

The Well-Being of DCFS Wards

A random sample of 351 DCFS wards were assessed in 2001 using a variety of surveys, reports, and scales to measure children's functioning in the domains of safety, permanence, health, mental health, and education.

Data were drawn from surveys of caregivers, caseworkers, and audio computer-assisted interviews with the children. Other information came from record abstractions of case files and school records. Some record abstraction materials were augmented with interviews from caseworkers and/or school personnel.

Groups of children were compared for significant well-being differences by gender, age, race, time in care, type of placement, and region. Following are some key findings:

Education

- Forty-six percent of wards ages 5 and older are behind a grade or more for their age; older children, males, and children receiving more intensive placement services are more likely to be behind a grade or more than younger children.
- Wards miss an average of 3.2 days per quarter; rates are higher for older children.
- Forty-eight percent (48%) of wards receive special education.
- Seventy-one percent (71%) of wards are below grade level in math and 67% are below grade level in reading.

Physical Health

- Almost forty percent of wards are diagnosed with a physical health condition.
- The most commonly reported physical health conditions are: physical injuries (head trauma, burns, other abuse or lead poisoning), asthma and other respiratory disease, and in-utero substance-exposure.
- Male children, white children, children living downstate, and children placed in specialized, group, or residential care are more likely to have a physical health condition.
- Twenty-two percent (22%) of wards are reported by caregivers as not receiving health care for a health condition.

Mental Health and Behavior

- Forty-one percent (41%) of wards have a mental health diagnosis and another 7% are reported as having severe behavior problems.
- The most common diagnoses are Attention Deficit Disorder, Depression, and Post-Traumatic Stress.
- Twenty-one percent (21%) of wards take psychotropic medication; children ages 6-13, white children, males, and wards living in specialized, group, and residential settings are most likely to take psychotropic medication.



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- Caregivers report that 70% of wards they identify as having an emotional or mental health problem are receiving mental health services; children in group and residential care and children downstate are the most likely to receive mental health services.

Safety and Permanence

- Maltreatment allegations of the children in the study mirror those of the DCFS population of wards. Ranked from most to least prevalent are: substantial risk of harm, neglect, lack of supervision, substance exposure, physical and emotional abuse, and sexual abuse.
- Within one year of observation, 39% of children in the sample exited placement to a permanent home.

Audio Computer-Assisted Interviews

- 8 children out of 45 (18%) said that they were sad and depressed most of the time.
- 5 children out of 45 (11%) said that they felt nervous and worried most of the time.
- 3 children out of 45 (7%) said that they did not want to go on living most of the time.
- 2 children out of 45 (4%) reported that there were no adults in the home or outside of the home they could count on to comfort them when they were scared or upset.
- 6 children from 6 different private agencies were reported to DCFS Clinical Division due to self-reported maltreatment in the foster home (being hit) and/or self-reported, persistent suicidal thoughts. All 6 children received assessment and treatment as a result of their participation in the study.

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