I did go to church is when my mom would drive all the way up to roger's park [over 60-minute commute] to pick me up, but that was inconvenient for her too at the time. And, then I couldn't spend the night because I would have to give like a few weeks in advance notice so they can do a pass. And, there is only certain people that you can spend the night over. Like, if they not on the list, you can't spend the night. But, my mom wasn't on the list. So, I would kinda like go AWOL just spend the night at her house sometimes. And, then they eventually can find you…and then if you over at somebody's house considered AWOL, you and that person get arrested. They have a*

child, a kid of the system in the house. (Interview 1008_002)

It is problematic that young people are punished and criminalized for spending time with family and friends at "unauthorized placements." It is even more problematic that these policies are shoring up institutional racism through surveillance and police interference in Black families in ways ultimately harm social support and resources for youth aging out of care.

Being reported missing multiple times also leads to increased police surveillance and scare tactics. For example, in my time working in the program, I have witnessed visibly irritated police officers who have given young people a hard time for being out of placement, seemingly as a way to scare a young person in being complaint. Also, often just the mere presence of the police is triggering for many young people who have been categorized as bad and had police involvement in being removed from the home, going to the hospital, and through police brutality. These regulations and continued monitoring and surveillance are a fear and punishment tactic and are seen to be ineffective and mimic police monitoring instead of teaching natural consequences. This monitoring of young people can also be viewed as continuing to police marginalized young people, something that for many of these young people, specifically young people of color, continue to experience and will continue to experience as they leave care and live in the community.

Along with young people being monitored by the program and the DCFS systems, the YAP-TLP staff are monitored by DCFS. The monitoring of the program is directly related to meeting funding expectations of the DCFS. The program is then often financially impacted for not monitoring young people well enough. This monitoring leads to blame placed on the program for not *engaging* young people effectively enough or doing enough to *protect* young people. DCFS will utilize "days away" as times when the program will not be paid while the young person is

away. There is then a push to continue to complete documentation, consult, and attempt to locate young people in order to avoid any financial penalties from DCFS. DCFS does not pay the program for any days that a young person is AWOL, in the psychiatric hospital, or incarcerated. This creates a domino effect where DCFS blames the program and the program blames the young person. The young person then, through the use of a punitive model of consequences, loses their own financial resources and leads young people to seek resources elsewhere versus encouraging young people to participate in services. This is a way to pass the blame through the neoliberal ideology that one is solely responsible for their own success or failure. Through observations of the reactions of DCFS on young people's experiences when leaving the program, there is a focus on taking ownership over success stories and penalizing the programs for young people's struggles. For example, when a young person exceeds expectations (i.e. goes to college) DCFS takes ownership and pride in helping a young person. When a young person becomes homeless, DCFS often likes to blame the program (in this case the YAP-TLP) for not doing enough.

The invisibility of race, racism, and discussion and processing of systems of discrimination in these program documents speaks loudly. There is a surface level acknowledgement that we do not discriminate as far as allowing young people into the program, but a complete ignorance of the legacies of racialized trauma, the explicit disproportionate representation of people of color, specifically Black young youth, in the child welfare system, the criminalization of youth and the continued surveillance and penalization of the program and the young people. This continued representation of institutional racism is problematic. The continued neoliberal foundation of success being measured by compliance, especially in young people of color is inherently racist. The language in program materials lacks acknowledgement of the history of systematic racial

discrimination, while also stressing individualism. This combination leads to anger for young people of color who are trying to make individualized choices, being monetarily punished for those choices, feeling surveilled, and then left only with anger without the program acknowledging the deeply rooted history of systematic racial discrimination.

Conclusion

In learning about the deep inequities and violence happening within the child welfare system and in recognizing the institutional racism that impacts youth aging out of care, I cannot understand how we, as a collective of humans, have let it go on this long. My emerging anger began to blend into my work as a clinician where I witnessed an impact of an intersection of systems (homelessness and housing, child welfare, mental health, race, justice systems). These and other intersections impact what happens with the young people aging out of care and how they experience the world. As a researcher, I wanted to understand why young people aging out of care were struggling to not be homeless, to live in extreme and chronic poverty, and so heartbreakingly lonely after they leave care. I have learned that the language that we utilize has a great impact on the reality of youth in care. As mentioned before, I began this project in a state of anger and frustration with systems that were not meeting needs – and in fact, I believed could be doing harm. Driven through anger, I developed a project rooted in my own asking of questions, learning to listening more intently, being more strategic and intentional as a therapist, asking "why" always and not simply *accepting* what I observed. I grew immensely through this project, discovering intriguing intersections between what is being written about this vulnerable population and what I witnessed (and experienced) in my roles as both a clinician and an active observer and researcher. The aging out population is largely defined through their challenges and negative life experiences (e.g., disabilities and trauma histories). These alone impacts how these young people develop and are seen and understood in society (Osgood, 2010). Furthermore, young people aging out of child welfare or juvenile justice systems are held legally accountable and expected to be "productive citizens" of society. They are however, raised and taught to be dependent on other systems for assistance in fulfilling these roles. The difficulties encountered

by these young people often can lead to dependence (or entanglement within) public systems (Osgood, 2010, p. 211).

One of the main findings is that the child welfare system and transitional living programs endorse *independence* as emancipation success through the language embedded in policy and evidence-based and -informed practices. Given their institutional settings while in care, young people internalize independence as being able to do everything "on my own" and by any means necessary when they emancipate from care. This notion of "on my own" and the continuous blame on youth for not reaching the illusion of self-sufficiency is an example of neoliberal ideology that places blame on the individual and ignores the system or institutional role in the process of aging out of care. Systems and programs have an immense impact on how youth go about enacting independence. Yet, these systems are not held accountable when that self-sufficiency falls short post-emancipation as young people struggle with meeting their basic needs on their own. It is the youth who are held accountable, in the justice system, on the streets, and to themselves where they have internalized problematic, and impossible to achieve notions of independence.

Along with this internalized and neoliberal conceptualization of independence, I observed a tension between the rhetoric of independence and a program/system push for young people to be dependent on systems. Although possessing supportive relationships was included in both the state and program documents, there was a lack of follow through by the system and program in cultivating relationships between youth and important people in their lives. There was also a sense of fear around encouraging young people to rely on anyone other than themselves. This foundation created a world where if you are independent, meaning doing everything and living on your own, you are successful, and if you are not, you are too dependent on others and a

failure. This tension ignored a major foundation of being a human, experiencing belonging and meaning through mutual social support in one's community. There is tension surrounding receiving any support from formal (i.e., professionals, providers) and informal supports (i.e., family, friends). This process is endorsed and interpreted from conflicting messages of DCFS, and the program rhetoric. In an attempt to push a *need* to have supportive people in your life while encouraging independence as the only way to successfully leave care. This again is an example of neoliberalism, and includes a conceptualization of the non-profit industrial complex. The non-profit industrial complex continues to capitalize on rhetoric that places blame down the pipeline, DCFS blaming the program for young people *failing*, the program blaming the young people for their own *failing*. This conflict continues to place blame on young people when each layer of the systems that raised these youth is implicated in the struggles and *failures* of youth aging out of care.

What I've identified through this project is a paradox in which young people are internally conflicted about independence. Young people are conflicted in their fear of asking for help, being a sign of failure. Young people are conflicted between being independent and identifying as disabled through the use of SSI. Program staff are conflicted in offering help that might lead to a young person failure as evidenced by their disappointment and use of consequences for young people struggling to complete menial tasks on their own, fearing that without this use of tough love young people will not learn. These are examples of tension created by the child welfare system and a mental health program that encouraged young people aging out of care to assimilate to the dominant culture. There is a false notion of independence that is interpreted by the program and child welfare systems and interpreted by the young people. Independence is expected, and lacking it is considered bad. However, this lacks the nuance and interpretation of

where ability and disability collide in the notions of independence and dependence. White middle-class Americans focus on solutions for disability and the ideals of good citizenship (i.e. independence and individualism) while othering of Bad citizens (i.e. dependent and income dependent) (Frederick & Shifrer, 2019). Young people are then continuously trapped by what the privileged and dominant culture expects of them due to the neoliberal focus on independence. This independence-dependence paradox is racialized and false in its understanding and interpretation by youth of color. This creates and reinforces the internal tension of wanting to protect and hold young people accountable as they transition out of care.

Finally, findings call out the ignorance and invisibility of race, racism, and institutional hardship and oppression – and its impact this population of vulnerable young people. This invisibility criminalizes, marginalizes, and creates additional hardship for young people, namely Black young people, aging out of care. Evidence of this phenomenon of invisibility exists within the state and program documents and through observations of program punitive punishments and continuous monitoring and surveillance of youth. Without an acknowledgement and understanding of institutionally racist practices within the systems of child welfare, housing, mental health, and trauma, change will not happen.

Lessons learned

The radical feminist in me wants to burn the child welfare system to the ground. I do not believe that this system is working or making a difference for young people preparing to age out of care. The realist part of me is aware, that burning down the system, would not fix the problem. The child welfare system is not working in favor of young people and of families. Within this system, many young people are abused, put down, told they are not enough, and called monsters. Some call these young people forgotten. Pulled from their families, many experienced losses

and further abuses within their foster or adoptive families. Some were continuously abused in their biological families and never removed or intervened with until they became “too difficult to handle” and were ultimately taken into care because of their behavioral health needs. Many I have worked with have been in residential care for the majority of their adolescence or were removed from their foster home before aging out in order to “learn independence.” On top of heart-breaking stories of loss, abandonment, abuse, and systemic hardships, this population is more likely to experience repeated traumas and disruptions of housing and relationships (Lang, et al., 2017). It is incredibly difficult to watch a young person struggle with mental health and risk taking because they feel unloved. This is not occurring only while in care, but continues after young people emancipate. I personally have received phone calls from former youth-in-care who I worked with- who are now 26 years-old, homeless, desperate, asking for help, and looking for anyone to listen.

There is pain that exists among these young people. This pain is brought on by years of being misunderstood, countless losses, countless times feeling like there is no one. The child welfare system as a whole is implicated in continuing this pain, as are private agencies paid through the state to provide effective mental health care. I am implicated.

In alignment with the many losses I observed and uncovered in this project, I also experienced personal losses in my short time working in this field. In my first year, as an intern, two young people died: one due to a gang related incident, and the other due to a violent conflict between several young people in the community. These situations resulted in my own, my colleagues, and young peoples’ sadness, grief, anger, and fear. Since then, there have been stabbings at program sites, threats by current and past program participants, fires, and other attacks on young people and staff.

In March of 2018, I had been actively working as a therapist in the YAP-TLP for about four months. I received a call from a client at about 9:30PM. This young person called me four times back to back. When I finally was able to talk to her she was crying and screaming into the phone that there was blood everywhere and no staff to be found. The staff member had been killed by a former program participant[2] who had come into the site. He was a beloved staff member who fought and died trying to protect the young people that were in his care. He did everything he could to help all young people in the program feel supported during and after leaving the program. As I sit here writing this, I have just learned of a young person who had just moved into the community, and was still in the program preparing to age out of care, who completed suicide after facing years of internal distress, substance use, continued abuse, violence, and pain that I cannot even begin to comprehend, let alone put it into words here and now. Trauma is a collective experience. The losses I have experienced are trauma. The losses and hardships these vulnerable young people continue to face is trauma. The losses that staff who have been doing this work for decades have experienced is trauma. These are traumas and losses that we have experienced as a community. The main thing I have learned about all actions at the agency, from the vice president of clinical operations to residential staff, decisions that are made, even when they seem unhelpful, unsupportive, and institutionally problematic, are made in the hopes of protecting young people and staff the best that any of us can in the moment, and I believe that we can do better.

Along with the countless pain and distress that these young people many experience there is incredible strength. There are young people whose trauma stories are disturbing, but they get up every day, go to school, fight, push forward, and take care of others. There is also resilience in

[2] This young person had aged out several years prior, had a diagnosed SMHC, struggled with substance use, and experienced chronic homelessness and interactions with the justice system.

the little things, young people building relationships with peers, looking out for one another, being a constant for others. My clinical supervisor and I had countless conversations that included statements just in awe of young people who are able to survive, just knowing a portion of what they have experienced in their previously living situation. Within the interviews there are stories of young people living with other former foster young people, trying to get by, trying to do better. Young people will be the first to offer a dollar, to say it will be okay, and to offer support during a hard time. I have had young people help me, without knowing in many cases, get through my own struggles, with their ability to find the sun through all the clouds. Young adults who are aging out of care are resilient and they are amazing and they deserve to heal, to be challenged, and to find their purpose in this complex world. They deserve every opportunity and deserve to be supported while they are trying to figure out their next step in life.

What I have learned in this process is that language has an impact on how both staff members and young people interpret the conceptualization of adulthood. For staff members, there is a certain frustration that is witnessed in young people not meeting the expectations of the programmatic and state guidelines. Although their voices are not central to this process, my conversations and observations lead me to know that this is a place to start change. For young people, they take in every word we teach them. They interpret each step in this process the way that we have problematically laid it out for them. Without a programmatic re-conceptualization, staff, administration, the child welfare system, and young adults who are aging out of care will not learn any differently.

The most important study take away is the erasure of race and other identity formation processes within this program. To focus on systemic racism, there is an understanding for the majority of these young people, they will continue to be put down by systems they will

ultimately inhabit. There is also historic systemic racism within the child welfare system, from federal to individual that plagues this system. Within the institution of the program, there are race politics that I have observed, more now than ever in my ever-changing access to different layers of the program. There is an impact of power and race politics throughout the structure of the organization within this programmatic structure, not to mention a complete absence of discussing how race plays a role within the program and the development of young people.

Limitations

The first project limitation is that this study was exploratory in nature and took place in one particular state and transitional living program. The project relied on two large documents, one from the state child welfare system and one from the transitional living program, which do not represent the entirety of the system nor the program's conceptualization of adulthood for youth aging out of care. Additional policy and policy documents from additional states and transitional living programs should be examined in the future to better understand expectations of adulthood for youth aging out of care. The project did not include child welfare or mental health program employee perspectives that could further illuminate system and program culture, policies and practices.

The second limitation is that it was a secondary analysis of previously collected in-depth interview data that explored transition experiences. I would have included questions that related directly to my goal of understanding independence, young people's experiences and strive to meet the expectations set by the program, state, and their own interpretations, and experiences around race and racism in the program. I was also unable to observe the interviews of young people. Sometimes silence, reactions, and the observation of surroundings are a better depiction of what is really happening to young people as they age out of care.

The third limitation is that this project took a deep dive into the experiences of a very specific subpopulation of the aging out population: youth diagnosed with serious mental health conditions. This study also includes a small sample size of only ten female-identified and gender non-conforming identified youth. Although this is an understudied population, there are limitations in generalizing these findings across all youth aging out. Findings can be generalized to those aging out of semi-institutional care settings who are applying for SSI due to their psychiatric disability.

Goals & Future Work

This project contributes to the child welfare literature and feminist scholarship due to its unique examination of the intersection of mental health, child welfare, residential treatment, and institutional racism. This project also contributes to the field's understanding of the particular value of interdependence and the real tension between independence and dependence that exists for youth aging out of semi-institutional care with serious mental health needs. In an act of my own resistance, I developed future goals from an institutional perspective, a practical perspective, and a research perspective. These goals were not created in a silo, but through the work of activists, program leaders, other researchers, and agents of change. The majority of these agents of change are Black scholars, thought leaders and activists who have inspired me, including: Carolyn Boyes-Watson (of Roca), Rashad Shabazz, Aimee Carrillo Rowe, Traci C. West, Camille Williamson, Christina Jackson, Leeja Carter, bell hooks, Beth Richie, and many others I will continue to discover on my journey to reach these goals.

Goals for future research: Research as action. Research is action. I aim to continue research of youth aging out of care using longitudinal qualitative study designs, incorporating

community-based participatory action research principles, and adopting antiracist research principles and practices.

Longitudinal Research. Longitudinal research of youths' personal aging out experiences is incredibly limited. There is also a lack of following young people after they age out beyond one year or more (notable exception, Dworsky, et al., 2011). To better understand continued needs and barriers, future research must longitudinally follow young people, qualitatively capturing their experiences beyond one-year post-emancipation. Ideally, study participants will be recruited from across the U.S., from urban, suburban, and rural settings, and with varying care and aging out experiences, such as from foster families, independent living arrangements, group homes and transitional living programs. The participants who competed the interviews used in this study will be out of care for 6-7 years at this point. In my current position, I aim to recruit these young people for in-depth interviews to better understand their experiencing navigating the transition to adulthood and the social supports they accessed to do so.

Youth participatory action research. In order to foster change and apply an antiracist lens, youth voices must be central to research of youth aging out of care. I aim to support former foster- youth to conduct their own research. In my current role, I have had the opportunity to supervise and support young people with various lived experiences with trauma, mental health, and institutionalization. However, I now aim to recruit, train, and support young people of color, and who were formerly in care to be a part of every research project phase from conceptualization, data collection, analysis, and translation. Empowering youth-in-care and former youth-in-care to contribute to and make meaning of their life experiences – while producing knowledge and insight is critical for real change.

Acknowledgement of race and racism and the shift to study change. This project's findings and aging out literature largely lacks investigation or discussion of how historical and continued racial trauma impact youth aging out of care. Future research should not only acknowledge the reality of racial trauma, but also examine actions related to systemic racism. This process will include assessing and evaluating calls to the police and institutionally racist practices, utilizing racial and gender identity demographics to bring light to disparities, and actively include antiracist evaluation and research practices in the work that I do and will continue to work towards.

From punitive rules to restorative justice. The current state of child welfare is inherently racist and criminalizes youth. Youth of color, specifically Black youth, are disproportionately placed in the child welfare system. Black youth mental health and trauma needs are then criminalized while they are in care. Child welfare state systems and providers need to transform from criminalizing youth with racist policies and practices to addressing community and family healing (as opposed to individual self-sufficiency achievement) using restorative justice to guide policies and practices. Child welfare and mental health providers that serve older youth in care must adopt policies that acknowledge the legacies and histories of racialized trauma - instead, of policies that encourage the use of police, the use of force, and the use of monitoring, surveillance, and punishment. Child welfare and mental health researchers must examine the use of police in de-escalation and AWOL policies – and investigate alternatives to police involvement in order to prevent further criminalization of youth aging out of care.

A Call for Policy Change. Below, I outline specific changes to child welfare policy that must be made to positively impact the lives of young people aging out of care. They include a cease of criminalization of youth through policies, adoption of restorative justice framework, and a

reconceptualization of independence. These are inspired by or are examples of ideas from Black agents of change and from my work in social services.

Stop criminalizing practices. The criminalization of participants outlined in the findings highlights how youth are criminalized for being away from programming, for not following rules, and for just living. The punitive consequences lack a trauma informed lens as they contribute to the criminalization of youth in care. Young people often enter care because of the criminalization of Black motherhood and families or due to being different from an adoptive family system. This is not an aging out of care issue, but a systemic issue that begins with the criminalization of families and removal of children from the home because white people did not think that Black folks could be good enough parents.

Child welfare systems and programs for older youth have an opportunity to create change. Current practice includes calling the police if a young person is missing for a few hours post curfew for residential programs and after 24-hours for TLPs. This happens regardless if a young person has been in contact and is in a safe place, if the place is not approved. A shift away from use of the police would include no longer calling the police when a young person is missing for a couple of hours or if the young person has been in contact. In the event that a young person is actually missing or there is a lack of contact, a missing person report can be filed. There should also be a plan to reduce calls to the police in general, creating alternative crisis support teams for DCFS programs, as well as communities. A reduction of police to only being sought for extreme violence will decrease criminalization of youth in care. It will also create a sense of safety for young people, namely Black youth, who are supposed to be in the child welfare system in order to be safe, not to be treated differently or as criminals for engaging in developmentally

appropriate behavior, including spending time with loved ones and friends in the community and experimenting with substances.

Restorative Justice and community building. Along with reducing police calling, there should be a drastic shift away from the use of consequences and punishment for minor infractions (i.e., missing an appointment) and a shift toward accountability. Child welfare and providers serving older youth lack accountability and community-trauma informed practices. There is this underlying fear of bringing young people together as well as a lack of willingness to look beyond the individual. This leads to punishment instead of accountability. Through accountability practices, programs could support young people in learning to manage conflict and understand their actions, versus punitive punishment. This could include the use of peace circles where the young people with their peers and staff could process and create strategies that would be helpful in creating change within a young person's actions or identifying the deeper barrier. There are examples of successful program models that support accountability rather than criminalization.

Carolyn Boyes-Watson (2008) describes the model at Roca, an urban youth outreach program, as a model of transformational relationships. This process supports the creation of trust and connection between young people and staff people who treat every young person with unconditional love and accountability. The process of unconditional love and accountability means that they enter each relationship with a young person seeking support with love and without judgement while holding young people accountable for their actions through the use of peace circles practices and at times terminating the relationship, while always offering an option to rebuild. Roca intentionally embraces young people who have been rejected from everyone else. This process involves building relationships and trusting connections, which takes time for

young people who have experienced several abusive and disrupted relationships with caregivers. Staff keep consistent expectations of young people. Through the use of peace-circles, young people develop trust and learn how their actions effect those around them.

Child welfare and providers who protect and serve older youth in care can learn from Roca. Both need to commit to adopting and integrating a restorative justice framework to prevent the criminalization of youth – and to boost positive outcomes among youth as they age out. All young people deserve to feel loved and unabandoned – and to be held accountable and understand accountability through learning how their actions impact those around them as they prepare for emancipation.

From independence to sustainability. Child welfare focuses on preparing youth aging out of care for independence. Although the policy documents examined in this study mention that young people need supportive relationships to achieve independence, there is a lack of any plan or strategy to develop of these critical supports. Document language reinforces this idea: *"you need to be independent and have people to process and help you along your journey to independence."* There needs to be a shift from young people being independent to a focus on sustainability. Sustainability as in creating policies and practices for young people to obtain and maintain housing, basic needs (i.e., food, clothing, transportation, laundry, technology) and access to health care and medications after aging out of care.

Housing vouchers & housing cooperatives. In my experience as a therapist in a program serving youth preparing for emancipation, young people aged out of care from transitional and residential programs into poverty. Many of were placed in housing they could barely afford in poor, resource lacking neighborhoods. Housing vouchers that cover a portion of or full rent for a certain time period should be made available to young people to age out of care into poverty.

Housing vouchers are based on a person or a family's income and can offer options for utility allowance. Young people then can live in a safe place post-emancipation while they can find and maintain employment, attend school, and get involved in their community. Housing vouchers can alleviate the stress youth experience as they face poverty and looming homeless after aging out of care.

Along with the basic financial distress experienced by young people aging out of care, I have witnessed major shifts in relationships as young people emancipate. During their time in the program, young people are surrounded by people. They have staff onsite 24-hours a day, live with other young people, and have a clinical, vocational and transition team consistently connecting with them. The majority who aged out of care moved into apartments on their own. Many experienced high levels of loneliness after leaving transitional living and residential programs, evident in the interviews and in observations. Having roommates and living with romantic partners are not encouraged for young people in DCFS care. This needs to change if young people are to be successful with independence. Other 21-year-olds live with roommates and family. Child welfare systems and providers should not only permit, but encourage and incentivize young people to live with roommates or in housing cooperatives. These housing options are more affordable and sustainable long-term post-emancipation, as well as, encourage building of community and social connection.

Beyond housing. Language has meaning for identity on all levels: systems, programs, staff and young people. The neoliberal language coming from child welfare administration to program administration to direct care staff to young people centralizes the incredible importance of doing life on your own. Without a complete shift in philosophy and language on all of these levels, there will be no change. For example, the program emphasizes it is individually tailored, which

is ideal as each young person's needs and journey is unique. However, there is an immense focus on independent activities of daily living: cooking for oneself, cleaning for oneself. Even in housing sites with a shared kitchen, community meals are not encouraged. Exceptions are holiday meals, which staff facilitate in supplying, cooking and providing the food. Encouraging individual independent living is not helpful in attaining or sustaining independence post-emancipation. Child welfare and providers need to support young people in learning more than financial and household management skills. Young people need to learn to build sustainable lives in community. Providers need to shift from an individual focus to a community focus.

In 2016, Kate (named changed) moved from a homeless youth transitional living program, where I worked as a therapist, to a housing Co-op. Kate stated she was ready to move away from the feeling of being monitored 24-hours a day, but not ready to live alone. This cooperative housing program housed people across socioeconomic status and professions. Their philosophy was rooted in community living, including shared housekeeping, meals, and activities. Kate was scared to live in this type of setting as there were expectations of her not enforced through program-specific consequences, but rather in her accountability to the residents and functioning of the co-op. This new responsibility was new to Kate. Others could be negatively impacted by her inability to get out of bed and cook a meal on a particular day. I remember several phone calls of her being afraid that she was not ready for this expectation, but Kate figured it out. She was held accountable by her housemates and to the household. Kate learned to ask for help from house leaders and veterans of the housing co-op when she needed it.

Witnessing a young person successfully navigate co-op life was fascinating to me. The housing-based community continued to challenge me to see housing beyond what I was personally taught growing up middle-class in the United States. I was taught that success as an

adult is living in your own apartment – just like what is being reinforced among young people aging out of the TLP in this project. This ideology is neoliberal and it is not working. The program in this study and those across the country, “house” and “treat” young people who, by my own observation, have been rejected by or abused by family, foster families, adoptive families, and a system in place to protect them but has led to more harm. Entering care, in particular institutional care, is an ambiguous loss for young people (see Samuals & Pryce, 2009). Programs need to embrace and welcome these vulnerable and traumatized young people – instead of focusing on increasing their individual independent living skills.

When a young person enrolls in a program with the goal of emancipation, the program should celebrate and welcome them to the community. Transitional living and residential programs should be modeled after housing cooperatives. In learning more about housing cooperatives, these spaces are not only affordable options, but spaces focused on community that embrace the philosophy of group-equity. This means a focus on taking care of each other and making sure that each person has what they need. The guidelines include a philosophy of working together to make meals, garden, bake, and complete other household tasks. This can include each housemate being responsible for cooking and preparing meals, which would ensure that young people hold each other accountable. With program support, this can be a brave space to identify conflict and frustrations – and work through them. Co-op housing often has a community garden, work spaces, kitchen and gathering area. This group housing design is not that different from a group home, residential program, or transitional living program. Programs that aim to better prepare young people for independence should consider co-op philosophy and design.

In the epilogue of *Spatializing Blackness*, Rashad Shabazz (2015) identifies the need for Black Chicago to grow their own food to change the culture and create sustainability of Black communities. The creation of community gardens can offset the detriments of food deserts and positively impact the psychological, emotional, physical health and wellbeing of individuals and communities. Although gardening together is one example of cultivating community, it has the capacity to have an immense impact on older youth in care preparing to emancipate. Only when the child welfare system and mental health providers move away from the toxicity of independence toward sustainable communities, will young people aging out of care be actually prepared to navigate the transition to adulthood successfully.

An ending of hope. I have a unique position, given my experience, insight, and capacity to partner with young people and cultivate change. What is life giving for me is working with young people as co-creators and collaborators. In my work as a therapist, and my work now as a researcher and Advisory Board Coordinator, I have continued to cultivate a space where youth voice is at the center. I have been able to create spaces of community and togetherness. I have challenged my colleagues to reflect on and grow in their process toward this new wave of working with young people with mental health challenges. I am in a space where I can challenge other staff to see young people as more than disabled, as more than needing to be independent, and shift in focus to teach and guide young people to understand the importance of community. I have the honor to work with other colleagues who believe the same or are open to learning and advocating for young people. Through the constructing of this project, I have watched change begin here at Thresholds. I have seen staff start to question practices, ask the deeper questions, learn to listen to the needs of young people beyond just assuming they do not want to be

successful. There is a long road ahead in this movement, and I see the possibility and reality that change can happen to improve the futures for youth aging out of care.

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Appendix A: IRB Approval & Letters from the Agency

Appendix B: Data Sources

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Appendix C: Interview Questions

Success

1. How would you define success for someone who has exited YAP?

2. What helps a former YAP member to be successful after leaving YAP?
   Probe: What makes it hard for former YAP members to be successful in adulthood?
   Probe: What's helped you be successful? What's made it hard for you to be successful?

3. What supports do you think people leaving YAP need in order to be successful? Why?
   Probe: What supports do people need after exiting YAP? Why?

4. How does being in foster care that impact a young person's ability to be successful? Or to have supports that help one to be successful?

5. Are there things about having a mental health condition that are unique and affect the social support someone might need? If yes, what are those? If no, why is there no difference?

Transition

6. In general, what's it been like since you left YAP? How are things going?
   Probe: What have you been successful with? What have you struggled with? Why?

7. Is life how you expected it to be?
   Probe: housing? Work? School? Family? Friends? Health? Finances? Services?

8. How did your time at YAP prepare you for your experiences so far?
   Probe: What was helpful? How was it helpful? What was not helpful and why?
   Probe: What was your transition planning like? Who was involved? How were you involved in planning?

9. How prepared did you feel to emancipate and live independently?

Mental Health & Services

10. How do you feel about having a serious mental health condition?
    Probe: Do you think you have a serious mental health condition? Why or why not?

11. What do you think about SSI?
    Probe: How is SSI important for success? What has your experience with SSI been?

12. What comes to mind when you think about getting help with your mental health?
    Probe: Does this include meeting with a therapist or psychiatrist? Why or why not?
    Probe: How do they help members to be successful? How have they helped you to be successful since leaving YAP?

13. I've heard from others that sometimes mental health can get in the way of transition planning and being successful in adulthood, what do you think about that?

14. How has your mental health impacted your success since leaving YAP?

15. How do you take care of your mental health?
    Probe: Any formal supports like therapy or case manager? Why or why not?
    Probe: How long have you received this help? How often? How does it help you to be successful?
    Probe: Any changes in how you take care of your mental health in the last 6 months?

16. How do you envision your life 6 months from now? What about 5 years from now, when you are 25, how do you envision your life?
    Probe: Do you know anyone who is 25 or older? How are they successful? (or not?)
    Probe: What do you think is most likely to happen for you over the next few years?

17. What supports did you lose when you left YAP? What supports did you gain? Why?

Relationships

18. Who are the most important relationships for young people exiting YAP?
    Probe: Why are they important? How do they support the success?
    Probe: Who are the most important relationships for young people after they exit YAP? Why?

19. Who are the most important relationships in your life right now? Why are these important?
    Probe: What are your relationships like with these individuals? How do they support you?
    Probe: How do you maintain connected to this person? What's made it hard or easy to stay in touch?

20. What role do you play in their lives?
    Probe: Do these people ever come to you for help? What motivates you to help?

21. What do the people who you have these important relationships with think about mental illness?
    Probe: What do they think of mental health treatment? How are they involved in your mental health treatment?
    Probe: If you were struggling with your mental health – is this someone you would tell? Why or why not? Have you in the past? How did that go?

22. How your relationships with these individuals changed since you left YAP?
    Probe: Why do you think this is?
    Probe: Were the changes helpful to you or harmful? Why?

21. Are there people that you didn't mention who you would like to someday have relationships with?

Probe: What needs to change in order for them to be closer to you?
Probe: If you had a close relationship with them, how would your life be different? More successful?

Your Advice

22. Now, if you were in charge of YAP, how would you help members to plan their transition out of YAP and
be successful in adulthood?
Probe: How or would you involve them in planning for the future?
Probe: Would you do anything around their mental health condition? Do young people with serious mental health conditions need something extra or different or more or less help?

23. What advice do you have for those preparing to exit YAP?

24. Anything else you feel is important for us to know about you and your experiences?