

CONDITIONS OF CHILDREN IN OR AT RISK OF FOSTER CARE IN ILLINOIS

AN ASSESSMENT OF THEIR SAFETY,
STABILITY, CONTINUITY,
PERMANENCE, AND WELL-BEING

A report by the
Children and Family Research Center
School of Social Work
University of Illinois at Urbana-Champaign

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ACCOUNTABILITY FOR CHILD WELFARE OUTCOMES

Parenthood is a relationship of care, commitment, and trust that is bestowed on most children at birth.

While it is expected that parents will naturally protect and permanently care for their children, there is no guarantee that this expectation will always be honored. Care is sometimes neglected; commitments can be broken; and trust may be violated. Whenever deviations from norms of parental solicitude are chronic or serious enough to jeopardize the safety of the child, public authorities have the responsibility to intervene and to work towards remediation of the conditions in the home, or when family preservation or reunification is not possible, to promote alternative permanent relationships through adoption and guardianship.

Child Protection and Placement in Illinois

In FY 2007, approximately 259,000 calls of alleged parental neglect and abuse were phoned into the Illinois Department of Children and Family Services (DCFS, the Department). Approximately one out of four of these calls (26%) were determined to warrant further action and are referred for formal investigation by local offices. These approximately 68,000 reports of suspected abuse or neglect involving about 112,000 children set into motion a sequence of decisions by DCFS and the courts that commence with the question of **safety**: Is there credible evidence to find that a child has been maltreated as defined under the Illinois Abused and Neglected Child Reporting Act.¹ In 2007, in slightly more than one out of four investigations of reported abuse and neglect, DCFS investigators found credible evidence to indicate approximately 28,000 children for maltreatment. This is up from approximately 27,000 in FY 2004 but down considerably from approximately 47,000 indicated cases of abuse or neglect in FY 1995.

For children indicated for abuse or neglect, child protective services (CPS) investigators must next make a decision about **stability**: Can the child be safely left or served in the home, or must he or she be removed and taken into state protective custody? In approximately four out of ten cases of indicated child maltreatment, DCFS will refrain

from any further involvement with the family. This can happen because the investigator determines that the children are no longer at substantial risk as a result of changed circumstances. For example, an indicated perpetrator (such as a baby-sitter or ex-partner) may no longer be present in the home or be involved in the child's care. In the remaining 60 percent of indicated cases, if it is desirable that the indicated perpetrator (mostly birth parents) stay involved in the care of the children and if it is determined that it is safe for them to do so, DCFS will make "reasonable efforts" to prevent removal and instead supervise the children in the home as a family case. In recent years, approximately ten thousand family cases with 17,000 children were opened for family services by DCFS and private agencies.

Sometimes safety considerations necessitate that a child be removed from the home and be taken into state protective custody. Investigators, police, and medical personnel make this decision with approximately 4,500 children. DCFS then has 48 hours to make its case before a juvenile court judge that there is an "urgent and immediate" necessity for retaining them longer in temporary state custody. In about ten percent of child removals, DCFS allows protective custody to lapse and the child is returned home. The remaining children are retained in foster care.

Disruption of regular parental care, even if it is abusive and neglectful parenting, can be extremely stressful to children. To minimize the trauma, best practice favors making out-of-home placement decisions that conserve **continuity**: Can a suitable relative be found to care for the child and siblings, or if kin are not available, can the child and siblings be placed in a foster family in close proximity to their home of origin, school, and neighborhood? DCFS places approximately 48 percent of entering children with relatives who pass home safety standards and criminal background checks (up from 36% in 2001). The remaining children are placed in family foster care, group homes and residential treatment facilities. Foster children placed with kin live three to four miles from their home of origin while those placed in traditional homes live 9 to 10 miles from their parents' home and 50 percent of children in sibling groups of all sizes are placed together in the same home.

After removal, DCFS and the courts immediately begin deliberating the question of **permanence**: Can the circumstances that led to removal be successfully ameliorated so that the child may be returned home, or if family reunification is not possible, can alternative permanent homes be found with caring relatives, adoptive parents, or legal guardians? In most recent years, Illinois has answered this question by finding permanent homes for 54 percent of the population in care for three years or less – 35 percent through reunification, 15 percent are discharged to an adoptive home, and 5% to a legal guardian.

For children under 18 awaiting permanence, DCFS as their public guardian has the obligation to oversee the promotion of their **well-being**: What measures can be taken to ensure that children’s developmental opportunities for leading a healthy and productive life aren’t unduly compromised by state intervention? The funneling down of 112,000 annual child investigations to 4,500 annual child removals means that DCFS and the courts are looking after the most vulnerable of the vulnerable. The child well-being challenge is further heightened by the fact that the residual group of foster children who are unlikely to attain family permanence constitute an increasingly older segment of public wards with special health, emotional, and educational needs. The need to focus resources towards this population is of growing importance in Illinois.

Accountability for Outcomes

DCFS and the courts have the ultimate responsibility for safeguarding the welfare of abused and neglected children at each decision stage of child protective intervention and placement. The B.H. consent decree is a formal agreement between DCFS and the federal court, which establishes a system for assuring that children are afforded minimally adequate protection and care. Under this agreement, the plaintiffs’ attorneys and DCFS have charged the Children and Family Research Center (CFRC, the Center) at the University of Illinois at Urbana-Champaign with the task of reporting to the federal court on the state’s performance in achieving the outcomes of safety, stability, continuity, permanence, and well-being.

The Center has, each year since its inception in 1996, produced a report examining a multitude of factors and conditions affecting the welfare of children in or at risk of foster care in Illinois. The work of the Center is conducted within a framework of results-oriented accountability that builds on a common foundation of clinical practice and social administration and conceives of public oversight as progressing through successive stages of monitoring, data analysis, systematic research review, evaluation, and quality improvement. Outcomes monitoring begins with the question of whether the state is on target in achieving desired goals established by federal and state statutes, consent decrees, and other goal-setting processes. Where progress toward specific targets is being achieved, the monitoring process continues another round of review. Where targeted goals are not being met, efforts are made to analyze the underlying conditions and trends that may need to be addressed to steer the system back on course. Wherever possible, we attempt to highlight promising practices and muster the best possible evidence showing whether current interventions are having their intended impact or not.

The report is organized by outcome area. Although there are variations in definitions, considerable consensus exists in practice, policy and law about the importance of the following outcomes of child protective intervention and placement:

- **Safety:** Children’s safety is the primary concern of all child welfare services, particularly the safety of children who have been identified as maltreatment victims.²
- **Stability:** Children are entitled to a stable and lasting family life and should not be deprived of it except for urgent and compelling reasons.³
- **Continuity:** Children should be placed in a safe setting that is the least restrictive (most family like) and in close proximity to the parents’ home.⁴
- **Permanence:** Every child is entitled to a guardian of the person, either a natural guardian by birth or adoption or a legal guardian appointed by the court.⁵
- **Well-Being:** Children should receive adequate services to meet their educational, physical and mental health needs.⁶

2 U.S. Department of Health and Human Services. (2004). Child welfare outcomes 2001: Annual report. Safety, permanency, well-being. Washington, DC: U.S. Government Printing Office.

3 First White House Conference on the Care of Dependent Children, January 25, 1909.

4 U.S. Social Security Act, Sec. 475. [42 U.S.C. 675].

5 U.S. Children’s Bureau (1961) Legislative guides for the termination of parental rights and responsibilities and the adoption of children, No. 394, Washington, DC: U.S. Department of Health, Education, and Welfare.

6 U.S. Department of Health and Human Services. (2003). Child and Family Services Reviews onsite review instrument and instructions.

In each of the following chapters, we present statistical data and other information on how well the state is achieving the above outcomes. Appendix A presents detailed breakdowns by child gender, age, race, and region of service delivery. **To facilitate interpretation, we chart statewide indicators so that increases correspond to improvement and decreases correspond to a worsening performance.** Although this convention sometimes leads to unfamiliar or awkward wording, e.g. percent not maltreated, percent not removed, we find that charts are more easily interpreted when downward consistently means lack of improvement and upward means progress.

The good news is that there has been upward progress in most areas as measured by statistical outcome indicators. Illinois shows continuing improvement, with only a few exceptions and warning signs. Reconciling this assessment, however, with the results of the federal Child and Family Services Review (CFSR), which enumerated Illinois among sixteen states that did not meet any of the seven federal standards used to assess state child welfare performance, requires explanation. CFRC has advocated since the inception of the AFCARS system that longitudinal data should be used to track outcomes for children. Currently the CFSR is based on data submitted through AFCARS – a data system that was developed to count foster children in various stages of care, but was not designed to measure outcomes. The good news is the Administration for Children and Families has announced a re-design of the AFCARS data that includes making the system longitudinal. While the final rules have not yet been determined, the proposed changes suggest that in the very near future we may have a federal longitudinal data base from which to track performance across the country. Tracking outcomes prospectively, as we have done in this report, from case entry to discharge can only be done through longitudinal data. Additional discussion of this issue occurs later in this chapter.

Background on Child Welfare Reform in Illinois

In 1995 Illinois registered the highest per-capita rate of out-of-home placement in the nation—17.1 per 1,000 children under age 18. This largely arose from policies adopted in the late 1980s to address the protection and care of children living apart from their parents in the homes of relatives. Between 1987 and 1997, the number of children in state custody rose from 15,000 to 51,000 children. The

rapid build-up of children in “out-of-home care” reflected a peculiar bent in Illinois policy that permitted and encouraged the taking into public custody of children who were living informally with extended kin.

Many of these children had been left voluntarily in the custody of kin by birth parents who made private arrangements with extended family members to look after the children until the parents could get back on their feet. As these informal arrangements lengthened into months and sometimes years because of parental drug addiction or continued absence, the relatives (mostly grandparents) eventually ran into legal difficulties when it came time to enroll the children in school or to obtain medical treatment. Because they lacked formal legal authority to consent on the children’s behalf, many were counseled to seek assistance by phoning in an allegation of parental neglect to DCFS.

Because in most cases the legally responsible parent was absent from the home, DCFS investigators could indicate the child for lack of supervision (by the parent) under the definition of neglect in effect at the time. Once indicated, state attorneys could exercise their discretion to screen these children into state custody. In many of these so-called “grandmother cases,” the child was retained in the custody of the relative who had made the “hotline” call. In this way, most of the growth in foster care between 1987 and 1997 was accommodated by the placement of children with kin, which grew from 4,200 to 28,000 children.

Addressing the rapid build-up of children in kinship foster care required a more nuanced approach to handling the needs of children in informal kinship care. So DCFS proposed and the General Assembly passed in 1995 sweeping Home of Relative (HMR) Reform legislation that changed the way the state dealt with relatives in two important ways:

- (1) DCFS stopped taking into foster care those children in pre-existing kinship care arrangements where no safety concerns existed.⁷ Instead, it offered alternative Extended Family Support services to grandparents, aunts and uncles to help stabilize these informal kinship arrangements; and
- (2) DCFS implemented a single foster home licensing system in which relatives are eligible to participate if they apply and meet the standards. The Department continued to place children in non-licensed kinship care if the home passed basic safety and criminal checks. Children in these homes are supported at 100 percent of the IV-A (AFDC) “child only” standard of need.

⁷ The change in statute reads as follows: “A child shall not be considered neglected for the sole reason that the child’s parent or other person responsible for his or her welfare has left the child in the care of an adult relative for any period of time.”

As a result of HMR Reform, the number of children indicated for lack of (parental) supervision (many of whom were living safely with kin) dropped and intake into DCFS custody sharply declined.

Although the runaway growth in foster care intake was curtailed, changes at the front door were not enough to “right size” the system. Children were staying far too long in the custody of the state. The median length of time in out-of-home care had lengthened from 10 months for children entering foster care in 1985 to 46 months for those entering care in 1994. Research commissioned by the Department showed, however, that many of these children were, for all practical purposes, “already home.” Reunification had been ruled out, and many of the children in relative care had been living since birth with their extended family. The state’s challenge was converting these stable substitute care arrangements into legally permanent homes.

Turning stable placements into legally permanent homes was accomplished through a series of steps. First, state laws were changed so that undue hesitancy about terminating parental rights was removed as a barrier to adoption. In 1997, the Illinois General Assembly passed comprehensive legislation (“Permanency Initiative”) which

anticipated the federal reforms of the Adoption and Safe Families Act (ASFA) and eliminated long term foster care as a permanency goal, reduced permanency planning time lines to one year, and directed the Department to engage in concurrent planning. Second, the state opened up a new pathway to permanence for children for whom adoption was not recommended. Illinois’ federally approved IV-E Subsidized Guardianship Waiver Demonstration was begun in 1997. It extended subsidies to families assuming private guardianship of children who otherwise would have remained in substitute care. Third, DCFS implemented performance contracting in 1998 for its largest caseload, the Home of Relative (HMR) program in Cook County. Under the arrangement, performance contracting exchanged increased resources for improved results—providers received increased fees to purchase specific supports, but they had to more than triple their permanency rates. The majority of providers were able to meet these goals, and the result was the first significant decrease in kinship care caseloads, which were followed a year later by reductions downstate when performance contracting was extended statewide.

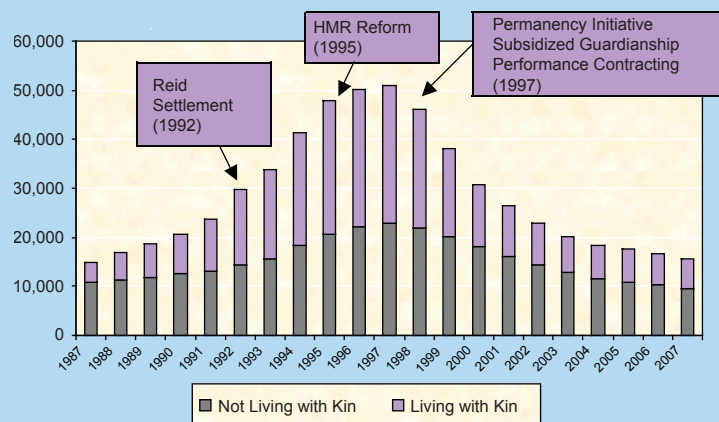
As a result of these three permanency initiatives, the substitute care caseload in Illinois declined from a peak of 51,000 children in 1997 to under 16,000 today (see Box I.1). Permanency rates jumped from 10 percent of children ever served in foster care in 1995 to 20 percent in 2007. The median duration of care for new entrants dropped from 46 months in 1994 to 25 months in 2005. In mid-2000,

Box I.1—Changes in End-of-Year DCFS Caseload

The history of kinship foster care in Illinois provides an important backdrop for understanding the changes in the number of children in publicly-supported foster care in Illinois. The U.S. Supreme Court ruling, *Miller v. Youakim*, stipulated in 1979 that relatives who met state licensing standards could not be denied federal foster care benefits. But it was not until Illinois established separate home approval standards for kin in 1986 that the size of the Home of Relative (HMR) program took off. In 1992, DCFS entered into the Reid Consent Decree that effectively closed off guardianship and kinship custody as discharge options. The implementation of HMR Reform in 1995 reduced the intake of children into kinship foster care but did not impact the large backlog of children in long-term state custody. Follow-up legislative changes (“Permanency Initiative”), the federal subsidized guardianship waiver

demonstration, and performance contracting promoted the discharge of foster children to permanent homes. As a result, the number of foster children in state custody declined from a peak of 51,000 to under 16,000 today.

Figure I.1 **Children in Substitute Care**



the number of children in state-supported adoption and guardianship surpassed 31,000 children, exceeding for the first time the number of children in substitute care. There are currently 44,000 former foster children in publicly-assisted permanent homes in Illinois, compared to fewer than 16,000 children in state-funded foster care. By 2008, it is projected that the number of children in nationally federally-assisted adoptive homes will exceed the number in federally-funded foster homes by an order of 2 to 1.

The Children and Family Service Review

In August, 2009 DCFS will go through Round II of the Children and Family Service Reviews (CFSR). This round brings a new set of outcome measures by which the federal government will judge each state's performance. In preparation for this, we have included a comparison of the outcomes presented in this report and those that will be used in the CFSR. Appendix B compares how the results detailed in the Conditions of Children report differ from those used in the Children and Family Service Review (CFSR).

In summary, the discussion of outcomes shows that when looking at **safety** in terms of the recurrence of maltreatment measure, the federal measure differs from that used in this report in that it examines children maltreated in the first 6 months of a reporting year and tracks recurrence for the following *6 months*, while our measure examines recurrence within *12 months* of the initial report. Examination of the data trends for these measures indicates that child safety in Illinois, as measured by both 6-month and 12-month non-recurrence rates, has improved over the past decade, although non-recurrence rates have remained nearly constant for the past five years. It should be noted that 6-month non-recurrence rates in Illinois do **not** currently meet the national standard of 94.5% or higher; current rates are 92.7% statewide.

Both the CFSR and Conditions measures look at **stability** in terms of the number of moves a child experiences within the first year of care. The difference, however, is that the Conditions measure looks only at children who have made it to the one-year mark in care, and the CFSR measure looks at all children in care less than a year. The CFSR measure treats a child in care for 2 days or two months the same as the child who has been in care for one year. In the Conditions report we limit our analysis to children in care for one year to make equal comparisons.

The general message from both the CFSR measure and the measure used in this report is that the stability of

children in their first year of care is improving. Currently, the state-wide number is: 78% of children in care for one year or less (as measured in the CFSR) have two or fewer placement settings while 79% of children in care for one complete year (the Conditions measure) had two or fewer placement settings.

The **permanence** measure that most closely resembles what we use in this report and the CFSR looks at all the children that have entered care during the same time frame, and tracks their outcomes for a period of time. Due to the limitations of the AFCARS data, the CFSR measure tracks only cases that enter within the first six months of the year. In this report we use a similar measure, except that we include all children that entered during an entire year. Both of these measures produce similar results — both show the state-wide rate of 19% of children reunified within a year, with Cook County being much lower (9%) than anywhere else in the state.

This measure for **re-entry after reunification** is designed to look at all children who were reunified, and measure those that re-enter foster care within one year. However, in the AFCARS reporting system, the reason for discharge is not always known, so there is an assumption of discharge to reunification. This makes it difficult to figure out how to compare this to our results. We look at each type of permanence and the percent that re-enter care within two years (or rupture for the other types of permanence). The CFSR measure and the Conditions measure paint different pictures: The CFSR shows that Southern region is the outlier, with the fewest re-entries, but looked at over a longer period, the data in this report shows that Cook County has fewer re-entries from reunification. What this comparison tells us is that one must follow a child for at least a few years to determine if the permanent placement will last. However, the limitations of the AFCARS data does not allow for this.

Future Challenges

Meeting future challenges calls for innovative twenty-first century partnerships between states and the federal government, which can strengthen families and prevent entry into foster care, fulfill traditional foster care obligations and support and strengthen newly formed families. Illinois' success in preventing child removal and moving thousands into permanent homes does not mean that follow-up work with the smaller number of remaining foster children grows simpler.

To meet the complex needs that face children and families today, attention needs to be paid to preventing placements by supporting families at home, in intact family settings. For those children that need to come into care, attention should be given to ensure that those placements are as short as possible, and that biological as well as foster families are supported and strengthened while in care. The residual group in state custody comprises an increasingly older population of foster youth with complex developmental, educational, and mental health needs.

Finally, families need to be supported after they exit the formal foster care system. The shift from foster care to family permanence does not mean that the work of supporting and strengthening these new families necessarily ends. Even though regular casework and judicial oversight are no longer required, these homes still need occasional support to ensure child well-being and sometimes more intensive interventions to preserve family stability.

Box I.2—Focus on Older Wards in Illinois

Attention has been brought to the need to provide child welfare services that address the increasing number of older youth in care. We often look at trend data to understand these changes, usually trends over the past seven to ten years. For this analysis, however, we looked at data over the past 20 years to understand the system prior to the reforms mentioned earlier. We found that what Illinois is experiencing in 2007 is not a ‘new’ system, rather a return to the old. In 1987 and in 2007, the population of children in care was similar, approximately 15,000 children in care at both time points. In addition, the number and percent of children aged 12 and older at both times was approximately the same. A side-by-side comparison of the age of the population in care at these two points is displayed in Figure I.2.

The perception of an aging caseload is one of recent history. Examining the data in Figure I.3, we see almost perfect symmetry. The two decades that span this time period saw an expansion, and then contraction, of the middle age-groups of children – those aged 3 to 11 years old, with very little change in the oldest and youngest age-groups. The impression of an aging child welfare population is relative to changes in caseload composition since 1997. The age-groups of children in care has decreased at different rates, with the largest decrease occurring among the middle age groups – children in care aged 6 to 8 and 9 to 11 have each experiences a 78% decrease since 1997.

Figure I.2 Number of Children in Care by Age

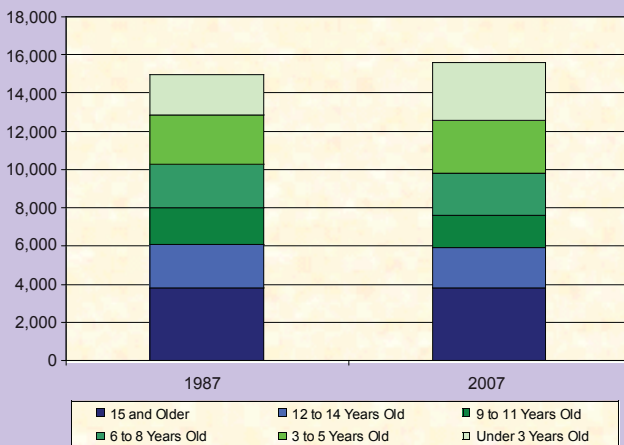
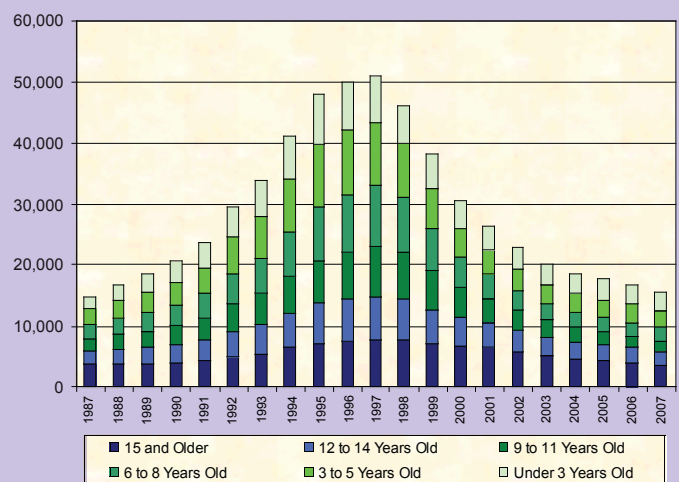
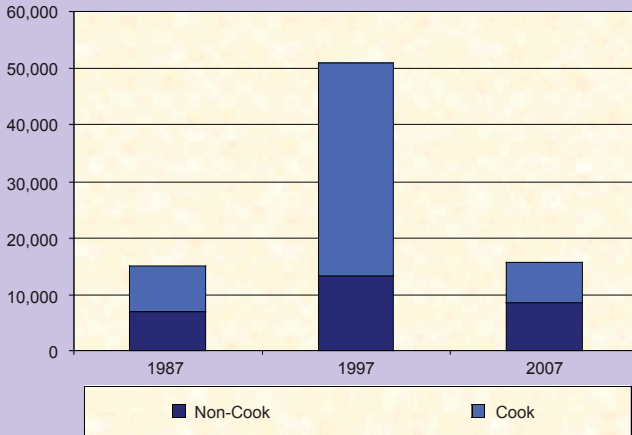


Figure I.3 Number of Children in Care by Age



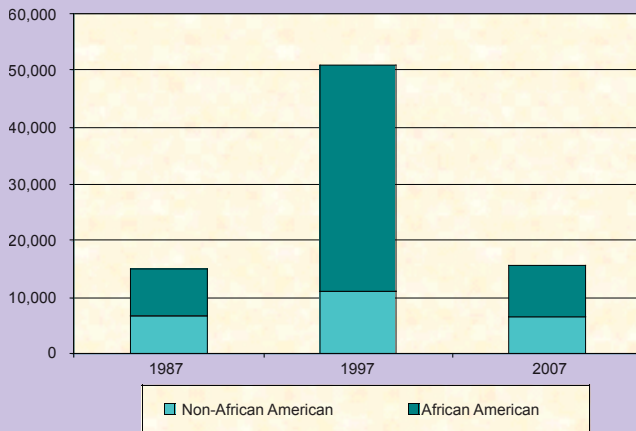
In addition, the population of children in care from Cook County has reverted back to what it was 20 years ago. In 1987, 53% of the foster care population was from Cook County. This increased to 74% in 1997 and has now fallen to 46% in 2007 (see Figure 1.4).

Figure I.4 Number of Children in Care by Cook and Non-Cook



The race/ethnicity of the children in care in 2007 is similar to what it was 20 years ago. In 1987, African American children made up 56% of the population of children in care. By 1997, African American children made up 78% of the children in care, and in 2007, this percentage was 59%. (see Figure 1.5)

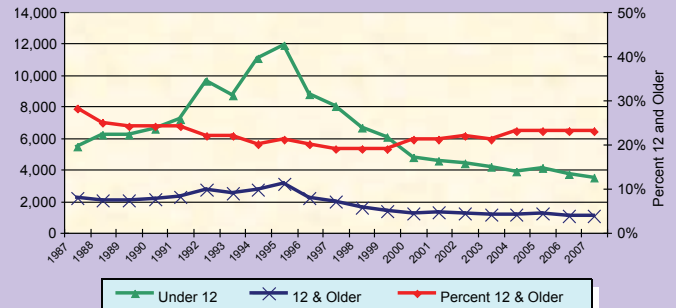
Figure I.5 Number of Children African American and all Other Races/Ethnicities



The number of children in foster care at the end of a fiscal year is the result of the count of children in care at the start of the fiscal year plus the number of children who enter care minus the number of children who exit care. The number of children entering care (Figure 1.6) shows a steep rise and decline in the number of children

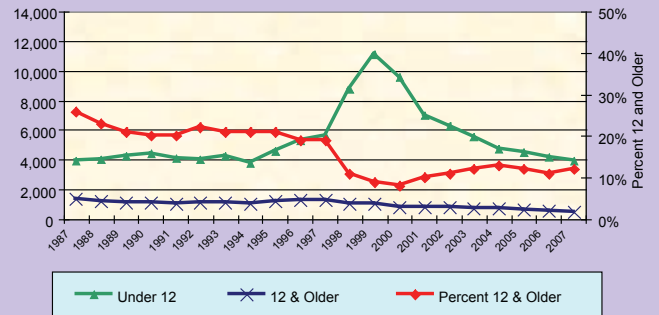
under the age of 12, while the 12 and older population has been more stable. In 1987, 28% of the population of children entering care were 12 and older (approximately 2,000 children), in 1997 they made up 19% of the population (still about 2,000 children) and in 2007, they made up 23% of the population, and the number of older youth entering care decreased to approximately 1,000.

Figure I.6 Children Entering Substitute Care



The difference in the number of children exiting substitute care completes this picture. As seen in Figure 1.7, there was a peak in the number of children exiting care in 1999 when 11,000 children under the age of 12 exited. The number of older children exiting care has consistently been lower than the younger population, and for these older youth, the trend line is decreasing. In 1987 and in 2007 the same number of children under 12 exited foster care – 3980. In contrast, in 1987, 1360 children 12 and older exited foster care and in 2007, 520 older children exited. This represented 26% of exits in 1987 and 12% of exits in 2007.

Figure I.7 Children Entering Substitute Care



Addressing the needs of the population of children in care over the age of 12, supporting them as they transition into adulthood and exit the system, is critical to the continued success of Illinois' child welfare system. In this report we focus on the population of children aged 12 and older.

A major impediment to states fulfilling traditional and new child welfare responsibilities is the inheritance of a twentieth century federal financing structure that is seriously out of alignment with the emerging post-permanency system of child protection and placement. The bulk of federal entitlement dollars and discretionary state funds are still restricted to children who come into foster care and remain in the legal custody of the state. Funding caps on preventative services for families of children at risk of removal seriously limit the ability of states to ameliorate underlying trauma and problems that compromise healthy growth and development, some of which are initiated before a child's birth (e.g. early parenthood and intrauterine drug exposure) and are located as well in external community conditions (e.g. chronic joblessness, poor schools, and lack of neighborhood resources). The tendency of abused and neglected children to concentrate geographically in a common set of neighborhoods gives rise to a characteristic pattern in Illinois' largest county (Cook County), and this trend is identifiable as far back as the early 1900s.⁸

Lags in funding post-permanency services to children in kinship, adoptive and guardian homes threaten the long-term stability of these new living arrangements. Recently published federal regulations eliminate matching federal dollars for thousands of foster children living safely and stably with kin. The absence of a federal subsidized guardianship program continues to deprive foster children of the permanency opportunities piloted in Illinois of financially assisting relatives and foster parents who become legal guardians. The cut-off of federal independent living benefits to older youth taken into guardianship or adopted from foster care deprives them of an important safety-net just when they are beginning their transition to self-sufficient adulthood. Unless federal and state governments adapt existing funding mechanisms to the new realities of twenty-first century family life, Illinois is in danger of sacrificing many of the gains it achieved over the past decade in bringing safety and permanence to the lives of thousands of former foster children.

The future challenges of the child protection and placement system in a post-permanency world are only now coming into view. In FY 2005, the School of Social Work at the University of Illinois at Urbana-Champaign was

commissioned by the Illinois DCFS to prepare a report for submission to the Illinois General Assembly. This study looked at the post-permanency needs of adoptive and subsidized guardianship caregivers and found that the majority of caregivers (84%) surveyed reported no unmet service-related needs. Yet those that comprised the 16 percent with needs had unmet service needs. The study found that the services for these families were either not available or were not intensive enough to meet the child's needs. If support for these families cannot be found, families are faced with the potential of further disruption in their lives, and the state could see an increase in children re-entering foster care after adoption or guardianship. In 2007 DCFS funded private agencies to survey caregivers of children who have left foster care through subsidized adoption or guardianship to ascertain their service needs after foster care. In addition, DCFS funded other agencies to provide services targeted at the needs of these families.

Illinois is seen as a national leader in the area of adoptions and subsidized guardianship. It was among the first in the country to implement a subsidized guardianship program, and ranks among the highest in the nation in terms of children adopted from the child welfare system. Illinois should lead the nation in designing a system of service delivery that meets the needs of children after they have exited the foster care system to adoption or guardianship.

Illinois has a unique opportunity to shape national policy since the state is at the leading edge of many key changes and reforms. In the following chapters, we chart indicators of improvement and flag warning signs of potential problems. What is often absent in statistical reports of child welfare performance, however, are the voices of those who are the subjects of child protective intervention—the children themselves. Since 2004, the Children and Family Research Center has operated a writer's workshop, Project FYSH: Foster Youth, Seen and Heard. As part of the program, former and current foster youth are encouraged to write stories and personal recollections of their experiences in foster care. Because their stories and memoirs have influenced both the Center's research agenda and the way we think about potential solutions, we include a selection of their stories and recollections in the various chapters.

⁸ Testa, M., & Furstenberg, F. (2002). The social ecology of child endangerment. In M. Rosenheim, F. Zimring, D.S. Tanenhaus, & B. Dohrn (Eds.), *A century of juvenile justice* (pp. 237-263). Chicago: University of Chicago Press.

Box I.3—Mothers in Care: Early Parenting Among Foster Youth

When teenagers become parents, both they and their children face a daunting array of extraordinary challenges. Early childbearing has been associated with serious outcomes including lower educational attainment, employment and income among these young parents, primarily mothers. Research shows lower birth weights and higher infant mortality, along with lower levels of educational, emotional, and social well-being among the children as they grow up.⁹ Following a dramatic decline in teen childbearing that began in the early 1990s, the most current available data, for 2006, shows a rise in births to teens—whether an aberration or the beginning of a trend remains unknown for now.^{10, 11}

Youth in foster care experience pregnancy and parenthood during their teen years at rates much higher than youth not involved with the child welfare system.^{12, 13, 14} In recent research on youth transitioning from foster care in Illinois, Wisconsin, and Iowa, 71% of females reported becoming pregnant before the age of 21, with 62% of these young women reporting multiple pregnancies. Half of the males in the study said they had caused a pregnancy before turning 21. More than half of the 21-year-old women in the study had at least one child, and almost one third of the males reported being a parent.¹⁵ Although we don't completely understand their comparatively high rates of early pregnancy and parenthood, foster youth themselves have told researchers that reasons include a deficit of important close relationships, perceived benefits to having babies, sexual pressure and impulsiveness.¹⁶

In January 2008, there were 742 pregnant or parenting females over age twelve and living in out-of-home placement in Illinois, approximately 28% of the entire adolescent and young adult female population in DCFS care. Of these pregnant and parenting youth, 50% were housed through independent living programs, 32% were in foster or kinship homes, 9% lived in institutional or group settings, and 9% had other placements.¹⁷

During 2006 and 2007, the Children and Family Research Center had an unusual opportunity to learn more about the experiences of several young parents still in

foster care themselves. These three young, African American mothers were participants in Foster Youth Seen and Heard—Project “FYSH”—a life writing program for current and former foster youth. Staffed by the CFRC since 2004, Project FYSH enables researchers, administrators, policy makers, and others concerned about foster care to hear directly from youth about their experiences in the foster care system.

At the start of their involvement with FYSH, the young mothers—“Sophia,” “Arianna,” and “Nevaeh”—had two children each. During the final months of the program, Sophia had her third baby. All three women were enrolled in an independent living program for pregnant and parenting teens in foster care that provided a range of supports, including financial help with basic needs, educational, occupational, and life skills planning, personal counseling, and parent training. All 20 years old when they joined FYSH, the women “aged out” of DCFS care at their 21st birthday. Each had completed high school, by graduating with a diploma or finishing a GED. During her time with FYSH, Sophia was enrolled at the community college, studying pre-pharmacy. Each of the women had held jobs, but their employment was inconsistent. The women maintained some connection with some members of both biological and foster families, and they supported each other, emotionally and practically. During their time with FYSH, Nevaeh and Arianna had ongoing, though sometimes volatile, intimate relationships. Nevaeh, especially, considered her partner an important support to her parenting.

We know that early parenthood can entail immediate and long-term risks, especially among foster youth—and their children—at the vulnerable time of transition out of care. The young mothers who participated in FYSH acknowledged formidable challenges chiefly involving financial stress and the burden of juggling multiple obligations to work, school, and parenting. Explained Sophia:

I still have to work. I still have to go to school. I still have to finish my life along with raise children

continued on next page

9 Child Trends Data Bank. (2007). Teen births. Retrieved January 2008: www.childtrendsdatabank.org/indicators/13TeenBirth.cfm.

10 Ibid.

11 Hamilton, B. E., Martin, J. A., & Ventura, S. J. (2007). Births: Preliminary data for 2006. Hyattsville, MD: National Center for Health Statistics.

12 Massinga, R., & Pecora, P. J. (2004). Providing better opportunities for older children in the child welfare system. *Future of Children*, 14(1), 151-173. <http://www.futureofchildren.org/>.

13 Courtney, M. E., Dworsky, A., Cusick, G. R., Havlicek, J., Perez, A., & Keller, T. (2007). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 21. Chicago, IL: Chapin Hall Center for Children.

14 Love, L. T., McIntosh, J., Rosst, M., & Tertzakian, K. (2005). *Fostering hope: Preventing teen pregnancy among youth in foster care*. Washington, DC: The National Campaign to Prevent Teen Pregnancy; Uhlich Children's Advantage Network (UCAN).

15 Courtney, M. E., Dworsky, A., Cusick, G. R., Havlicek, J., Perez, A., & Keller, T. (2007). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 21. Chicago, IL: Chapin Hall Center for Children.

16 Love, L. T., McIntosh, J., Rosst, M., & Tertzakian, K. (2005). *Fostering hope: Preventing teen pregnancy among youth in foster care*. Washington, DC: The National Campaign to Prevent Teen Pregnancy; Uhlich Children's Advantage Network (UCAN).

17 Illinois Department of Children and Family Services. (2008). Unpublished data.

Box I.3—Continued

at the same time. It's extremely hard...All you got to do is suck it up. And do what you got to do. Very stressful and depressing at times, but you got to fight your way through it. It depends on what you want for your kids, for your children coming up, so...

Also evident from the perspective of the FYSH participants, however, was the meaning and motivation that motherhood gave them. As Nevaeh put it:

I am grateful to have children and to know them. I try to imagine what my life would be without them, but I can't...I'm just saying that I love my children so much and I always want them in my life no matter what happens...to other people, your child is a mistake because you were not married, or because you did not plan it, but your child is a full blessing in your life....the people want you to fail because that's what they expect out of a young mother. Your child expects you to make it...

Recognizing foster youth and their children as families, and respecting the youths' role and responsibilities as parents, the DCFS Pregnant and/or Parenting Program “provides supportive services and living maintenance to pregnant and/or parenting children and youth for whom the Department is legally responsible”¹⁸ up to the age of 21.

The DCFS Pregnant and/or Parenting Program serves both mothers and fathers in foster care, and encourages fathers' active involvement in their children's upbringing.

The consent decree that established the program¹⁹ requires that foster youth who are parents should be placed with their child(ren) unless this represents a risk to the safety of either parents or children. In addition to services (for example, counseling, parent training, child care, respite, and paternity outreach) and financial assistance (such as living maintenance and medical care), the Pregnant and/or Parenting Program provides planning for appropriate placement of the parent and child(ren) and for eventual transition from the foster care system.

Young families headed by parents in foster care confront multiple, overlapping risks, and programmatic assistance can represent an essential bridge to more secure futures. It is ultimately better, though, to encourage youth in care to delay childbearing until later in their adulthood. We have very little data on pregnancy and parenting among youth in the foster care system, and almost none of what does exist is informed by a foster youth perspective. Based on the collection of qualitative and quantitative data from youth, their foster parents, and service providers, one such study suggests how the foster care system can better discourage early parenthood.²⁰ Clear and ongoing communication, utilization of peers, outreach to young men as well as young women, enriched support for foster parents and services providers, and enhanced coordination of all systems serving foster youth each emerged from the research as promising strategies to reduce pregnancy and parenting among foster youth.

This was written by Dayna Finet, Ph.D. Dr. Finet directs the Foster Youth Seen and Heard project for the Center.

Holding our child protection and placement systems accountable to assuring the safety, stability, continuity, permanence and well-being of the children who have come, briefly or long-term, under our public guardianship as citizens of Illinois is arguably the most important collective responsibility we exercise as a citizenry. In the following chapters, the experiences of the FYSH writers are tabulated along with the individual experiences of over 100,000 other children to provide a composite statistical profile of key trends and conditions of children in and at risk of foster care in Illinois.

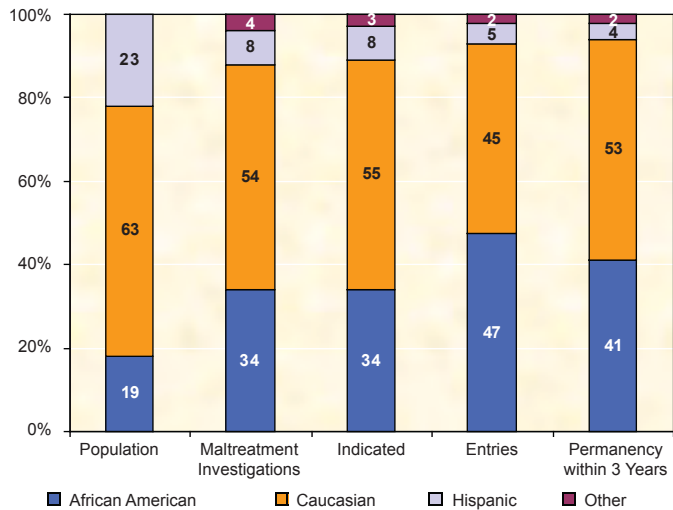
Special Analysis: Disproportionality in Illinois Child Welfare

In 1996 Illinois had the highest per-capita rate of children in foster care in the nation, and the majority of the children in foster care (79%) were African American. Over the past decade DCFS has made policy changes that have resulted in a reduction in the number of African American children entering foster care while increasing the number of children exiting foster care to permanent

18 Illinois Department of Children and Family Services. (1996). Procedures 302: Services delivered by the department, appendix J: Pregnant and/or parenting program Retrieved January 2008: http://dcfswebresource.prairienet.org/procedures/procedures_302/homepage.phtml?page=36#P7_67.
 19 Hill v. Erickson, 88 CO 296 (January 3, 1994, filed November 15, 1988). Circuit Court of Cook County, Illinois.
 20 Love, L. T., McIntosh, J., Rosst, M., & Tertzakian, K. (2005). Fostering hope: Preventing teen pregnancy among youth in foster care. Washington, DC: The National Campaign to Prevent Teen Pregnancy; Uhlich Children's Advantage Network (UCAN).

homes. While these practices have reduced the magnitude of the overrepresentation of African American children in foster care, overrepresentation persists. Currently African American children make up 19% of the state’s population yet they make up 59% of the population of children in foster care. From where does this disproportionality arise? In this section, we examine the racial makeup of children at

Figure I.8 **State of Illinois Child Welfare System**



various points of intervention with the foster care system. First, we examine the rate at which investigations occur in relationship to the proportion of children who live in Illinois. Next, we look at those who are investigated, and which of those cases are indicated for maltreatment. The next step asks, of children with indicated cases, who enters foster care? Research shows that foster care placement with kin has many benefits – kin placements tend to be safer and more stable and often result in long-lasting relationships. So we ask, of those who enter foster care, how many are placed with kin? We also ask of those who enter foster care, how many are in stable placements, and how many exit to a permanent home within three years? Figure I.8 shows the percent of children, by race, at each of these stages: In Illinois, African American children make up 19% of the child population,²¹ yet they make up 34% of subjects of the reports to DCFS of maltreatment. This disproportional representation increases at the next stage – 47% of children who enter foster care are African American. In addition, African American children end up staying in foster care longer than their counterparts and they represent only 41% of the children exiting to permanency within three years.

Box I.4—Discussion of Figures

In Figures I.9 through I.16 the dark line going down the middle is equal to one. At one, all is equal: all children of all races are just as likely to experience the outcome. Ratios greater than one show disproportionality. The racial group with a disproportionality ratio greater than one is that much more likely than other racial groups in the state, to experience the outcome. Conversely, a number less than one means that the racial group is less likely to experience the outcome. For example, in Figure I.9, African American children in the Northern region are 4.56 times more likely to have a report of maltreatment than other racial groups in the state, and Hispanic children in the Northern region are only one-third (.33) as likely to have a report of maltreatment. It should be noted, however, that in some instances experiencing an outcome (for instance, stability in foster care) is a positive outcome and other times (for instance, a report of maltreatment) is a negative outcome. We have therefore colored ‘Under’ or ‘Over’ red when it is a negative outcome (such as an indicated allegation of maltreatment) and green when it is a positive outcome (such as stability).

Another item of note is that there is no clear standard for what is significant disproportionality. We leave that

choice to the reader. Is .90 or 1.10 too close to 1 to be concerned about? We use 10% on either side as a guide for highlighting over or under representation. In addition, we have used a logarithmic scale to graph these odds. This allows us to show bars that are equal in length on either side of one.

It is our intention for these ratios to be compared to one another, so that policies and practices can be aimed at curbing disproportional representation with the largest of those ratios within each outcome. Addressing permanence, for example, there does not appear to be as much cause for concern in downstate Illinois with respect to African American children as compared to the disparity in Cook County where African American children are 0.68 times as likely to attain permanence as children of all other races and ethnicities in the state. It should be emphasized that the appearance of disparity is not in and of itself sufficient evidence of racial bias or institutional discrimination. These data are descriptive and should be interpreted as invitations to investigate the issue more thoroughly in order to determine whether the disparity arises from greater family income needs or deficits in social support as opposed to prejudice or discriminatory treatment.

21 DCFS data identifies children by a primary race/ethnicity. For this analysis we assume that African American and Caucasian refers to non-Hispanic African American and Caucasian children.

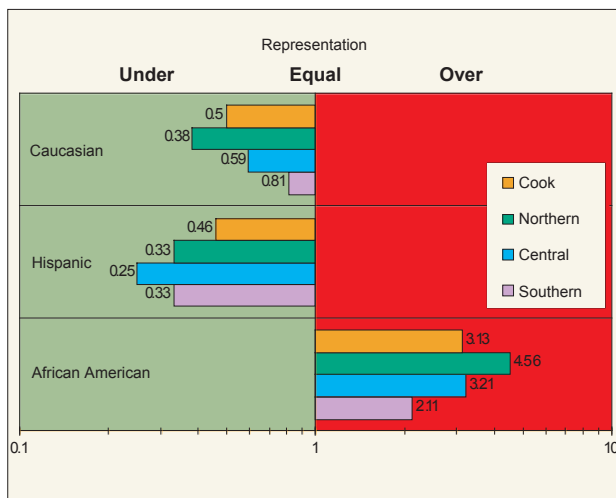
Results

Understanding overrepresentation often requires a more detailed analysis that takes into consideration the dynamics at a local level – in specific counties, LANs or regions. Often the racial makeup of these smaller communities impacts racial disproportionality. Looking at disproportionality within the state allows one to compare disproportionality across the state, and ultimately to target policies and practices to areas that are most in need. For this analysis, we will look at data by DCFS regions – Cook, Northern, Central and Southern.

Pre-Custody

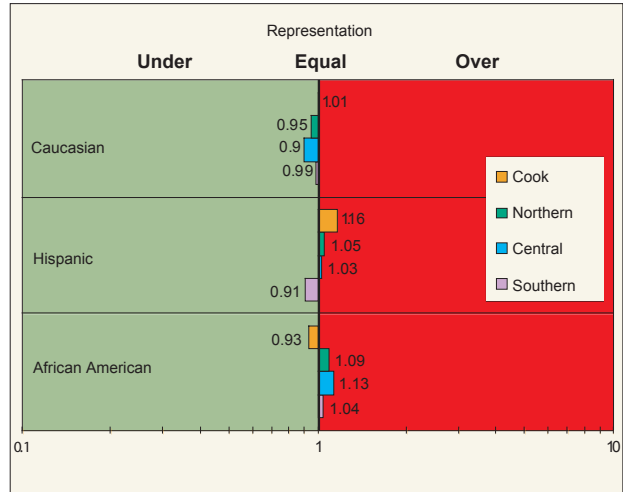
As depicted in Figure I.8, the difference in the percent of the child population that are African American and the percent of African American children that have a maltreatment investigation is of concern. Research shows that in the United States, African American families are no more likely to maltreat their children than families of other ethnicities, yet this disproportional representation of African American children is prevalent in child welfare systems across the country.²²

Figure I.9 Maltreatment Investigations



When explored with the state of Illinois, across all DCFS regions, this disproportional representation persists. As shown in Figure I.9, in the Northern region, African American children are 4.56 times more likely to have a maltreatment investigation than any other children in the state. African American children in the Central region are

Figure I.10 Indicated Reports of Maltreatment



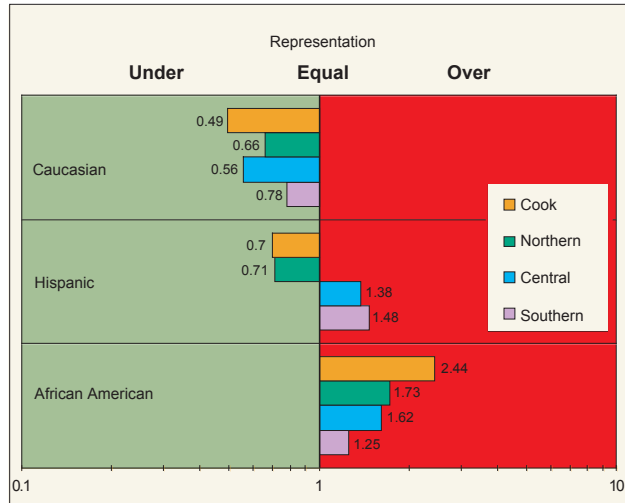
3.21 times as likely, 3.13 times as likely in Cook County and 2.11 times in the Southern region. Caucasian and Hispanic children across the board are less likely to be investigated for maltreatment anywhere in the state, but Caucasian children in the Southern region are the least likely.

This same data were examined five years ago, and that data (Table C.1 in Appendix C has the ratios for 2007 outcomes and those five years ago) show that overrepresentation for African American children has improved (less disparity) in Cook (from 4.45 to 3.13), but is worse for African American children in the Northern (from 3.94 to 4.56) and Central (2.88 to 3.21) regions.

Figure I.10 shows the representation as it relates to indicated reports of maltreatment (or reports of maltreatment where the maltreatment was believed to have occurred). This figure shows very little over representation. This is similar to findings reported earlier by Center staff that showed no cross-racial bias at this stage.²³ That research looked at the likelihood that a Caucasian investigator would find reason to indicate a maltreatment investigation if the family being investigated was African American, and, conversely, the likelihood that an African American worker would indicate a maltreatment report if the family was Caucasian. Researchers found no reason to believe that a cross-race bias was occurring. They did find, however, that Caucasian workers were, across the board, more likely to indicate a maltreatment investigation than an African American worker, and that African American families were more likely to be indicated than Caucasian families, regardless of the race of the investigator.

22 Sedlak, A. & Schultz, D. (2005). Racial differences in child protective services investigation of abuse and neglected children. In Derezotes et al. (Eds.). (2005). Race matters in child welfare. The overrepresentation of African American children in the system (pp. 97-118). Washington, DC: Child Welfare League of America.
 23 Rolock, N., & Testa, M. (2001). Indicated child abuse and neglect reports: Is the investigation process racially biased? In Derezotes et al. (Eds.). (2005). Race matters in child welfare. The overrepresentation of African American children in the system (pp. 119-130). Washington, DC: Child Welfare League of America.

Figure I.11 Entered Foster Care



As depicted in Figure I.8, the next big jump in percent of African American children involved with the child welfare system is at the point at which they enter foster care. As shown in Figure I.11, African American children are over represented at the rate at which they enter foster care in every region, and this disparity has worsened over the past five years: African American children are 2.44 times as likely to enter foster care in Cook (up from 1.4 five years ago), 1.73 times as likely in the Northern region (up from 1.04), 1.62 in Central region (up from 1.14) and 1.25 times as likely in the Southern region (up from 0.94). Hispanic children are also over represented in Southern (1.48) and Central (1.38) regions. Both of these rates of involvement of Hispanic children are increases over the five years ago when Hispanic children were under represented (0.27 and 0.6 respectively).

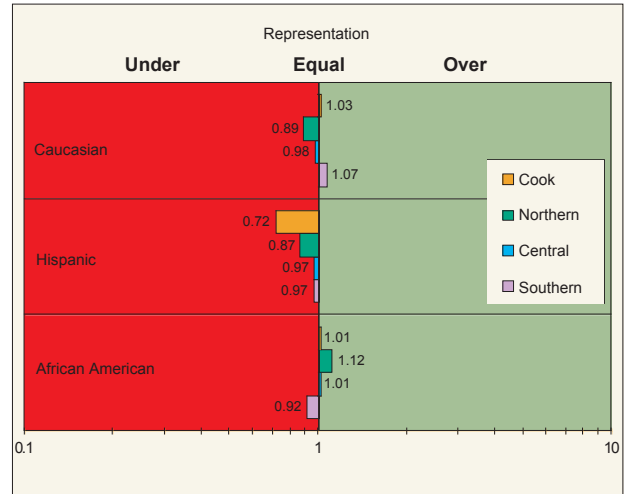
Outcomes for Children That Have Entered Foster Care

Once a child has entered foster care, child welfare systems should seek to provide continuity, stability and permanence. Each of these outcomes will be examined. **Please note that this set of measures are positive outcomes and, as such, being over represented – more likely to achieve continuity, stability and permanence – is desirable. (These figures are flipping).**

To assess continuity, we look at the likelihood of placement with kin. As previously mentioned, Center research has shown that placement with kin provides stable and safe homes for foster children. Stability is measured in terms of three or fewer moves within the first year of a child entering foster care. Permanence is measured in terms of

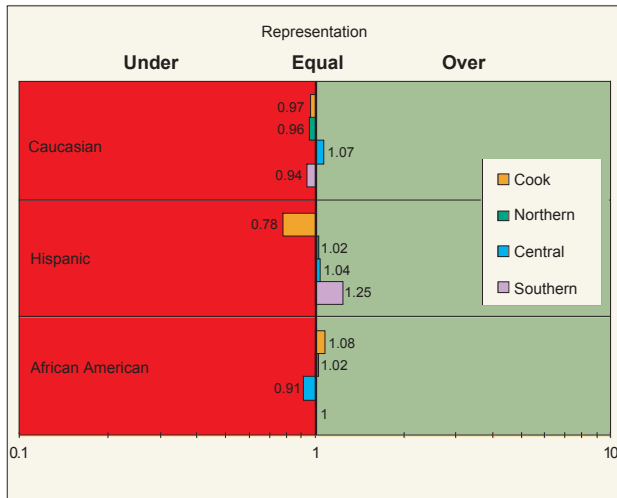
those children for whom a permanent home is found, either through reunification or subsidized adoption or guardianship within three years of entering foster care. For additional discussion on continuity, stability and permanence please see the other chapters in this volume.

Figure I.12 Initially Placed With Kin



Continuity: Placement With Kin: As depicted in Figure I.12, this is an area with very little disproportionality by race across all regions. If we assume that a 10 percent variation around the ‘equal’ line is attributable to normal variation, then, aside from Hispanic children in Cook (0.72), none of the other groups fall outside these bounds. Five years ago, African American children were more likely to be placed with kin in Cook (2.01) and in the Northern region (1.64) and Hispanic children were less likely in Central (0.46), Southern (0.51) and Northern (0.63) regions but this variation has changed in recent years. Additional discussion of placement with kin occurs in Chapter 3.

Figure I.13 **Stability in Foster Care**

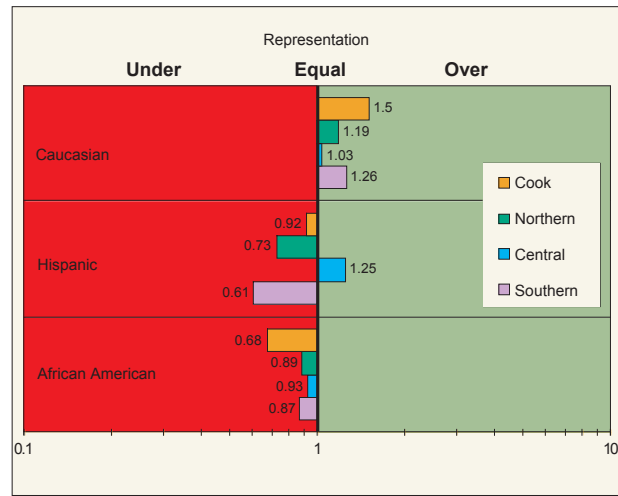


Stability: Three or Fewer Moves: Figure I.13 shows the results for stability. Very little difference exists in the likelihood of stability across ethnicities and regions. Hispanic children in Cook are the least likely to experience stability (0.78), and this is worse than five years ago when they experienced very little difference (1.02). Also, Hispanic children in the Southern region are more likely to experience stability (1.25, when using the alternative risk ratio – please see the methodology section for more explanation).

Permanence: Reunified or Subsidized Adoption or Guardianship Within Three Years: Going back to Figure I.8, African American children make up a higher percentage of the children who enter foster care (47%) than those that exit to permanence (41%). Hispanic children do also, albeit at a smaller rate (5% of the population that enters foster care while they make up 4% of exits to permanence). This difference compounds the impact of disproportionality of African American children as fewer African Americans exit foster care to permanence.

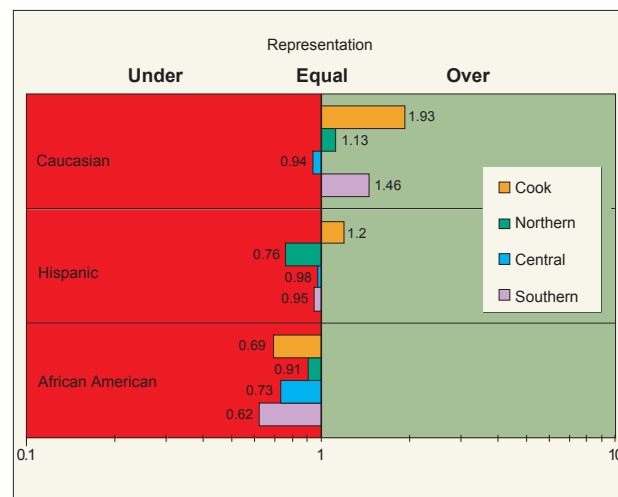
As depicted in Figure I.14, African American children are only marginally less likely to exit to permanence with the exception of Cook County. The Cook rate is 0.68, followed by Southern at 0.87, Northern at 0.89 and Central at 0.93. In addition, children of Hispanic ethnicity in Southern (0.61) and Northern (0.73) regions are less likely to experience permanence within three years. Hispanic children in the Central region, however, are more likely to experience permanence (1.25).

Figure I.14 **Permanence Within 3 Years**



Five years ago, the biggest difference was that African American children in the Southern region were more likely to experience permanence than children of other races or ethnicities – at a rate of 1.63. That’s a large change, in the wrong direction, to 0.87 with the most recent data. African American children in other parts of the state, however, did not experience such a big change. The Central region saw improvement with African Americans – from 0.78 to 0.93, and in Cook rates of permanence declined from 0.78 to 0.68; Northern region saw not much change (from 0.91 to 0.89). Hispanic children in Southern (0.61), Northern (0.73) and Cook (0.68) are all under represented.

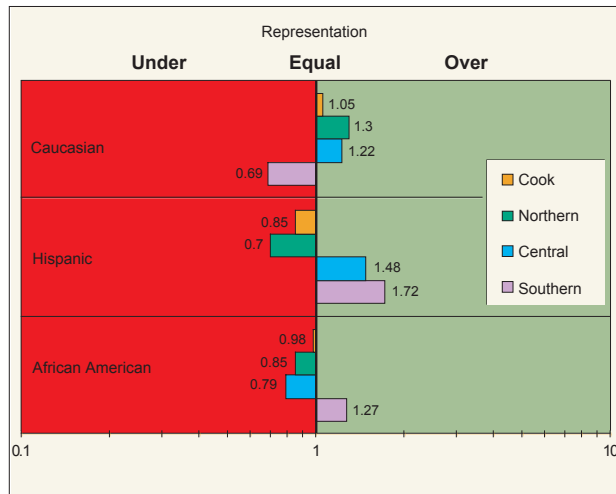
Figure I.15 **Reunification Within 3 Years**



When broken out by the type of permanence, African American children are under represented in their likelihood of reunification. As shown in Figure I.15, African American children in the Southern region experienced reunification at a

rate of 0.62, and this under representation has increased (it was 1.87 five years ago) significantly. In Cook County African Americans are under represented at a rate of 0.69 (0.58 five years ago), and in the Southern region at 0.73 (0.8 five years ago). In addition, Hispanic children in Northern (0.76) are also under represented, and they were doing better five years ago (1.46).

Figure I.16 **Adoption and Guardianship Within 3 Years**



As depicted in Figure I.16, we have grouped children exiting to subsidized adoption or guardianship together. For these children, under representation occurs among Caucasian children in the Southern region (0.69), Hispanic children in the Northern region (0.7) and African American children in the Central region (0.79) and Northern region (0.85). Five years ago African American children were over represented in both Northern and Cook (both 1.13), so this has declined while the likelihood of African Americans in the Southern region experiencing adoption or guardianship has improved (from 0.68 to 1.27).

Please refer to Appendix C for a summary of the methodology used here.

CHILD SAFETY

Tamara Fuller, Martin Nieto and Mark Testa

AT HOME AND IN SUBSTITUTE CARE

Children's safety is the primary concern of all child welfare services, particularly the safety of children who have been identified as maltreatment victims.¹

Child safety is the paramount concern of today's public child welfare system. However, interfering in private family life in order to protect the physical and emotional safety of children has not always been recognized as an appropriate responsibility of state and federal governments. Early government interventions on behalf of children were mostly concerned about meeting the physical needs of dependent and abandoned children rather than mitigating the effects of child abuse and neglect. Over the past 100 years, changing beliefs about family autonomy and the role government should play in the protection and care of abused and neglected children has evolved the child welfare system into a child protection system.²

The identification of the "battered child syndrome" in the 1960s³ ushered in a new era of thinking and reform regarding child abuse and neglect, leading to an expanded federal role in child protective services. The expansion of the federal government's influence has been shaped by several ideological debates, one of the most significant of which centers on the rights of the parents versus the interests of the child. When the pendulum of public opinion swings toward parental rights, the goal of family preservation is emphasized. Conversely, swings toward the interest of the child result in greater legislative emphasis on ensuring child safety and well-being above other concerns.⁴ Best practice attempts to strike a balance by emphasizing that children's interests can best be served by supporting and strengthening families' capacity to care for their own children.

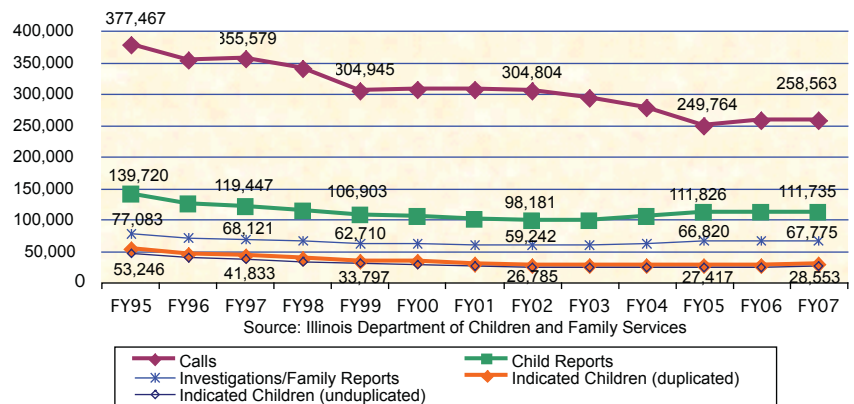
During the past two decades, two key pieces of federal child welfare legislation illustrate the challenges of striking a balance between the opposing extremes of this ideological continuum. Reacting to concerns about the dramatic increases in the number of children entering foster care in the mid-1980s, Congress established the Family Preservation and Family Support Services Program as part of the Omnibus Budget

Reconciliation Act of 1993 (Public Law 103-66). This program provided flexible funding for community-based services to prevent the occurrence of child abuse and neglect and help families whose children were at risk of being removed. A bit over a decade later, perceptions of the public child welfare system once again shifted over concerns that the system was biased toward parental rights at the expense of child safety and well-being. In response, Congress passed the Adoption and Safe Families Act of 1997 (Public Law 105-89) that made child safety the paramount concern in any child welfare decision.⁵

Child Protective Services in Illinois

In FY2007, approximately 258,000 calls were made to the Illinois State Central Registry and screened for suspected abuse and neglect (see Figure 1.1). This is down from a peak of over 377,000 in 1995. A little over one-fourth of these calls (26.8%) were determined to warrant further action

Figure 1.1 Child Protective Services Caseload Volume



1 U.S. Department of Health and Human Services. (2004). Child welfare outcomes 2001: Annual report. Safety, permanency, well-being. Washington, DC: U.S. Government Printing Office.
 2 Murray, K.O., & Gesiriech, S. (n.d.). A brief legislative history of the child welfare system. Retrieved May 2, 2005, from <http://pewfostercare.org/research/docs/Legislative.pdf>
 3 Helfer, R., & Kempe, C. (1968). The battered child. Oxford, England: University of Chicago Press.
 4 Murray & Gesiriach, supra note 2
 5 Ibid

CHILD SAFETY AT A GLANCE

We will know children are safer:

If more children are protected from abuse or neglect:



Of all children living in Illinois, the number that did not have an indicated report of abuse or neglect has remained constant at 992 per 1,000 from 2001 to 2007.

If more children are safe from abuse or neglect after an initial investigation:



Of all children with initial reports, the percentage that did not have an indicated report within 60 days has increased from 98% in 1995 to 99% in 2006.

If more children are protected from repeated abuse or neglect:



Of all children with a substantiated report of abuse or neglect, the percentage that did not have another substantiated report within a year has improved from 85% in 2000 to 89% in 2006.

If more children are protected from abuse or neglect while at home:



Of all children who were served at home in an intact family case, the percent that did not have another substantiated report within a 12-month period increased from 88.5% in 2000 to 90.3% in 2002, but has since decreased to 88.8% in 2006.

If more children remain safe from abuse or neglect while they are in foster care:



Of all children ever served in substitute care during the year, the percentage that did not have a substantiated report⁶ during placement has remained constant at 99% over the past seven years.

⁶ DCFS administrative data does not distinguish between report date (the date the incident was reported to the Department) and incident date (the date the incident occurred), so the effects of retrospective reporting error must be estimated. The most common "retrospective reporting" errors are reports of sexual abuse. We have, therefore, excluded recurrence reports of sexual abuse from this indicator.

In slightly more than one out of four child reports of abuse and neglect (25.5%), DCFS investigators find credible evidence that a child was maltreated. This is down from the mid-1990s when 38% of child maltreatment reports were indicated⁷ by DCFS investigators. In 2007, over 28,553 children in Illinois were indicated for abuse or neglect compared to a peak of 53,246 in 1995.

Child Safety in Illinois

Prevalence of Child Maltreatment

Even when examined through the lens of the child welfare system, child safety exists in a variety of contexts. Thus, to obtain a comprehensive understanding of child safety in Illinois, several indicators must be examined. The first context is the safety of children under 18 years old from child abuse and neglect, or the prevalence of maltreatment. The following chart (Figure 1.2) displays the trend over time for this indicator.

⁷ Indicated and substantiated are both used in this report to mean that, at the time of an investigation, the child welfare staff found credible evidence that child abuse or neglect had occurred.

Figure 1.2 **Number of Children (per 1,000) Without Indicated Report of Abuse or Neglect**

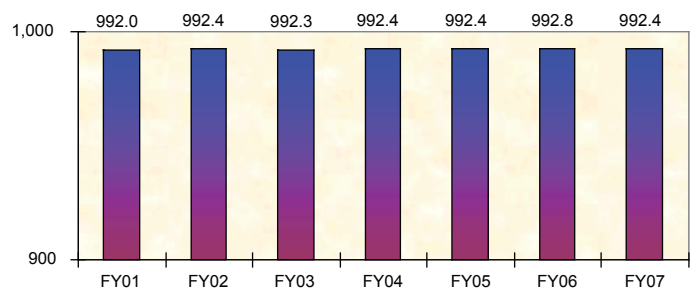


Figure 1.2 reveals that although the number of children *without* an indicated report of child abuse and/or neglect slowly increased from 992 per 1,000 children in 2001 to 992.8 per 1,000 in 2006, the number fell in 2007 to 992.4 per 1,000. When this data is examined by DCFS region (see Appendix A, Indicator 1.A), the rate of children without an indicated report is much higher in Cook County (995.3 in 2007) and the Northern region (994.5) than in the Central (985.9) and Southern (987.9) regions. The only region that has shown improvement in this indicator is Cook County – rates have increased from 994.2 per 1,000 in 2001 to 995.3

Box 1.1—New Initiative Update: Illinois Recognized as National Leader in Child Abuse Prevention

In May 2007, Illinois was recognized as a national example for its success in establishing collaboration between child welfare and early education centers to strengthen families and ensure the safety of children. Over 300 leaders in child welfare, early education and government convened in San Diego to share innovative approaches to the federal Strengthening Families initiative, with Illinois highlighted as a model for other states to follow.

“Illinois has provided national leadership and innovation in helping childcare centers across the state understand how important their work is to supporting families so that potential problems are caught early and child abuse and neglect is prevented in the long run,” said Judy Langford, Director of the Strengthening Families Initiative. “Illinois is also foremost in the country in linking early care and education with child welfare so that children in kinship and foster care have the opportunity to be in quality childcare centers where they receive the support they need to enter kindergarten ready to learn.”

DCFS Director Erwin McEwen leads the team of Illinois collaborators, and spoke to the conference on the importance of family support and the Strengthening Families Initiative to prevention of child abuse and neglect. “Collaboration between child welfare and early education to support families and safeguard children is not a common thing in our country, but it must be, and it is an important priority in Illinois,” said McEwen. “If you believe, as we do, that child welfare should work to strengthen families, not divide them, then building protective factors around children through working with early education professionals is a critical task. For many families, their local early education center is the most consistent community support available, and we can build on the relationships between

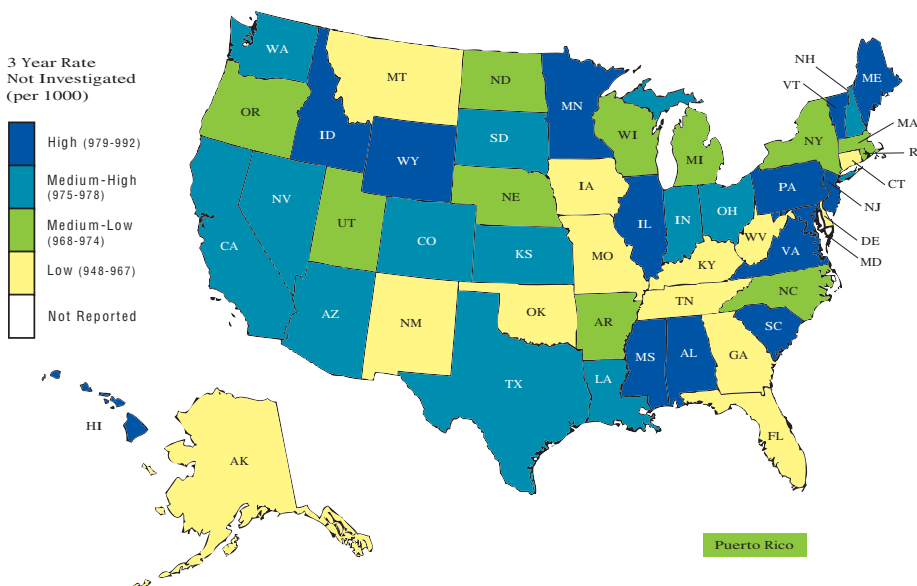
parents and those centers to create safer, stronger families for Illinois children.”

The Strengthening Families Initiative is based on research showing that abuse and neglect are prevented when early childhood programs strengthen five protective factors in families:

- Parental resilience
- An array of social connections
- Adequate knowledge of parenting and child development
- Concrete support in times of need
- Children’s healthy social and emotional development

Illinois’ innovations have included the identification of a sixth protective factor: promoting healthy parent-child relationships. The Center for the Study of Social Policy helps states and localities implement creative and effective strategies that strengthen disadvantaged communities and families and ensure that children grow up healthy, safe, successful in school, and ready for productive adulthood. Strengthening Families Illinois is a collaboration between DCFS and over 40 public and private partners. DCFS has also revised statewide child welfare policy to now require education to begin at age 3 for all state wards, and changed its foster care placement policy for wards to look first to place the child within a foster family in their current school catchment area, helping to support family reunification and the educational stability and success of children. For more information on Strengthening Families Illinois, visit the initiative’s website at www.strengthening-familiesillinois.org.

Map 1.1—National Comparison: Children Not Investigated for Maltreatment, 2006



Illinois ranks high along with Vermont, Maine, Alabama, Idaho, Wyoming, South Carolina, Virginia, New Jersey, Minnesota, Arkansas, Hawaii and Pennsylvania

Source: NCANDS data: http://www.acf.hhs.gov/programs/cb/pubs/cm05/table2_4.htm Note: A three year average was used. Maryland did not report data for this indicator, and Alaska had 2 years of data.

per 1,000 in 2007. Rates of non-maltreatment have dropped slightly (about 1 per 1,000) in both the Northern and Southern regions of the state, and have dropped more noticeably in the Central region, from 989 per 1,000 in 2001 to 985.9 per 1,000 in 2007. In addition, rates of non-maltreatment have significantly improved among African American children – from 983.3 per 1,000 in 2001 to 986.4 per 1,000 in 2007 – and to a lesser degree among Hispanic children – from 995.6 per 1,000 to 997.3 per 1,000. Despite this increase, rates of non-maltreatment among African American children (986.4 in 2007) are considerably lower than those for both Caucasian (993.4) and Hispanic (997.3) children (see Appendix A, Indicator 1.A).

National comparisons of the rate of child non-maltreatment are difficult. Differences in state definitions of child abuse and neglect, investigation disposition categories (e.g., substantiated, inconclusive, unsubstantiated), and the level of evidence required for disposition decisions all influence the rate of substantiated child maltreatment. With this in mind, the most recent national data suggest that rates of children *not investigated* for maltreatment vary among states – from a high of 992 per 1,000 children in Pennsylvania to a low of 948 in West Virginia.⁸ The non-maltreatment report rate in Illinois over the three years presented in Map 1.1 was 980 children per 1,000, ranking high along with Vermont, Maine, Alabama, Idaho, Wyoming, South Carolina, Virginia, Minnesota, Arkansas, Hawaii and Pennsylvania.

Maltreatment Recurrence

Once a child becomes involved in an indicated report of child abuse or neglect, the child welfare system assumes partial responsibility for the safety and protection of the child from additional abuse or neglect (e.g., maltreatment recurrence). Maltreatment recurrence is therefore viewed as the primary indicator through which child safety can be assessed. However, definitions of maltreatment recurrence vary widely among reporting sources, often making it difficult to compare results from one report or evaluation to the next.

The most common definition of recurrence is a substantiated (or indicated) report following a prior substantiation that involves the same child or family.⁹ However, some studies have included all subsequent reports (sometimes called re-referrals) following an initial report,

regardless of the substantiation status of the report.¹⁰ Another important dimension along which definitions vary is the length of time over which recurrence is monitored; common follow-up periods range from 60-120 days (short-term recurrence), 6 months, 12 months, and 24 months.

The indicator of maltreatment recurrence used in this report defines recurrence as the number and rate of children with an indicated maltreatment report that did not have another indicated report within 12 months (Figure 1.3; see Appendix A, Indicator 1.B).

Figure 1.3 Percent of Children With a Substantiated Report of Abuse or Neglect That Did Not Have Another Substantiated Report Within a Year

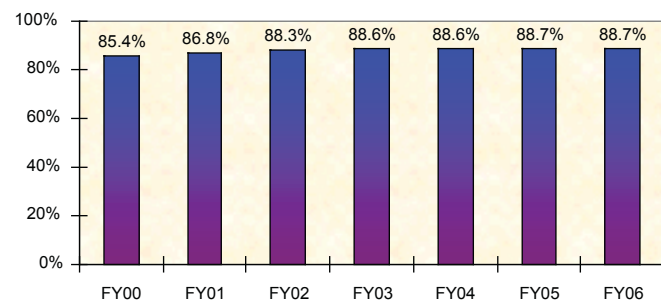


Figure 1.3 reveals that the number of children who do not experience maltreatment recurrence within 12 months of an initial substantiated report has increased from 85.4% in 2000 to 88.7% in 2006, although most of this increase occurred in between 2000 and 2002, with rates remaining stable since 2003. Examination of 12-month maltreatment non-recurrence rates by region reveals that Cook County has the highest rate of non-recurrence (91.4% in 2006), followed by the Northern region (89.4%), Central region (87.3%), and then Southern region (85.4%). When non-recurrence rates are examined by child race, Hispanic children have the highest rates (90.8%), followed by African American children (89.8%), with Caucasian children having the lowest rates (87.4%). Non-recurrence rates demonstrate a positive relationship with child age, i.e., non-recurrence rates go up as child age increases: the rate among children less than three years was 88.8% in 2006, compared to 93.2% among children 15 to 17 years (see Appendix A, Indicator 1.B).

8 U.S. Department of Health and Human Services, Administration on Children, Youth, and Families. (2008). Child maltreatment 2006. Washington, DC: U.S. Government Printing Office. NCANDS data available at: http://www.acf.hhs.gov/programs/cb/pubs/cm05/table2_4.htm Note: A three year average was used. Maryland did not report data for this indicator, and Alaska had 2 years of data.

9 Fluke, J.D., & Hollinshead, D.M. (2003). Child maltreatment recurrence. Duluth, GA: National Resource Center on Child Maltreatment.

10 English, D., Marshall, D., Brummel, S., & Orme, M. (1999). Characteristics of repeated

YOUTH VOICE

It would first like to say that foster care should not exist. I think every child deserves to be with their parents. But it is a shame that it doesn't always work like that. So since it doesn't, I am proud to say that I was a part and raised in foster care.

My first placement was into a boys group home. I was shy, lonely and upset because I thought my family had betrayed me and let me the hell down. I did not talk to anyone when I first got there and when I would I would take my anger out on everybody, even the ones that tried to help me. I don't know why I did stupid shit like that. I just wanted to hurt someone like my grandmother, mother, and father did me, even if they had nothing to do with it.

Don't get me wrong. Without foster care I don't know where I would be. But I do think they should give us a little say about our life. They don't let us decide much. It's always "do as I say you have no other way." That's basically what they're saying. I know they think they're making the right decisions for us but at the end of the day it's our life.

I was taken from my mom at the age of 13 by the Illinois Department of Children and Family Services. This happened after my family was shattered after my father was murdered on the streets of Chicago. After this tragic event, my mother had a very hard time dealing with this and turned to drugs. This made her unable to prop-

erly care for me. I was grieving too and really angry. I turned this anger to the thug/gang life on the streets.

It took a trip to the joint, Illinois Department of Youth Corrections, to get through my thick skull and make me want to change my life. I was paroled to Urbana, Illinois. I was far away from my home of origin in Chicago. I decided then that I was going to use this as a new starting point and place in my life. I wanted to reclaim my teenage years in a positive way.

One of the first things that I made my mind about was that I was going to a public high school and graduate. There were many people involved early in this time of my life that felt I could not achieve this. I knew better than they did that I could handle public high school academically and socially. I also knew that I deserved the opportunity to try. I finally convinced the people that thought I could not handle it that I could. They came to see that I was right when I graduated in May 2006 from Urbana High School I accomplished this while also working full time!

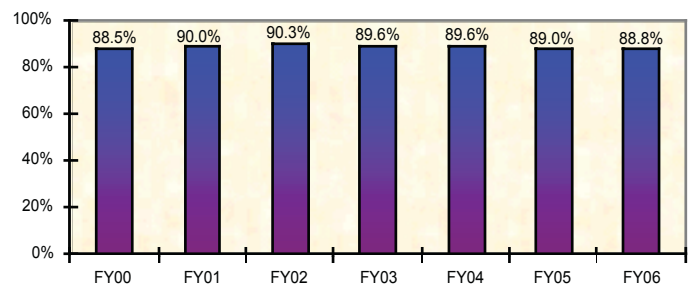
The everyday challenges I face [from] being in foster care are knowing that I am not with my real family, and going to school with people that I lived with in foster care that was not my family. But what hurt the most was when people asked "where do you live," and I had to tell them that I lived in a group homes with other kids.

– Joseph

Maltreatment Recurrence Among Intact Family Cases

In some instances, the Department will indicate a family for child maltreatment, but decide that it is in the best interest of the child and family to receive services at home rather than place the child into substitute care. These cases, known as "intact family cases," are of special interest to the Department because their history of indicated maltreatment places them at increased risk of repeat maltreatment. The next indicator therefore examines maltreatment non-recurrence among children served at home in intact family cases (Figure 1.4; see Appendix A, Indicator 1.C).

Figure 1.4 Percent of Children Served at Home in Intact Families That Did Not Have a Substantiated Report Within 12 Months



In 2000, 88.5% of the children living at home in an intact family case did not experience a substantiated report within a year. This rate increased to 90% in 2001 and 2002, but has since fallen slightly to less than 89% in 2006. When non-recurrence in intact families is examined by DCFS region (see Appendix A, Indicator 1.C), it is clear that rates in the Cook region are significantly higher (93.4% in 2006) than those in all other regions (Northern = 86.3%, Central = 86.2%, and Southern = 84.5% in 2006). In addition, although non-recurrence rates in Cook have risen from 90.5% in 2000 to 93.4% in 2006, rates in each of the other region have fallen to their lowest rates in recent years. This trend in regions outside of Cook County is a cause for some concern and should be examined more closely. Examination of this indicator by racial group reveals that non-recurrence rates for Caucasian children served in intact families were at their highest in 2001 (88%), but have since fallen to 85.6% in 2006, which is much lower than rates for either African American (91.8% in 2006) and Hispanic children (91.6% in 2006). Rates of non-recurrence among intact families increase with child age – older children are much less likely to experience recurrence than younger children (see Appendix A, Indicator 1.C).

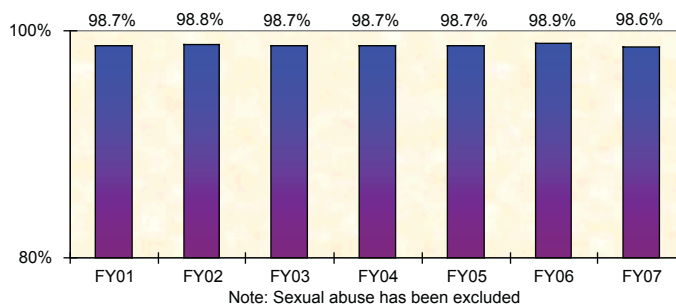
Maltreatment Recurrence in Substitute Care

If children are taken from their home of origin and placed into substitute care for protective reasons, the expectation is that their new living arrangement will provide them with safety from additional abuse or neglect. The following indicator examines the safety of children in substitute care, i.e., the number of children who *do not* experience a substantiated report of maltreatment during placement.

The percentage of children living in substitute care who have not had a substantiated report of abuse or neglect while in placement has remained stable over the past several years at about 98.7% (Figure 1.5; see Appendix A, Indicator 1.D). This data excludes reports of recurrence that involve sexual abuse. Recurrence rates are calculated using data that contains the date the incident was reported to the Department (report date) rather than the date the incident occurred (incident date). Research conducted by the CFRC has revealed that use of the report date rather than the

incident date results in an overestimation of abuse and neglect in substitute care.¹¹ According to this research, a portion of the maltreatment that is reported while children are in substitute care actually occurred prior to a child’s entry into care, i.e., the incident occurred prior to entry but the report occurred during substitute care. The most common “retrospective reporting” errors are reports of sexual abuse. DCFS administrative data does not distinguish between report date and incident date, so the effects of retrospective reporting error must be estimated. We have, therefore, excluded recurrence reports of sexual abuse from this indicator.

Figure 1.5 Percent of Children Served in Substitute Care That Did Not Have a Substantiated Report During Placement



There are no significant differences between groups when the percentage of children who have not experienced substantiated maltreatment recurrence in substitute care is examined by age, race, and gender (see Appendix A; Indicator 1.D). However, rates of non-recurrence were higher (i.e., more children were safe from additional maltreatment while in substitute care) in the Cook County region (99.1% in 2007) than in the Southern (98.0%), Northern (98.3%) and Central (98.1%) regions.

Preventing Maltreatment Recurrence: The Role of Safety Assessment

In 1997, the Adoption and Safe Families Act (ASFA) placed legislative emphasis on child safety by indicating that safety takes precedence over other social policy interests such as family preservation. In response to this increased demand for accountability, child welfare agencies devoted considerable effort toward improving safety decision-making. Fundamental steps in this effort included the articulation of the concepts of safe and unsafe, their differentiation from the concept of risk (which looks at the likelihood of harm over a longer time span), and the

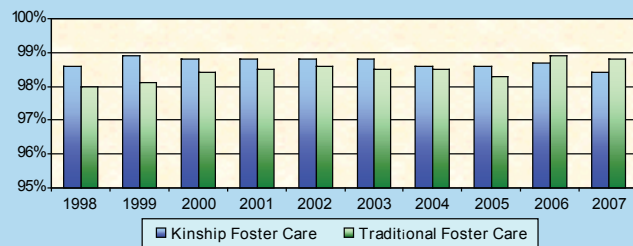
¹¹ Tittle, G., Poertner, J., and Garnier, P. (2001). Child maltreatment in foster care: A study of retrospective reporting. Urbana, IL: Children and Family Research Center.

Box 1.2—Warning Signs: Safety of Children in Kinship Foster Care

Prior Center research on the safety of children in substitute care has shown that children are just as safe, or safer, when placed with kin compared to children placed in unrelated foster homes. However, recent figures indicate a change in these trends. Figure 1.6 displays data from Illinois comparing rates of abuse of foster children in the homes of relatives and unrelated foster parents. Each year, the comparison shows that children are safer from re-abuse in relative homes than in foster homes—until the past two years where children placed with kin are not as safe.

When this data is broken out by Cook County and Non-Cook, we see that overall children in Cook are safer from re-abuse while in care than children outside of Cook and that in 2006 and 2007 children in kinship foster care are not as safe as children in traditional foster care. However, we see that outside of Cook, this trend

Figure 1.6 Percentage of Children in Care That Did Not Have a Substantiated Report During Placement by Placement With Kin or Non-Kin



began in 2004, and has continued. Understanding the change in safety for children placed with kin warrants attention and caution in the year ahead.

Figure 1.7 Cook County

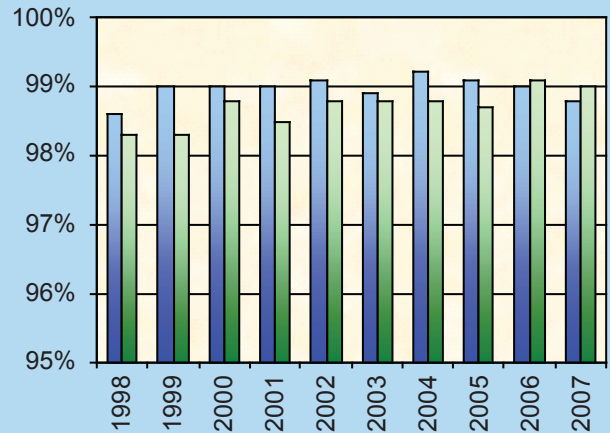
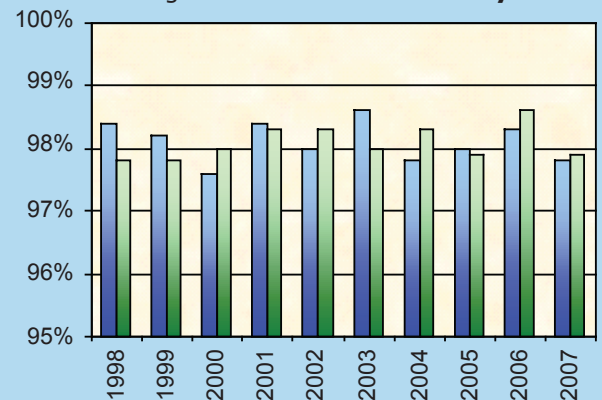


Figure 1.8 Non-Cook County



Box 1.3—The Impact of Crisis Nurseries on Safety and Prevention of Foster Care Entry

With funding from CFRC, researchers from the School of Social Work at UIUC and Center staff embarked on a study of crisis nurseries in Illinois. When families of young children are in crisis, emergency support services such as crisis nurseries are an important part of a continuum of care to support child well being. This research found that crisis nurseries provide positive support, are available when families most need assistance, and support the most vulnerable families, according to the caregivers that use these services.

Single caregivers reported higher stress reductions than other groups served, highlighting the importance of these services for families that may have no other support system. This research also found that caregivers who sought crisis nursery services because of issues of homelessness, mental health or family violence also reported greater stress reduction. When families have these problems, children often enter the child welfare system because the caregivers are unable to provide safe

or adequate care. The availability of crisis nursery services provides an immediate safety net for these caregivers and children that significantly decreases caregiver stress. Crisis nursery staff provides positive parenting strategies and objective perspectives for the parents about child's problematic behaviors. Caregivers reported consistently high ratings for decreasing the potential for abuse and neglect.

Caregivers reported a low rate of DCFS referrals to crisis nurseries. Given that referrals from DCFS to crisis nursery services for respite, support and parental educations could decrease the need for placement of some young children, understanding these linkages is of utmost importance, and this is the focus of current research underway by these researchers.

Excerpted from: Cole, S., & Hernandez, P. (2007). Crisis Nursery outcomes for caregivers served at multiple sites in Illinois. *Children and Youth Services Review*. Available online doi:10.1016/j.childyouth.2007.11.001

development of structured safety assessment protocols for use during initial family contact and investigation. Safety assessment differs from risk assessment in that it focuses on *immediate* threats of harm to a child rather than the underlying conditions that may endanger the child at some point in the future. To date, 42 states have implemented some form of structured safety assessment protocol into their practice.¹² However, only a handful of states have evaluated the implementation or impact of their safety assessment instrument on child safety.

Evaluating the Impact of Safety Assessment in Illinois

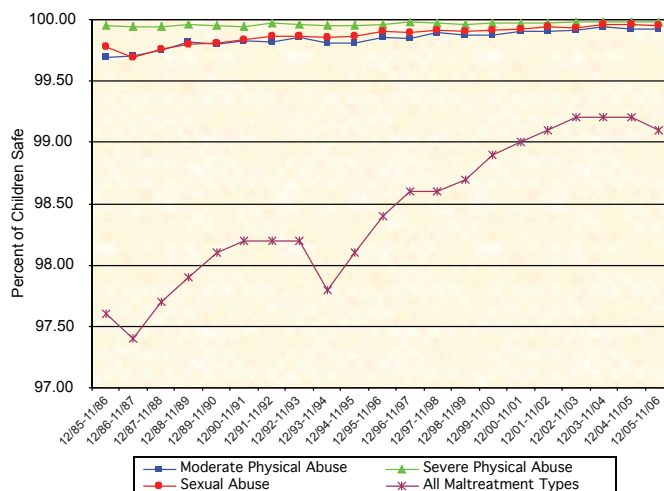
In 1994, the Illinois Senate passed PA 88-614, which required the Department to develop a standardized child endangerment risk assessment protocol and to implement its use by training staff and certifying their proficiency. This act also required DCFS to provide an annual evaluation report to the General Assembly regarding the reliability and validity of the safety protocol, known as the CERAP (Child Endangerment Risk Assessment Protocol).

To evaluate the impact of CERAP on child safety in Illinois, CFRC has conducted an extensive program of research examining short-term maltreatment recurrence rates both before and after its implementation in December 1995. Although only a true experimental design with random assignment of subjects to treatment (CERAP) and control (no CERAP) groups yields the most valid estimates of the effectiveness of an intervention, these designs are rarely feasible in child protective services. In such instances, observational designs which compare naturally-occurring groups that did and did not receive the intervention are often used.

The CERAP assesses child safety, defined in Illinois as the likelihood of immediate harm of a moderate to severe nature. Thus, the indicator of child safety in this context must reflect two important dimensions: 1) the threat of harm to the child must be “immediate” and 2) the potential harm to the child must be of a “moderate to severe nature.” Thus, child safety was defined in terms of the occurrence (i.e., recurrence) of an indicated report of moderate to severe maltreatment within 60 days of an initial report.

Because DCFS policy does not include a specific definition of “moderate to severe harm,” three mutually exclusive groups were defined using allegation codes included in the DCFS administrative data. *Moderate physical abuse* included allegations of cuts, welts, and bruises, human bites, and sprains/dislocations. Severe physical abuse included indicated allegations of brain damage/skull fracture, subdural hematoma, internal injuries, burns/scalding, poisoning, wounds, bone fractures, and torture. *Sexual abuse* included indicated allegations of sexually transmitted diseases, sexual penetration, sexual exploitation, and sexual molestation.

Figure 1.9 Percent of Children Safe From Short-Term Repeated Maltreatment



To follow the convention established throughout this report, the following indicator examines the number of children who did *not* experience maltreatment recurrence within 60 days of an initial maltreatment report (i.e., the number who remained safe during this period).¹³ Results of the analysis for all maltreatment types are shown in Figure 1.6, as are the results for moderate physical abuse, severe physical abuse, and sexual abuse.¹⁴ Very few children experience a recurrence of moderate to severe maltreatment within 60 days of their initial report; and the short-term safety (i.e., non-recurrence) rate increased or remained constant every year since the implementation of the CERAP in 1996, with the exception of 2006, when there was a slight decline. Short-term safety rates for all maltreatment types increased from 97.6% in 1986 to 99.1% in 2006, rates for moderate physical abuse increased from 99.7% to 99.9%, rates for severe physical abuse increased from 99.95% to 99.98%, and those for sexual abuse increased from 99.8% to 99.95%.

The results presented in Figure 1.9 also highlight another important finding – short-term safety rates for moderate to

12 U.S. Department of Health and Human Services, Administration for Children, Youth, and Families. (2003). National study of child protective services systems and reform efforts: Review of State CPS policy. Washington, DC: U.S. Government Printing Office. Available online at: <http://aspe.hhs.gov/hsp/cps-status03/state-policy03/>

13 Children taken into protective custody were excluded from the analyses.

14 To coincide with the date of CERAP implementation, observation years begin on December 1 and end on November 30 of the following year (e.g., the first year post-CERAP included maltreatment reports that occurred between December 1, 1995 and November 30, 1996).

severe physical and sexual abuse are extremely high when compared to rates for all types of maltreatment combined. The vast majority of short-term maltreatment recurrence consists of allegations outside the category of “moderate to severe harm,” and includes allegations that fall into neglect categories (e.g., inadequate supervision, food, shelter, clothing, medical neglect, educational neglect, malnutrition, etc.) as well as substance exposed infants, emotional abuse, and substantial risk of harm. Additional analysis of recurrence patterns among these “less serious” neglect allegations would add to our overall understanding of safety and risk assessment in Illinois.

Maltreatment Recurrence Among At-Risk Households: Do Safety Plans Protect Children From Additional Maltreatment?

The intended purpose of the Child Endangerment Risk Assessment Protocol is to provide child protective workers with a mechanism for quickly assessing the potential for moderate to severe harm in the immediate future and for taking quick action to protect children from such harm. This action takes the form of a safety plan designed to control the factors placing the children at risk of immediate harm. In theory, a well-designed and implemented safety plan should mitigate the threats to child safety identified in the CERAP so that children in “unsafe” households are no more likely to experience maltreatment recurrence than those in “safe” households. The most recent evaluation of the Child Endangerment Risk Assessment Protocol tested this assumption in a series of analyses that examined the relationship between the CERAP safety decision (i.e., safe or unsafe), safety plans, and subsequent short-term maltreatment.¹⁵ Because this series of analyses was taken from an existing evaluation, the outcome of interest is short-term maltreatment recurrence, rather than non-recurrence.

First, the relationship between safety decisions (safe versus unsafe) and short-term (60 day) maltreatment recurrence¹⁶ was examined in cases in which only one CERAP assessment was completed. This showed that the number of children considered “unsafe” in Sequence A¹⁷ investigations in which only one CERAP is completed is relatively small when compared to those considered “safe”: 3.5% in 2003, 3.4% in 2004, 2.0% in 2005, and 1.5% in 2006. Although only a relatively small number of cases are

classified as “unsafe,” these cases are at significantly higher risk for short-term maltreatment recurrence when compared to those classified as “safe.” Specifically, *cases categorized as unsafe were 2-3 times more likely to experience short-term maltreatment recurrence than cases with a safety decision of “safe.”* Since previous analyses revealed that all cases rated as “unsafe” contain some type of safety plan (although the content of the safety plans was not examined), *it appears that a safety plan in and of itself does not completely reduce the risk of 60-day maltreatment recurrence among cases rated as “unsafe.”*

To further examine the relationship between cases rated as “unsafe” and maltreatment recurrence, the recurrence rates among unsafe cases that did and did not contain a second CERAP assessment were compared. It should be noted that all cases rated as unsafe should, in theory, contain at least one additional CERAP assessment completed at either the “every five working days following the determination that any child in the family is unsafe and a safety plan is implemented” milestone OR the “conclusion of the formal investigation, unless a service case is opened” milestone. Even if investigators make a notation on the CERAP assessment rather than complete additional assessments every 5 days (as is allowed by policy), investigated households rated as “unsafe” should have at least one additional CERAP completed at the conclusion of the investigation.

The results presented in Table 1.1 indicate that between 67% (in 2003) and 83% (in 2006) of Sequence A cases with an “unsafe” safety decision are associated with a second CERAP assessment,¹⁸ and that this percentage is increasing over time. When recurrence rates for initially “unsafe” cases with and without a second CERAP assessment are compared, *it is clear that cases without a second CERAP are at a statistically significant higher risk of short-term maltreatment recurrence* (2.64% versus 1.3% in 2003; 2.67% versus 1.13% in 2004; 2.13% versus 1.27% in 2005; and 2.88% versus 1.36% in 2006).¹⁹ In fact, the recurrence rates for initially “unsafe” cases with an additional CERAP assessment are only slightly higher than those of cases judged to be initially “safe.” Thus, although “unsafe” cases as a whole are at higher risk for recurrence, the presence of additional safety assessment is associated with significantly reduced risk. Interestingly, the presence of an additional safety assessment in cases initially rated as “safe” is not associated with lower recurrence rates (except for 2005).

15 Please see full report for additional analyses: Fuller, T., & Nieto, M. (2007). Illinois Child Endangerment Risk Assessment Protocol: A report to the General Assembly. Urbana, IL: Children and Family Research Center. Report is available on the CFRC website.

16 Maltreatment recurrence was calculated as the number of children who experienced indicated maltreatment recurrence within 60 days divided by the total number of children from Sequence A investigated households. Children who were taken into protective custody were excluded from the analysis.

17 Sequence A is the designation given to the first maltreatment report on a given household. A second maltreatment report for the same household would be given the designation of “Sequence B,” and so on.

18 The second CERAP could be associated for any of the investigation milestones. This analysis merely examines whether a second CERAP assessment, at any time or for any milestone, is associated with recurrence rates.

19 The p values listed in the following tables refer to the probability of the results of the statistic tests occurring by chance. Typically, results with a p value less than .05 or .01 are considered to be statistically significant, and those with larger p values are referred to as “non-significant.”

Table 1.1—60-Day Maltreatment Recurrence Among Initially Safe and Unsafe Cases With and Without a Second CERAP Assessment (Sequence A Investigations)²⁰

	Initial Safety Decision	Additional CERAP Completed		Number Recurrent	% Recurrent
		n	%		
2003	Unsafe (n=6,060)	No	2,006 33%	53	2.64%***
		Yes	4,064 67%	53	1.30%
	Safe (n=78,549)	No	55,698 71%	552	.99%
		Yes	22,851 29%	211	.92%
2004	Unsafe (n=6,127)	No	1,951 32%	52	2.67%***
		Yes	4,176 68%	47	1.13%
	Safe (n=73,821)	No	54,731 74%	443	.81%
		Yes	19,090 26%	166	.87%
2005	Unsafe (n=5,700)	No	1,125 20%	24	2.13%*
		Yes	4,575 80%	58	1.27%
	Safe (n=75,132)	No	55,308 74%	483	.87%**
		Yes	19,824 26%	134	.68%
2006	Unsafe (n=5,027)	No	833 17%	24	2.88%***
		Yes	4,194 83%	57	1.36%
	Safe (n=80,327)	No	55,813 70%	429	.77%
		Yes	24,514 30%	188	.77%

*p < .05 **p < .01 ***p < .001

Demographic Factors Associated With Maltreatment Recurrence

Additional analysis was done to understand how recurrence relates to the demographics of a child: gender, race, age, geographical region, maltreatment allegation, and maltreatment reporter. The results of these preliminary analyses revealed that the relationship between child race and recurrence was different depending on what region the child lived in, the type of maltreatment experienced by the child, and who reported the maltreatment to DCFS. Since these interactions can make the results of this analysis difficult to interpret, separate analyses were computed for African American children and those of all other races combined (see Table 1.3).

Geographical Region: Geographical region was significantly related to maltreatment recurrence in the multivariate models – African American children outside of Cook County are at higher risk of recurrence compared to African American children in Cook County. Those in the Northern region are 3% more likely to experience recurrence, children in the Southern region are 24% more

likely to experience recurrence, and those in the central region are 31% at a higher risk compared to African American children in Cook County. Non-African American children are also more likely to experience recurrence in the Northern and Central regions compared to Non-African American children in Cook County. However, Non-African American children in the Southern region were not at significantly higher risk of recurrence than those in Cook County.

Maltreatment Type: This variable was significantly related to maltreatment recurrence in the multivariate model for both African American children and children of other ethnicities. Compared to those who experienced sexual abuse, children who were the subject of an investigation for lack of supervision were at increased risk of recurrence (+107% among African Americans, +74% among other racial groups), as were those who were investigated for environmental neglect (+61% and +82%, respectively), substantial risk of physical harm (+15% and +21%, respectively), and physical abuse (+16% and +17%, respectively).

²⁰ Maltreatment recurrence of all types. Recurrence was calculated as the number of children who experienced indicated maltreatment recurrence within 60 days divided by the total number of children from a Sequence A investigated household (PCs excluded).

Box 1.4— Warning Signs: The Importance of Additional Safety Assessment in Unsafe Investigation Cases

Previous research has consistently shown that certain characteristics, such as child age and type of maltreatment, are significantly associated with maltreatment recurrence. Thus, an alternative argument for the findings presented in Table 1.2 could be that the children in safe and unsafe cases differ significantly by child age, type of maltreatment, etc., and that these differences, rather than the safety assessment decision or the presence of additional CERAP assessments, account for the differences in short-term recurrence. To examine this hypothesis, additional analyses using propensity score matching (PSM) were completed to statistically control for the effects of these demographic and maltreatment characteristics. In essence, each child in the “unsafe” group is matched based on several demographic variables, including gender, age at initial report, race/ethnicity, initial maltreatment type/allegation, maltreatment reporter, region, and year of investigation to a child in the “safe” group who is most similar to them, resulting in two groups of children who are very similar

(although not identical) with regard to the matching characteristics, but still differ with respect to the safety decision (safe versus unsafe).

Once the match was completed, the recurrence analyses in Table 1.2 were repeated using the matched sample. The pattern of results, in terms of the percentage of children in the safe and unsafe groups that experience maltreatment recurrence, is largely similar before and after the matching procedure is employed. This strengthens the argument that differences in recurrence between safe and unsafe cases are due to “real” differences in the level of risk in the household rather than demographic or investigation characteristics. It also remains true that unsafe households that receive an additional safety assessment have significantly lower risk of recurrence than those that do not. Although additional inquiry is required, these results point to the importance of continuous caseworker monitoring in cases at higher risk for additional maltreatment.

Table 1.2 60-Day Maltreatment Recurrence for Initially Safe and Unsafe Cases With and Without a Second CERAP Assessment (Sequence A Investigations): After the Propensity Score Matching

	Initial Safety Decision	Additional CERAP Completed		Number Recurrent	% Recurrent
		n	%		
2003	Unsafe (n=5,022)	No	1,681 33%	41	2.44%**
		Yes	3,341 67%	43	1.29%
	Safe (n=5,028)	No	3,449 69%	19	.55%
		Yes	1,579 31%	20	1.27%**
2004	Unsafe (n=5,199)	No	1,626 31%	42	2.58%***
		Yes	3,573 69%	33	.92%
	Safe (n=5,206)	No	3,680 71%	26	.71%
		Yes	1,526 29%	7	.46%
2005	Unsafe (n=5,037)	No	964 19%	21	2.18%*
		Yes	4,073 81%	48	1.18%
	Safe (n=4,982)	No	3,522 71%	20	.57%
		Yes	1,460 29%	11	.75%
2006	Unsafe (n=4,461)	No	730 16%	24	3.29%***
		Yes	3,731 84%	50	1.34%
	Safe (n=4,503)	No	3,062 68%	31	1.01%
		Yes	1,441 32%	9	.62%

*p < .05 **p < .01 ***p < .001

Table 1.3—Predicting 60-day Maltreatment Recurrence: Percent Difference in Rates

Variable	African American	Other Race/Ethnicity
Geographical Region		
North Region	+3%	+13%
Central Region	+31%	+38%
South Region	+24%	n.s.
Comparison is Cook Region		
Maltreatment Type		
Lack of Supervision	+107%	+74%
Environmental Neglect	+61%	+82%
Substantial Risk of Harm	+15%	+21%
Other Neglect	n.s.	n.s.
Substance-Exposed Birth	n.s.	n.s.
Physical Abuse	+16%	+17%
Comparison is sexual abuse		
Maltreatment Reporter		
Law Enforcement	-5%	+32%
Social Services	+43%	+41%
DCFS	n.s.	n.s.
Medical Personnel	+3%	n.s.
School Personnel	n.s.	n.s.
Child Care	n.s.	n.s.
Comparison is family/friend		
Age at Initial Investigation		
Under 3	+112%	+125%
3 to 5 years	+59%	+61%
6 to 8 years	+61%	n.s.
9 to 11 years	n.s.	n.s.
12 to 14 years	n.s.	34%
Comparison is 15-18 Year Olds		

Note: This model controls for the year of the initial investigation.

Maltreatment Reporter: Risk of maltreatment recurrence was also related to the source of the initial maltreatment report, although the effects of the reporter differed for African American and non-African American children. African American children reported by law enforcement were 5% less likely to experience recurrence than those reported by family/friends, while non-African American children reported by law enforcement were 32% more likely to experience recurrence than those reported by family/friends. Children reported by social service personnel were more likely to experience recurrence compared to those reported by family/friends (+43% African American, +41% other groups).

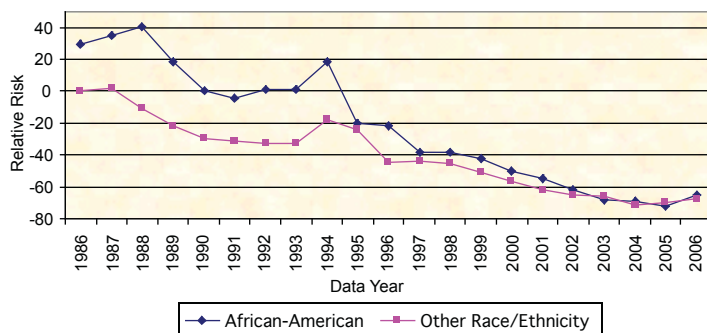
Child Age: Results of the multivariate analyses revealed that the risk of maltreatment recurrence decreases with age for both African American children and those of other racial groups. African American children age 0 – 3 were 112% more likely to experience recurrence than those between 15 and 18; non-African American children in this group were 125% more likely to recur than those between

15 and 18 years. Children between 3 and 5 years in both groups were also at elevated risk – they were 59% to 61% more likely to experience recurrence than 15 – 18 year olds. The elevated risk of recurrence continued among African American children through age 8.

Child Gender: There were no significant differences in the risk of maltreatment recurrence between males and females.

Child Race: Figure 1.10 shows the relative risk of maltreatment recurrence for successive cohorts of African American children and children of other other ethnicities. The comparison group is children investigated in 1986 (arbitrarily anchored at zero). The risk of 60-day maltreatment recurrence for both African American and other racial groups has been declining fairly consistently over the past 15 years. However, in earlier cohorts, African American children were at a higher relative risk of recurrence compared to children of other racial backgrounds. Since 1997, the differences between the groups are negligible.

Figure 1.10 **Relative Risk Ratio of Recurrence**



Observations on Child Safety

Child safety is the paramount concern of child welfare services. By most accounts, children in Illinois continue to be safer than in the recent past. The number of children investigated for potential abuse or neglect has decreased 16% compared to its peak in 1995, and the number of children indicated for maltreatment has declined an even greater 43%. Both of these indicators, however, increased during FY2007; future monitoring will bear out whether this signals the beginning of a new trend or nothing more than an anomalous fluctuation.

The true litmus test of child welfare performance, however, is how well it protects children from additional maltreatment after they become known to the system. When the number of children that remain safe at both 60 days and 12 months following an initial indicated report of maltreatment is examined, rates have remained at a constant level for the past several years. However, closer examination of these non-recurrence rates reveals large regional differences, with higher rates in Cook regions and lower rates in the Central and Southern regions of the state. Additional information about regional variations in caseworker and supervisor practice may offer clues to the reasons for these differences.

Statewide rates of child safety among children served in intact families have fallen in the past few years from 90% in 2001 to 88.8% in 2006. Again, when these rates are examined regionally, child safety among intact families in Cook County have increased from 90.5% in 2000 to 93.4% in 2006, rates in each of the other three regions have fallen to their lowest in years. Rates of non-recurrence among intact families in the Southern region are nearly 10% lower than those in Cook. Greater understanding of the dynamics pushing these regional differences is needed.

Although the overall number of children maltreated while in substitute care remains stable, it does not meet the current national standard established by the federal Child and Family Service Reviews (please see Appendix B for further explanation). In addition, recent trends suggest that children served in kin placements have become less safe than those in non-kin placements. Understanding the change in safety for children placed with kin warrants attention and caution in the year ahead.

Many have attributed the increased safety of children in Illinois to the implementation of a structured safety assessment protocol (the CERAP) in 1995. Indeed, short-term child safety (i.e., 60-day non-recurrence rates) rates have gone up or remained constant each year since 1995, with the exception of 2007. However, our analysis of maltreatment recurrence among households at-risk for additional maltreatment (i.e., those considered to be “unsafe” on a safety assessment protocol) suggests that even with a safety plan in place, these families are at significantly higher risk than those identified as “safe.” The inclusion of a safety plan is not enough to keep some at-risk families safe from maltreatment in the near future. In addition to a safety plan, Department policy requires that households determined to be unsafe receive additional monitoring, which is accomplished by ongoing safety assessment. Data from the annual CERAP evaluation suggest that this occurs in about 80% of unsafe cases. Comparison of maltreatment recurrence rates among unsafe cases with and without a second safety assessment finds that cases without additional assessment are at significantly higher risk of recurrence. In fact, the risk of recurrence for unsafe cases with an additional safety assessment is statistically indistinguishable from cases initially rated as safe. Although additional research is needed to rule out other differences between the two unsafe groups, it seems clear that ongoing safety monitoring and assessment is crucial.

YOUTH VOICE

The public doesn't know about foster care. Why are they given a chance to foster? In order to nurture and care for a child you must understand that child. What the public doesn't know about foster children is that when they are removed from their home they are afraid. They don't understand. And what they need is someone who can help them understand and educate them on what is happening to them and why. Not a psychologist or counselor, but someone who can appreciate them as an individual, someone who can reach out to them and then eventually love them

I have been a ward of the state since age two. Based on my life experiences I do in a way feel there's a need for foster care. My biological mother was an addict. She was unable to care for my siblings and me medically. My mother's fight with drugs in the year of 1988 brought me and my siblings into care. In many ways I have learned to cope with my life experiences within the system. Care for me has been successful because I have been kept away from those who cause me harm.

Our everyday life as foster children was painful, sad, rebelling, and embarrassing. We were the children that nobody gave a — about. I can remember one incident when I was about five years old. I had wet the bed and due to this fact my sister and I both paid for it. All the other children ate Sloppy Joe sandwiches while we were forced to eat dog food.

– Gina

STABILITY OF FAMILY LIFE

Nancy Rolock and Mark Testa

AT HOME AND IN SUBSTITUTE CARE

Home life is the highest and finest product of civilization. Children should not be deprived of it except for urgent and compelling reasons (First White House Conference on the Care of Dependent Children, 1909).¹

For as long as government has taken a role in safeguarding the welfare of children, there has existed a tension between ensuring safety by depriving children of their home life versus preserving family stability by serving children in their own home. In the late 19th century, public and voluntary agencies routinely removed dependent and neglected children from their indigent or neglectful homes and placed them in institutional asylums. Later on, dissatisfaction with the quality and cost of institutional care led to placing dependent and neglected children in substitute homes with foster families, many far away from their homes of origin. This practice in turn generated a reaction against the injustice of removing children from their families for reason of poverty alone.

At the 1909 White House Conference on Dependent Children, child welfare practitioners and policy makers advanced the principle of maintaining the stability of children’s family life. This principle found expression in the Mother’s Pensions programs that Illinois pioneered in 1911 and subsequently in the federal Aid to Dependent Children program that Congress established in 1935 to maintain needy children in the homes of parents and relatives. It continues to be evidenced in family preservation programs, where the underlying assumption is that abused and neglected children should remain at home whenever their safety can be assured. It is also evidenced in permanency planning laws that focus on reuniting foster children with their parents and shortening the timeframe for making permanency decisions. More recently, this idea has been extended to the stability of children’s placements while in foster care. The federal Child and Family Service Review process establishes outcome measures and seeks to hold states accountable for reducing placement instability among foster children.

Preserving the Stability of Family Life

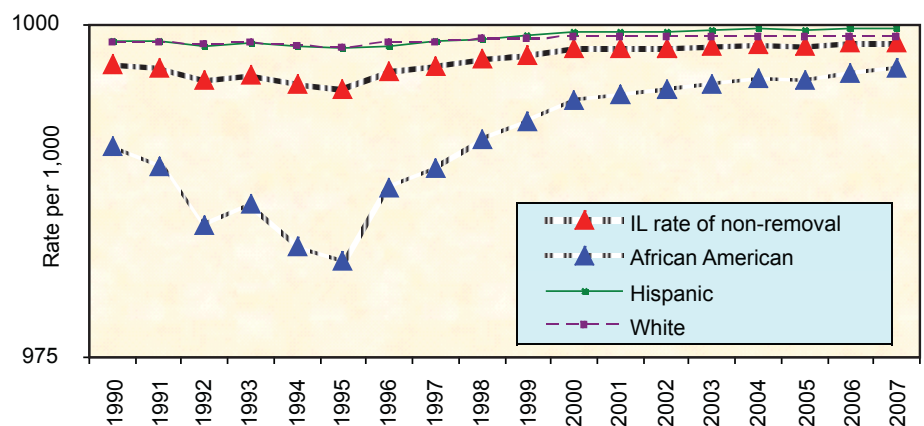
Once a determination has been made by child protective services that intervention is necessary to safeguard the

welfare of a child, the next choice that child welfare workers must make is whether the child can be safely served in the home or should be taken into protective custody and placed in foster care. The preference is to prevent removal and DCFS supports a system of intervention in which families can be referred for “intact family services” in lieu of having their children placed into the foster care system.

This preference can be quantified as the rate of child non-removal; that is, for every 1,000 children in Illinois, the number of children that have *not* been removed from their homes. This rate has increased substantially since the mid-1990s, primarily because of dramatic increases in the rate of non-removal among African American children (see Figure 2.1). Despite the increase in non-removal, overrepresentation of African American children in substitute care is still cause for concern (see section on disproportionality in the introduction).

A national comparison of child non-removal rates reveals that Illinois ranks among the highest in the country – more children remain at home and are not in foster care

Figure 2.1 Rate of Children Not Removed From Home



¹ First White House Conference on the Care of Dependent Children, January 25, 1909.

FAMILY STABILITY AT A GLANCE

We will know children have more stability:

If more children remain with their families while they are served in their own home after a child maltreatment finding:



Of all children served in intact family cases, the percentage that did not experience an out-of-home placement within a 12-month period was between 93 and 95 over the past seven years.

If more children do not move from home to home while they are in foster care:



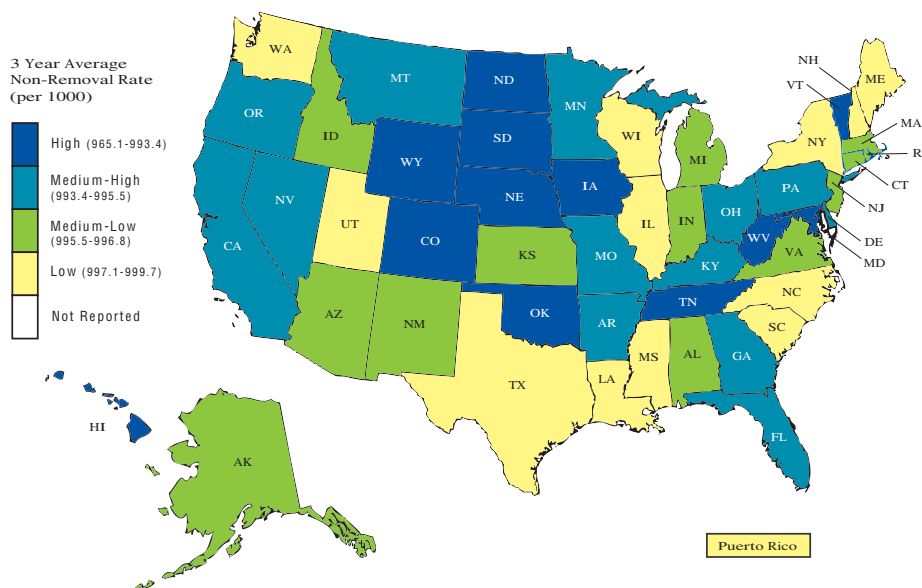
Of all children entering foster care and staying at least one year, the percentage that had no more than two placements within 12 months from the date of entry into foster care has increased slightly from 76% in 2000 to 80% in 2004 before declining to 79% in 2006.

If more children do not run away while they are in foster care:



Of all children entering substitute care at the age of 12 or older, the percentage that did not run away from a foster care placement within their first year in care has fluctuated between 75% and 79% over the past seven years.

Map 2.1—National Comparison: Rate of Child Non-Removal



Illinois' incident rate for children not removed from home ranks among the highest along with Texas, Louisiana, Mississippi, South Carolina, North Carolina, Maine, Washington, Utah, Wisconsin, New Hampshire and New York.

Source: AFCARS data from the U.S. Department of Health and Human Services (<http://www.acf.dhhs.gov/>)
 Note: a three year average non-removal rate was calculated from this data.

Box 2.1—Working With Families Impacted by Methamphetamine Abuse in Rural Illinois

University of Illinois Social Work faculty and DCFS professionals have continued to collaborate over the past year to support the well being of children in foster care whose parents are involved with methamphetamine. An ethnographic study laid the ground work for understanding the contexts in which children are reared, their psychological functioning and strengths and limitations of rural communities for providing needed services. We discovered a high rate of trauma symptoms among children from methamphetamine-involved families. Although rural communities had few specialized resources for treating children’s trauma symptoms, and available services typically were located far from children’s homes, they did have experienced professionals used to working with children in other capacities, for example, child welfare workers, counselors and educators. We provided specialized training to these rural community professionals, as well as weekly supervision by mental health professionals (a psychiatrist and child clinical psychologist) located in a nearby urban area. Each community professional took on one child or two siblings.

We designed a state-of-the art intervention to address the unique needs of foster children in rural areas of Illinois who have experienced parental methamphetamine abuse. The six month intervention consists of weekly individual sessions with children by master’s levels community professionals. Core components include: 1) Establishing a supportive, therapeutic relationship with an adult; 2) Construction of an interpretation of traumatic events including the child’s feelings, memories and life story with the adult and child; 3) Education and correction of misinformation about the traumatic events; 4) Control over trauma symptoms through desensitization; 5) Support and education of the child’s foster caregivers; 6) Cultural sensitivity to local socialization beliefs and practices. Fourteen children have completed the program, and several more are enrolled. Evaluation of the program is underway and initial results suggest some positive outcomes.

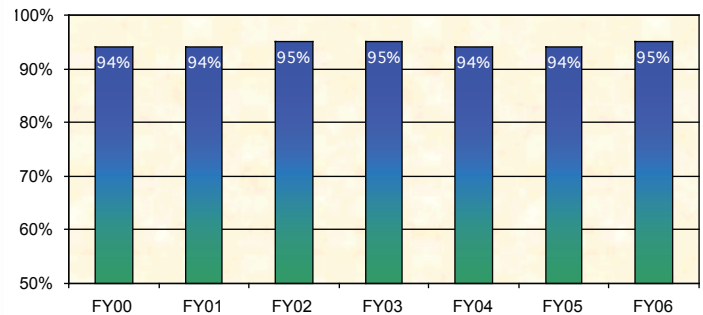
This box was written by Wendy Haight, Ph.D. For additional research by Dr. Haight visit the Center’s website at: <http://cfrewww.social.uiuc.edu/>.

Illinois than in most states (see Map 2.1). Using a three year average of AFCARS-reported data, the non-removal rate in Illinois is sixth highest at 998.2 per 1,000 children living in the state. This is in comparison to Texas, which has the highest rate – 999.7 and South Dakota, the lowest non-removal rate at 965.1.

Keeping Families Intact

Another measure of how well the state is doing in preserving family stability is the number of children served in intact family cases that do not experience a substitute care placement within a year of initial report (see Appendix A, Indicator 2.A). Examination of Figure 2.2 shows that the number of children increased slightly, from 94% in 2000 to 95% in 2006. Additional analyses reveal that the age of the child at the time of intervention is important – older children are less likely to enter substitute care from intact family cases than their younger counterparts. The regional differences show that children in Cook are more likely to stay home and not enter care than children in the remainder of the state. In recent years, African American children in intact families have experienced more stability than Caucasian children (95% and 93% respectively). There is virtually no gender difference in this indicator.

Figure 2.2 **Children Served in Intact Families Who Did Not Experience an Out of Home Placement Within a Year**



Stability in Substitute Care

Research on child development upholds the importance of stable parental care and attachments in children’s lives. Recent research reveals the damage that having multiple foster homes inflicts on a child’s sense of well-being and capacity to form trusting and emotionally satisfying relationships. (Please see Chapter 5 on well-being for additional information.)

YOUTH VOICE

I remember...

I remember being happy at some point in my childhood life and that was when I went fishing and when we had nice family gatherings.

I remember waking up to breakfast every morning.

I remember being talked about in grammar school.

I remember getting my first job at 15.

I remember getting good grades and never getting a reward for it.

I remember prom and graduation.

I remember having my first child.

I remember going crazy because I didn't know him and I had to learn him and be there for him like I do every day.

I don't remember....

I don't remember being a troublemaker.

I don't remember not liking to go to school.

I don't remember being the most fashion.

I don't remember trying to fit in.

I don't remember not getting bad grades at some point.

I don't remember not having fun.

I know...

I know I can try a little harder at what I do.

I know I can try harder at being nice to people.

I know I can try harder at not thinking no one can tell me anything because there is more to life than just what I've been through.

I know I am smart and beautiful.

I know I can do a lot.

— Nevaeh

Measuring Placement Stability

While the notion that stability of family, school, and neighborhood is important to children's successful development is uncontested, there is tremendous variation in how stability is defined operationally. Measurements of placement stability often focus on the *number of placements* that a child experiences while in care. However, there is no uniformly agreed upon number of placements used to indicate placement instability. Several studies count three moves, or four placements, as the threshold for placement instability.^{2,3} The federal government measures placement stability as "two or fewer placements within a year,"⁴ which implies placement *instability* once the child experiences three placements. While the ideal may be to have a child experience only one placement, the threshold of two placements acknowledges the reality of initial emergency or diagnostic homes when the child is first taken into state protective custody. A few studies do define stability as one placement and any move as placement instability.⁵

In addition, the *definition of placement* or type of placement included in definitions of stability varies from source to source, as does the *timeframe* under examination. These variations can make a substantial difference in the analysis of placement stability data. The CFRC, in conjunction with the Child Welfare League of America, produced a discussion paper that details the specific types of placements that may be counted or not in defining placement or placement move.⁶ State policies regarding placement in emergency or assessment shelters, for instance, varies greatly across the country; some jurisdictions view this as a necessary first step prior to a true foster care placement in which a child can be evaluated and the best placement found for him/her, while other states rarely use emergency placements and instead place a child immediately into a foster care setting. There is also great variation in the use of trial home visits, where a child may be returned home for a period of time, but under custody or supervision of the child welfare agency. Detention, incarceration and institutional settings are used differently by child welfare agencies across the country and may or may not be included among the types of placement moves included in definitions of instability.

While measuring the aggregate number of placements for a particular child provides useful information, others suggest that the more critical element is the manner in which children move through care: from restrictive to less-restrictive placements and the timing and duration of the

2 Hartnett, M.A., Leathers, S., Falconnier, L., & Testa, M. (1999). Placement stability study. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

3 Webster, D., Barth, R., & Needell, B. (2000). Placement stability for children in out-of-home care: A longitudinal analysis. *Child Welfare*, 79, 614-632.

4 U.S. Department of Health and Human Services. (2004). *Child welfare outcomes 2001: Annual report. Safety, permanency, well-being*. Washington, DC: U.S. Government Printing Office.

5 Barber, J.G., Delfabbro, P. H., & Cooper, L. (2001). Predictors of the unsuccessful transition to foster care. *Journal of Child Psychology and Child Psychiatry*, 42, 785-790.

6 Children and Family Research Center. (2004). *Research brief: Instability in foster care*. Unpublished manuscript, University of Illinois at Urbana-Champaign.

Box 2.2—Focus on Older Wards: Foster Youth 12 and Older

Stability: Children entering foster care and staying at least one year, the percentage that had no more than two placements within that year.

Children that enter foster care at the age of 12 or older are less likely to be in stable placements than those that enter care before the age of 12. Data over the past seven years shows that between 65 and 70% of the older children are in stable placements, compared to approximately 80 to 84% of the younger children.

Strategies for increasing placement stability among this older group are essential. The Department has implemented the Child and Youth Investment Teams (CAYIT), and is currently conducting research to better understand the reasons behind placement moves.

The ACLU has recently called for a study of placement moves. This effort is currently underway in a collaborative effort between DCFS and Center staff. This study will seek to understand the differences in the population of children that experience many moves as compared to those with just a few. CAYIT was designed to address placement moves, and to assist in making better placement decisions when a decision to move a child was made. Understanding the impact of the CAYIT effort is a focus of this new research. In addition, this study seeks to understand the differences between two populations of children – one group who moves frequently and another group of children who are fairly stable, despite the fact that the two groups profiled similarly 18 months prior.

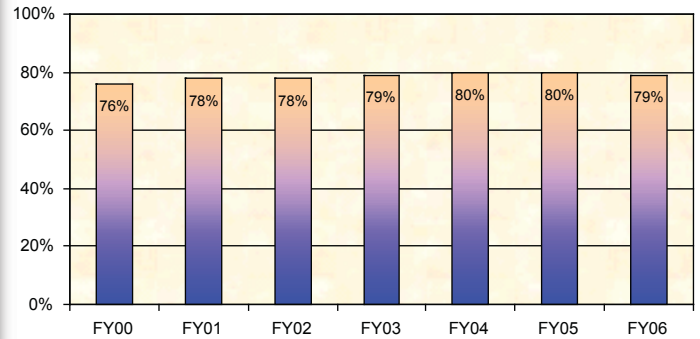
longest placement in care. This second research view categorizes spells in foster care into early or later stability.⁷

Reaching a common definition of placement stability that will provide both useful and reliable data is imperative. As it stands currently, each time a community, research institution, or governmental body looks at placement stability, a different set of conclusions will be drawn. The CFRC, in conjunction with the Child Welfare League of America, is leading the efforts to develop such standards.

Current Status of Placement Stability in Illinois

When a child is removed from home and placed in substitute care, it is incumbent upon the state to provide a stable environment for that child. In this report, stability in substitute care was defined using the AFCARS standard of “no more than two placements.” Unlike AFCARS, however,

Figure 2.3 Children in Substitute Care for at Least One Year Who Had No More Than Two Placements Within a Year of Removal



the definition was changed to follow only children that have been in care for at least one year, excluding children in care only a few days or months. As with the AFCARS definition, the following types of placements were excluded from the calculation of placement stability: run away, detention, respite care (defined as a placement of less than 30 days where the child returns to the same placement), hospital stays, and placements coded as “unknown whereabouts.”

Results of the CFRC analysis are presented in Figure 2.3, and reveal that placement stability in substitute care has increased slightly over the past several years. In 2000, 76% of the children had two or fewer placements in their first year of care. This increased to 80% in 2004 and 2005 and is currently 79%. Examination of trends in specific subgroups of children reveals little difference in stability rates by race or gender. For geographic breakouts, placements in the Southern region and Cook County are less stable (both 77%) that placements in the rest of the state (Central region is 82% and Northern is 79% stable). In addition, the data show that children under 12 years of age experience greater placement stability than teens (see Appendix A, Indicator 2.B).

A study of placement stability funded by the CFRC found that unmet child behavioral need was the most significant reason for placement changes in non-kin foster homes.⁸ Forty-five percent of foster parents and nearly forty percent of caseworkers reported that the foster home’s inability to deal with the child’s behavioral problems, such as physical aggression, property destruction, disobedience, and police involvement, was either the first or second most crucial factor for a placement ending. A comparison of stable with disrupted placements suggested that specialized foster care, receipt of therapy, and foster parent empathy and tolerance were important predictors of stability in non-kin foster homes.

7 James, S., Landsverk, J., & Slymen, D. J. (2004). Placement movement in out-of-home care: Patterns and predictors. *Children and Youth Services Review*, 26, 185-206.

8 Hartnett, M.A., Leathers, S., Falconnier, L., & Testa, M. (1999). Placement stability study Urbana, IL: Children and Family Research Center.

Box 2.3—Kinship Foster Placements Are More Stable Than Placements in Unrelated Foster Homes

It is widely recognized that moving children from home to home is detrimental to their physical and emotional well-being. In foster care, instability is often measured by whether and how often a child experiences a change in home during the year. The latest national data show that 82 percent of children placed with relatives in 2002 were in the same homes a year later. For children in non-kin homes, the percentage was 65 percent. This represents a 17 percent difference between children placed with relatives and those placed with non-relatives. In a state-by-state analysis, children in kinship foster homes are less likely to experience a change than children in non-related foster homes – for 30 states, 75% or more children are in the same home one year later. Only 7 states can claim that same stability for non-kin placements.¹²

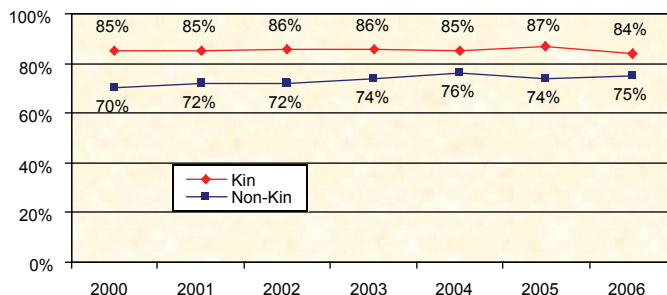
Analysis of administrative data and surveys of children and families supports this notion that children in formal kinship care are less likely to move out of their initial placement than children in non-relative care – half of children in kinship homes never changed homes during their stay in foster care. For children placed with non-kin, 80% experience instability.¹³

Kinship Care and Placement Stability

CFRC’s program of research on kinship foster care shows that placement with kin, after appropriate safety checks, is the most stable form of substitute care available to children who are removed from parental custody.^{9, 10} This finding has been confirmed by researchers in California who found that children in kinship care had greater stability than those placed with non-kin.¹¹ Placement with grandparents, aunts and uncles can help reduce the trauma of separation that accompanies child removal from the home and can preserve important connections to siblings, family, and local community. Figure 2.4 shows that children initially placed with kin are much more likely to experience placement

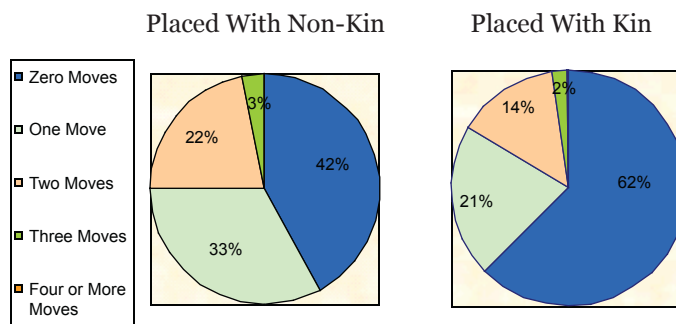
stability than those placed with non-kin. It also indicates that the improvement seen in placement stability in Illinois has occurred primarily among children placed with non-kin.

Figure 2.4 Percent of Children With No More Than Two Placements During Their First Year in Care by First Placement Type



Research indicates that the timing of the first placement change can predict the likelihood of multiple moves for children in care. The Illinois data over the past seven years shows that of the children that do move, 79% of those placed with non-kin experience their first move within the first 90 days of entry into substitute care compared with 57% of children placed with kin. This suggests that not only do children initially placed with kin experience greater overall stability than those placed with non-kin (see Figure 2.5), they are more likely to experience at least 90 days of stability when first placed into care.

Figure 2.5 Number of Moves Within One Year



9 Garnier, P.C., & Poertner, J. (2000). Using administrative data to assess child safety in out-of-home care. *Child Welfare*, 79, 597-613.
 10 Testa, M. (2002). Kinship care and permanency. *Journal of Social Service Research*, 28, 25-43.
 11 Webster, D., Barth, R.P., & Needell, B. (2000). Placement stability for children in out-of-home care: A longitudinal analysis. *Child Welfare*, 79, 614-632.
 12 For this measure we took 2002 AFCARS data for children placed either with kinship foster care, or in foster care with non relatives. We matched these records to the 2003 AFCARS files and for children in both data sets we looked at the percent of children that were in the same home one year later. States with less than 100 children were excluded from this analysis, this includes: Indiana, Nevada, Oregon, Wisconsin and Puerto Rico. Analysis by the Children and Family Research Center (2007) using AFCARS files from 2002 and 2003.
 13 Comparative safety, stability, and continuity of the living arrangements of children at elevated risk of abuse and neglect, by M. Testa, C. Bruhn and J. Helton, expected to be published in a volume of findings related to NSCAW in 2007.

Box 2.4—Placement Stability: Does the Number of Children in the Home Matter?

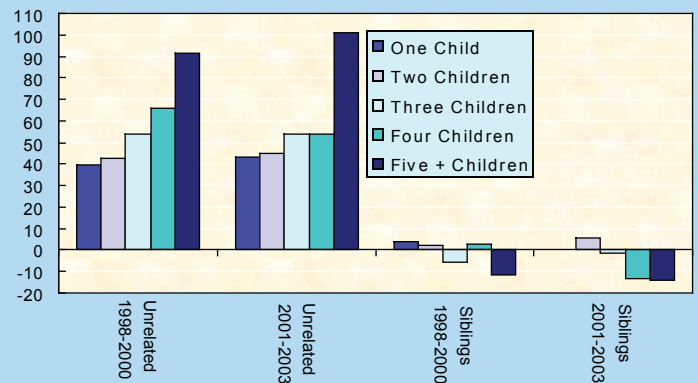
Research conducted in 2004 by the Children and Family Research Center showed that the risk of changing placements for children in traditional or kinship placements increases significantly with each additional unrelated child who resides in the foster home. In 2007, the Center was asked to update this analysis. For this analysis two groups of children were compared – a cohort of children that entered or re-entered substitute care between 1998 and 2000 inclusive, and who were followed through June 30, 2003, and a second cohort of children who entered care between 2001 and 2003, and who were tracked through June 30, 2006. The relationship between the number of children in the home (total number, number of siblings, and number of unrelated children), age of the child at the time of placement, and placement type (kinship versus other types of foster homes) and the likelihood of placement change that was not related to permanence were examined for both cohorts of children.

In examining these two groups of children, researchers found that the number of children placed in homes with 3 or more other foster children has decreased over time: in 1990, 27% of children were placed into homes with 3 or more children. By 1996 it was up to 29%, but then it began to drop and was at 15% by 2003 and 12% in 2006. When examined more closely, the distribution of children placed with siblings has remained roughly constant over time, and most of the decline has occurred among children placed with non-related children. The proportion of children placed in homes with three or more other unrelated children has declined from 16% in FY90 to 2.3% in FY06. During this same period, the proportion placed into homes with three or more siblings was 7%. This change was prompted by the 2004 findings that placement changes increased significantly with each additional unrelated child in the foster home.

The graph below shows the likelihood of a non-permanency move for children placed with unrelated children as compared to those placed with siblings, for the two cohorts of children. The comparison is children with no other children in the home. The way to interpret this graph is that the taller the bar, the more likely that group is to experience a move. Children placed with unrelated children are far more likely to experience instability than children placed with their siblings, and the larger the number of unrelated children in the home, the more likely the child is to move. By comparison, the number

of related children in the home does not appear to affect the stability rates. The difference in rates among children placed with siblings is statistically the same regardless of the number of siblings in the home; indicating that the likelihood of a placement change for those placed with siblings is unrelated to the number of siblings in the home.

Figure 2.6 **Risk of Instability for Children Living With Unrelated Children or With Siblings (Compared to No Other Children in the Home)**



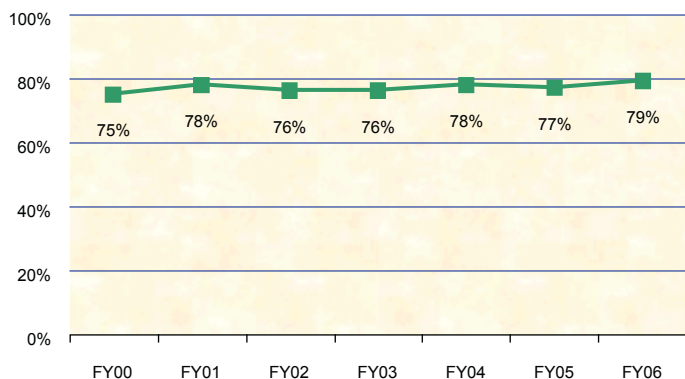
Similar to past research, placement stability was also significantly affected by both child age and placement type. The risk of replacement increases with child age. For example, children between 12 and 14 years old at the time of placement moved 60-67% more often than children who are 6 to 8 years old at the time of placement (comparison group). Furthermore, children placed with relatives are 45% less likely to move than children placed in non-relative foster homes. The overall pattern of results for the 1998-2000 cohort and the 2001-2003 cohort are quite similar. Although DCFS policy has reduced the number of unrelated children placed together, the underlying impact of number of unrelated children in the home, child age, and placement type on replacement movement has not diminished over time.

Summarized from Testa, M., Nieto, M., & Fuller, T. Placement Stability and number of children in a foster home, unpublished paper, Children and Family Research Center, July 2007. The full report is available at www.cfcwww.social.uiuc.edu

Youth Who Run Away From Substitute Care

Another way to measure stability in substitute care is to look at the number of children who run away from their foster home. In an effort to examine the population of foster children most likely to run away from placement, this indicator examines only those children who enter care at the age of 12 or older (see Appendix A, Indicator 2.C). Figure 2.7 displays the number of children 12 or older who did not run away from substitute care during the first year of placement, and reveals that this measure has fluctuated between 75% and 79% over the past seven years. The age group most likely to run is children entering care at age 15 or older; while 84% of children aged 12 to 14 are stable, 68% of children 15 and older are stable. When looked at by race, African American children and Caucasian children experience very different stability rates: while 82% of Caucasian children were in stable placements over the past seven years, 73% of African American children were in stable placements. Children residing in Cook County are much more likely to run away than children in the remainder of the state. In Cook, 68% were in stable placements while the stability rate was 78% in Northern, 81% in Central and 83% in Southern. In addition, teen girls are less stable (75%) than their male counterparts (79%) (see Appendix A, Indicator 2.C).

Figure 2.7 **Percent of Children 12 or Older Who Did Not Run Away During the Year Following Entry**



An evaluation of youth who run away from substitute care suggests that youth with placement instability are more likely to run than youth who have experienced placement stability.¹⁴ In addition, youth who have run away from at least one placement are more likely to run again, particularly during the period immediately after return to care. Children placed with kin and children placed with siblings in care were less likely to run away than those placed in unrelated homes or placed separately from siblings in care.

Observations on Stability in Illinois

The rate of child non-removal from home of origin into substitute care has increased substantially since the mid-1990's, particularly among African American children. Although the rate of non-removal among African American children has risen dramatically over the past decade, it is still substantially lower than that of any other group of children. This racial disproportionality in removal rates deserves closer scrutiny.

Illinois' non-removal rates rank among the highest in the country – more children remain at home and are not taken into foster care in Illinois than in most states. Furthermore, the vast majority of the families served at home with intact family services do not experience an out-of-home placement within a year. It appears then that the relatively high non-removal rate in Illinois has not had an adverse effect on child safety among intact families.

For children who enter foster care, placement with kin is the most stable type of placement, in Illinois and across the country. Preserving these types of placements is important for continued stability. In addition, new Center research that confirms findings that the number of children in the home impacts the likelihood of stability – but goes on to show that children placed with unrelated children are far more likely to experience instability than children placed with their siblings. Yet, the number of siblings placed in the home does not seem to impact stability. The addition of an evaluation of the Child and Youth Investment Teams (CAYIT) and an investigation into a sample of children with many moves and those with few moves should enhance our understanding of other factors that impact stability.

¹⁴ Courtney, M.E., Skyles, A., Miranda, G., Zinn, A., Howard, E., & Goerge, R.M. (2005). Youth who run away from out-of-home care. Chicago, IL: Chapin Hall Center for Children.

YOUTH VOICE

As a child I knew I was in foster care but I didn't really know why. I knew that my mother wasn't my real mother and that the woman who was my mother was far away in a place that she could not leave to be with me (prison). I remember getting up early on Saturday mornings all done up to go see someone I didn't know and that I had no feelings for. After a few years she was home but she wasn't there much. Time after time I remember staying with her but then I was gone again and staying in a home where I didn't know anyone. I was forced to call people who were no blood relation to me my mother, father, sister, brothers, and aunts. I did it sometimes but it was nothing that I could ever get used to.

It seemed that every time I turned around I was being moved from home to home. For a while I didn't even know if I would even be staying the night at some places, that's how much I was getting moved...After a while I had this image, this dream, in my head that I was on the highway and it seems as if the road never ends and my bags are packed up in the car. I have no idea where I'm going and it seems like I'll never stop moving.

At this time I was, as my counselors like to say, depressed. Life was really getting hard to bear. I was only twelve but I was having a really hard time. I didn't know who I was or where I was going. I had always been a good kid but by this time I had begun to act out in school and at home. I was tired of the system and I just wanted a normal life like the other kids I knew. Things had gotten so bad for me I took an overdose and tried to kill myself, not once but about three times.

Being a child in foster care there were many challenges I faced every day. There was no hanging out with your friends and your parents after school or on the weekends. When it came time for open house or parent teacher conferences it wasn't your real mom or dad there with you. Everybody stared at you because you didn't look like them or because you changed foster homes and now you had a different mom than you had last week.

My life in foster care is a perfect example of being bounced around, denied, deprived, betrayed, and lied to are things that hurt me and yet I am strong. To all those people who thought that they hurt me, well...they did but they also helped me. I learned that I didn't like to be treated like that so I won't treat others in that way.

– Arianna

CONTINUITY

Nancy Rolock and Mark Testa

KINSHIP, COMMUNITY, AND SIBLING TIES

Children should be placed in “a safe setting that is the least restrictive (most family like) and most appropriate setting available and in close proximity to the parents’ home”....¹

When substitute care is necessary to foster or protect children, federal and state policy favor placement in settings that conserve children’s existing kinship, community, and sibling ties. The Adoption Assistance and Child Welfare Act of 1980 promulgated this preference under its “least restrictive” clause that prioritized foster family care over group homes, institutions, and other forms of congregate care. At the time, most foster families recruited by the state were unrelated to the children taken into custody. Only in the late-1980s did formal placement with kin become a prominent feature of the foster care system after states passed “kinship preference” laws that encouraged placement with relatives over non-relatives. Federal law subsequently incorporated this preference in 1996 when Congress amended the IV-E state plan requirements to provide that states “shall consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child, provided that the relative caregiver meets all relevant State child protection standards.”² As of the most recent data reported to the federal government, kinship foster care accounted for 24 percent of all substitute care in the United States.³

The emphasis on keeping foster children in close proximity to their parents’ home was initially intended to facilitate regular visitation between parents and children, which research suggested was conducive to family reunification.⁴ Out-of-state placement was discouraged unless the state could demonstrate that it was in the child’s best interests. As attention turned to the emotional well-being and educational attainment of foster children, greater emphasis was put on preserving the continuity of children’s connections to school, local neighborhood, and other social institutions familiar to the child.

Relationships with siblings are frequently the longest lasting and most dependable source of support that people can draw on over their lifetime. Despite the importance of sibling connections, many foster children are unnecessarily kept apart from their brothers and sisters, and may even lack any contact with them or knowledge about their whereabouts. While sibling placement or visitation is a “best interest” factor in deciding where children should be placed after removal from the home, state and federal courts have generally stopped short of recognizing a right of sibling association. Illinois is one of the few exceptions. In *Aristotle P. v. Johnson*, the federal district court found a constitutional right to sibling association for children who had a strong, pre-existing relationship. But this right does not extend to siblings who had not grown up together prior to placement and does not extend to siblings whose ties had been legally severed by termination of parental rights. Adoptive parents may permit ongoing contact between children and their unadopted siblings, but currently there is no legal recourse for biological siblings denied such opportunity. In 2004, Illinois formed a Governor’s Joint Task Force to examine the rights of sibling association after termination of parental rights and post-adoption but as far as we know these recommendations have not been implemented.

Least Restrictive Care

Historians of the Illinois juvenile court record that its founders considered institutional care to be a viable dispositional option although they saw little reason for committing most dependent, neglected, and delinquent children, especially first-timers.⁵ As an alternative, they developed family-based services, such as probation, mothers’ pensions, and foster family care, to avoid institutional care if possible. Most child welfare professionals at the time looked upon institutional care, especially large congregate-care facilities, as a somewhat

¹ U.S. Social Security Act, Sec. 475. [42 U.S.C. 675].

² U.S. Social Security Act, Sec. 471. [42 U.S.C. 671].

³ AFCARS data 2006

⁴ Fanshel, D., & Shinn, E. (1978). *Children in foster care: A longitudinal investigation*. New York: Columbia University Press.

⁵ Schlossman, S. L. (1977). *Love and the American delinquent: The theory and practice of ‘progressive’ juvenile justice, 1825-1920*. Chicago: The University of Chicago Press.

CONTINUITY AT A GLANCE

We will know if continuity is preserved:

If more children are placed in less restrictive settings than institutions or group homes:



Of all children placed into their current placement setting before the age of 12, the percentage that is not placed into institutional or group home care has remained constant at 97% or 98% over the past seven years.

If more children are placed with kin:



Of all children entering foster care, the percentage placed with kin in their first placement increased from 36% in 2001 to 48% in 2007.



Of all children in substitute care, the percentage living with kin at the end of the year has fluctuated between 36% and 39% over the past seven years.

If more children in group homes or institutions are placed inside the state:



Of all children living in institutions or group homes at the end of the fiscal year, the percentage placed within the state has remained between 98% and 99% over the past seven years.

If more children are placed in or near their community of origin:



Of all children entering traditional foster care, the median distance from home of their first placement in care has increased from 9 to 10 miles and the percent living further from home has grown in recent years.



For children entering kinship care, their median distance from home is substantially lower (closer to home) than those placed in traditional care, between 3 and 4 miles. In addition, these placements are increasingly closer to home.

If more children are placed with their siblings:

Of all children living in foster care at the end of the year, the percentage of sibling groups that were placed together in the same home:

For sibling groups of two or three:



increased for siblings in traditional foster care, from 46% in 2001 to 59% in 2007, and



is significantly higher and has increased for siblings in kinship foster care, from 61% in 2001 to 69% in 2007.

For sibling groups of four or more:



increased for siblings in traditional foster care, from 9% in 2001 to 14% in 2007, and



is significantly higher and has increased for siblings in kinship foster care, from 34% in 2001, down to 28% in 2003 and up to 39% in 2007.

disreputable last resort. After World War II, however, professional attitudes shifted, and social workers began to accept institutional care as a specialized service appropriate for some groups of children as part of a continuum of care.⁶

Government commissions called for the expansion of residential treatment programs to treat incorrigible, “acting-out,” and emotionally disturbed youth. Voluntary child welfare agencies took the lead. At the time of the

incorporation of the child welfare functions of the Cook County Public Aid Department into DCFS in 1969, almost half (47%) of the foster children served by voluntary agencies and 16 percent under public supervision were housed in residential facilities.⁷ After the consolidation, approximately 30 percent or 4,130 children in publicly supported substitute care in Illinois were in child-care institutions or group homes.⁸ Plans were underway to expand the use of institutions

⁶ Kadushin, A. (1967). *Child welfare services*. London: Macmillan.

⁷ Illinois Department of Children and Family Services. (1970). *Statistical handbook: Available data—1949 through 1969*. Springfield, IL: State Printing Office.

⁸ Testa, M., & Lawler, E. (1985). *The state of the child: 1985*. Chicago, IL: Chapin Hall Center for Children.

from placements of “last resort” to “therapeutic options of choice,”⁹ however, they were overtaken by a revitalized deinstitutionalization movement that spilled over from mental health and corrections into child welfare.

Between May of 1973 and June of the following year, the number of institutionalized children in publicly supported substitute care in Illinois dropped by one-third from 3,160 residents to 2,067 residents.¹⁰ The drop coincided with the policies inaugurated by DCFS director Jerome Miller (1973-74), which commenced with the return of some 500 wards from out-of-state residential placements in the summer of 1973. Most of the returned children were not re-institutionalized but instead placed in foster homes, independent living, or released back to the custody of their parents. Similar restrictions on institutionalization were also extended to children referred to in-state voluntary agencies and resulted in the closing or size-reduction of several large custodial facilities. While Miller’s anti-institutional stance brought him into conflict with the state’s child welfare establishment and hastened his resignation, his policy of deinstitutionalization persisted after his departure. Between 1974 and 1980, the number of children in publicly-supported institutions and group homes in Illinois further declined from 3,286 to 2,195.¹¹ During this period, professional interest in extracting institutional care from a hierarchy of placement preferences also waned, and federal law enshrined the preference for family care over institutional care in the least-restrictive-care clause of the Adoption Assistance and Child Welfare Act of 1980.

Application of the “least restrictive” clause continued to divert children from institutions and group homes during the early 1980s. The trend line turned, however, after 1985 as the size of the substitute care population grew in Illinois and older wards began entering residential programs after exhausting less restrictive options. Between fiscal years 1985 and 1995, the numbers in institutions and group homes rose from 1,998 to 4,015 residents. But as a proportion, the institutionalization rate continued to slide from 15 to 10 percent of all out-of-home placements.

Even though institutional care was targeted at older children who had exhausted less restrictive options, research conducted in the mid-1990s suggested nonetheless that many institutionalized children could be stepped back down to less restrictive settings.¹² In response, DCFS implemented a series of gate-keeping policies to restrict entries into residential care and to step youth down to non-residential placements, which produced a 58 percent reduction in the size of the institutional population from 4,015 to 1,683 residents at the end of fiscal year 2003.¹³

Box 3.1—Focus on Older Wards: Foster Youth 12 and Older

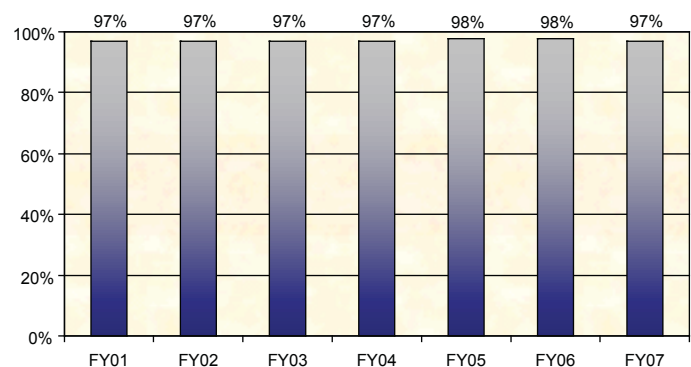
Continuity: Maintaining connections and preparing for independence are the focus of the teen years. For foster youth, this is even more important as they may be facing the challenges of young adulthood without the support of family. Assisting in making and keeping these connections should be a priority of all involved with child welfare.

Research from Illinois has proven the importance of kin relationships in establishing a social network that support children long into adulthood. For the population of children living in substitute care, living with kin may assist in establishing these connections. Over the past seven years, the percent of children living with kin has increased among the younger group (those under 12) from 40% to 45% while it is lower and has decreased among the older (12 and older) group from 38% to 26%.

Data from the past seven years shows that the median distance from home of their first placement in care is best among kin providers: 3 miles for those under 12 and 4 miles for those children 12 and older. For children in traditional foster care the under 12 age group lives about 9 miles from their home of origin while those aged 12 and older live about 10 miles from home.

Ensuring long-lasting connections for foster youth is important for this population of youth in particular.

Figure 3.1 Percent of Children Under 12 Not Living in Institutions or Group Homes at Year End



9 Bush, M. (1980). Institutions for dependent and neglected children: A therapeutic option of choice or a last resort? *American Journal of Orthopsychiatry*, 50, 239-255.
 10 Testa, M. (1983). Child placement, deinstitutionalization, and social change. Chicago, IL: Department of Sociology, University of Chicago.
 11 Testa & Lawler, supra note 7.
 12 Lyons, J. S., Libman-Mintzer, L. N., Kisiel, C. L., & Shallcross, H. (1998). Understanding the mental health needs of children and adolescents in residential care. *Professional Psychology: Research and Practice*, 29, 582-587.
 13 Budde, S., Courtney, M., Goerge, R., Dworsky, A., & Zinn, A. (2004). Residential care in Illinois: Trends and alternatives interim report. Descriptive findings from analysis of DCFS administrative data. Chicago: Chapin Hall Center for Children.

In 2007, DCFS received a federal grant a three year grant administered by the National Quality Improvement Center on the Privatization of Child Welfare Services housed at the University of Kentucky. Illinois has led the nation in the implementation of performance-based contracting and quality assurance initiatives for foster care case management. This initiative extends these initiatives to residential, independent living and transitional living programs currently serving approximately 2,500 children and youth in the child welfare system, many of whom have increasingly severe and complex service needs. Very little research exists nationally on the use of performance based contracting in the outsourcing of child welfare services. Critical components of this initiative include documenting the efforts of the State of Illinois in implementing this initiative, research and dissemination of findings to the field to foster continuous quality improvement. Judge Kathleen A. Kearney, CFRC staff, is the principle investigator for this grant.

Although best practice recognizes a need for residential treatment for a residual segment of older wards that cannot be appropriately served in a family setting, there is general consensus that the institutionalization of young children interferes with normal developmental growth. Illinois made concerted efforts in the 1990s to prevent the institutionalization of young children. The percentage of foster children under the age of 12 years old that is not placed in a group home or institution has remained above 97 percent since 2000 (see Figure 3.1 and Appendix A, Indicator 3.A). Whether further increases in the proportion of young children served in less restrictive settings are possible will depend on the availability of trained foster parents as well as “wrap-around” services to children in kinship foster care.

Kinship Foster Care

In 1996, Illinois registered the highest per-capita rate of kinship foster care in the nation at nine per 1,000 children in the population. New York was a distant second at 3.5 per 1,000 children and the median rate stood at one per 1,000 children for the nation as a whole. The atypically high involvement of kin in the Illinois formal foster care

YOUTH VOICE

Hugs that never came taught me to love myself. Watching myself helped me learn to take care of another. Being unable to rely on anyone taught me to be independent, strong, resourceful, and eventually flexible. Your careless ways taught me to never worry about little actions, petty actions that all humans seem to make. And your name-calling pushed me to find out who I really was and to not allow another person to identify me. I am wonderful.

You not caring about me, my parent not caring about me, my family not caring, taught me that the streets didn't care and never allowed me to be fooled as I walked the blocks with the smiles that sold false kindness at my own disadvantage. The world was against me completely at one point and I almost broke, then I learned how to ask for help and trust and accept that no one is perfect. I made friends, I talked, I listened, finding out that I wasn't alone and that many people struggle in life. I saw kids who were in the same position and I taught them love, beauty, and understanding in ways they could understand and promise to show them the impossible—to survive, to achieve, to be one true self.

I don't steal because I have been stolen from. I don't lie because I have been lied to. And I will always love because I hold the feelings of being unloved.

I guess my problem wasn't really my biological family but my problem was with the house I currently called home. Where I felt the ground moved with violence, the air was thick, and people once so close became so far. In my home many people came, as few stayed and very little came back to visit.

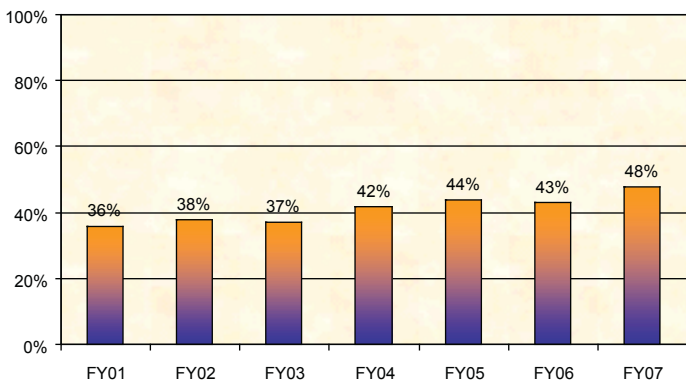
I grew up feeling like I had to hate [my real family] because maybe they hated me. I mean, they weren't raising me. They probably didn't care about my whereabouts. Ironically, these people, my blood family that I thought that I should have resented, I actually didn't. I somehow, in my mind, connected with these people and I often thought of them and imagined how they would be.

—Sandy

system arose from both a statutory preference for kinship foster care and an overly broad definition of neglect that labeled children living apart from their parents as neglected even if they were safely residing with relatives. The Illinois General Assembly amended state law in 1995 to exclude such children from the definition of neglect and instead fund a package of extended family support services to help relatives with financial, medical, or legal problems they had in looking after their younger family members. As a result, thousands of children who previously would have entered the foster care system were instead diverted and supported in the informal custody of relatives. Children who needed to be removed from family custody for reasons of abuse or neglect could still be placed with kin who met basic safety standards or became licensed foster parents.

As a result of these changes in 1995, both the numbers of children taken into foster care and the percentage initially placed with kin dropped immediately. Prior to 2000, the percent placed with kin initially was decreasing, but since then the percent placed with kin has increased steadily from 36% to 48% over the past seven years (Appendix A, Indicator 3.B.1, see Figure 3.2).

Figure 3.2 Percent of Children Entering Care and Initially Placed With Kin



Prior to 1995, there were distinct differences in the levels of regional reliance on relatives as foster parents, with the fraction placed with kin highest in Cook County. Today, however, these differences have narrowed. Cook now places the smallest percentage of children with kin (41%) while Central region places 58%, Northern 46% and Southern 45% (see Appendix A, Indicator 3.B.1). The latest data, however, shows an overall increase in children initially placed with kin. The regional convergence in reliance on relatives as foster parents most likely reflects continued public outreach to relatives to become temporary caregivers of their minor kin as well as a statewide drop in the supply of non-related homes available to become licensed foster homes.

In 1998, Illinois had the highest rate of kinship foster care population in the nation after California when 6.9 per 1000 (Figure 3.4) children in the state were living in kinship foster care. Data from the most recent federal submissions show that Illinois has a rate of kinship foster care that is more like the average in the country – 2.4 per 1,000 children (Figure 3.5).

Figure 3.3 Kinship Foster Care Rate in 1998
Rate of Foster Children in Kinship Care Per 1,000 Child Population

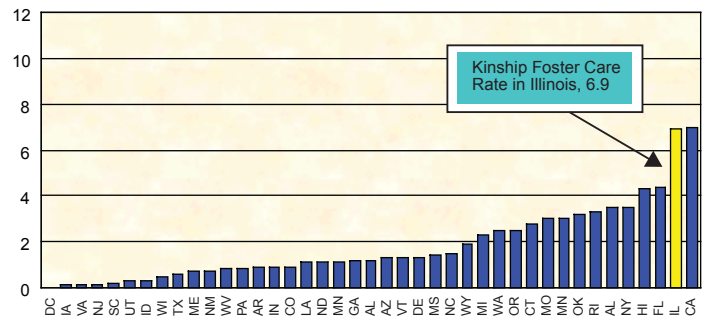
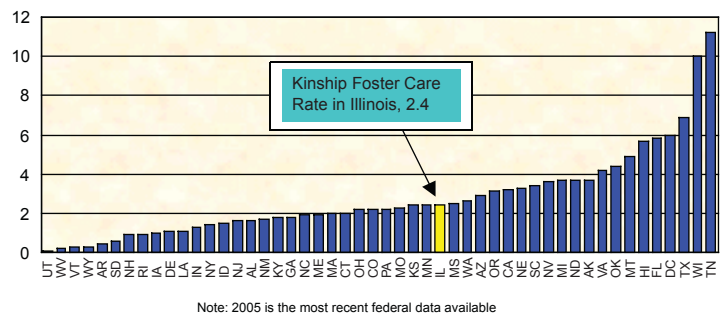


Figure 3.4 Kinship Foster Care Rate in 2005
Rate of Foster Children in Kinship Care Per 1,000 Child Population



What has happened to the kinship foster care population in Illinois is that the percentage living with kin declined from a peak of over half in 1995 when 27,000 children were in kinship foster care to 38% at year-end in 2007 when 6,000 children were in kinship foster care (see Figure 3.5 and Appendix A, Indicator 3.B.2). For the past seven years, this percentage has remained relatively stable. The same regional convergence reported for initial placements with kin also holds for the year-end proportions. In 2001, Cook County ranked highest at 43% of all foster children living with kin but now registers the lowest at 34%. (Appendix A, Indicator 3.B.2).

The sharpest decline in the year-end proportion residing with kin occurred among African American children (Appendix A, Indicator 3.B.2). In 2001, 43% of all African American foster children were looked after in the homes of relatives. In 2007, 37% of all African American foster children were living with kin, which for the first time is lower

Box 3.1—Kinship Foster Care Dynamics

To change the overrepresentation of African American children in the foster care system, efforts need to be made to prevent the removal of children from their nuclear and extended families when their safety can be assured. For children that must enter care, we must strive to restore children to family permanence by connecting them to kinship adoptive and guardian homes when reunification is in no longer recommended.

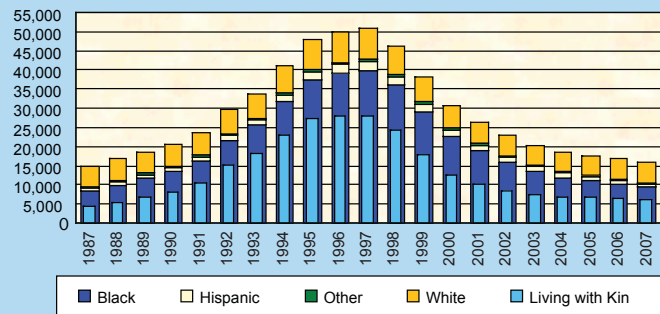
Illinois has begun to address these issues. The graph above shows the number of children in care by race, with an inset of the percent of children living with kin in Illinois.

By the late 1990s, African American children represented 78% of the population of children in care. Policies were re-written and practices changed that resulted in reducing both entry and exits from foster care of children of color. At entry, building upon the traditions of kinship care, the state no longer takes custody of children that are safely residing with relatives. On the back-end, new permanency initiatives (including subsidized guardianship) were introduced which built upon the strengths and traditions of African American families. With these changes the number of children exiting the system from kinship homes increased significantly. Not only has this increased exits from foster care, it has also reduced the amount of time African American children spend in foster care. In 1997, African American children spent,

on average 3 years (36 months) in foster care. Currently they spend just over two years – 26 months.

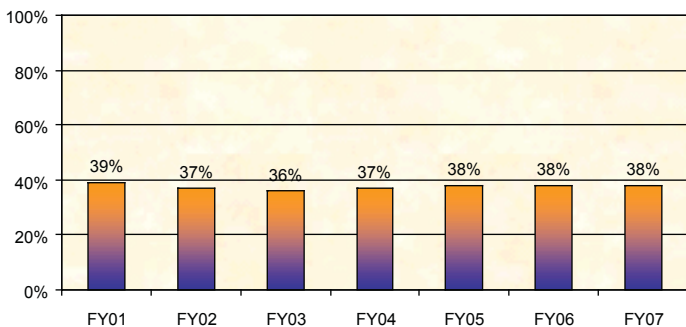
Kinship care has been a tradition among African American families for generations, yet it wasn't until fairly recently that terminology was developed to talk about these relationships, and even more recently that these relationships have been acknowledged by the formal foster care system. Given that the majority of children in foster care in this nation are African American, it seems remiss to have not acknowledged these relationships sooner. With the introduction of subsidized guardianship, states have begun to see the movement of kinship families, largely African American, out of foster care. By creating a culturally sensitive permanency option for these families, the length of time children spend in care is less, the stability that they experience in their lives increases, and their overall well-being and safety has increased.

Figure 3.6 **State of Illinois Children in Care**



than whites or Hispanics. Illinois' success in converting long-term kinship foster homes among African Americans into legally permanent homes has also reduced the prevalence of kinship foster care. Many children who would have otherwise stayed in kinship foster care until the age of majority have exited foster care through adoption or subsidized guardianship.

Figure 3.5 **Percent of Children Living in Kinship Foster Care at Year End**



Whether the proportion of children cared for by relatives will rise again to the levels of the mid-1990s will depend on how well DCFS uses kin as a potential placement resource. The Child and Family Services Review conducted by the federal government in 2003 rated locating and assessing relatives as resources for kin-care as an area in need of improvement, particularly in regards to the location and assessment of paternal relatives. DCFS addressed this concern in the Program Improvement Plan through the implementation of the Integrated Assessment Program, by improving the use of the diligent search process as a mechanism for locating and engaging parents, through expansion of the Intensive Relative Search Program in Cook County for children with the goal of independence, and by statewide implementation of Fatherhood Engagement Training. In the Children and Family Services Review, relative placement was rated as a strength in 76% of cases

Box 3.2—Proposed Legislation

Several pieces of legislation are currently being considered that will impact child welfare. The Kinship Caregiver Support Act (S.661/H.R.2188) is proposed legislation that supports grandparents and other relatives who are raising kin because their parents are not able to care for them, and would impact kinship guardianship, notifying kin when a child is removed from the custody of a parent, licensing standards for relative foster parents among other things. If passed, it would also make Subsidized Guardianship national policy. Without it, the 6,000 children whose families are currently receiving SG subsidy payments are at risk.

Continued funding for these payments is dependent upon IV-E federal funding. Rather than stop a federal program that has improved the lives of so many youth across the nation, Subsidized Guardianship should be authorized and made part of national policy.

In addition, a comprehensive child welfare bill (HR5466) addresses many of these issues as well as child welfare funding and workforce issues. Monitoring this proposed legislation is critical to improving the continuity, stability and care for children involved with the child welfare system.

reviewed despite weakness in locating and assessing kin for caregiving.¹⁴ In the ongoing DCFS Outcome Enhancement Review, each region has consistently met or exceeded the PIP goal of 79%.

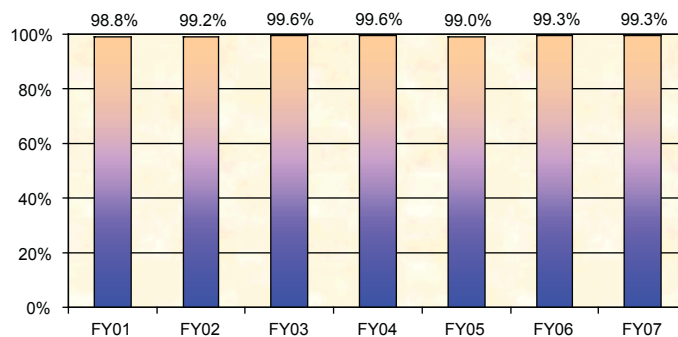
The Home of Relative Reform that Illinois implemented in 1995 gives families who meet safety standards the choice between providing care as an extended family member or becoming a licensed foster home. One of the reasons behind the 1995 legislation was to motivate relatives to become licensed relative caregivers. Even though there is higher reimbursement available to relatives who operate a licensed facility, over 70% of families elect to receive the slightly lower reimbursement as a non-licensed children placed with licensed providers and until recently the federal government reimbursed states for the cost of placing these children. In 2006 Congress passed legislation that disallows payment to non-licensed caregivers. One of the reasons for the new legislation is to motivate states to license relative homes. This assumes that licensing improves the quality of care provided foster children. Not only is the assumption untested, but the risk is that requiring all relatives to abide by the same room-size, training, and assorted standards required of non-relatives will hamper the state's ability to involve kin in the foster care of their family members. Historically, children in relative care in Illinois were just as safe, or safer, than children in non-relative homes despite the fact that approximately 70% of these children are placed in unlicensed homes (see Box 1.2).

Preservation of Community Connections

Federal law mandates that foster children be placed in close proximity to the parents' home unless their best interests would be better served by a more distant setting. The federal Child and Family Services Review assessed whether Illinois made concerted efforts to ensure that children are placed in foster care placements that are in close proximity to the family and community of origin. They found this to be an area of strength.

Illinois' record of out-of-state residential placements is in accord with the CFSR's assessment. The percentage of children in group homes or institutions that are not located out of the state rose from 97.7 percent in 2000 to 99.3 percent in 2007 (see Figure 3.7 and Appendix A, Indicator 3.C).

Figure 3.7 Percent of Children Living in Institutions or Group Homes at Year End Placed Within Illinois



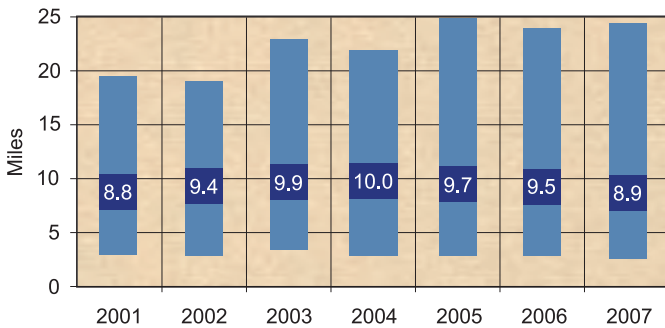
14 Note that this is based on a case review of 25 cases.

Keeping Children Close to Home

In an effort to better understand how far children are living from their biological families when first placed into foster care, we looked at the median number of miles between the home of origin and the first placement in foster care for the year. Because placement priorities differ between placements into traditional foster care and placements with kin, these two populations are looked at separately.

As the graphs below show, the typical child placed in a traditional placement lives about 10 miles from home, compared to a typical child placed with kin, who would be much closer to their home of origin – between three and four miles over the past seven years. In addition, the bars on these charts represent the middle quartile of the population – that is, the middle half of the population, excluding those that live quite close and those that live quite far, we get a sense of how far most children live from their home of origin. What these graphs show is that for the traditional caseload this range is growing – more children are living 20 to 25 miles away in 2007 than the children entering care in 2001. For the kinship caseload there was an increase in the higher end in 2003 and 2004, but that has come back down in recent years (see Figures 3.8 and 3.9 and Appendix A, Indicator 3.D).

Figure 3.8 **Median Miles From Home Illinois Total Traditional Foster Care Population**



Box 3.4—Innovations at DCFS: SchoolMinder

In an effort to maintain community ties, promoting continuity and stability for the children that enter foster care, DCFS has developed a system to identify foster homes that are close enough to the child’s home of origin that the child would be able to remain in the same school after placement.

Using SchoolMinder software, placement workers are able to generate a list of foster homes that are the closest to the home of origin, and within the same school catchment area (school districts outside Chicago). When none exists, the program lists foster homes that are closest to either the child’s school or biological parents. The worker will then receive a list of available foster homes, ordered by distance from home and school. Final placement decisions include performance contracting (which agency within a school or distance grouping is first up for intake) and clinical needs (is the eligible home appropriate for that child).

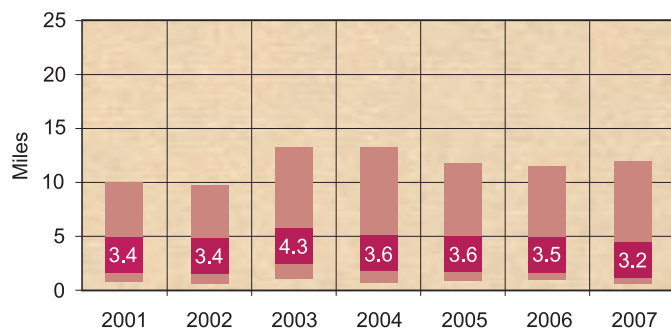
Since beginning the SchoolMinder application, the average distances for initial foster care placement in Cook County dropped from 9.9 to 2.5 in the first year, and is currently at 6.4 miles in the first quarter of 2008. Outside Cook County, the average dropped from 22.5 to 11.4 and is currently at 16.9 miles in 2008. The distances are much greater now than when the innovation began because, in communities where intake is highest, available homes are quickly becoming scarce. For instance, in the 36 school catchment areas where DCFS is coordinating foster care recruiting with Chicago Public Schools, over the last year the number of available homes went from 60 to 11. Children entering care from those areas next year are expected to be placed further from their home of origin.

SchoolMinder is still having an impact: note that in the off-peak hours, when placement decisions outside Cook need to be made without the assistance of SchoolMinder, the average distance is 29.4 miles from home as opposed to the 16.9 miles mentioned above.

DCFS is now using these tools to identify areas in which to focus efforts to find foster homes, and to coordinate local recruiting efforts in Chicago with local city agencies.

This box was written by Richard Foltz, Illinois Department of Children and Family Services.

Figure 3.9 Median Miles From Home Illinois Total Kinship Foster Care Population



The regional differences play a significant part in how one thinks of distance from home – in some communities living close to home would mean living within one or two miles, and in other communities it might mean living within ten miles. When the distance from home is evaluated, we see the following:

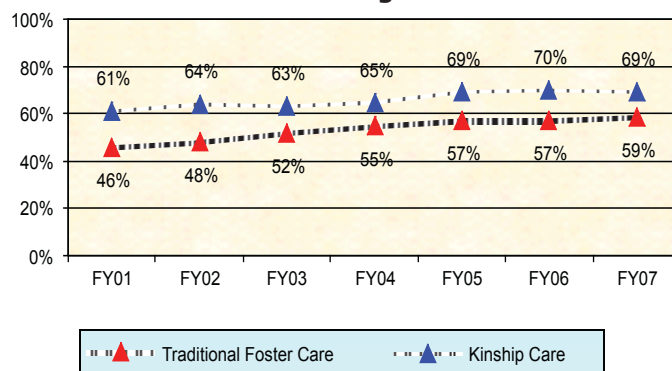
- Children placed in traditional foster care in the Central Region live much further from home (6 miles in 2001, up to 11 in 2004, and currently at 7 miles) than those placed with kin (a constant two to four miles). Over the past seven years, the range has expanded for the traditional caseload while contracting for kin
- In Cook County over the past seven years the traditional caseload has remained constant at between 9 and 10 miles from home, and the kinship caseload – while remaining closer to home than non-kin – has increased slightly from 4 to 5 miles.
- In the Northern region, the traditional foster care caseload has fluctuated between 8 and 12 miles, while the kinship caseload has decreased slightly from 5 miles in 2003 to 3 miles in 2007 and, as with the other regions, the range is much smaller for the kinship caseload.
- In the Southern region, similar to Central, the range is quite large, extending to over 40 miles in 2003. In addition, the median averages between 12 and 15 miles for traditional care and between 2 and 5 miles for kin.

It remains to be understood whether the lengthening distances between the homes of parents and substitute care homes are damaging to patterns of regular family visitation and school continuity or instead represent an improvement in community opportunities made available to children who are unlikely to be reunified with their birth parents.

Conservation of Sibling Ties

As fewer children are taken into state custody and more are served in their own homes, the residual group removed from parental custody will likely require an alternative approach to the guardianship of their person and property than children who can be kept at home or reunified quickly. Although there is always a hope that a child taken into state custody can be reunified, the prospects are less promising especially after efforts to serve the child safely in his or her own home have already proved unsuccessful. Because predicting the likelihood of reunification is more prone to error the rarer the probability, it is imperative that public authorities plan concurrently for alternative permanent guardianship arrangements to reunification.

Figure 3.10 Sibling Groups of 2 or 3 Placed Together



Box 3.5—Keeping Siblings Together in Foster Care

Children in relative homes are more likely than children in non-relative homes to be placed with their siblings, the significance of which cannot be underestimated. Research in three states confirms this – Illinois, California and New York. In all three locations, children placed with kin were more likely to be placed with their siblings in foster care than those placed with non-kin.

- In Illinois, 56% of children living with kin in foster care are placed with all of their siblings in foster care, while 41% of children in non-kin homes are living with all of their siblings in foster care.
- In California, 61% of children placed with kin are living with all of their siblings in care while 37% of children in non-kin foster homes are living with all of their siblings.¹⁵
- Research from New York City shows that siblings in foster care, when placed with kin, are more likely to be placed together as a sibling group.¹⁶

15 Needell, B., Webster, D., Armijo, M., Lee, S., Cuccaro-Alamin, S., Shaw, T., Dawson, W., Piccus, W., Magruder, J., Exel, M., Smith, J., Dunn, A., Frerer, K., Putnam Hornstein, E., & Ataie, Y. (2006). Child welfare services reports for California. Retrieved [May 20, 2008], from University of California at Berkeley Center for Social Services Research website. URL: <<http://cssr.berkeley.edu/CWSCMSreports/>>

16 Wulczyn, F. & Zimmerman, E. 2005. Sibling placements in longitudinal perspective. *Children and Youth Service Review*, 27, 741-763.

Guardianship of the person and property of children removed from parental custody is more complicated in today's modern world than in the past. Authorities are no longer only accountable for meeting the physical needs of the child. They are also charged with the responsibility of ensuring foster youths' future well-being by providing them with sufficient educational opportunity and holding their financial and social assets in trust so that these investments become available to them when they become adults. Economists call these three sorts of assets, financial, human, and social capital respectively, because they can be conceived of as inputs to a young person's future economic productivity and social well-being.

Although the procedures for safeguarding a public ward's financial assets have been around for decades, the procedures for safeguarding the human and social capital of foster youth are only now being developed. An important but until recently overlooked source of social capital are the resources that arise from sibling bonds. Research shows that sibling relationships play a major role in how children develop and learn to interact with other people.¹⁷ Sibling bonds, just like parent-child bonds, influence children's developing sense of attachment.¹⁸ Siblings are an important source of emotional comfort during childhood, and in adulthood, siblings can also become a vital source of material and financial assistance.¹⁹

Despite the significance of sibling relationships for childhood development and well-being in adulthood, the importance of conserving sibling ties has been ignored until recently in child welfare practice. Because of this inattention, foster children are potentially deprived of an important source of social capital both during their childhood and later in their adult lives.

The opportunities for sibling association while in foster care are related to the type of care into which children are placed (see Appendix A, Indicator 3.E). Figure 3.10 shows that sibling groups of varying sizes are more likely to be placed together when they are living with relatives than when they are in unrelated foster care.

The impact of adoption and guardianship on patterns of sibling association also deserves scrutiny. One of the more vexing issues raised by the permanency initiatives of the late 1990s is: What are the effects on the sibling

association rights of foster children whose younger siblings have been adopted out of foster care? Termination of parental rights turns biological siblings into legal strangers unless they are adopted into the same home. Although some adoptive parents may permit ongoing contact between adopted children and their unadopted biological siblings, there is no legal recourse for siblings who are denied such opportunity. The Sibling Post-Adoption Continuing Contact Governor's Joint Task Force was charged in 2005 with making recommendations about the rights of sibling association after termination of parental rights and post-adoption. The options range from leaving the decision of post-adoption contact solely to the discretion of the adoptive parents, to developing a sibling registry that permits contact after children reach adulthood, to permitting continued sibling visitation, contact via telephone, letters, or e-mail. Legislation was drafted that would establish sibling visitation rights, but the current status is unknown.

Observations on Continuity in Illinois

When substitute care is necessary to foster or protect children, federal and state policy favor placement in settings that are most family like and that conserve children's existing kinship, community and sibling ties. While historically the conservation of family and community ties has not been a priority of child protective intervention, research reveals that kinship care and placement with siblings are valuable social assets for ensuring family permanence and promoting child well-being.

Illinois' reliance on kin foster placements once ranked highest in the nation but the percentages of children in substitute care living with kin have now fallen back to the average range. Research in Illinois has well-documented the fact that children fare better when placed with kin. This report shows that children placed with kin are much more likely to be placed close to home, therefore increasing the likelihood of parental visits. In addition, children placed with kin are more likely to be placed with all their siblings in care. Relationships with siblings are frequently the longest lasting and most dependable source of support that people can draw on throughout their lives, and it is incumbent upon the state to foster this whenever possible. Kinship has also proved to be a previously untapped source of family permanence through adoption and guardianship. By building on the cultural traditions of informal adoption and kinship care among African Americans, Illinois was able to transform placement with kin from a permanency barrier to a permanency asset.

¹⁷ Begun, A.L. (1995). Sibling relationships and foster care placements for young children. *Early Child Development & Care*, 106, 237-250.
¹⁸ Hegar, R. (1988). Sibling relationships and separations: Implications for child placement. *Social Service Review*, 62, 446-467.
¹⁹ Cicirelli, V.G. (1991). Sibling relationships in adulthood. *Marriage & Family Review*, 16, 291-310.

YOUTH VOICE

*Where is mama
Where's mama at it's my first day of school
Where's my mama I have my first boyfriend
And he is so cute
Hey can you tell me where my mama is its
My sweet sixteen and she should be here
Me I need some help why is my mama doing
This to me?
Where's mama at I really need to know
My heart has been broken and life is a mess
I need to talk to her!
I ran into someone who knew her and asked
Them where she was but they told me
That I should know because I am her child
Now I'm all grown up and mama
Still isn't around
Where was mama when I graduated and
Had my first child I need to know where
Mama is so I can let her know
She hurt me by not being there And to ask her
Where did she go*

*Daddy
Daddy dearest where art thou
Where were you when I needed you
I'm in this cold world without knowing
Who you really are
I know your name and I have seen your face*

*But I yearn for your love and your warm embrace
And your fatherly warmth my soul has yet to
Taste
You call when you are sick
And you write when things get bad for you
But what about me dad you know
I have feelings too
Not there when I need advice or just someone
To talk to but only when it is convenient for you
You didn't teach me how to ride a bike
Or how to drive a car
Just want you to know that I did need you
And deep in my heart I really do miss
Even though the bond we have is artificial
You were not there yet I still
Love you*

So many times I was told that I wouldn't be anything, so many times I was told that I couldn't do anything. Now I want all those people to look at me now and to see that I am doing just what they told me I couldn't.

I have taken control of my life and I can and I will be somebody. I will be bigger than anyone ever thought I would be. Will you?

– Arianna

Through the writings of foster youth highlighted in this report, the importance of sibling bonds and of contact with biological families is expressed. With older children making up a larger percentage of the foster care population in Illinois than a decade ago, it would be remiss not to pay close attention to preserving sibling and kin ties that can provide the foundation for support to youth as they age out of the system and as adults, long after they leave foster care. Although the procedures for safeguarding a public ward's financial assets have been around for decades, the procedures for safeguarding the human and social capital of foster youth are only now being developed. Attention should be given to preserving these bonds while children are in foster care, so that as adults, former foster youth have family to rely upon. Attention should be paid to the pending legislation that has the potential to significantly impact the lives of families involved with the child welfare system.

YOUTH VOICE

When my mother passed and my brother went to jail it was the hardest thing I ever went through. And then a few months after that they told me I wouldn't be able to see my sister as often. I didn't know how to live without the only people I ever had in my whole life. My brother and my sister, we went through some struggles in life and now we have to go through them alone without each other.

When I was put in a foster home I felt as if I was nobody and I felt as if no one cared for me. I wanted to run away as far away as possible.

– Nevaeh

LEGAL PERMANENCE

Nancy Rolock and Mark Testa

REUNIFICATION, ADOPTION AND GUARDIANSHIP

Every child is entitled to a guardian of the person, either a natural guardian by birth or adoption or a judicially appointed guardian.¹

In the 1960s, child welfare practitioners began advancing the principle of legal permanence. Studies had uncovered that far too many children were languishing in foster care without the protection of either a natural or legal guardian who could safeguard their interests, make important decisions in their lives, and with whom they could have a personal relationship.² Psychologists underscored the concern by documenting the emotional damage inflicted on children who grew up without secure attachment relationships to parents or substitute caregivers.³ These findings provided a strong evidence base in favor of policies that conserved children’s birth home through family preservation and reunification or found a substitute permanent home through adoption or guardianship when reunification was not a safe possibility.

In 1980, Congress passed the federal Adoption Assistance and Child Welfare Act (AACWA). The legislation made permanency planning the guiding principle of child welfare services. It promulgated procedural guidelines to reduce the amount of time children spent in foster care and created a new funding entitlement to support families adopting children with special needs. By the mid-1980s, permanency planning was in full swing as child welfare agencies and the courts sought to conserve or find permanent homes for children as an alternative to retaining them in long-term foster care.

A decade after the passage of AACWA, however, optimism over its potential for bringing stability and security to the lives of foster children began to wane. Despite early gains made in reducing the numbers of children in out-of-home care after the law’s passage, by the late 1980s foster care caseloads were once again on the rise. In the early 1990s, more than 500,000 children were in foster care nationwide – the highest number recorded up to that time. To address this surge in foster care caseloads, Congress passed the Adoption and Safe Families Act (ASFA) of 1997.

The legislation endorsed adoption as the primary solution for the backlog of children in foster care who could not or should not return home. It also narrowed the criteria for making “reasonable efforts” to reunify families in circumstances of aggravated abuse and neglect (e.g. torture, prior child death, and previously terminated parental rights).

In anticipation of ASFA, the Illinois General Assembly passed a package of laws that sought to quicken the movement of children from public custody into permanent homes. Because adoption did not always meet the permanency needs of children already in safe and stable kinship care who could not be reunified with their parents, Illinois applied for and received federal waiver authority in September of 1996 to extend federal IV-E subsidies to families assuming private guardianship of children who otherwise would have remained in substitute care. The USDHHS granted Illinois an extension to the IV-E waiver that continues the standard guardianship program and creates an expanded program that targets the needs of older youth (see Box 4.1). To better align financial incentives with permanency outcomes, DCFS implemented performance contracting in July of 1997 for its largest caseload, the kinship care program in Cook County. Under performance contracting, private agencies serving foster children must balance entering new cases with those exiting to permanence in order to ensure payment and caseload parity. These changes were codified into law by the Illinois General Assembly through legislation that eliminated long term foster care as a permanency goal, reduced permanency planning time lines to one year, and directed DCFS to engage in concurrent planning with families. Concurrent planning involves the pursuit of family reunification and another permanency goal, such as adoption or guardianship, simultaneously in case the preferred option of reunification can not safely be achieved in a timely fashion.

1 U.S. Children’s Bureau. (1961). Legislative guides for the termination of parental rights and responsibilities and the adoption of children, No. 394. Washington, DC: U.S. Department of Health, Education, and Welfare.

2 Henry S.M., & Engler, R.E. (1959). Children in need of parents. New York: Columbia University Press.

3 Bowlby, J. (1973). Attachment and loss. Volume II, Separation: Anxiety and anger. New York: Basic Books.

LEGAL PERMANENCE AT A GLANCE

We will know if children have permanent homes:

If children are reunified with their parents more quickly:



Of all children who entered substitute care during the year and stayed at least 7 days, the percentage reunified within 12 months from the date of entry into care has gone from 20% in 2000 to 21% in 2001 – 2003 and then down to 19% in the last two years

If children who cannot be reunified within 12 months find a permanent home in a timely fashion:



Of all children who entered substitute care during the year and stayed for longer than 7 days, the percentage attaining permanence through reunification or adoption within 24 months from the date of entry into foster care has gone from 36% in 1999 to 38% in 2001 – 2003, and down to 36% during the last year.



Of all children who entered substitute care during the year and stayed for longer than 7 days, the percentage attaining permanence through reunification, adoption, or subsidized guardianship within 36 months from the date of entry into foster care has fluctuated between 52% in 1998, 56% in 2001 and 2002 and down to 54% in 2004.

If more children who have attained permanence are not displaced from home:



Of all children who attained permanence two years ago the percentage that have not experience a rupture in permanence has steadily decreased from 94% to 90% over the past seven years.



Of all children who attained permanence five years ago the percentage that have not experience a rupture in permanence increased from 81% to 87% over the past seven years.



Of all children who attained permanence ten years ago the percentage that have not experience a rupture in permanence has steadily increased from 68% to 78% over the past seven years.

If children spend less time in foster care:



Of all children entering care for the first time, the median number of months a child stays in care has become shorter: from 28 months in 1999 to 25 months in 2005.

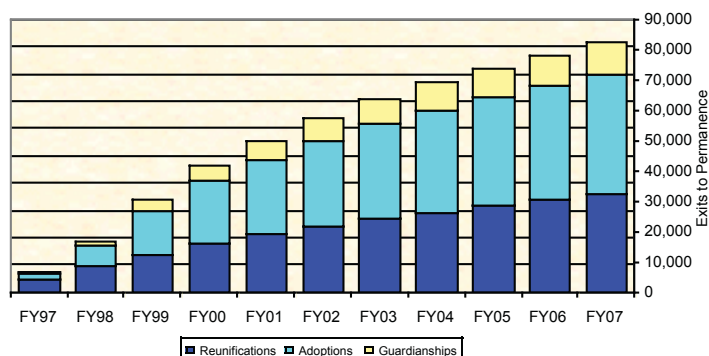
Legal Permanence in Illinois

Since May of 1997, over 82,900 children in Illinois have moved from foster care to permanent families: 32,700 children have been reunified with their birth parents, 39,500 have been adopted, and 10,700 have been placed under the permanent guardianship of relatives and former foster parents. Although these increases in adoption and guardianship have earned Illinois national recognition, concerns linger that Illinois' permanency initiatives negatively impacted children's chances for reunification. To address this concern, it is important to track results from the time children enter foster care (entry cohorts) to the point they exit care (exit cohorts). Tracking children prospectively in this manner offers a complete view of what happens to children after they enter foster care in a given

year, subsequently exit through reunification, adoption or guardianship, or else remain in care until they age out. This longitudinal approach is endorsed by the Pew Commission on Children in Foster Care and in the recommendations of the committee charged by the Administration of Children and Families to review the Children and Family Services Review (CFSR) process.⁴

Longitudinal data show that the reunification rate at the 12-month milestone for children who entered foster care in Illinois has been 20% over the past 7 years (see Figure 4.2 and Appendix A, indicator 4.A.).⁵ Reunification rates at the 24-month milestone show a consistent 30% over the past seven years, while at the 36-month milestone, reunification rates have been 35% over this time frame.

Figure 4.1 A Decade of Family Permanence in Illinois Cumulative Number of Children Entering Permanent Homes Over the Past Decade



Research suggests that race is a strong predictor of the length of time to reunification. A 2005 study of reunification in Illinois⁶ found that African American children take longer to reunify than other children and that the slower

reunification times are correlated with living in Cook County. That is to say, African American children in Cook County are slower to reunify than other children in the state, including African American children from Non-Cook Counties. These findings are corroborated in the current report (see Appendix A, Indicator 4.A). Twelve-month reunification rates in Cook County (9% in 2006) are much lower than those in the Northern, Central, and Southern regions of the state (19%, 21%, and 30% in 2006, respectively). In addition, African American and Hispanic children are much less likely to be reunified within 12 months (14 and 11% in 2006) than Caucasian children (25%).

While reunification accounts for the majority of permanencies within 36 months in Illinois, the post-ASFA push on adoptions and the introduction of subsidized guardianship in 1997 widened the permanency pathway for children. As a result, overall rates of permanence rose

Box 4.1—Achieving Permanency for Older Youth: The Enhanced Subsidized Guardianship and Adoption Waiver

In January 2004, DCFS received permission from the U.S. Department of Health and Human Services to test whether offering a limited set of transition services to youth aged 14 and older would result in moving older wards into permanent living arrangements with a caregiver. The Enhanced Subsidized Guardianship and Adoption Waiver offers older children who are adopted or enter subsidized guardianship arrangements access to key services including Youth in College, Life Skills Training, Education and Training Vouchers, Employment Incentives and Housing Cash Assistance. The program was first implemented in July 2005 in three demonstration sites (East St. Louis sub-region, the Peoria sub-region and Cook Central) before expanding to the entire state in April 2006. As of January 2008, 3,359 youth ages 14 and older have been assigned to waiver demonstration.

Early findings from the evaluation suggest that there is widespread support for the notion of permanence for older wards. When asked about the benefits of the program, caseworkers and supervisors noted that adoption and guardianship provide: greater stability, a home for youth to go to on college breaks, and key support systems for youth that will last into adulthood.

Other early findings from the evaluation:

- Ninety-percent of the 522 youth interviewed liked living with their caregivers and felt like members of the family.

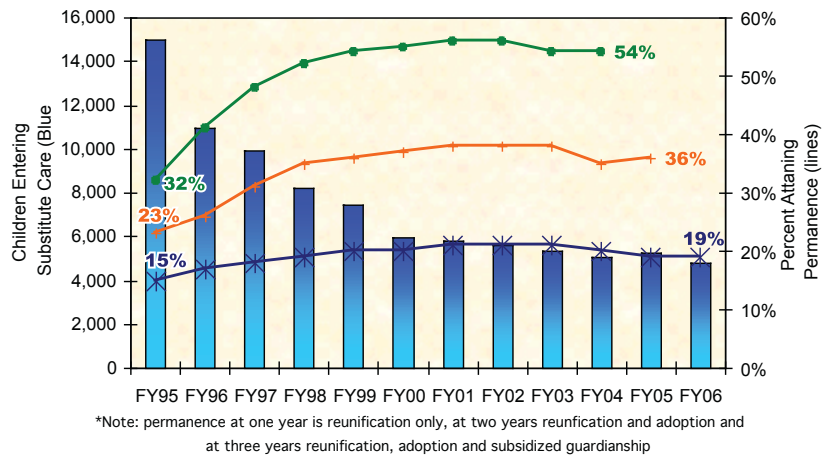
- When asked whether they have an interest in guardianship or adoption with their current caregiver, over half of the youth (55%) between the ages of 14 and 16 and 25% of youth 17 and older responded yes to either option.
- Having contact with a biological parent did not necessarily preclude a youth being interested in adoption; of the youth who said they wanted permanence with their caregivers, over half still had contact with a biological parent.
- Sixty-two percent of caregivers interviewed cited the services for which the youth might be eligible as the most important consideration when deciding about adoption or guardianship.

While achieving permanence for older youth may involve complexities that are absent when working with younger children, these early findings suggest that permanency options should be explored regularly as part of casework practice. Future evaluation reports will provide additional insights into the permanency decision-making processes of youth and caregivers.

This was written by Jennifer Bradburn, of the CFRC staff. Ms. Bradburn coordinates the Illinois Subsidized Guardianship efforts on behalf of the Center.

6 George, R.M., & Bilaver, L.M. (2005). The effect of race on reunifications from substitute care in Illinois. In D.M. Derezotes, J. Poertner, & M.F. Testa (Eds.), *Race matters in child welfare* (pp. 201-214). Washington, DC: Child Welfare League of America.

Figure 4.2 Children Moving to Permanent Homes Increases One (Blue), Two (Orange), Three (Green) Years After Entry*



in the late 90's but have leveled off in recent years. At the 24-month milestone, the rate of permanence⁷ has increased since 1995, but has remained between 35% and 38% in recent years (see Figure 4.2 and Appendix A, Indicator 4.B). At the 36-month milestone,⁸ the permanency rate also increased in the late 90's but has remained constant in recent years at around 55% (see Figure 4.2 and Appendix A, Indicator 4.C).

Although the trends show that permanency rates have increased for all forms of permanence since Illinois implemented its three permanency initiatives in 1997, the common perception is that *reunification* rates were adversely affected by these reforms. This impression perhaps arises from familiarity with the history of reunification in Illinois. As illustrated in Figure 4.3, 40 to 50 percent of children who entered care in the late 1980s were reunified within three years of entry, compared to one-third of children in recent years. Although recent reunification rates are lower than those of the late 1980's, rates were at their lowest in the early 1990s and have *improved* considerably since the implementation of the permanency initiatives.

Another explanation of the impression that reunifications are declining despite the rebound in rates after 1995 is that they now account for a smaller proportion of the overall number of children attaining legal

permanence. With increased adoptions and guardianships, reunifications have shrunk as a percentage of the total number of children attaining permanence. As shown in Figure 4.1 at the beginning of this section, over the past decade, 32,700 children have been reunified while 50,200 have entered adoption and guardianship homes. The question remains whether reunification rates will ever rise again to levels that were once the norm in the 1980s. Perhaps with better drug addiction treatment and a broader array of social services to birth parents, reunifications will increase (see Box 4.4). Or perhaps the new initiatives by DCFS (see Box 4.2) will result in changes. Perhaps the decline in reunification rates is a permanent outgrowth of improvements in safety assessment and intact-family services which now bring fewer numbers of low-risk cases into state custody in Illinois. Center research⁹ on national

Box 4.2—Innovative Programs: Reunification

In 2008, DCFS increased its efforts toward reunification. The Department has trained their staff to identify caregivers that are willing to work closely with biological parents towards the goal of reunification. Working on the premise that in order for reunification to occur, biological parents must have an opportunity to interact with their children in a supportive environment while the children are in foster care, and in order for this to happen, foster parents must understand that families of children entering foster care need support in their efforts at reunification and that foster parents and biological parents must work together to make this happen.

DCFS has established guidelines for assisting staff in identifying foster parents willing to support these efforts.

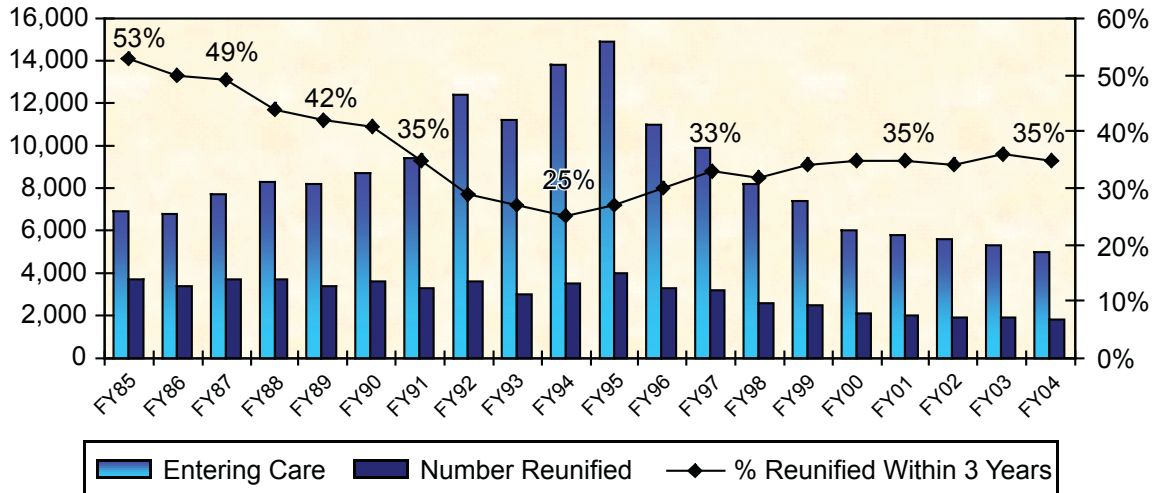
These guidelines assess foster care providers' willingness to work with biological parents toward reunification by guiding the interested caregiver through the completion of a self-assessment. Once caregivers are identified, they are tagged in the DCFS system and given preferential treatment when placement decisions are being made. In addition, the program provides financial incentives to caregivers for their efforts to support permanence.

For instance, when a foster parent engages in a series of activities designed to promote reunification, they are eligible for additional payments.

Peggy Slater, CFRC, directs this program, and provided the information for this box.

7 At the 24-month milestone, reunification and adoption are the two permanency options available to children in substitute care.
 8 At the 36-month milestone, three permanency options are available to children in substitute care – reunification, adoption, and subsidized guardianship.
 9 Conditions of children in or at risk of foster care in Illinois, 2005.

Figure 4.3 **Children Reunified Within Three Years of Entering Foster Care**



reunification rates as they relate to national removal rates showed that states that remove comparatively few children on a per capita basis, such as Illinois, typically reunify a smaller percentage of children within a year compared to states that remove a larger proportion of children. One possible explanation is that states with low removal rates restrict foster care to the more difficult cases that cannot be safely served in the home, which reduces the proportion of removals that can be reunified quickly. States with high removal rates may bring less problematic cases into care, which increases the proportion of removals that can be returned quickly to the home.

The Changing Significance of Kinship for Permanence

Another factor that affects reunification and other permanency outcomes is the extent of public reliance on relatives as foster parents. Research shows that children placed with kin are less likely to be reunified with their parents than children placed with non-kin. The speculation is that the availability of relatives as foster parents enables workers and the courts to shy away from making risky reunification decisions by retaining children in the safe custody of kin. There is also suspicion that some parents are less likely to comply with service and treatment plans because they are secure in the knowledge that their children are safely and stably placed with a relative. Whatever the explanation, many children in kinship foster care never return to the homes of their parents and instead grow to adulthood in the homes of grandparents, aunts, uncles and other kin.

In the past, growing up in the foster homes of kin meant joining the backlog of children in long-term foster care. Few

Box 4.3—Focus on Older Wards: Foster Youth 12 and Older

Permanence at 3 years

Reunification: For children that entered care between 1997 and 35 to 39% were reunified within 3 years. With the group of children that entered in 2002, this began to change. The percent of the older population that was reunified dropped to 33% in 2002, 29% with the 2004 cohort and 28% with those that entered in 2005. Meanwhile the younger population had greater success: 31 to 35% for the 1997 through 2002 cohorts and 35 to 37% for the 2003 through 2005 cohorts.

Adoption and Guardianship: Even greater discrepancies occur between the older and younger children when looking at subsidized adoptions or guardianships. For children that entered care between 1997 and 2000, 3 to 6% of the older children exited through adoptions and guardianships, and this increased to between 9 and 11% with the 2002 – 2005 cohorts, and in the last year dropped to 6%. However, for the under 12 population, between 19 and 25% of the younger population exited through adoptions and guardianships for the 1997 through 2004 cohorts, and 17% in the most recent data.

Clearly, it is less likely that children over the age of 12 at entry will attain permanence through any type. Developing permanency strategies or supportive independent living programs that meet the needs of this population are critical to their long-term success.

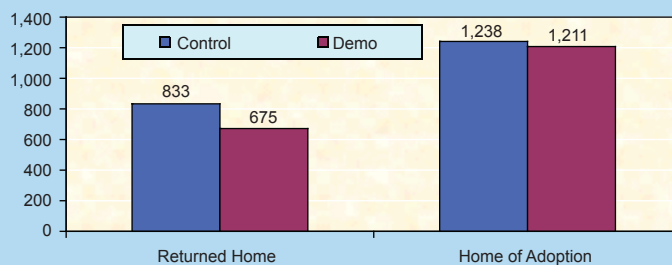
Box 4.4—Substance Abuse and Child Welfare: Findings From the AODA Waiver

The Department's application for a Title IV-E waiver demonstration project was submitted in June 1999 and approval was granted by ACF for a five year demonstration on September 29, 1999. Project implementation began in April, 2000. In February 2007 the waiver demonstration embarked on a five year extension and expansion in southern Illinois. The intervention seeks to improve child welfare outcomes by providing enhanced alcohol and other drug abuse (AODA) services in substance affected families served in the Illinois child welfare system. The IV-E AODA waiver project is consistent with the goal of assuring child safety, protecting the rights of children and their families and working to ensure permanence through reunification or adoption or subsidized guardianship.

For purposes of the waiver, eligible families are assigned to the demonstration group on a random basis and parents with substance abuse issues are referred to JCAP (Juvenile Court Assessment Project) at the time of their custody hearing or within 90 days thereafter. They are assessed and referred to treatment. Parents, who are assigned to the demonstration group, receive a Recovery Coach with whom they meet at that time. The Recovery Coach works with the parent, child welfare caseworker and AODA treatment agency to remove barriers to treatment, engage the parent in treatment, provide outreach to re-engage the parent if necessary and provide constant support to the parent and family throughout the life of the child welfare case. For the first five years of the demonstration waiver, the recovery coach focused almost exclusively on engaging families in substance abuse treatment. Yet findings from our evaluation indicated that the vast majority of families experienced a wide range of co-occurring problems including domestic violence, mental health, and inadequate housing.¹⁰ As such co-occurring problems were perceived as significant barriers to achieving reunification, the recovery coaches in the expanded demonstration waiver now have the authority to connect families with services in co-occurring problem areas. The decision to expand services was based on the empirical evidence – noting that outcomes improve when specific services are matched to meet the specific needs of individual caregivers.¹¹

As of December 31, 2007, 3,159 children are associated with the waiver demonstration (2,212 demonstration group vs. 947 control group). Over the six years, the differences between reunification and permanency rates have fluctuated between non significant and relatively small and statistically significant. As of December 31, 2007, 25% of the children in demonstration have achieved reunification as compared with 22% of the children in the control group. There are no differences between groups with the rates associated with adoption or subsidized guardianship. However, as noted in figure 1, the time to reunification is significantly shorter for children in the demonstration group (675 days vs. 833 days).

Figure 4.4 Time to Permanence (in days) As of December 2007



In addition to the main findings related to permanency and impact of co-occurring problems, the evaluation of the demonstration has addressed other important questions. In 2007 researchers focused on the impact of recovery coaches on subsequent substance exposed births. Of the women enrolled in the waiver demonstration, a statistically significant difference was observed: 21% of the control group and 15% of the experimental group were associated with a subsequent substantiated allegation indicating substance exposure at birth. Thus, in addition to shortening the length of time children spend in foster care, the use of recovery coaches in child welfare significantly decreases the risk of substance exposure at birth.¹²

This box was written by Joseph P. Ryan, Ph.D. of CFRC. For more information on key project staff and access to AODA related publications, visit our new website at <http://cfrcwww.social.uiuc.edu/AODA/>

10 Marsh, J., Ryan, J. P., Choi, S. & Testa, M. (2006) Integrated services for families with multiple problems: Obstacles to family reunification. *Children and Youth Services Review*, 28, 1074-1087.

11 Choi, S. & Ryan, J. P. (2007). Co-occurring problems for substance abusing mothers in child welfare: Matching services to improve family reunification. *Children and Youth Services Review*.

12 Ryan, J. P., Choi, S., Hong, J., Hernandez, P. & Larrison, C. (in press). Recovery coaches and substance exposure at birth. *Child Abuse and Neglect*.

foster children were adopted by kin, and practice wisdom held that kinship and permanence were incompatible. It was said that relatives were opposed to adoption, first, because they felt that they were already connected to the children by blood ties and, second, because they were reluctant to participate in the termination of the parental rights of close relatives.^{13, 14} To accommodate these concerns, Illinois and other states have pursued legal guardianship as a supplementary permanency option that is less disruptive of customary kinship norms than adoption.

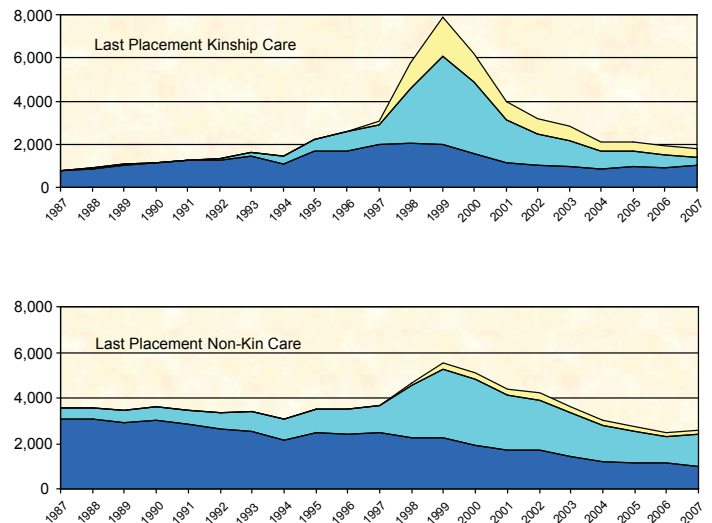
Transfer of guardianship does not require the termination of parental rights, and birth parents can continue to play a supporting role in their children's upbringing. Caregivers also retain their extended family identities as grandparents, aunts and uncles instead of becoming mom and dad. Finally, sibling ties are conserved, unlike adoption in which these ties are legally severed once parental rights are terminated. For these reasons, many perceive guardianship as addressing the objections some voice against the idea of kin adopting their own family members.

When Illinois implemented its subsidized guardianship waiver in 1997, an unexpected discovery was that many relatives chose adoption over guardianship when both options were put on the table. In fact, a large share of the explosive burst in adoptions in Illinois occurred as a result of the conversion of kinship foster homes into adoptive homes. Figure 4.5 illustrates the growth in permanencies from kin and non-kin homes. In the late 1990s, the growth of permanencies from kinship homes was far steeper than that from non-kin homes.¹⁵ Permanencies from kin homes spiked in 1999, due in large part to the adoption of children that had been in foster care for many years, and have since decreased as a proportion of permanencies. The number of children reunified from non-kin homes has steadily decreased since 1990, while the adoptions from non-kin homes began to increase in 1998 and have remained a fixed percentage of total permanencies.¹⁶

In retrospect, the perception that kinship foster care was a barrier to adoption appears to have been largely a self-fulfilling prophecy: workers acted on the belief that relatives were opposed to adoption and hence seldom asked. But when the permanency question was broached, it turned out that far more relatives were willing to consider adoption than the field generally deemed likely. In a study of permanency trends in Illinois,¹⁷ the evidence suggests that by restructuring permanency options in ways that built on the strengths of extended families and the cultural traditions

of "informal adoption" among African Americans, Illinois was able to transform kinship care from a barrier into a positive asset for the timely achievement of permanence through adoption and guardianship.

Figure 4.5 Number of Children Attaining Permanence From Kin and Non-Kin Homes



YOUTH VOICE

A Dream

From time to time I wonder

From time to time I dream

Why oh why oh my oh my

Do such bad things happen to Me

*I grew up without a family that I could call my own
from foster*

Home to foster home I danced to

The Beat of everyone else's

Drum

As I lay myself to sleep at night

I dream a wonderful dream

I no longer dance for them

They will all no dance just for

Me

– Gina

- 13 Thornton, J. (1991). Permanency planning for children in kinship foster homes. *Child Welfare*, 70, 593-601.
- 14 Burnette, D. (1997). Grandparents raising grandchildren in the inner city. *Families in Society*, 78, 489-499.
- 15 The kin vs. non-kin distinction is made based on the child's last placement type.
- 16 The percent of permanencies from kinship homes was approximately one-quarter in the early 1990s, was up to half of all permanencies in between 1998 and 2001, and in more recent years is approximately 40% of all permanencies. Historically, the percent of DCFS caseload living in kinship care was about half and since 2000 has been around 40%. Perhaps this decrease in kinship caseload can be explained in part by the fact that in recent years half the children exiting to permanent homes have been from kinship homes.
- 17 Testa, M. F. (2001). Kinship care and permanency. *Journal of Social Service Research*, 28, 25-43.

Stability of Permanence

The importance of permanent attachments and lasting family relationships for healthy child development is a central tenet of modern child welfare practice. However, the concern has been raised that the post-ASFA push for permanence may have forced families into making ill-considered commitments that will cause future placement ruptures (see Box 4.5 for an explanation of this term).¹⁸ Fortunately, the best available evidence to date shows that ruptures of adoptive and guardianship placements are rare, particularly when compared to re-entries from reunification and the instability that children experience when they remain in care. Of the 50,200 subsidized adoptive and guardianship placements made over the past decade, administrative data from DCFS shows that approximately 5% have ruptured.

The following sections look at each type of permanence to gain more insight into the stability of permanence.

Adoption: Despite worries that the adoption push in the late 1990s would result in a greater percentage of failed adoptions, the percentage of children adopted and stay with their parents remains quite high (Figure 4.6). For children who have been in adoptive placements for two years, 98% to 99% are in stable placements; after five years 95% to 96% are in stable placements; and after ten years approximately 90% are in stable placements. This pattern of stable adoptions has persisted despite the dramatic increase in the number of consummated adoptions. In the early 1990s when 600 children were adopted through the peak adoption years of the late 1990s, when as many as 7,000 children were adopted in a year, the percentage of children that remained in stable adoptive homes remained consistently high.

Subsidized Guardianship: Despite the relatively short follow-up period for observing stability post-guardianship, the rate has remained fairly constant (Figure 4.7). For each cohort of children that entered a subsidized guardianship between 1997 and 2003, the post-guardianship stability rate has remained high. Depending upon the year, between 95 and 97% of children that entered guardianship program remained in those guardianship homes two years later, and for these same cohorts of children the post-guardianship stability rate at five years after guardianship is approximately

Figure 4.6 Stability of Adoption After Foster Care

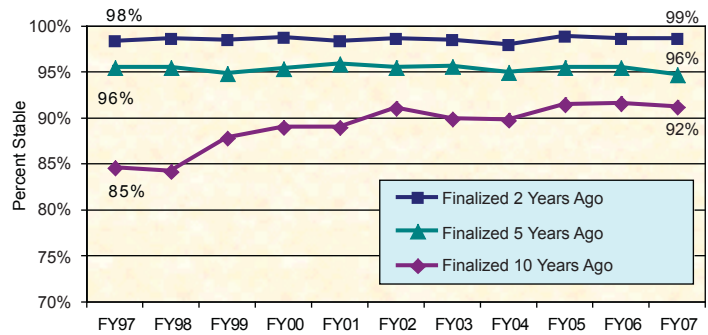
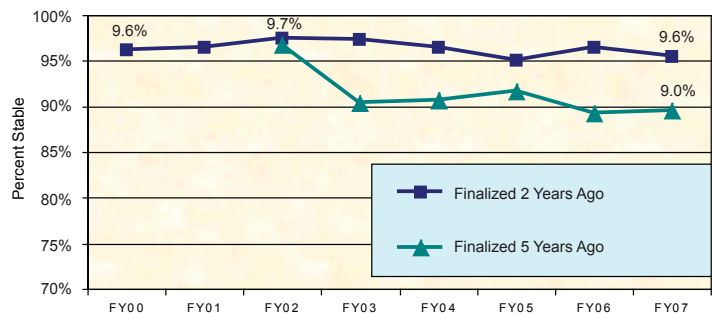


Figure 4.7 Stability of Subsidized Guardianships After Foster Care



Box 4.5—Ruptures Defined

Permanency Rupture: A permanency rupture occurs when a child for whom a permanent guardianship or an adoption has been finalized is no longer living in the home of the original guardian or adoptive parent. A rupture can be characterized as follows:

- **Displacement** occurs when a child is *no longer in the physical care* of his/her guardian(s) or adoptive parent(s), but guardianship / parental rights remain intact.
- **Dissolution** occurs when guardianship is vacated or adoptive parent(s)' rights are terminated *for a reason other than 'death or incapacitation' of guardian or adoptive parent.*
- **Death/incapacitation** occurs when a caregiver or adoptive parent can no longer exercise guardianship of a child *because the guardian dies or is incapacitated* and there is no other guardian or parent.

Ruptures can also be distinguished from:

- **Disruption** occurs when a child is removed from a prospective guardian's or adoptive parent's home *prior to finalization.*

¹⁸ The term rupture will be used in this chapter to refer to a placement that does not last – a reunification, adoption or subsidized guardianship. Prior literature uses such terms as displacement, disruption or dissolution; the term “ruptured placement” includes any disruption in a permanent placement after the permanency has been finalized.

Box 4.6—Illinois’ Subsidized Guardianship Program Replicated in Tennessee and Milwaukee, Wisconsin

In 2003, the state of Illinois announced the results of the largest randomized controlled trial of subsidized guardianship that has been implemented under a federal IV-E waiver. The purpose of the demonstration was to test the internal validity of encouraging related and non-related foster parents to assume permanent legal guardianship of foster children by offering them financial subsidies in amounts similar to the subsidies they could otherwise receive as licensed foster or adoptive parents. The interim and final evaluations showed a statistically significant 6 percentage-point improvement in overall permanence among children randomly assigned to the intervention group, in which caregivers were offered the new guardianship subsidy, compared to those assigned to the comparison group, in which the options were limited to reunification, adoption assistance, or remaining in long-term foster care.

The last group of subsidized guardianship waivers that the U.S. Department of Human Services (HHS) awarded offer an opportunity to test the external validity of Illinois’ results and to address the generalizability of the waiver’s potential for increasing permanence for children. Two of the demonstration sites, Milwaukee, Wisconsin and the state of Tennessee, are operating under similar terms and conditions that replicate closely the Illinois waiver and are being evaluated by the same team that conducted the Illinois evaluation, Westat, Inc. and the Children and Family Research Center.

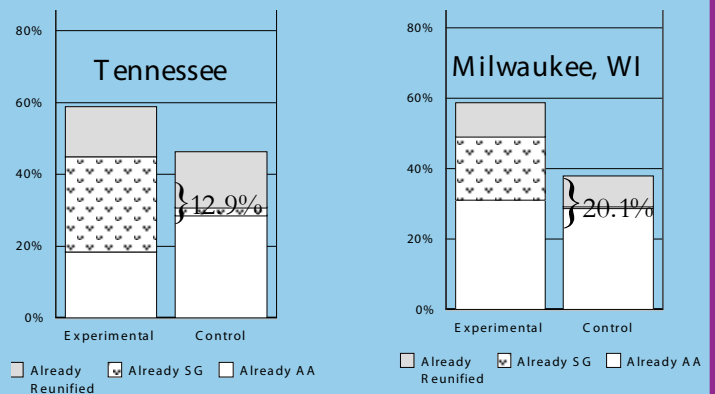
In both locations, the state is using the waiver authority to test whether the introduction of a subsidized guardianship will result in an increase in permanence and

safety for children and improvement in a range of child outcomes such as reduced length of stay in foster care and improved stability of family care.

Tennessee: The state implemented the subsidized permanent guardianship program in December, 2006. A year later, the December 2007 data shows a 12.9 percentage point higher rate of discharge to permanent homes from foster care in the demonstration group compared to the cost neutrality group.

Milwaukee, WI: The subsidized guardianship program in Milwaukee County began in October of 2005. The most recent data (November, 2007) shows a 20.1% higher rate of permanence in the experimental group compared to the control group.

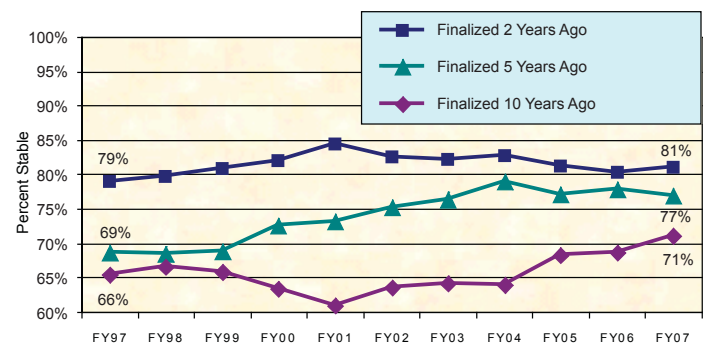
This box is excerpted from evaluation reports by Mark Testa and Leslie Cohen of CFRC.



90%. While these percentages are quite high, they are slightly lower than the comparable rates among adopted children.

Reunification: When compared to adoption and subsidized guardianship, children reunified with their parents experience significantly less post-discharge stability. However, this comparison should not obscure the improvements that have occurred on this measure as well (Figure 4.8). The two-year post-reunification stability rates decreased slightly from 84% in to 81% over the past seven years, but it has improved at five years post-reunification – rates have risen from 73% to 77%, and at ten years post-reunification, rates have increased from 61% to 71%.

Figure 4.8 Post-Reunification Stability



Post-Permanency Survey Results

The numbers presented thus far on rupture rates reflect those that are captured through the administrative data maintained by the Department. In an effort to verify these numbers, Center staff reviewed AFCARS data submitted by the Department to see if a similar number of ruptures were arrived at in those data submissions. The Department

is required to indicate in their federal AFCARS submission those children that are entering foster care from an adoptive home. The Department reports that 3% of entries are re-entries to foster care from adoptive homes. This again confirms the notion that the rate of rupture is relatively small. However, many in the field suggest that these numbers could not possibly be correct, that they have seen such an increase in the number of children returning to foster care after adoption or subsidized guardianship, that this number must be higher.

Box 4.7—Illinois’ Track Record in State Comparative Perspective

Looking only at the increased percentage of foster children entering care who have previously been adopted raises alarms with lawyers and caseworkers that the child welfare system may be soon inundated with many more failed adoptions and guardianships. But when examined from the perspective of the children who have been adopted since 1998, the probability of re-entry has significantly decreased. As shown in Figure 4.6, in 1998, 3% of children adopted five years earlier and 9% adopted a decade earlier had re-entered foster care. Ten years later in 2007, only 3% of children adopted five years earlier and 4% adopted a decade earlier had returned to care. This represents a significant improvement in post-permanency stability during this period.

The reasons that the trend lines look different from the perspectives of lawyers and caseworkers compared to the point of view of the families and children is that the pool of children in permanent homes who are at risk of re-entry has grown so enormously in Illinois.

Between 1998 and 2005, according to federal AFCARS data, Illinois moved more children from foster care to adoptive homes than most states: 32,000 children according to the most recent AFCARS data. As shown on Figure 4.9, only New York and California moved more foster children into adoptive homes than Illinois. Figure 4.10 shows the estimated percent of children adopted since 1998 that have re-entered foster care.¹⁹ This takes into consideration the cumulative number of adoptions that have happened in each state. Based on AFCARS data, Illinois ranks among the lowest, at 1.7% of adopted children that re-enter foster care.

Looking at the data in this manner allows us to see that while the sheer number of children that have re-entered foster care from adoption may in fact have increased over the past several years, it is in no way a sign that the system is failing, nor is it a sign that the push toward permanence was too much too fast. The vast majority of these adoptions are permanent homes for these families.

Figure 4.9 Cumulative Number of Children Adopted Between 1998 and 2005

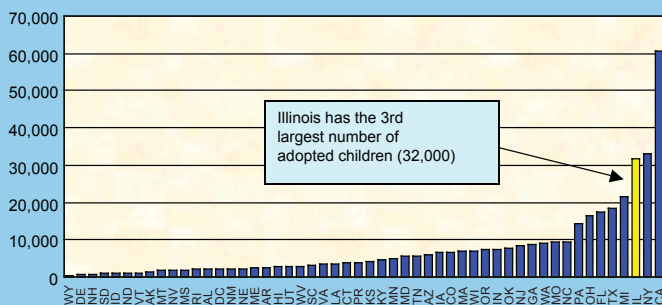
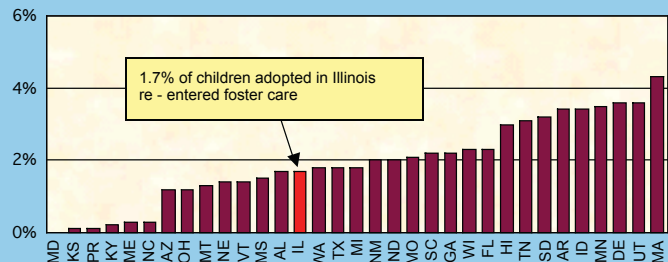


Figure 4.10 Percent of Children Adopted Between 1998 and 2005 That Re-Entered Foster Care During the Same Time Period



¹⁹ AFCARS data, analysis by CFRC. This is the cumulative number of re-entries based on the estimated year of adoption. States with more than 5% of their re-entries listed as 'not able to determine' on the question of previously adopted, or where data was missing, were excluded from this analysis.

In an effort to better understand this population and arrive at a rupture rate that reflects the population not being counted in the administrative database, Center staff looked at survey data. In 2006 the Department commissioned a survey of families caring for former foster youth in adoptive or subsidized guardianship arrangements. Through interviews with caregivers Center staff was able to identify additional children that were reported as not currently living in the home. These are placements that had not been recorded in the administrative data, and therefore not included in our rupture rate (identified in Figure 4.11 as ‘Survey – Not in Household’). Furthermore, if we look at the population of children that might be considered ‘at-risk’ for rupture based upon responses to the survey (those reported as having been placed in foster care, residential care, inpatient care, and those children that had a runaway episode), and add these to the bar graph below, we can estimate that approximately 11.3% of this population (10.6% of adoptive families and 15.3% of subsidized guardianship families) are likely to have experienced a rupture.

Who are the children/families that experience a rupture? The population of children that have ruptured varies by the type of permanency. For instance, regression analysis of the population of children that have attained permanency over the past decade shows that children who find permanence after living with kin are less likely to experience a rupture than children previously living with non-kin. This effect is strongest with children living in subsidized guardianship arrangements: 30% less likely compared to 13% less likely in adoptive homes.

When looking at the likelihood of ruptures over time by Cook and Non-Cook counties, there is little difference amongst the adopted population. In the population of children that have subsidized guardians, the children outside of Cook County have been more likely to rupture than the children in Cook County.

The age of the child at the time of permanence also impacts the likelihood of rupture from an adoptive or guardianship home; the older the child at the time of permanency, the more likely they will experience a rupture. Most of the ruptures occur when the child has reached their teen years: 20% of ruptures from adoptions occurred when the child was a pre-teen, between the ages of 9 and 11, 30% between 12 and 14, and 33% among those 15 and older. By comparison, among the group that ruptured from subsidized guardianship homes, 14% were the pre-teens, 29% were 12 to 14 years old, and almost half – 48% – were 15 and older. This does not take into consideration those that ruptured due to the death of a caretaker. However, when ruptures due to death are removed from the analysis, however, the percentages remain quite similar. Therefore, the ruptures are occurring for reasons other than the caregiver’s death.

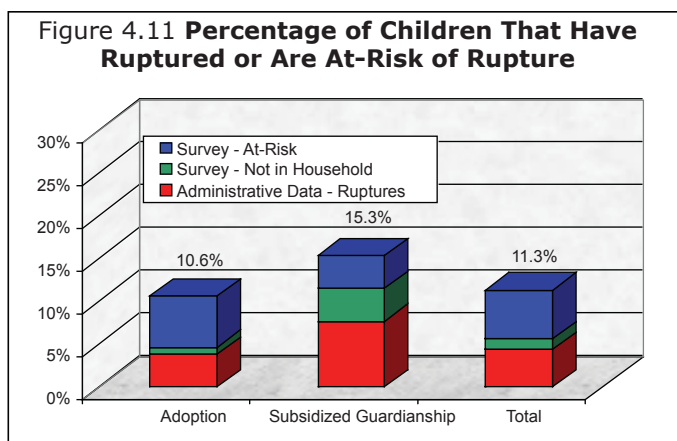
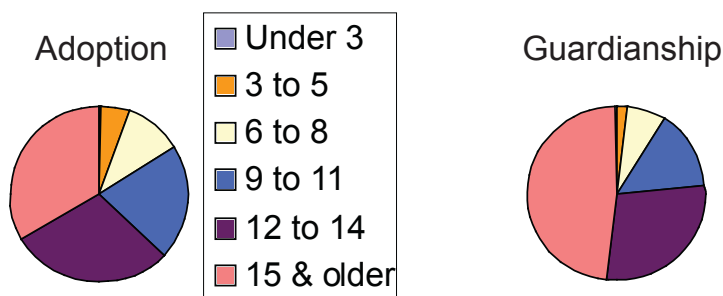


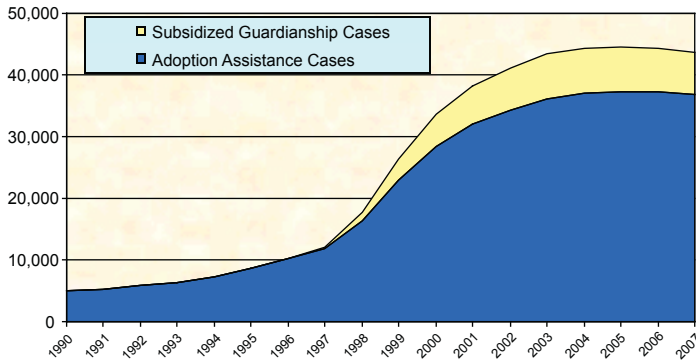
Figure 4.12 Age at Time of Rupture



The Rising Demand for Post-Permanency Services

Does the increasing number of permanency ruptures signal poor system performance? The raw number of ruptures from adoptive placements increased three-fold between 1990 and 2004. For some, this increase creates a perception that adoptions and guardianships are not permanent, stable homes for children. However, when interpreting this increase, it is vital to remember that these ruptures are occurring among a vastly larger pool of completed adoptions and subsidized guardianships (see Figure 4.13). In fact, the incidence rate of rupture from adoption and subsidized guardianship homes is

Figure 4.13 **Active Adoption Assistance or Subsidized Guardianship Cases**



rare. Of the 37,000 children ever adopted, 94.5% have never ruptured and 91.5% of the nearly 7,000 children in subsidized guardianship homes have not ruptured.

Illinois has reached an important milestone – the number of children in state-assisted permanent homes with adoptive parents and legal guardians surpasses the number of children in state-funded foster care. Surpassing this milestone brings a new challenge for the future: the rising number of families seeking post-permanency services. Even though these former state wards no longer need the regular casework and judicial oversight that foster care supervision provides, their homes still need family support and sometimes more intensive interventions to preserve family stability. As Illinois leads the nation in the future world of post-permanence and celebrates its accomplishments of moving 82,900 children into permanent homes, careful planning needs to occur to ensure that adoption and other permanency options continue to be viable options for foster children. The challenge of a post-permanency world in child welfare is to support these families that have exited foster care. With the increase in the number of former foster children living in permanent homes, the Illinois Department of Children and Family Services has embarked upon a project that is designed to address the service needs of this population (see Box 4.8).

The Children and Family Research Center maintains a database on families that contact the post-guardianship office for services. This database documents the reason for the contact, services provided, and outcomes. This database is primarily information on Cook County cases. These

records show that since the inception of the program, 673 cases have ruptured in Cook County, 41% ruptured because the caretaker died, and 56% of the ruptured guardianships were dissolved. Of this 56% that were dissolved, fifty-eight percent were returned to state guardianship, thirty-three percent were returned to their biological parent(s), and the remaining had a new private guardian assigned. The fact that almost half of the ruptures in Cook County were because of the guardian’s death emphasizes the importance of successor guardianships being established at the time of placement with a subsidized guardian, and the need to emphasize the importance of this plan, particularly when placing children with older guardians.

Box 4.8—Innovative Programs: Needs of Families After Foster Care

With the increase in the number of former foster children living in permanent homes, the Department has embarked upon a project that is designed to address the service needs of this population, beginning with families that have children that have been adopted or are legal guardians through the subsidized guardianship program, currently aged 13 or 16.

This project builds upon findings from the 2006 survey conducted by the Center that asked caregivers of former foster youth about the needs of the children they adopted or became the legal guardian of. In sum, this survey found that the majority of respondents (84%) stated that they were able to meet the needs of their children. The responses from the remaining 16% suggested that these families could benefit from post-permanency support services,²⁰ and 5% of this population in need may require more intensive diagnostic and therapeutic support services to stabilize the family structure and prevent disruptions.

The Department has embarked upon a project (coined “APAL” – Adoption Preservation Assistance and Linkages) that seeks to address the issues facing the families that have been discharged from foster care into permanent homes. Through this project, private agency staff interview families that have a 13 or 16 year old in an open subsidy case when their annual subsidy renewal is due. Through these interviews, the Department hopes to find out what the needs of these families are, if any, and to link them with services. The Department has also funded agencies (“MAC” agencies – Making Adoption Connections) to provide services targeted specifically at the needs of these families.

²⁰ If we take this proportion of children with unmet needs and apply it to the population of children in Illinois who have achieved permanence, it represents a population of about 5,000 (between 3,700 and 5,840) children that may be in need.

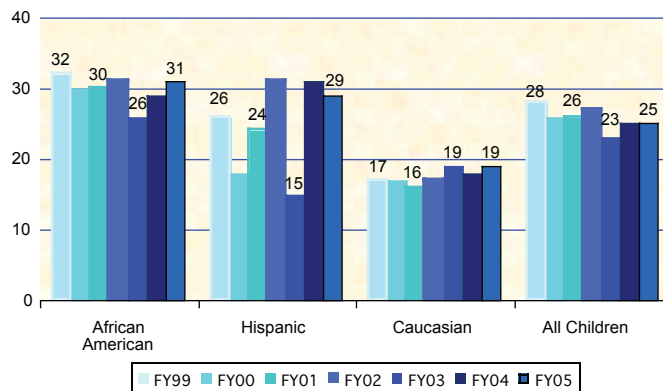
Length of Time in Substitute Care

A 2005 study²¹ shows that children who entered kinship foster care in the early 1990s in Illinois were 43% less likely than children in non-related foster care to find permanent homes with their caregivers. But by the late 1990s, this had all changed. Children who entered kinship foster care in 1997 were 57 percent more likely to be adopted or taken into private guardianship by their caregivers. Given the fact that African American children utilize kinship foster care (see Chapter 3, Box 3.2) more than any other ethnicity, these changes impacted the African American population the most. The median length of time in care for African Americans compared to whites shrank from a 5 to 1 disparity for children entering care in fiscal year 1993 down to 2 to 1 for children entering in FY 1999. Figure 3-7 shows the median number of months a child stays in foster care when entering for the first time. Across the board, and over time, African American children spend more time in foster care than any other population. In 1999, African American children typically spent a little less than three years (32 months) in foster care before exiting the system to permanence, and this figure is down by one month with the most recent data. By contrast, the population of Caucasian foster children has consistently been between 17 and 19 months, with a slight increase in the more recent years (see Indicator 4.G). When this is explored by region, the racial differences persist: In Cook County, African American children spend on average 35 months in foster care, while their white counterparts spend 29 months. In the Northern region, it is 24 months for African American children and 21 for Caucasian children. Followed by Central region where African American children spend 24 months in care as compared to 19 for Caucasian children. In the Southern region it is 17 for African Americans and 12 for Caucasian children.

Observations on Permanence in Illinois

In 2007, the Illinois Department of Children and Family Services celebrated ten years of the subsidized guardianship waiver, and with this recognized that over 82,900 children have moved from foster care to permanent homes over the past decade. Through these efforts Illinois has moved many children from foster care that would have otherwise languished in care. The population of children in foster care went from approximately 50,000 to 16,000. DCFS has received national attention and praise for its work in moving children to permanent homes, particularly children

Figure 4.14 The Median Number of Months a Child Stays in Care When Entering for the First Time



who have been in foster care for many years. This report illustrates that Illinois continues to improve its achievement of moving children from foster care to permanent homes. This report also shows that this push towards permanence has been good for children – that the permanent homes found for foster youth have been long-lasting, stable homes. This success is the result of an increase in all three types of permanence – reunification, adoption, and subsidized guardianship.

Through these permanency efforts, Illinois has more children living in state-assisted permanent homes with adoptive parents or legal guardians (approximately 40,000 at the end of FY 2007) than the number of children living in state-funded foster care. With this comes a challenge for the future: the rising demand in the number of families seeking post-permanency services. Research reveals a small but vulnerable sub-population of families for whom these resources are critical. Without a clear focus on, and resources for, services to these families, children are at risk for re-entering the system. DCFS has taken the lead in understanding supporting these families after foster care, through the APAL survey and linkages to services specifically funded for this population. Additional research will provide a better understanding of these families and what is needed to support them, and prevent ruptures.

In addition, projects are currently underway to increase the number of children that are reunified. The AODA waiver has been successful in decreasing the time to reunification for families involved in that waiver, and the Enhanced Subsidized Guardianship and Adoption Waiver is showing success in finding permanence for older wards. In addition, new reunification efforts that provide incentives to foster parents willing to work with biological parents towards reunification hold hope for increasing the number of children returned home.

21 Testa, M. (2005). The changing significance of race and kinship for achieving permanence for foster children. In D. Derezotes, J. Poertner, & M. Testa (Eds.), *Race matters in child welfare: The overrepresentation of American Americans in the system* (pp. 231-241). Washington, DC: CWLA Press.

YOUTH VOICE

Papers, papers are evident. Just like prisoners have their numbers, foster children have their files. Papers of identification or rather de-individuation. The case file follows us everywhere and not one of our actions are forgiven because it will always be re-read in its original printed words that represent the child. Those words most likely are one-sided, consequently it will define the child and the way in which that child is reacted to from foster home to foster home without question.

Everyone knew I was a foster child. My teacher knew, my church knew, and to get anywhere and to go anyplace, I had to let other people know. Whether it was a request to attend a sleepover, when DCFS wanted to do a background check on my friends' parents, or getting help filling out an application because I am unsure of how to address the part of the application that asks how many household members there are—a number always changing.

My sister is not my sister any more. And my siblings now, well, I don't know how long they will last. Some are adopted, some are not, one of my foster sisters is my [real] sister but remains unadopted. So does mean that legally she is not my sister? That legally blood does not mean a thing, to that point? That she can be removed from my house and placed with another family? Is ink thicker than blood? Yes, this is my life.

Growing up in my house was frustrating, confusing, and isolating. There seemed to be no one really to talk to. Plus, I knew the answers to all of my unspoken questions anyhow. It was all my fault, my fault because I was a foster child, I was a bad seed.

– Sandy

WELL-BEING

Christina Bruhn, Jesse Helton, Theodore P. Cross, Lee Shumow and Mark Testa

Children (shall) receive adequate services to meet their educational... physical and mental health needs.¹

The well-being of children in out-of-home care is best assured by restoring them to permanence through safe and stable family reunification or, when this is not possible, by finding alternative permanent homes with loving relatives, adoptive parents, or legal guardians. A half-century of research demonstrates that children's emotional well-being, educational success, and capacity for leading healthy and productive lives build first upon meeting basic human needs for safety, trust, and connection with loving and caring adults. When primary family relationships are disrupted it is incumbent upon the state to ensure that a child's developmental opportunities for health, education, emotional, and economic well-being are not unduly compromised by out-of-home placement.

Assuring the well-being of children in out-of-home care provokes questions that are not easily answerable: To what standards of well-being should agencies and the courts be held accountable while working towards reunification or alternative permanency plan? What are the public obligations when the goal of family permanence cannot be achieved? Should foster children be given special assistance and scholarships for which children moved into permanent living arrangements are ineligible?

Unlike safety and permanence, the role of child welfare agencies and juvenile courts in assuring child well-being is more indirect and typically shared with other institutions, such as schools, medical and mental health providers, and community resources. A recent report on court accountability concludes that it is premature at this time to have juvenile and family courts adopt measures of well-being particularly when consensus does not exist on the measures for which the courts have direct responsibility, such as safety, appropriate removal from the home, continuity of care, and timely achievement of permanence.² But no matter whether accountability is direct or indirect, a state agency stands in an analogous relationship to these other institutions as does a parent or private guardian and therefore has an obligation

to advocate and act on behalf of the well-being of each child while he or she remains under state custody.

Child Well-Being

As the number of children entering foster care skyrocketed during the 1980s, the ability of the Department to care for children's safety, to arrange permanent homes, and to minister to their basic needs in order to support well-being came into serious question. In addition to safety and physical support, the BH Consent Decree requires the Department to conform to the following standards to support well-being:

- Children shall receive at least minimally adequate health care.
- Children shall receive mental health care adequate to address their serious mental health needs.
- Children shall be free from unreasonable and unnecessary intrusions by DCFS upon their emotional and psychological well-being.
- Children shall receive at least minimally adequate training and services to enable them to secure physical safety, freedom from emotional harm, and minimally adequate food, clothing, shelter, health, and mental health care.

Most children who enter foster care have already been exposed to adverse conditions in the home and surrounding community that severely compromise their chances for healthy emotional and social growth and educational progress. Traumatic incidents early in life, such as abuse and neglect, insinuate themselves in the development of the child and, if ignored, can lead to reduced self-esteem, truancy, aggressiveness, delinquency, and school drop-out in later life.³ To measure the well-being of foster children in Illinois, DCFS funded CFRC and the Center for Child Welfare and Education

1 U.S. Department of Health and Human Services. (2003). Child and Family Services Reviews onsite review, instrument and instructions. U.S. Social Security Act, Sec. 475. [42 U.S.C. 675].
 2 American Bar Association (Center on Children and the Law), National Center for State Courts, & National Council of Juvenile and Family Court Judges. (2004). Building a better court: Measuring and improving court performance and judicial workload in child abuse and neglect cases. Los Altos, CA: The David and Lucile Packard Foundation.
 3 Testa, M. & Furstenberg, F. (2002). The social ecology of child endangerment. In M. Rosenheim, M.F. Zimring, D.S. Tanenhaus, & B. Dohrn (Eds.), A century of juvenile justice. (pp. 237-263). Chicago: University of Chicago Press.

CHILD WELL-BEING AT A GLANCE ⁴

MENTAL HEALTH

Caregivers of children in foster care rate 44% of children age 1 ½ to 17 as having clinical or borderline clinical levels of behavior problems. This is consistent with national data on children in foster care, but considerably higher than the 18% of children in this range in the general population.

Children and youth are much less likely to self-identify rates of behavior problems that would be considered clinically significant (clinical or borderline ratings). In both Illinois and the nation, children in foster care reported a level of emotional and behavioral problems that placed 31% of them in the clinical to borderline range.

PREGNANCY AND PARENTHOOD

While a total of 34% of youth participating in the child interview reported themselves to be sexually active, a figure that is consistent with national foster care findings, only 7% of sexually active females reported a history of pregnancy or parenting in this study. However, the rate is a substantial underestimate of rates of pregnancy of all children in out-of-home care due to the fact that only children less than 17 years of age at the time of sampling were eligible to be included in the Well-being Study, while youth 18 years of age and older are at much higher risk for pregnancy.

RISK BEHAVIORS: DELINQUENCY, COURT INVOLVEMENT AND SUBSTANCE ABUSE

A total of 52% of the youths age 11 and older who were interviewed reported having committed one or more delinquent acts in the past 6 months. Children in kinship care were significantly less likely to report having committed delinquent acts than other children in out-of-home care.

Among caregivers of youth age 7 and older, 14% reported the children in their care as having been to court for reasons related to the child's behavior, and 80% of children who went to court received probation.

RELATIONSHIPS, ATTACHMENT, AND EXPECTATIONS FOR THE FUTURE

Nearly all children and youth reported having an adult they can turn to with a serious problem and 94% reported having someone who encourages and believes in them.

However, only 26% of children and youth interviewed answered affirmatively to the question of whether they "would live with their current foster parent if they could choose." The percentage was much lower among children in kinship care and group care. Despite this, 65% of children and youth indicated they wanted their current placements to become legally permanent. Children and youth primarily reported positive future expectations: they expected to graduate from high school, get good jobs, and live to at least the age of 35. However, 43% reported that they did not have a good chance of having children and raising a family when they got older.

STABILITY AND PERMANENCE

Caregiver-reported behavior problems, youth-reported behavior problems, and youth reported delinquency, substance abuse, and sexual activity all had a strong relationship with stability. For each of these variables, having the problem predicted having two more moves on average than not having the problem. On the other hand, feeling more related to caregivers was modestly related to a decreased number of moves.

Children who liked the people they were living with were more likely to experience legal permanence than youth who did not like the people they were living with. In addition, of all children in the study, 49% reached permanent homes during the evaluation period, but this percentage was only 33% for children whose caregivers rated their emotional or behavior problems as clinically significant, and 15% to 21% for youth self-identifying delinquency, substance abuse, or sexual activity.

EDUCATION

Most children in foster care are functioning adequately in school: 67% of participants received grades of 'C' or higher in both math and English, and 68% were at the correct grade level for their age. Approximately 75% had not been suspended or sent home because of their behavior. However, 53% were receiving special education classes and 27% experienced non-promotional school moves within the past two years. Finally, the rate of chronic truancy among children in foster care as represented by this sample is approximately 6 times that of children in the general population.

⁴ Data in this chapter differs from the remainder of the volume in that the well-being data is survey data, and the other chapters report on the entire population of children in foster care. However, the sample of children and caregivers that participated in the Well-being Study are representative of the entire population of children in foster care, and their caregivers.

at Northern Illinois University to conduct the Well-being Study. This chapter summarizes the findings from the third wave of that study.

This study is referred to in sections of this report as the Illinois Study of Child Well-being to distinguish it from the National Study of Child and Adolescent Well-being (NSCAW). The study was initiated in 2000 in response to the request of the federal court, the ACLU, and DCFS for more information about the well-being of children in foster care. The first round of the study took place in 2001 and the second round in 2003. This chapter presents findings from the third round, which took place in 2005. The results reported in this chapter represent findings from interviews with caregivers, caseworkers, and children involved with foster care on December 31, 2004.

This chapter presents a broad overview of the well-being of children and youths in out-of-home care. While our results are presented for all children, the variables selected for close scrutiny were selected on the basis of their relevance to understanding adolescent life. The focus on adolescents is particularly relevant given changes in foster care dynamics since 1997 that have led to a reduction of the percentages of younger children in out-of-home care and increases in the percentages of adolescents, as referenced elsewhere in this volume. Adolescents in foster care have an opportunity to form new, supportive relationships with caregivers, other adults, and peers; develop life skills; and make plans for a future in which they can surmount the difficulties of their childhoods. These positive developments could increase the stability of their placements and their chances of finding a permanent home. On the other hand, adolescents are at risk for mental health problems, risky sexual behavior, pregnancy and parenting, delinquency and court involvement, and substance abuse. In addition to affecting their well-being, these risks may contribute to placement instability and reduction in the likelihood of permanency outcomes. Because there can be important differences in outcomes by a child's gender, race, age, and placement type, results are broken down by these variables as well.

Adolescence as a Time of Opportunity and Risk

Echoing Dickens, adolescence can be seen as the “best of times” and the “worst of times.” Adolescence can be categorized as a time of conflict resolution and promise, as well as a time of stress and unstable behavior. Youth form and refine identities, emotions, friendships, and relationships, all within a complex network of influences emerging from family, peers, schools, and culture. While

adolescents living at home typically benefit from stable and continuing family support, adolescents in out-of-home care face this same process with greater challenges, fewer resources, and a lack of support from biological parents.⁵

In addition, each youth is influenced by his or her own particular biology, personality and history, which in turn influence those systems around him or her. He or she is further influenced by these other systems, such as the caregiver and caregiver setting, the caseworker and department and allied professionals and agencies, the education system, the neighborhood and communities in which youths live, and larger society with its set of values, expectations and other influences that affect youths' development.⁶ A complex set of interactions among the systems acts daily to affect children's lives.

Opportunities for Foster Youth in Adolescence

Child welfare literature and research has rarely focused on adolescence as the “best of times.” However, several studies suggest that foster youths can encounter opportunities for favorable development in adolescence. Research on adolescents suggests that feeling close to a caregiver, a new opportunity for some youths in foster care, is an important and beneficial influence on future social competence and understanding of adolescent norms.⁷ Finding positive peer influences can be an opportunity as well, as peer reactions to adolescent misconduct may affect the strength of the relationship of prior family risk factors to adolescent risk-taking.⁸ Studies focusing on foster youth establishing relationships with other adults have produced two consistent findings: 1) a substantial proportion of foster youth have some sort of support network despite frequent displacement,⁹ and 2) foster youth believe that their network is supportive.¹⁰ A more recent study comparing a group of pre-emancipated foster youth and a matched sample of non-foster youth,¹¹ found that foster youth were significantly more likely to report a very important non-parental adult in their life. The foster youth also reported receiving greater support from their non-parental adult, although the matched group reported significantly more support from biological parents. Thus foster youth have many possible positive and

- 5 Collins, M.E. (2001). Transition to adulthood for vulnerable youths: A review of research and implications for policy. *Social Service Review*, June, 271-291.
- 6 Wulczyn, F., Barth, R.P., Yuan, Y.T., Harden, B.J., & Landsverk, J. (2005). *Beyond common sense Child welfare, child well-being, and the evidence for policy reform*. New Brunswick, NJ: Transaction Publishers.
- 7 Collins, W.A., & Stroufe, L.A. (1999). Capacity for intimate relationships: A developmental perspective. In W. Furman, B.B. Brown, & C. Feiring (Eds.) *The Development of Romantic Relationships in Adolescence*, pp. 125-147, Cambridge: Cambridge University Press.
- 8 Greenberger, E., Chen, C., & Beam, M.R. (1998). The role of “very important” nonparental adults in adolescent development. *Journal of Youth and Adolescence*, 27, 321-343
- 9 Cook, R.J. (1994). Are we helping foster care youth prepare for their future? *Children and Youth Services Review*, 16, 213-229.
- 10 Mallon, G. (1998). After care, then where? Outcomes of an independent living program. *Child Welfare*, 77(1), 1-78.
- 11 Farruggia, S.P., Greenberger, E., Chen, C., & Heckhausen, J. (2006). Perceived social environment and adolescents' well-being and adjustment: Comparing a foster care sample with a matched sample. *Journal of Youth and Adolescence*, 35(3), 349-358.

constructive influences within their community, foster, peer, and school networks.

Risks for Foster Youth in Adolescence

At the same time, adolescence for youth in foster care can be “the worst of times”. Foster care status itself can be a challenge, as youth can internalize negative peer reactions to being a foster child,¹² a theme that has emerged in the FYSH workshops.¹³ In addition, foster care is associated with a number of negative life outcomes as well. Research suggests that adolescent youth in foster care have high rates of school expulsion and juvenile detention, coupled with lower rates of later employment.¹⁴ Emancipated foster youth have been described as more like impoverished 18-year-olds than like the general young adult population in terms of education, early parenthood, and the use of public assistance.^{15, 16} This may help explain why adult former foster youth are at a higher risk than their peers for homelessness, drug use, and incarceration.^{17, 18}

This chapter is divided into three main sections. The first relates findings concerning social and emotional well-being of children in out-of-home care, including mental health, mental health service use, pregnancy and parenting, delinquency, court involvement, substance abuse, life skills, future expectations, and relationships with peers and caregivers. The second section relates these findings to children’s stability and permanence. The third section is authored by a colleague affiliated with the Center for Child Welfare and Education and Northern Illinois University and reports findings from review of school records of the children in the Well-being Study. The final section reports conclusions with areas for future focus.

Mental Health: Social and Emotional Well-Being

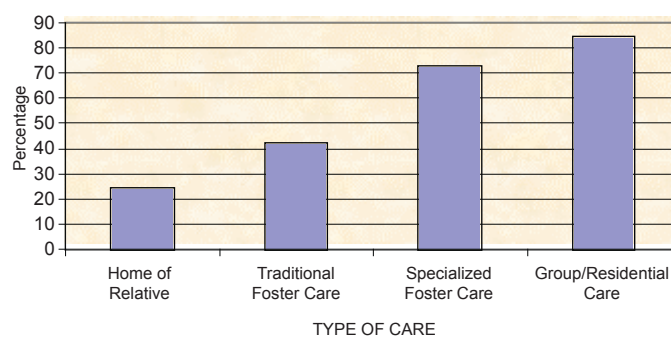
Caregivers’ Report of Children’s Mental Health Problems

Current caregivers completed the Child Behavior Checklist (CBCL),¹⁹ a 118-question instrument asking caregivers of youths aged 1 1/2 to 18 about a wide range of child emotional and behavior problems. This instrument is used by clinicians

to identify clinical and borderline clinical levels of behavior problems. In this study, 44% of caregivers reported that the children or youth in their care had behavior problems at these levels. This is close to the 41.4% of children at these levels in Round 2, and to the 45% of children at these levels calculated from national foster care data from a comparable date and population (National Study of Child and Adolescent Well-being [NSCAW])²⁰. All these figures are notably higher than the 18% of children in the general population who would be expected to be identified as having behavioral problems in the borderline or clinical ranges. Boys in this study were more likely to score in the borderline or clinical level on the CBCL (50%) than girls (38%). In addition, youths aged 8 or older were also substantially more likely to have behavior problems as measured by the CBCL than younger children. Level of reported behavior problems did not vary by race/ethnicity.

Children in different types of care at the time the sample was drawn had different levels of caregiver reported behavior problems (see Figure 5.1). Rates of behavior problems were higher for more restrictive placements, from relative home at the least restrictive end to group home and residential placement at the most restrictive.

Figure 5.1 Percentage of Children Rated by Caregivers as Having Behavior Problems



12 Kools, S.M. (1997). Adolescent identity development in foster care. *Family Relations*, 46(3), 263-271.

13 FYSH participant interview, July 2007.

14 Keller, T.E., Cusick, G.R., & Courtney, M.E. (2007). Approaching the transition to adulthood: Distinctive profiles of adolescents again out of the child welfare system. *Social Service Review*, (September), 453-484.

15 Ibid 8.

16 Larson, R. (2002). The future of adolescence: Lengthening ladders to adulthood. *The Futurist*, 16-20.

17 Zlotnick, C., Robertson, M.J., Wright, M.A. (1999). The impact of childhood foster care and other out-of-home placement on homeless women and their children. *Child Abuse Neglect*, 23(11), 1057-1068.

18 Jonson-Reid, M., & Barth, R.P. (2000). From placement to prison: The path to adolescent incarceration from child welfare supervised foster or group care. *Children and Youth Services Review*, 22, 493-516.

19 Achenbach, T.M. (1991b). Manual for the Child Behavior Checklist 4-18 and 1991profile. Burlington, VT: University of Vermont Department of Psychiatry.

20 National Study of Child and Adolescent Well-being [NSCAW] Round 4, Child Protective Services data set, children in out-of-home care at Round 4

Box 5.1—Foster Youth in Transition: Building Capacity for Successful Adulthood

Growing up is hard. Young people who enjoy the advantage of stable and supportive homes still encounter difficulties that they may survive only with family help. For youth coming of age in the foster care system, family support typically is rare. Past experiences of trauma, mental health problems, educational disruption, and financial distress only increase the vulnerability of these young people as they enter adulthood.

Given such challenges, research consistently demonstrates an array of negative outcomes for young adults formerly in the foster care system.^{21, 22} Former foster children show higher rates of homelessness, substance abuse, criminal involvement, pregnancy and early parenting, unemployment, and reliance on public assistance than other young adults.²³ They exhibit lower reading and math skills, and lower educational attainment.²⁴

One of the most extensive studies of young adults formerly in foster care underscores their precarious circumstances across domains essential to independent, self-sufficient adulthood.²⁵ The research collected data from young adults in Illinois, Iowa, and Wisconsin at three points in time—at age 17 or 18 as they were exiting foster care, again at about age 19, and finally, at age 21—and compared outcomes for these respondents with a nationally representative sample from the National Longitudinal Study of Adolescent Health. Compared to the national sample, former foster youth showed significant educational deficits, with almost a quarter lacking a high school diploma or GED and only about 30% having completed any college-level education. Only about half of the former foster youth were employed at age 21, with their median earnings just below 60% of income for the national sample. More than 70% of women in the foster care study reported having been pregnant and half of the men had caused at least one pregnancy. More than half of the women, and nearly a third of the men, had at least one child.

Almost one-fifth of the foster alumni had been homeless at least once since leaving care. While they acknowledge the gravity of these findings, authors of the Midwest study also point out that young adults emancipated from foster care are not a monolithic group, and that many of them in fact exhibit important strengths including considerable optimism and meaningful aspirations. A separate analysis of data from the Midwest study identified four distinct profiles of young adults

formerly in foster care, some facing significant problems and other handling their lives quite well.²⁶ On the whole, we need much more research to really understand why young adults who experienced foster care face such daunting outcomes (while some do well), and effects of foster care on them.

Both public opinion and public policy recognize the unusual burden that young people in foster care confront as they approach adulthood. While just around half of Americans think 18 is the right age to leave foster care (and another half consider it too early), around nine in 10 people consider transitional support for foster youth important or very important.²⁷ Central to federal and state policy on the transition from care is the Foster Care Independence Act (1999), which established the John H. Chafee Foster Care Independent Living Program. Chafee broadens the range of services and supports that states can offer to foster youth transitioning out of care. States have used Chafee funding to provide life skills, education and employment training, as well as housing, health care, and child care assistance. Some of these programs seek to establish long term connections between transitioning youth and caring adults in the community. Some emphasize coordination among the variety of social systems that serve foster youth. Others deliberately involve youth in the creation of policy. Chafee permits states to decide at what age foster youth should leave care, and Illinois is one of only a handful of states that currently offer foster care services until age 21. In May 2007, California Senator Barbara Boxer introduced the Foster Care Continuing Opportunities Act, legislation that would amend Title IV-E of the Social Security Act to extend eligibility to foster youth over 18 across all states.²⁸

In 2006 and 2007, the Children and Family Research Center undertook a study of the educational and occupational status of a group of youth receiving state services, including foster care.²⁹ Based primarily on survey research, with a smaller set of focus group data, the study asked respondents for information on six areas: 1) their educational and occupational *goals and plans*; 2) their perceived sources of school/career related *information and resources*; 3) their own life and work related *skills*; 4) perceived *self-efficacy*; 5) the specific supports provided to them through their program enrollment; and 6) their *satisfaction* with the educational and vocational services they received.

continued on next page

- 21 The Pew Charitable Trusts. (2007). Time for reform: Aging out and on their own: More teens leaving foster care without a permanent family. Philadelphia, PA and Washington, DC: The Pew Charitable Trusts.
- 22 Massinga, R., & Pecora, P. J. (2004). Providing better opportunities for older children in the child welfare system. *Future of Children*, 14(1), 151-173. <http://www.futureofchildren.org/>.
- 23 Ibid.
- 24 Ibid.
- 25 Courtney, M. E., Dworsky, A., Cusick, G. R., Havlicek, J., Perez, A., & Keller, T. (2007). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 21. Chicago, IL: Chapin Hall Center for Children.
- 26 Keller, T. E., Cusick, G. R., & Courtney, M. E. (2007). Approaching the transition to adulthood: Distinctive profiles of adolescents aging out of the child welfare system. *Social Service Review*, 453-484.
- 27 Jim Casey Youth Opportunities Initiative. (2003). Public opinion about youth transitioning from foster care to adulthood. Retrieved May 2007: <http://www.jimcaseyouth.org/docs/poll1.pdf>.
- 28 Foster Care Continuing Opportunities Act (Short Title). (2007). Retrieved January 2008: <http://thomas.loc.gov/cgi-bin/bdquery/z?d110:s.01512>
- 29 Ackerson, B., Finet, D., Kayama, M., & Sensoy, O. (2007). Cunningham children's home: Supported education and employment for older youth in care. Urbana, IL: Children and Family Research Center.

Box 5.1—Continued

Although their educational experience consisted mostly of traditional vocational training, respondents in the study expressed significant educational and occupational aspirations. While a few of them identified impractical career goals (primarily in sports and entertainment), far more showed interest in conventional careers—librarian, veterinarian, psychologist, nurse, photographer, to give a few examples—that could provide them with both economically secure and personally fulfilling work. Despite their sense of purpose, though, study participants felt ill-equipped to pursue their goals. Satisfied with the interpersonal support they received from program staff, and feeling connected to at least some adults in the community, they still indicated a serious lack of knowledge about crucial educational and occupational skills, including college and financial aid application, resume-writing, and effective employment interviewing. To better aid foster youth preparing for the future, authors of the CFRC study suggested that programs serving these youth initiate training in a “portfolio of competencies” comprised of: 1) thorough *assessment* of the aspirations and abilities of foster children and youth; 2) teaching of *concrete* educational and occupational *skills*, especially higher level ones like the ability to research colleges and careers or write a resume and cover letter; 3) the practice of *soft skills* also essential for success, such as school and workplace emotional intelligence; and 4) education for *financial literacy*, beyond basic money management and including information about credit, savings, and asset development, along with an introduction to entrepreneurship as an occupational choice. This broader approach for preparing foster youth to transition out of care complements similar strategies such as the holistic “It’s My Life” plan³⁰ authored by Casey Family Programs and the comprehensive investment plan for transitioning youth outlined by the Youth Transition Funders Group (YTFG).³¹ Less is known about the strengths and successes of former foster youth than of their problems,³² but despite the unusual obstacles that former foster children confront in their move towards adulthood, thoughtful and sustained attention to their needs offers the prospect of more promising outcomes in the future.

This was written by Dayna Finet, Ph.D. Dr. Finet directs the Foster Youth Seen and Heard project for the Center.

Children’s Report of Their Mental Health

Depending on their ages, children and youth completed up to three different self-report mental health measures. The Youth Self-Report³³ (YSR), completed by youth age 11 and older, parallels the Child Behavior Checklist in content. A total of 31% of youth ages 11 and older reported behavior problems in the borderline or clinical ranges, which is identical to the national (NSCAW) rate for foster youth. This rate did not vary significantly by child’s gender or age, but race was a significant predictor. White children were much less likely to report themselves as having behavior problems at the borderline or clinical level (16%) than African American children and children of other races or ethnicities (39% and 33% respectively). Differences by type of placement were not significant.

Children age 7 and older completed the Children’s Depression Inventory³⁴ (CDI), a measure of thoughts, feelings and behavior characteristic of depression. For Round 3 of this study, 5% of children reported symptoms of depression indicative of a clinical condition. This was not significantly different from either the 4% reported in Round 2, or the 6% in national data on this population, or the 7% of children in the general population who report symptoms of depression in the clinical range. Thus the children in foster care were very unlikely to report themselves as being depressed, despite their history of maltreatment, dislocation and loss. Given that reported rates of clinical depression were low, comparative analyses used a more liberal threshold for depression (one standard deviation above the mean or higher). Depression measured in this way was not significantly associated with a child’s gender or age, but race was again a significant predictor. African American children and children of other race or ethnic identification were more likely to report depression (14% and 11% respectively) than White children (2%).

Children age 8 and older completed the Post-traumatic Stress (PTS) subscale of the Trauma Symptoms Checklist for Children.³⁵ The PTS subscale questions ask about intrusive thoughts, sensations and memories of painful past events, as well as nightmares, fears, and cognitive avoidance of painful feelings. In Round 3, 5% of children

30 Casey Family Programs. (2001). *It’s my life: A framework for youth transitioning from foster care to successful adulthood*. Seattle, WA: Casey Family Programs.

31 Youth Transition Funders Group Foster Care Work Group. (2004). Connected by 25: A plan for investing in successful futures for foster youth. Chicago, IL: Youth Transition Funders Group.

32 Massinga, R., & Pecora, P. J. (2004). Providing better opportunities for older children in the child welfare system. *Future of Children*, 14(1), 151-173. <http://www.futureofchildren.org/>.

33 Achenbach, T.M. (1991a). *Manual for the Youth Self-Report and 1991 profiles*. Burlington, VT: University of Vermont Department of Psychiatry.

34 Kovacs, M. (2003). *Children’s Depression Inventory manual*. Minneapolis, MN: Pearson Assessments, Inc.

35 Briere, J. (1996). *Trauma Symptom Checklist for Children: Professional manual*. FL: Psychological Assessment Resources Inc.

6% found in Round 2 and 4% found in national (NSCAW) data for children in foster care. Note that these figures are less than the 8% scoring in this range in normative samples (although the statistical significance of this difference cannot be determined), suggesting that children in foster care are reporting lower levels of trauma symptoms than children in the general population. This finding runs contrary to expectations, as children in this sample are more likely to have experienced events that could be considered traumatic than children in the general population.

As with depression, comparative analysis used a more liberal threshold for trauma (one standard deviation above the mean). Again, trauma did not vary by children’s gender, age, or living arrangement. Significant racial differences were again found, however. African American children reported symptoms of trauma at 19%, whereas children of other race or ethnic background reported symptoms of trauma at 11% and White children reported symptoms of trauma at 4%.

The racial/ethnic differences in likelihood of youth self report of mental health or behavioral problems (based on the Youth Self-Report, the Children’s Depression Inventory, and the Trauma Symptoms Checklist for Children) and the lack of these differences for caregiver reports of behavior (based on the Child Behavior Checklist) is puzzling. Further study is needed to discern the degree to which variation by race/ethnicity reflects actual differences in mental health versus differences in the ability or willingness to report symptoms. If certain youths are less likely to report actual symptoms, this is a matter of concern, because a youth’s understanding of and communication about depression and trauma has implications with regard to receiving effective help for these problems.

Suicidal Ideation

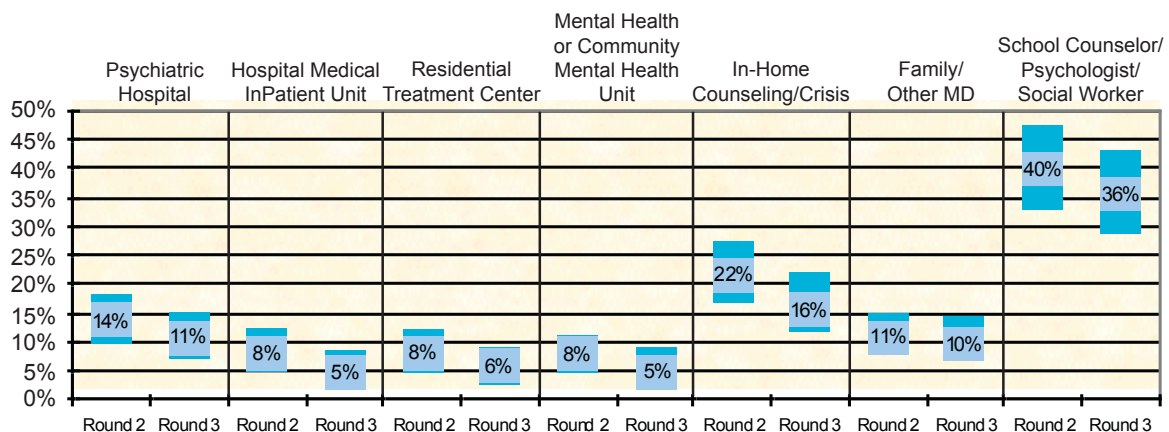
The Children’s Depression Inventory (CDI; for children 7 and older) and the Youth Self-Report (YSR; for youths 11 and older) together contain 5 questions about whether children and youth were thinking about killing themselves, and in fact the youth’s caregiver and an on-call coordinator were notified if these questions signaled imminent risk.

A total of 29 children, or 18% of those who responded to at least one of these questions, indicated that they had thought about killing themselves, which is comparable to the national (NSCAW) figure of 20% of foster youth. Of children and youth who completed the measures, a total of 7, or 4%, met the criteria to trigger intervention. This suggests that a disturbing number of children are thinking about suicide at any given moment, although most of them would not be considered to be a danger to themselves. The rate at which youths reported thinking about suicide did not vary by sex or age. Reporting suicidal ideation varied by race, but this result is questionable due to low representation of Latino/a children in the study (specifically, 11% of White children and 19% of African American children reported suicidal ideation, whereas for Latino/a children it was 4 in 9, or 44%). Suicidal ideation did not vary by placement type.

Mental Health Services Use

For Round 2 and Round 3 of the Well-being Study, questions were asked of caregivers about the types of services children ever received, when the services were initiated, and when and why the services were stopped. Results from these questions could not be compared to results from Round 4 of NSCAW because the later rounds NSCAW included questions that asked about services only within an 18 month period, whereas questions in the Illinois Well-being Study

Figure 5.2 Use of Mental Health Services (95% Confidence Interval)



asked about services “ever.” To make the results for Round 3 comparable to those reported for Round 2, service delivery analysis was limited to children between the ages of 2 and 15 (thus, services reported for 82% of children are reported).

Figure 5.2 suggests a slight trend toward improvement in rates of delivery of mental health services in Illinois between Rounds 2 and 3 of the Well-being Study, but this increase is not yet statistically significant. One finding of interest is prevalence of school-based mental health service delivery. This finding is relevant for several reasons. First, the very prevalence of use of school services is considerable at 40%. This indicates that four in ten school age children in foster care are known by their caregivers to be receiving mental health or guidance services in a school setting. However, many aspects of the school mental health service use remain unknown. Specifically, how does the use of these services by DCFS involved children compare to that by children not involved with DCFS in equivalent settings? Do school social workers in settings with high censuses of children in foster care find that they are able to meet the children’s needs? How are providers in these settings equipped to meet the special needs of children involved with the child welfare system? What is the nature of the services being provided, and are they effective? Are school-based providers in close contact with other members of the child’s treatment team, including caseworkers, caregivers, potentially biological parents, and other service providers?

Are children using services in these settings because they need professional services but have not been able to obtain them via any other means? Are children self-referring or being referred by teachers or caregivers? Additional study on this topic is warranted given the fact that the use of services in these settings is prevalent but is not being tracked via Medicaid expenditures monitoring or DCFS contracting processes, and these types of service use may accordingly not be taken into account in most studies of mental health service use.

Pregnancy and Parenthood

Youth ages 11 and older were asked a series of questions about their sexual experiences and their pregnancy and parenting histories. Results are presented in Table 5.1 below, with comparative results from NSCAW. While Illinois rates of intercourse and use of protection were consistent with national data from NSCAW, pregnancy rates were much lower, for females, than results from NSCAW. Only 7% of females in Illinois reported having been pregnant (this was only one child who indicated that she was sexually active, and she did indicate that she had a child), whereas 38% of females in a comparable age range in NSCAW indicated they had been pregnant. These figures are significantly different. While more males in Illinois reported having gotten someone pregnant (24%) than did nationally (13%), these results were not significantly different. A parallel analysis of the DCFS data collected on pregnant or parenting wards suggests that the sample for the Well-being Study is very similar to the population of children in care in Illinois – 6% of the population of Illinois’ foster youth aged 12 to 17 are were identified by DCFS as pregnant or parenting. However,

Table 5.1—Responses of Youth Concerning Sexual Experiences

	Round 3 Total Percent (95% C.I.) N = 116	Round 3 Males N = 68	Round 3 Females N = 48	NSCAW ³⁶ Percent (95% C.I.) unweighted N = 424
Have had sexual intercourse	34% (26-43)	38%	29%	43% (32-54)
Of youth who report having had intercourse, how often do you use protection?				
Never, rarely, or sometimes	35% (20-50)	37%	36%	31% (19-47)
Often	15% (3-27)	16%	14%	29% (15-47)
Always	50% (34-66)	50%	50%	40% (26-56)

Table 5.2—Types of Delinquent Acts Committed

Type of Delinquent Act	Ever in past 6 months	Average Number of times
Skipped school (N=18)	30%	2.2
Been arrested for non-minor offense (N=14)	23%	1.9
Runaway from home (N=13)	21%	2.2
Destroyed others property (N=7)	12%	1.3
Been in a gang fight (N=7)	11%	2.9
Gone to building to steal (N=6)	10%	2.3

Note. Total N ranges from 58 to 64, depending on missing data

gender, race, or age. All children assigned to detention were in group care, and hence 43% of children in group care had at least one incident of court involvement compared to 7% in kinship care, 10% in traditional care, and 15% in specialized care. No children living in kinship, traditional, or specialized foster care received anything other than probation for their offense.

this understates the percentage overall of youth in the system who are pregnant or parenting because the sample was limited to children and youths under the age of 17. These data shows that half of the population of youth aged 18 and older in care (55%) are identified in the pregnant and parenting population. Overall, 19% of youth in care, aged 12 or older, both male and female, are identified as being pregnant, having gotten someone pregnant, or parenting.

Risk Behaviors: Delinquency, Court Involvement and Substance Abuse

Delinquent Acts

Overall, 52% of foster youth over the age of 11 reported committing at least one delinquent act in the past 6 months. Significantly fewer youth in kinship placements reported committing an act (32%) than youths in traditional foster care (48%), in specialized foster care (67%), and in group care (69%). There were no differences by gender, race, or age. Table 5.3 displays the occurrence and frequency of specific acts for those youth who reported at least one delinquent act in the last 6 months. The most common were skipping school, being arrested for a non-minor offense, and running away from home, each reported by over one-fifth of youth. Youth involved in gang fighting reported the highest number of separate incidents (mean = 2.9).

Court Involvement

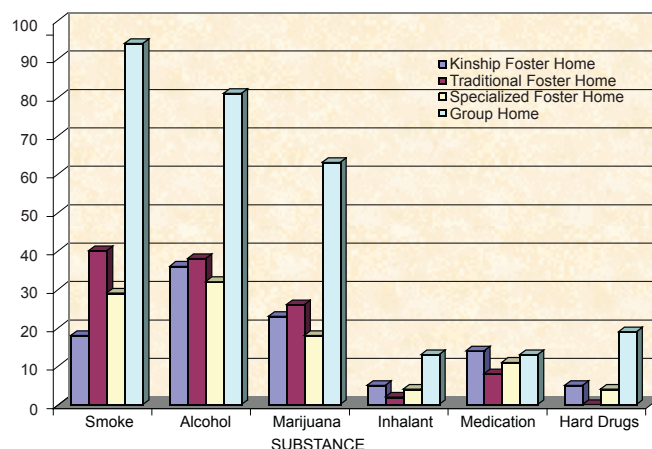
Fourteen percent of youth over the age of 6 had gone to court, for reasons related to their own behavior according to caregiver report. Of these, 80% were given probation, 10% were placed in a detention facility, and 10% reported an unspecified reprimand. There were no differences by

Substance Use

Adolescent foster youth, given their exposure to a variety of past adverse events and environments, are likely to be at an increased risk of using illegal substances, with potentially devastating effects on their well-being. Overall, 56% of youths in foster care over the age of 11 reported having used at least one illegal substance in their lives. When examined by placement type, 100% of youth in group care reported having ever used an illegal substance, compared to 45% of youth in kinship care, 54% in traditional foster care, and 41% in specialized foster care. Youth who had ever used an illegal substance were significantly older (mean = 14) than youth who had never used an illegal substance (mean = 12.8,); no other differences by race or gender were found.

As depicted in Figure 5.3, more foster youth reported having consumed alcohol, smoked tobacco, and smoked marijuana than reported having tried inhalants or taken non-prescribed medication or hard drugs (cocaine or heroin). Also evident in Figure 5.3 is the finding that, for each substance category, except non-prescribed

Figure 5.3 Percent Reported Substances Ever Used by Placement Type



YOUTH VOICE

Twenty years from now I want to have my own business. I want to be my boss at my job and have fun doing it not being mean but just having a smile on my face that will let other people be happy to come and work for me...and if I can afford it, giving them a raise when they deserve it. To get my business I need to go to school and I need to have money and getting my bachelors degree will also connect with my business and I will just work my way up from one thing to the next. Before, I will publish my book and let the world know who I am. And if it doesn't work in that order I will succeed in. I have enough confidence in myself and enough talents and experience that I will have things together.

My life currently speaking today is going okay. I can say I am blessed. I don't have the money that I want to take care of my children but I always find a way just like most mothers who struggle to help their children have a better life or just a good one they can appreciate when they get older. So if you have any questions about my life now, it's good, I get through it, over it, and under it and I am still here I am a survivor.

I always blamed my mother who beat me and my father for beating me and sexually molesting me for why I was depressed and never happy. I always blamed my

grandma for not being there for me when she knew people in the family [were] taking advantage of me. As I got older I started to see that it was just me letting them get to me. And not moving on with my life was bringing me down. I thought about a lot of my journeys and a lot of feelings that I do have and I thought being honest and true to yourself about your life will get you to live your life.

My life today is going okay and I am happy and grateful and appreciative and I love who I am and what I have made of myself. To be how far I have gotten is wonderful.

I am a woman now and yes I still have fears but never of the truth. I face up to it. I am a good woman, mother and friend and I hate when people lie to me and it is hard to gain my trust and love. I hate it when people try to manipulate me and take my kindness for weakness. That seems to happen a lot.

I love my children and I will try my best to raise them as young men and I will try my best to make sure nothing ever happens to them ever in their lives so long as I live.

I just want the world to know that I appreciate my life and I wouldn't do anything in this world to change it.

—Nevaeh

medication, youth in group care had a higher rate of having tried these drugs than youth in any other placement type. A greater proportion of youth in in kinship care reported using non-prescribed medication than did youth in any other type of placement. The number of substances tried ranged from 0 to 6 (6 representing all the substances in Figure 5.3). Of all youth over the age of 11 in Illinois, those in group care reported having tried a significantly greater number of different substances (mean = 2.9) than youth in all other placement types (all means = 1.1). No differences in substance use were found by gender or age. Some racial differences were striking: African American youths were significantly more likely to report using tobacco, alcohol, and marijuana (57%) than White youths (43%) and were substantially more likely to report trying inhalants, non-

prescribed medication, or hard drugs (11%) than White youths were (0%).

Relationships, Attachment and Expectations for the Future

Life Skills

Adolescence is a time to build critical daily living skills, which develop through normal socialization but could also be promoted by child welfare interventions. For example, providing caregivers with curricula detailing the types of like skills that pre-adolescents and adolescents should be developing in the event that they find themselves without permanent families upon which to depend as they age

out of the child welfare system could improve rates of life skill acquisition. Continuing to develop job programs and ensuring that youth with jobs have open checking accounts with direct deposit could impact their money management skills insofar as they can then receive statements detailing their expenditures, and these statements can be the basis of budgeting programs. The ability to carry out daily tasks of living, such as fixing meals and managing money, can have a direct impact on the future quality of life of adolescents once they are emancipated. Youth in foster care who were over the age of 12 were asked to complete the Ansell-Casey Life Skills Assessment (ACLSA), which includes a series of questions related to knowledge and management of: daily living tasks, money management skills, self care, social interactions, and work/study habits. Overall, children in Illinois foster care reported very similar life skills to youth nationally in foster care. There were no differences in scores by placement, race, gender, or age.

Future Expectations

Over 95% of youth over the age of 10 indicated that they believed they would live to at least to age 35, 85% believed that they were very likely to graduate from high school, and 80% believed they would find a good job by age 30. However, almost half of all youths (43%) believed they did not have a good chance to have a family when they are older. Regarding parenting expectations, 31% believed they had a chance of having a baby before the age of 18, of which 81% were males and 19% were females. There were no significant differences by placement, race, or age. However, of the female respondents, 24% of African American females under the age of 17 reported some chance of having a baby while none of White females reported this.

Relationship With Peers

The Loneliness and Social Dissatisfaction Scale is used as an index of relationships with peers for foster youth over the age of 6.³⁷ The overall mean score for foster youth in Illinois was 28.1 (on a scale of 16 to 80 indicating increasing loneliness), and did not vary significantly by placement, race, or age. This finding resembled the Round 2 result (mean=28.7) and the national (NSCAW) result (mean=29.5). Boys reported significantly greater feelings of loneliness than girls. While this figure represents an average self-report of loneliness in the lowest fifth of the scale, adults working with children and youth should not lose sight of the fact that this is an average, and that some

children report loneliness scores much higher than average. Finding ways to encourage adults working with children and youth to reach out to them and ask them about their feelings and empowering adults to work with children and youth to improve their social skills and social connectedness where warranted could have a valuable impact. The findings here demonstrate that boys are disparately affected and suggest the importance of making particular efforts to reach out to boys.

Relationship With Caregivers and Other Adults

Of youth over the age of 11 who were questioned, 98% stated that there were adults in their family or community that they could turn to with a serious problem and 94% stated that there was an adult outside of their family who had encouraged and believed in them. Of those who had these adults, 88% agreed that these adults had made differences in their lives.

Foster youth over age 6 completed the Caregiver Relatedness Scale. Questions asked about feelings of happiness and anger with caregiver, caregiver's availability and willingness to help, and trust, fairness and autonomy related to caregiver. Most youth reported having a positive relationship with their caregiver, and there were no significant differences by placement, race, gender, or age. Males living with a kinship caregiver reported a significantly better relationship than males living with non-kin caregivers.

Attachment to Placement

Among children and youths responding (age 6 and over), only 26% reported that they, "if you could live with anyone, who would you live with their current foster parent". This percentage was highest for children in traditional foster care (40%), somewhat lower for specialized foster care (24%) and substantially lower for kinship and group care (8% and 6%). No significant differences were found by race, gender, or age. When gender differences were examined within placement type, no females in kinship or group care stated they would choose to live with their current caregiver. However, 65% of foster youth reported that they would like the current residence to be legally permanent. This is consistent with the findings on the proportion of children in adoptive or subsidized guardianship homes (see Chapter 4, Box 4.1). The findings above seem contradictory, but have plausible explanations. For instance, children may be expressing a wish to live with a biological parent, but as the same time recognize the risks and barriers involved.

³⁷ Asher, S.R. & Wheller, V.A. (1985). Children's Loneliness: A comparison of rejected and neglect peer status. *Journal of Consulting and Clinical Psychology*, 53(4), 500-504.

The Relationship Between Well-Being and Placement Stability and Permanence

Children's well-being could be related to the stability and permanence of their placements. The benefits of stable and permanent homes may promote child well-being, and, conversely, children and youth who are doing well may be more likely to experience placement stability and permanence. Of course, when placements are unstable and the goal of permanence cannot be achieved, children's well-being may be negatively affected, and children who are not functioning well may not experience stable and permanent placements.

Well-Being and Stability

The relationship of five well-being variables to stability is summarized in Table 5.3. Two of these measures are mental health measures and three measure specific problem behaviors.

Table 5.3—Mean Number of Moves for Youths by Presence of Risk Factors

Each cell contains: Mean number of moves
Number of children with this response

	Not an Issue	Issue Identified
Caregiver Report of Behavior (CBCL)	2.5 182	4.6 146
Youth Report of Behavior (YSR)	4.7 81	6.7 36
Committed a Delinquent Act	4.0 55	6.4 60
Used Substances	4.1 51	6.4 64
Has Been Sexually Active	4.6 76	6.7 40

Table 5.3 suggests a strikingly consistent and statistically significant relationship between these identified

issues and stability. Additional analysis was conducted to determine if the presence of multiple issues resulted in more moves. A statistically significant linear regression equation showed how many moves would be expected with a given number of issues. The presence of each additional issue was associated with an average of 2 additional moves. The best prediction for a child scoring positively on one of these identified issues was 4 moves. The best prediction for a child scoring positively on four of these problem areas, on the other hand, was 7.4 moves.

There was a statistically significant but modest negative correlation between relatedness to caregiver (meaning feelings of closeness rather than biological relatedness) and number of moves, indicating that youths with higher degrees of caregiver relatedness are somewhat less likely to experience placement moves. The 12 youths who reported that they did not like living with the people in their foster home had an average of 8.2 moves, almost twice that of the 144 youths who liked the people in their foster home (mean = 4.2 moves). Whether children would choose to live with their current foster parent and whether the child wanted their current setting to be a permanent home were not significantly related to number of moves.

Well-Being and Permanence

Children whose well-being was compromised were less likely to reach permanent settings, just as they were less likely to experience placement stability. Table 5.4 shows the distribution of children in the total sample in different settings at the end of data collection.³⁸ Of the total sample, 11.3% had been reunified and 37.6% had been adopted or were in subsidized guardianship—thus almost half were in permanent settings. However, almost half of the total sample (48.8%) was still in care, and 2.3% were in impermanent settings like hospitals.

Table 5.4 then shows settings for children and youths with different identified risk factors. Permanency outcomes are dramatically different and statistically significant when youths score in the borderline clinical to clinical range on the caregiver completed Child Behavior Checklist, and when they reported at least one delinquent activity, used any substance, or were sexually active. Of those in the borderline/clinical range on the CBCL, 62.3% were still in care, 26.7% were adopted or in subsidized guardianship, and 6.8% reunified. For the three groups defined by delinquent activity, substance use and sexual activity, the percentage still in care exceeded 70% for each, and the percentage in permanent settings ranged from 15% to 21% across the

³⁸ Note that while interviews were conducted in early to mid 2005, permanency outcomes were measured as of June 30, 2007, resulting in approximately two years post-survey in which permanency outcomes could have taken place.

Box 5.2—Predicting Child Welfare Outcomes by Prior Mental Health Treatment

Despite a high prevalence of mental disorders among children in substitute care, less is known about the role of preexisting mental health conditions on outcomes in substitute care. The current study followed children in substitute care to examine whether placement and permanency outcomes differ between children with and without history of inpatient mental health treatment.

A total of 5,978 children between the ages of 3 and 18 years who were placed in substitute care for the first time between 1998 and 2001 were followed until 2005. Data were drawn from child welfare records and Medicaid files from the state of Illinois. A history of inpatient mental health treatment prior to substitute care placement increased the risk for placement instability and decreased the likelihood of achieving permanence. There were significant race and mental health interactions.

This study demonstrates that an inpatient psychiatric care, which is easily observable using administrative data, is an important marker of risk not only for future

substitute care placement as shown in Park and colleagues' study (2007), but also for placement instability and failure of achieving permanence. The findings offer a potential point of intervention to decrease the removal of children from their families and communities and guide the development of interventions that more effectively address multiple needs of children in substitute care. Children in inpatient care who ultimately are placed in substitute care often require therapeutic placement and residential treatment. Considerable public costs associated with therapeutic and residential placement suggest that even relatively expensive interventions might ultimately be cost-efficient if they obviate the need for entering into substitute care and facilitate placement stability and timely permanence.

This box was written by Jung Min Park, Ph.D., Assistant Professor, School of Social Work, UIUC.

Table 5.4—Permanency Outcomes for Youths With Different Risk Factors

	Total Sample	CBCL in Clinical/ Borderline Clinical Range	At least one Delinquent Act	Any Substance Abuse	Any Sexual Activity
Number of Children:	N=697	N=146	N=60	N=64	N=40
Reunified	11%	7%	3%	5%	8%
Subsidized Adoption or Guardianship	38%	27%	18%	14%	8%
In Care	49%	62%	73%	72%	75%
Non-Permanent Setting	2%	4%	5%	9%	10%

three groups. The youths' own account of their behavior problems based on the Youth Self-Report was not related to final setting, perhaps because they tended to rate fewer problems for themselves than caregivers did.

When youths reported at the times of the interviews that they wanted the current setting to be their permanent home, 39.8% were eventually adopted or placed in subsidized guardianship, versus 8.5% when youths did not want it to be their permanent home. Children who did not want the current setting to be their permanent home were more likely to be reunified (17.0% vs. 5.7%), as well as more likely still to be in care (68.1% vs. 53.4%). Youths who reported that they liked living with the people in their homes were significantly more likely to be living in permanent arrangements at the end of the study (7.6% reunified and 31.2% adopted or in subsidized guardianship) than youths who did not like living with those people (none reunified and 8.3% adopted or in subsidized guardianship). Average caregiver relatedness scores did not have an effect on permanency outcomes, nor did the child's report about whether they would choose to live with the current foster parent related to final setting.

Educational Well-Being

This section was written by Lee Shumow and Angela Baron-Jeffrey, Center for Child Welfare and Education, Northern Illinois University

Educational success has enormous potential for enhancing the well-being of children in foster care. Moreover, these children's well-being in school can be distinct from their well-being in other domains.³⁹ The well-being of children in care is threatened by their personal histories of maltreatment, loss and dislocation as well as by the hazards posed by living in a high risk environment, but children can react differently to that threat.

Research has consistently found children in foster care to be at risk educationally no matter the ages of children studied or how their educational well-being is measured.^{40, 41, 42, 43} Despite those findings, there is a broad range of educational success among foster children.⁴⁴ In fact, the most recent record review (Round 3)⁴⁵ showed that only a minority of Illinois DCFS wards received low grades or displayed

serious behavior problems in school, although few scored well on achievement tests. Thus, most children in foster care could be thought of as resilient on educational outcomes. Resilience describes adequate functioning despite experiencing adverse circumstances (e.g. risk, trauma) typically associated with negative outcomes.⁴⁶ Commonly used indicators of resilience include ratings of academic performance⁴⁷ and problem behavior.⁴⁸

Following procedures from earlier rounds, DCFS sponsored a review of school age children's educational records as part of the Illinois Child Well-being Study.⁴⁹ The primary purpose of the record review was to identify educational failure and risk indicators so they could be redressed. A useful secondary purpose is to identify resilience among children in foster care, an emerging interest in the child welfare community.

Functioning in School

As can be seen in Figure 5.4, the majority of children in foster care appear to be functioning adequately in school. Specifically:

- 66.8 % received satisfactory (C or better/satisfactory grades) in both math and English
- 68.7 % were at age for grade; 30.2 % were overage in grade.
- 52.7 % were placed in regular education:
- 75 % had no in or out of school suspensions (25 % had been suspended)
- 76.5 % never been sent home for behavior (23.5 % had been sent home)
- 75% of students did not have a behavior intervention plan to address behavior problems

39 Luthar, S.S., & Zigler, E. (1991). Vulnerability and competence: A review of research on resilience in childhood. *American Journal of Orthopsychiatry*, 61, 6-22.

40 Bruhn, C., & Hartnett, M.A. (2003). The well-being of DCFS Wards. Children and Family Research Center. University of Illinois Urbana-Champaign: School of Social Work, <http://cfrcwww.social.uiuc.edu>

41 Burley, M. & Halpern, M. (2001). Educational attainment of foster youth: Achievement and graduation outcomes for children in state care. Washington State Institute for Public Policy. <http://www.wsipp.wa.gov>

42 Shumow, L, Baron-Jeffrey, A., & Freagon, S. (2007). Educational well being of children in foster care. In Hartnett, M.A., Bruhn,C., Helton, J., Fuller, T., & Steiner, L. The Illinois child well-being study: Round 2 final report. Urbana, IL: Children and Family Research Center.

43 Smithgall, C., Gladden, R., Howard, E., Goerge, R., & Courtney, M. (2004). Educational experiences of children in out-of-home care. Chicago IL: Chapin Hall Center for Children.

44 Gilligan, R. (2007). Adversity, resilience and the educational progress of young people in public care. *Emotional & Behavioral Difficulties*, 12 (2), 135-145.

45 Shumow, Baron Jeffrey, & Freagon. op.cit.

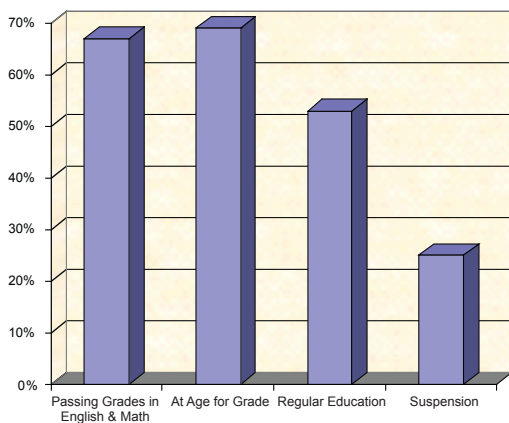
46 Luthar, S. & Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. *Development and Psychopathology*, 12(4), 857-885.

47 Masten, A.S., Best, K.M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcame adversity. *Development and Psychopathology*, 2, 425-444.

48 Austin, G., Jones, G., and Annon, K. (2007.) Substance use and other problems among youth in foster care. CHKS Factsheet #6. Los Alamitos, CA: WestEd.

49 Shumow, Baron Jeffrey, & Freagon, op cit.

Figure 5.4 **Educational Functioning of Children in the Sample**



- Only 4 children had been expelled (approximately 1%)

Most children were demonstrating resilience – meeting academic expectations despite the adverse effects of maltreatment and disruption and the continuing challenge of living in foster care. The scholarly debate about whether resilience research should be focused primarily on demonstration of successful competent functioning or on the absence of psychological or behavioral problems^{50, 51} is relevant to that conclusion, however. Children who are resilient in terms of absence of problems are not necessarily doing well.⁵² An adequate assessment of resilience should attempt to address both the presence of positive outcomes and the absence of negative ones.⁵³ Because the review was initially oriented to risk analysis, however, the data were not recorded in a way that highlights successful functioning, so that resilience here speaks more to the absence of problems rather than to successful functioning. Data recording procedures for subsequent record reviews have been modified to identify positive development as well as absence of problems.

It is also critical to point out that *the proportion not doing well in school remains large, especially when compared with their classmates in the general population.* For example, nearly half of the children were placed in Special Education (compared to 15% of Illinois school children) and more than a quarter of all children in the sample were labeled as Emotionally Disturbed (compared to 1.5% of Illinois school children). One quarter had a Behavior Intervention Plan (BIP) to address problem behaviors. BIPs (formal plans identifying goals and strategies for improving behavior) can be developed when a student's behavior seriously interferes with academic and social performance at school yet *nearly 40% of the students who had been suspended did not have a BIP in their file.*

These figures indicate that *it remains important to monitor and to intervene to improve the circumstances for these children.*⁵⁴

Educational Disruptions

The school performance of students in foster care may be affected by disruptions in their education related to being in care, such as moving between schools, attendance problems, and placement changes. Children placed in foster care typically experience greater school mobility than children who remain with their families.^{55, 56} Research consistently finds that school mobility predicts adverse educational adjustment for students.⁵⁷ New initiatives in Illinois to preserve the relationships of children entering foster care with their schools may have a positive impact on school mobility (see Chapter 3, Box 3.3, Innovations at DCFS: SchoolMinder for additional information).

The Round 3 data indicate that 27.3% of the students experienced at least one nonpromotional school transfer (7.6% experienced two or more) during the two years prior to data collection. In addition, children were absent an average of 9.6 days during the school year. Few (6.7%) had never been absent while 27.9% of the sample had been absent for more than ten days. When compared with the state average of 2.2% chronic truancy (18 or more days absent during school year), an alarming 13% of the children in foster care met the definition of chronic truancy. The average number of days absent is similar to the estimate from Round Two.

Examination of the reasons that students were absent revealed that no absences were attributed to placement changes or delay in registration, which have been chronic problems predicting absences for children in care. Illness was the cause of more than a quarter of all absences and about one third of absences for children who were absent more than ten days; appointments (13% overall, 24.8% > ten days) were the next most frequent reason for absences followed by tardiness (8% overall, 15.5% > ten days). Various other behavioral problems (suspensions, skipping) accounted

50 Luthar & Zigler, 1991, op.cit.
 51 Rutter, M. (1999). Resilience concepts and findings: Implications for family therapy. *Journal of Family Therapy*, 21, 119-144.
 52 Luthar, S.S., Doernberger, C.H., & Zigler, E. (1993). Resilience is not a unidimensional construct: Insights from a prospective study of inner-city adolescents. *Development and Psychopathology*, 5, 703-717.
 53 Rutter, M. (1996). Stress research: Accomplishments and tasks ahead. In R.J. Haggerty, L.R. Sherrod, N. Garnezy & M. Rutter (Eds.) *Stress, risk and resilience in children and adolescents*. New York: Cambridge University Press.
 54 Zimmerman, M. & Arunkumar, R. (1994). Resiliency research: Implication for schools and policy. *SRCD Social Policy Report*, 8(4), 1-18.
 55 Burley & Halpern, op. cit.
 56 Conger, D. & Finkelstein, M. (2003). Foster care and school mobility. *Journal of Negro Education*, 72, 97-103.
 57 Hofferth, S. (1998). Healthy environments: Healthy children: Children in families. A report on the 197 Panel Study of Income Dynamics. Ann Arbor, MI: Institute for Social Research. Unpublished manuscript.

for most remaining absences. However, *improving school attendance should bolster academic success so efforts should be made to increase attendance.*

Differences in Outcomes by Child and Environment

To fully understand the risks and resiliency of a group of children, one must understand the characteristics of the individual child as well as the environment in which they live and developmental pathways that reflects the interaction of individual characteristics and environmental circumstances.^{58, 59, 60} All children in foster care have experienced serious negative life events which led to being removed from their families of origin. In general, those events present serious challenges to development and increase the probability of negative outcomes.

However, the duration, timing, and severity of negative life events also differ from child to child and are likely to impact outcomes.⁶¹ Moreover, the impact of negative life events might vary systematically based on certain characteristics of the child (e.g. gender, race, age) or the context in which they live (e.g. location, type of care). Data from the record review can be used to determine if children with particular characteristics experience negative educational outcomes more frequently than others, suggesting which particular subgroups of children need intervention more than others.

Analyses were conducted to investigate whether the gender, race, age, location, time in care, age when they entered care or type of care were associated with educational outcomes (failing grades, placement in special education, overage for grade, suspensions) or disruptions (school transfers, or number of absences). There were few significant associations among background characteristics and educational outcomes. However, children who received failing grades were more likely to live in Cook County and to attend the Chicago Public Schools (CPS) than they were to live elsewhere in the state or attend schools other than CPS. In addition, students who lived in Cook County were also more likely to be suspended from school than were students who lived elsewhere. Furthermore, grade level was associated with educational outcomes – children in higher grades

were more likely to be overage in grade, placed in special education, or suspended.

It should be emphasized that the fact that there was no distinction between girls and boys is unusual. Girls in the general population are less likely to be failing, placed in special education, or suspended than boys. This suggests that girls in foster care might be at particular risk. More attention should be focused on understanding why the same pattern is not observed among girls in foster care as in the general population. The lack of differences between girls and boys is unusual and needs further exploration.

In summary, most children in foster care are functioning adequately, although more fare poorly in school compared to children in general. Attendance is one area to be targeted for intervention, and advisors and foster parents should ask for behavior intervention plans when students misbehave in school. The education of children in foster care stands to benefit from efforts to identify vulnerability, compensatory, and protective factors and to apply that knowledge in designing interventions. Pooling data across state agencies involved with wards is one efficient approach that could be taken to conducting these studies in the near future.

Observations on Well-Being

The results suggest reason for both optimism and concern. Many children in foster care indicate that they have close relationships with their caregivers, are attached to their placements, and have positive expectations about the future. The majority are functioning adequately in school and do not have notable mental health and behavior problems. Nevertheless, the number of children with serious problems is substantial, and the relationship of these problems to instability and impermanence is becoming increasingly evident. Efforts to address the well-being of children and youths in foster care not only have promise for improving the quality of lives of children and their families but may also increase their chances of having permanent homes as they age to adulthood.

These findings suggest several specific areas for focus. Strong relationships were noted between caregiver reported mental health indices, delinquency and drug use, and group and residential care. This suggests the importance of early, intensive education and support services for children who are not yet in group or residential care but are starting to demonstrate behavioral problems or engage in risky behaviors to prevent placement destabilization.

58 Bronfenbrenner, U. (2005). Ecological systems theory. In U. Bronfenbrenner (Ed.) Making human beings human: Bioecological perspectives on human development (pp 106-173). Thousand Oaks CA:Sage.

59 Luthar & Cicchetti, op. cit.

60 Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57,316-331.

61 Taussig, H. (2002). Risk behaviors in maltreated youth placed in foster care: A longitudinal study of protective and vulnerability factors. *Child Abuse and Neglect*, 26(11), 1179-1199.

For example, the prevalence of delinquent behavior, particularly among youths in residential and group care, suggests that continued attention to delinquency prevention for all children in out-of-home care is needed. The high rate of use of substances, particularly tobacco, alcohol and marijuana, suggest a continued need for interventions in this area, such as alcohol and drug education and prevention and treatment programs.

Though most children function adequately educationally, the proportion of children who are struggling is still large, suggesting the need for continued attention to educational interventions for these children. Children in the Chicago Public Schools appear to experience educational risk disproportionately, as do older children. Attendance suffers in many cases, and this is an important first focus for renewed efforts to promote educational attainment in children and youth in out-of-home care. In addition, girls in the general population are less likely to be failing, placed in special education, or suspended than boys, but the same is not true for this study. This suggests that girls in foster care might be at particular risk and future research is warranted.

The link between well-being and stability and permanence can help guide practice. Thus, for example, if efforts are made to improve mental health services for children in foster care, these efforts should make sure to provide for following the child through any placement changes that occur and to provide continuity of care throughout. Planning regarding placements should assume that children for whom stability and permanence have not yet been achieved are likely to have increased need to have mental health services in place, and continuous attention to providing caregivers with the skills and resources they need to cope with the problems that many of these children have. It would be simplistic, however, to conclude that achieving stability and permanence is sufficient in itself to address challenges to children's well-being, or that successfully addressing children's emotional and behavioral problems will by itself eliminate unstable and impermanent settings.

Improving the well-being of children and youth in foster care can build on the finding that most youths had positive expectations for the future; most were attached to their caregivers; and most wanted the current placement to be their permanent placement. Finding ways to increase the number of youths with positive attachments and building positive attachments and skills to develop positive experiences with peers and adults may be among the most effective ways to provide for the well-being of these children and youths.

YOUTH VOICE

Fostered You

You have been pricked from your mother and you're fatherless too.

Snatched to be brought up in a questionable world, robbed of your childhood and now you're no good, different homes scary folks, you're alone.

Trying your best to make sense of it all, but now confused and you build up a wall, something sturdy and something strong where you can do no wrong.

– Gina

OUTCOME DATA BROKEN DOWN BY REGION, GENDER, AGE AND RACE OVER SEVEN YEARS¹

Please note that all of the tables and figures in this report present data in such a way that positive changes or improvements over time are characterized by increasing numbers and trend lines. The State Fiscal Year is used throughout this data. All indicators are available on-line on our website at: <http://cfrewww.social.uiuc.edu/>

¹ This data was generated by the Children and Family Research Center from the September 30, 2007 data extract of the Illinois Department of Children and Family Services Integrated Database. Due to missing data on some variables, the sum of demographic breakouts may not always add up to the total for that indicator. For instance, data on geographic region is not always available for each child; therefore, the total number of children in Central, Cook, Northern and Southern regions will sometimes be less than the total for the state.

Prevalence of Child Abuse and/or Neglect

Indicator 1.A.	Of all children under age 18, what number and rate per 1,000 did not have an indicated report of child abuse and/or neglect?													
	2001		2002		2003		2004		2005		2006		2007	
<i>Illinois</i>														
Children Under 18	3,276,819		3,308,490		3,340,467		3,372,754		3,405,352		3,438,266		3,471,497	
No Indicated Reports	3,250,521		3,283,379		3,314,819		3,347,226		3,379,616		3,413,595		3,445,123	
Rate	991.97		992.41		992.32		992.43		992.44		992.82		992.40	
	N	rate	N	rate	N	rate	N	rate	N	rate	N	rate	N	rate
Illinois	3,250,521	991.97	3,283,379	992.41	3,314,819	992.32	3,347,226	992.43	3,379,616	992.44	3,413,595	992.82	3,445,123	992.40
Central	539,281	989.01	538,436	989.46	537,135	989.06	535,177	987.44	534,057	987.36	533,319	987.99	531,113	985.89
Cook	1,401,995	994.23	1,414,788	994.54	1,427,376	994.63	1,440,655	995.11	1,453,642	995.31	1,466,772	995.53	1,479,280	995.26
Northern	1,020,840	995.49	1,043,782	995.49	1,067,108	995.37	1,091,132	995.40	1,115,545	995.30	1,140,606	995.29	1,165,249	994.45
Southern	294,273	989.14	293,757	990.18	292,833	989.85	291,953	989.65	290,905	988.88	290,332	989.71	288,997	987.93
African American	603,485	983.35	610,044	996.03	616,139	985.05	622,660	986.05	628,703	986.48	635,178	986.92	640,908	986.40
Hispanic	579,831	995.65	611,612	996.03	645,376	996.78	680,590	996.92	717,868	997.26	756,969	997.31	798,129	997.28
White	2,159,543	994.15	2,163,737	994.30	2,166,452	993.77	2,183,937	993.62	2,173,658	993.52	2,178,276	993.85	2,181,154	993.38

Safety From Maltreatment Recurrence at 12 Months

Indicator 1.B.	Of all children with a substantiated report, what percentage did not have another substantiated report within 12 months?													
	2000		2001		2002		2003		2004		2005		2006	
<i>Illinois</i>														
Children With Substantiated Report	29,555		26,298		25,111		25,648		25,528		25,736		24,671	
Children Without Substantiated Recurrence Within 12 Months	25,226		22,829		22,177		22,731		22,614		22,836		21,883	
Percent	85.4%		86.8%		88.3%		88.6%		88.6%		88.7%		88.7%	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	25,226	85.4%	22,829	86.8%	22,177	88.3%	22,731	88.6%	22,614	88.6%	22,836	88.7%	21,883	88.7%
Central	5,620	84.2%	5,075	84.8%	4,941	86.1%	5,022	84.5%	5,839	85.8%	5,940	86.9%	5,648	87.2%
Cook	7,901	86.9%	7,234	88.8%	7,066	91.1%	7,070	91.7%	6,449	91.2%	6,280	91.7%	6,018	91.4%
Northern	4,590	86.6%	4,082	88.6%	4,242	89.8%	4,483	90.2%	4,548	90.2%	4,707	89.5%	4,825	89.4%
Southern	2,874	81.1%	2,697	83.7%	2,413	83.0%	2,563	85.3%	2,604	85.6%	2,777	84.7%	2,588	85.3%
Female	13,232	86.0%	11,769	87.3%	11,538	88.9%	11,748	89.2%	11,491	88.9%	11,703	89.0%	11,273	89.6%
Male	11,658	84.6%	10,768	86.3%	10,267	87.7%	10,529	88.0%	10,662	88.6%	10,952	88.3%	10,444	87.6%
Under 3	6,701	85.9%	6,139	86.6%	6,071	88.2%	6,192	88.5%	6,250	88.3%	6,282	87.9%	6,314	88.8%
3 to 5	4,745	83.3%	4,195	84.2%	4,176	86.2%	4,296	87.4%	4,357	86.6%	4,572	87.5%	4,261	86.7%
6 to 8	4,615	83.4%	4,038	85.8%	3,812	87.0%	3,957	87.3%	3,838	87.9%	3,876	87.4%	3,735	86.9%
9 to 11	3,835	85.4%	3,640	87.2%	3,512	89.0%	3,496	88.5%	3,422	89.1%	3,230	89.5%	3,074	89.1%
12 to 14	3,108	86.7%	2,832	88.5%	2,810	89.6%	2,915	90.0%	3,022	90.7%	3,007	90.8%	2,668	91.0%
15 to 17	2,179	90.6%	1,955	92.1%	1,772	93.6%	1,854	93.2%	1,710	91.8%	1,858	93.2%	1,819	93.2%
African American	10,180	85.3%	8,922	87.3%	8,552	89.8%	8,405	89.9%	7,877	89.4%	7,879	89.5%	7,564	89.8%
Hispanic	2,387	91.1%	2,293	90.6%	2,238	91.8%	1,903	91.2%	1,968	93.6%	1,839	93.3%	1,851	90.8%
Other	753	88.4%	754	90.2%	691	93.0%	579	92.6%	639	93.3%	720	92.9%	693	95.3%
White	11,906	84.2%	10,860	85.5%	10,696	86.2%	11,844	87.2%	12,130	87.1%	12,398	87.4%	11,775	87.3%

Safety From 12-Month Maltreatment Recurrence Among Intact Family Cases

Indicator I.C.	Of all children served at home in an intact family case, what percentage did not experience a substantiated report within a 12-month period?													
	2000		2001		2002		2003		2004		2005		2006	
<i>Illinois</i>														
Number of Children in Intact Families	21,577		23,504		21,062		19,953		19,944		19,248		17,014	
Children Without Substantiated Recurrence	19,089		21,146		19,024		17,877		17,862		17,138		15,114	
Percent	88.5%		90.0%		90.3%		89.6%		89.6%		89.0%		88.8%	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	19,089	88.5%	21,146	90.0%	19,024	90.3%	17,877	89.6%	17,862	89.6%	17,138	89.0%	15,114	88.8%
Central	6,481	88.1%	6,625	87.5%	4,280	88.2%	5,386	86.5%	5,896	87.8%	5,336	86.0%	4,880	86.2%
Cook	7,232	90.5%	8,448	92.7%	7,963	93.2%	7,859	93.3%	7,264	92.9%	7,199	93.3%	6,146	93.4%
Northern	2,552	87.8%	2,806	89.6%	2,330	89.8%	2,451	90.0%	2,525	88.3%	2,135	86.2%	1,980	86.3%
Southern	2,219	83.8%	2,809	87.9%	2,292	86.0%	1,913	83.6%	1,983	84.8%	2,279	87.5%	1,918	84.5%
Female	9,484	88.6%	10,434	90.3%	9,507	90.5%	8,946	89.6%	8,761	89.7%	8,442	89.3%	7,534	89.5%
Male	9,597	88.4%	10,701	89.7%	9,508	90.2%	8,921	89.6%	9,078	89.5%	8,667	88.8%	7,544	88.1%
Under 3	4,183	84.8%	4,525	86.5%	4,195	86.5%	3,966	85.2%	3,942	85.8%	3,897	84.0%	3,681	85.2%
3 to 5	3,532	87.0%	3,839	88.4%	3,450	88.1%	3,186	88.2%	3,190	86.5%	3,082	87.3%	2,859	86.6%
6 to 8	3,587	87.5%	3,947	90.1%	3,340	90.5%	3,123	89.4%	2,957	88.9%	2,859	88.1%	2,473	87.4%
9 to 11	3,028	89.2%	3,417	90.7%	3,143	90.6%	2,900	90.6%	2,868	91.1%	2,560	91.1%	2,153	89.9%
12 to 14	2,424	91.0%	2,774	91.4%	2,534	93.2%	2,499	91.9%	2,561	92.3%	2,427	91.9%	1,963	92.2%
15 to 17	2,335	96.2%	2,644	96.4%	2,362	97.6%	2,203	96.8%	2,344	97.0%	2,313	97.0%	1,985	97.6%
African American	8,935	90.1%	9,490	91.6%	8,475	92.6%	7,807	92.3%	7,635	91.4%	7,431	91.6%	6,526	91.7%
Hispanic	1,499	90.0%	1,912	91.8%	1,893	91.8%	2,025	93.6%	1,553	92.9%	1,533	93.0%	1,317	91.5%
Other	568	90.3%	612	89.6%	567	88.2%	392	88.9%	467	90.9%	441	87.5%	385	93.4%
White	8,087	86.3%	9,132	88.0%	8,089	87.9%	7,653	86.0%	8,207	87.3%	7,733	86.1%	6,886	85.6%

Safety From Maltreatment Recurrence in Substitute Care

Indicator 1.D.	Of all children ever served in substitute care during the year, what percentage did not have a substantiated report during placement? (note: sexual abuse excluded from reports of abuse while in care)													
	2001		2002		2003		2004		2005		2006		2007	
Illinois														
Children Living in Substitute Care*	36,792		32,361		29,063		26,304		24,977		23,480		22,496	
Children Without Substantiated Reports	36,306		31,962		28,681		25,975		24,656		23,218		22,187	
Percent	98.7%		98.8%		98.7%		98.7%		98.7%		98.9%		98.6%	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	36,306	98.7%	31,962	98.8%	28,681	98.7%	25,975	98.7%	24,656	98.7%	23,218	98.9%	22,187	98.6%
Central	5,649	98.4%	5,201	98.4%	4,976	98.4%	4,873	97.8%	4,938	97.7%	5,021	98.6%	5,270	98.1%
Cook	23,399	98.9%	19,943	99.1%	17,161	98.9%	14,704	99.2%	13,213	99.1%	11,495	99.2%	10,235	99.1%
Northern	3,639	98.0%	3,375	97.9%	3,116	98.1%	2,976	98.5%	3,087	98.7%	3,205	98.8%	3,188	98.3%
Southern	2,062	98.4%	2,037	98.4%	2,061	98.2%	2,157	98.6%	2,284	98.6%	2,386	98.1%	2,413	98.0%
Female	17,398	98.6%	15,165	98.5%	13,587	98.7%	12,254	98.8%	11,602	98.7%	10,946	99.0%	10,406	98.5%
Male	18,885	98.7%	16,777	99.0%	15,079	98.6%	13,710	98.7%	13,035	98.7%	12,242	98.7%	11,752	98.8%
Under 3 at Removal	13,875	98.9%	11,931	98.7%	10,541	98.7%	9,4181	98.6%	9,084	98.5%	8,720	98.7%	8,413	98.5%
3 to 5	6,818	98.3%	5,903	98.4%	5,224	98.5%	4,604	98.4%	4,323	98.4%	4,083	98.5%	3,844	98.2%
6 to 8	5,963	98.3%	5,299	98.9%	4,704	98.5%	4,224	98.7%	3,887	98.9%	3,565	99.0%	3,295	98.6%
9 to 11	4,852	98.9%	4,386	99.0%	4,001	98.7%	3,585	98.9%	3,245	98.8%	2,879	99.3%	2,669	98.8%
12 to 14	3,581	98.9%	3,293	99.0%	3,051	98.9%	2,934	99.1%	2,797	99.1%	2,643	99.1%	2,575	99.2%
15 to 17	1,213	99.3%	1,147	99.5%	1,158	99.5%	1,208	99.8%	1,320	99.5%	1,328	99.6%	1,391	99.4%
African American	25,987	98.8%	22,130	98.9%	19,276	98.9%	16,877	98.9%	15,476	99.0%	14,132	99.1%	13,160	98.8%
Hispanic	1,879	98.9%	1,746	98.8%	1,600	98.5%	1,400	98.8%	1,418	98.9%	1,319	99.0%	1,284	99.0%
Other	737	97.7%	703	98.0%	668	97.2%	550	98.6%	529	98.5%	493	98.2%	505	98.6%
White	7,703	98.4%	7,383	98.4%	7,137	98.3%	7,148	98.3%	7,233	98.1%	7,274	98.5%	7,238	98.2%

*Note: Only includes children living in substitute care placements that lasted 7 days or more.

**APPENDIX CHAPTER 2:
STABILITY OF FAMILY LIFE**

Stability in Intact Family Homes

Indicator 2.A.	Of all children served in intact family cases, what percentage did not experience a substitute care placement within a 12-month period?													
	2000		2001		2002		2003		2004		2005		2006	
<i>Illinois</i>														
Children in Intact Families	21,577		23,504		21,062		19,953		19,944		19,248		17,014	
No Substitute Care Placement	20,317		22,186		19,939		18,903		18,831		18,068		16,094	
Percent	94%		94%		95%		95%		94%		94%		95%	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	20,317	94%	22,186	94%	19,939	95%	18,903	95%	18,831	94%	18,068	94%	16,094	95%
Central	6,948	94%	7,133	94%	6,488	95%	5,840	94%	6,338	94%	5,816	94%	5,278	93%
Cook	7,529	94%	8,611	94%	8,116	95%	8,089	96%	7,509	96%	7,415	96%	6,403	97%
Northern	2,685	92%	2,972	95%	2,439	94%	2,572	94%	2,623	92%	2,217	90%	2,114	92%
Southern	2,513	95%	3,005	94%	2,490	93%	2,123	93%	2,172	93%	2,406	92%	2,107	93%
Female	10,050	94%	10,946	95%	9,948	95%	9,483	95%	9,235	95%	8,916	94%	7,973	95%
Male	10,217	94%	11,229	94%	9,980	95%	9,409	94%	9,571	94%	9,122	93%	8,085	94%
Under 3	4,526	92%	4,806	92%	4,463	92%	4,282	92%	4,210	92%	4,227	91%	3,991	92%
3 to 5	3,802	94%	4,099	94%	3,705	95%	3,423	95%	3,457	94%	3,290	93%	3,104	94%
6 to 8	3,888	95%	4,152	95%	3,510	95%	3,325	95%	3,154	95%	3,071	95%	2,690	95%
9 to 11	3,198	95%	3,576	95%	3,292	95%	3,060	96%	2,993	95%	2,671	95%	2,287	95%
12 to 14	2,490	93%	2,860	94%	2,590	95%	2,583	95%	2,648	95%	2,495	95%	2,036	96%
15 to 17	2,358	98%	2,693	98%	2,379	98%	2,230	98%	2,369	98%	2,314	97%	1,986	98%
African American	9,280	94%	9,759	94%	8,681	95%	8,022	95%	7,830	94%	7,652	94%	6,771	95%
Hispanic	1,603	96%	1,988	95%	1,960	95%	2,105	97%	1,624	97%	1,577	96%	1,407	98%
Other	587	93%	636	93%	586	91%	415	94%	479	93%	481	95%	398	97%
White	8,847	94%	9,803	94%	8,712	95%	8,361	94%	8,898	95%	8,358	93%	7,518	93%

Stability in Substitute Care

Indicator 2.B.	Of all children entering substitute care and staying for at least one year, what percentage had no more than two placements within a year of removal?													
	2000		2001		2002		2003		2004		2005		2006	
<i>Illinois</i>														
Entering and Staying One Year	4,430		4,194		4,182		3,893		3,769		3,995		3,563	
No More Than Two Placements	3,362		3,255		3,264		3,065		3,016		3,210		2,831	
Percent	76%		78%		78%		79%		79%		80%		79%	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	3,362	76%	3,255	78%	3,264	78%	3,065	79%	3,016	79%	3,210	80%	2,831	79%
Central	878	74%	798	78%	803	81%	925	78%	911	78%	966	83%	975	82%
Cook	1,526	78%	1,510	79%	1,526	77%	1,177	77%	1,039	80%	1,148	80%	709	77%
Northern	541	77%	457	76%	500	80%	456	82%	518	81%	584	81%	596	79%
Southern	281	72%	346	71%	322	76%	378	80%	428	83%	414	75%	449	77%
Female	1,694	76%	1,612	79%	1,636	78%	1,478	79%	1,420	80%	1,590	80%	1,409	79%
Male	1,667	76%	1,642	76%	1,626	78%	1,587	79%	1,595	80%	1,611	80%	1,411	80%
Under 3 at Removal	1,613	83%	1,502	85%	1,529	86%	1,470	86%	1,392	87%	1,525	88%	1,379	86%
3 to 5	534	77%	514	76%	521	77%	450	76%	463	78%	486	80%	439	74%
6 to 8	432	72%	405	79%	408	76%	385	77%	362	78%	390	80%	336	77%
9 to 11	349	69%	359	71%	352	73%	336	77%	309	78%	318	73%	228	77%
12 to 14	290	63%	303	65%	295	63%	267	65%	309	69%	293	67%	239	70%
15 to 17	144	63%	172	66%	159	65%	157	66%	181	65%	198	64%	210	72%
African American	2,090	78%	1,900	78%	1,816	79%	1,638	79%	1,503	78%	1,632	80%	1,354	79%
Hispanic	143	70%	183	73%	218	72%	134	68%	147	83%	185	77%	121	71%
Other	99	79%	111	79%	87	74%	97	78%	48	84%	73	71%	64	85%
White	1,030	72%	1,061	77%	1,143	78%	1,196	80%	1,318	82%	1,320	82%	1,292	80%

**APPENDIX CHAPTER 2:
STABILITY OF FAMILY LIFE**

Youth Who Do Not Run Away From Substitute Care														
Indicator 2.C.	Of all children entering care at the age of 12 or older, what percentage did not runaway from a foster care placement during the year?													
	2000	2001	2002	2003	2004	2005	2006							
<i>Illinois</i>														
Entered Substitute Care at 12 or Older	1,232	1,254	1,216	1,142	1,163	1,199	1,081							
Did Not Run Away During the Year	9218	975	925	871	906	926	854							
Percent	75%	78%	76%	76%	78%	77%	79%							
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	921	75%	975	78%	925	76%	871	76%	906	78%	926	77%	854	79%
Central	291	78%	261	79%	233	78%	249	79%	245	82%	231	83%	248	87%
Cook	264	70%	312	74%	309	69%	245	65%	234	68%	279	66%	188	63%
Northern	176	73%	171	79%	175	81%	150	79%	156	76%	181	83%	157	78%
Southern	115	80%	134	81%	114	81%	117	84%	146	85%	142	84%	123	85%
Female	466	70%	491	76%	484	76%	428	74%	495	78%	488	76%	429	77%
Male	455	80%	483	80%	441	77%	443	78%	411	78%	438	79%	425	81%
12 to 14*	616	82%	636	84%	606	82%	571	84%	573	83%	556	83%	537	87%
15 or older*	305	64%	339	69%	319	66%	300	65%	333	71%	370	69%	317	68%
African American	421	71%	460	75%	438	73%	413	72%	442	73%	482	72%	434	76%
Hispanic	42	76%	46	72%	52	74%	35	73%	30	65%	46	72%	40	66%
Other	20	69%	32	84%	30	75%	16	73%	5	45%	18	86%	16	89%
White	438	79%	437	81%	405	80%	407	82%	429	86%	380	85%	364	85%

* Age at case opening.

**APPENDIX CHAPTER 3:
CONTINUITY OF SOCIAL TIES**

Least Restrictive Setting														
Indicator 3.A	Of all the children in out-of-home care at the end of the fiscal year who were under the age of 12 at the start of the placement, what percent were not placed in a group home or institution?													
	2001	2002	2003	2004	2005	2006	2007							
<i>Illinois</i>														
Children Under 12	18,247	15,291	13,391	12,413	11,943	11,428	10,798							
Not Placed in Institution or Group Home	17,641	14,823	12,998	12,086	11,671	11,169	10,521							
Percent	97%	97%	97%	97%	98%	98%	97%							
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	17,641	97%	14,823	97%	12,998	97%	12,086	97%	11,671	98%	11,169	98%	10,521	97%
Central	2,626	98%	2,360	99%	2,377	99%	2,486	99%	2,570	99%	2,684	99%	2,795	98%
Cook	11,651	96%	9,320	96%	7,730	96%	6,634	97%	5,982	97%	5,188	97%	4,473	96%
Northern	1,764	98%	1,596	97%	1,387	98%	1,434	98%	1,535	98%	1,684	99%	1,648	98%
Southern	956	97%	992	98%	996	98%	1,075	99%	1,159	98%	1,208	99%	1,238	99%
Female	8,529	98%	7,154	98%	6,262	98%	5,654	98%	5,459	99%	5,237	98%	4,947	98%
Male	9,101	96%	7,659	96%	6,730	96%	6,424	97%	6,196	97%	5,906	97%	5,550	97%
Under 3 at Removal	6,550	99%	5,635	99%	5,202	99%	4,986	99%	5,019	99%	4,930	99%	4,708	100%
3 to 5	3,876	99%	3,267	99%	2,713	99%	2,577	99%	2,447	99%	2,420	99%	2,277	99%
6 to 8	3,814	96%	3,077	97%	2,598	97%	2,358	98%	2,203	97%	2,030	97%	1,929	97%
9 to 11	3,401	90%	2,844	91%	2,485	91%	2,168	92%	2,002	93%	1,789	93%	1,607	91%
African American	12,864	97%	10,306	97%	8,707	97%	7,668	97%	7,091	97%	6,544	97%	5,930	97%
Hispanic	961	95%	859	96%	768	97%	725	97%	707	98%	666	97%	653	97%
Other	410	98%	388	97%	344	98%	308	98%	301	98%	296	98%	279	98%
White	3,406	96%	3,270	97%	3,179	97%	3,385	98%	3,572	98%	3,663	98%	3,659	98%

**APPENDIX CHAPTER 3:
CONTINUITY OF SOCIAL TIES**

Placing Children With Relatives – First Placements														
Indicator 3.B.1	Of all children entering substitute care, what percentage is placed with kin in their first placement?													
	2001	2002	2003	2004	2005	2006	2007							
<i>Illinois</i>														
Entering Substitute Care	5,828	5,636	5,300	5,039	5,299	4,770	4,499							
Placed With Kin	2,119	2,159	1,958	2,096	2,339	2,066	2,180							
Percent	36%	38%	37%	42%	44%	43%	48%							
Placed With Kin	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	2,119	36%	2,159	38%	1,958	37%	2,096	42%	2,339	44%	2,066	43%	2,180	48%
Central	498	34%	500	36%	599	39%	630	42%	718	47%	716	48%	945	57%
Cook	1,002	40%	1,072	44%	737	37%	676	41%	788	43%	479	38%	440	41%
Northern	343	39%	313	37%	337	45%	362	44%	414	46%	478	53%	398	53%
Southern	194	29%	219	34%	231	36%	353	47%	355	44%	331	41%	352	46%
Female	1,078	38%	1,084	39%	976	39%	984	41%	1,171	45%	1,046	45%	1,070	49%
Male	1,040	34%	1,072	37%	982	36%	1,110	42%	1,162	43%	1,015	42%	1,107	48%
Under 3 at Removal	768	36%	806	38%	796	39%	792	42%	932	46%	846	45%	898	51%
3 to 5	369	40%	400	46%	336	42%	377	49%	423	52%	377	49%	406	59%
6 to 8	324	43%	335	47%	286	42%	304	48%	335	51%	307	53%	309	55%
9 to 11	299	41%	272	39%	229	35%	252	43%	279	47%	204	46%	238	52%
12 to 14	227	30%	210	28%	190	28%	250	36%	213	32%	204	33%	191	36%
15 to 17	122	25%	135	28%	121	26%	121	26%	157	29%	128	27%	138	28%
African American	1,271	39%	1,254	41%	1,026	36%	1,031	41%	1,126	42%	922	40%	978	46%
Hispanic	109	33%	114	30%	88	31%	88	38%	135	44%	97	41%	95	40%
Other	65	31%	51	27%	64	38%	40	45%	54	41%	50	51%	61	60%
White	674	34%	749	36%	780	39%	965	43%	1,024	47%	997	47%	1,046	52%

Placing Children With Relatives

Indicator 3.B.2	Of all children in substitute care at the end of the year, what percentage is living with kin?													
	2001	2002	2003	2004	2005	2006	2007							
Illinois														
In Substitute Care	26,353	22,882	20,143	18,466	17,608	16,736	15,599							
Living With Kin	10,170	8,537	7,278	6,833	6,734	6,303	5,962							
Percent	39%	37%	36%	37%	38%	37%	38%							
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	10,170	39%	8,537	37%	7,278	36%	6,833	37%	6,734	38%	6,303	37%	5,962	38%
Central	1,083	28%	1,049	30%	1,075	31%	1,194	34%	1,314	37%	1,463	39%	1,669	45%
Cook	7,435	43%	5,931	41%	4,679	38%	3,970	38%	2,350	36%	2,924	36%	2,451	34%
Northern	874	33%	842	36%	794	37%	846	39%	922	41%	1,057	44%	1,018	44%
Southern	429	29%	433	30%	471	33%	586	38%	648	40%	661	40%	657	39%
Female	5,199	42%	4,333	40%	3,699	39%	3,394	40%	3,297	41%	3,020	39%	2,920	41%
Male	4,963	36%	4,193	35%	3,574	33%	3,434	34%	3,429	36%	3,268	36%	3,027	36%
Under 3 at Removal	1,560	40%	1,444	41%	1,388	41%	1,377	43%	1,477	45%	1,473	46%	1,441	47%
3 to 5	1,688	43%	1,498	43%	1,310	42%	1,290	43%	1,359	39%	1,371	47%	1,306	48%
6 to 8	1,649	42%	1,297	41%	1,076	40%	1,021	42%	979	43%	951	43%	956	44%
9 to 11	1,474	37%	1,216	37%	1,004	37%	926	38%	881	40%	794	40%	707	40%
12 to 14	1,368	33%	1,079	30%	910	29%	824	30%	834	32%	683	30%	631	30%
15 to 17	2,431	38%	2,003	35%	1,590	31%	1,395	30%	1,204	28%	1,031	25%	921	24%
African American	8,058	43%	6,489	41%	5,317	39%	4,662	39%	4,320	39%	3,752	37%	3,392	37%
Hispanic	438	32%	389	31%	336	30%	336	32%	359	36%	352	37%	373	40%
Other	171	32%	170	33%	145	32%	131	34%	130	33%	148	38%	133	37%
White	1,503	27%	1,489	29%	1,480	30%	1,704	34%	1,925	37%	2,051	39%	2,064	41%

**APPENDIX CHAPTER 3:
CONTINUITY OF SOCIAL TIES**

In-State Placements

Indicator 3.C.	Of all children placed in a group home or institution as of June 30 th , what percentage is placed in Illinois?													
	2001		2002		2003		2004		2005		2006		2007	
<i>Illinois</i>														
Placed in a Group Home or Institution	3,036		2,759		2,396		2,112		2,030		1,902		1,780	
Placed in Illinois	2,999		2,738		2,386		2,103		2,010		1,889		1,768	
Percent	98.8%		99.2%		99.6%		99.6%		99.0%		99.3%		99.3%	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	2,999	98.8%	2,738	99.2%	2,386	99.6%	2,103	99.6%	2,010	99.0%	1,889	99.3%	1,768	99.3%
Central	420	99.5%	328	100.0%	284	100.0%	275	100.0%	270	99.6%	313	99.7%	316	100.0%
Cook	1,977	99.1%	1,875	99.5%	1,595	99.6%	1,351	99.5%	1,260	98.9%	1,111	99.3%	1,011	99.2%
Northern	280	98.9%	240	100.0%	233	99.6%	233	99.6%	233	98.7%	231	99.1%	228	99.6%
Southern	169	96.6%	153	98.1%	150	100.0%	140	99.3%	146	99.3%	135	99.3%	118	99.2%
Female	906	97.8%	839	98.5%	709	99.2%	639	99.4%	623	98.9%	582	99.1%	562	99.5%
Male	2,091	99.2%	1,897	99.6%	1,676	99.8%	1,463	99.7%	1,386	99.1%	1,306	99.4%	1,206	99.3%
Under 3 at Time of Placement	57	100.0%	44	95.7%	50	100.0%	44	97.8%	33	100.0%	28	100.0%	20	95.2%
3 to 5	40	100.0%	31	100.0%	28	100.0%	24	100.0%	22	100.0%	23	100.0%	27	100.0%
6 to 8	141	99.3%	99	99.0%	72	98.6%	59	98.3%	60	98.4%	62	98.4%	61	98.4%
9 to 11	361	98.4%	288	99.0%	240	99.2%	197	99.5%	160	99.4%	144	99.3%	165	99.4%
12 to 14	898	99.4%	825	99.4%	704	99.9%	579	99.7%	515	98.8%	495	99.4%	475	99.6%
15 to 17	1,502	98.4%	1,451	99.3%	1,292	99.5%	1,200	99.7%	1,220	99.0%	1,137	99.3%	1,020	99.3%
African American	2,033	99.2%	1,848	99.4%	1,642	99.6%	1,413	99.6%	1,354	98.8%	1,225	99.2%	1,135	99.0%
Hispanic	160	96.4%	159	97.5%	131	100.0%	106	98.1%	107	100.0%	106	100.0%	92	100.0%
Other	43	97.7%	46	100.0%	42	100.0%	30	100.0%	29	100.0%	27	100.0%	26	100.0%
White	763	98.3%	685	99.1%	571	99.5%	554	99.6%	520	99.2%	531	99.4%	515	99.8%

Keeping Children Close to Home

Indicator 3.D. Definition	Of all children entering substitute care, what is the median distance from their home of origin?						
	2001	2002	2003	2004	2005	2006	2007
<i>Traditional Foster Care</i>							
Children Entering Foster Care	2,467	2,395	2,335	2,153	2,007	1,888	1,650
Median Distance	8.8	9.4	9.9	10.0	9.7	9.5	8.9
<i>Kinship Care</i>							
Children Entering Kinship Care	2,213	2,272	2,057	2,096	2,420	2,096	2,229
Median Distance	3.4	3.4	4.3	3.6	3.6	3.5	3.2

Preserving Sibling Bonds							
Indicator 3.E. Definition	Of all children living in foster care at the end of the year, what percentage is placed with all of their siblings? (Children with no siblings in foster care are excluded from the analysis.)						
	2001	2002	2003	2004	2005	2006	2007
Traditional Foster Care				2-3 Siblings			
Children With 2-3 Siblings	3,992	3,498	3,359	3,133	2,871	2,601	2,543
Placed With All Siblings	1,850	1,696	1,735	1,718	1,637	1,490	1,492
Percent	46%	48%	52%	55%	57%	57%	59%
Kinship Care				2-3 Siblings			
Children With 2-3 Siblings	4,433	3,694	3,222	3,081	3,181	3,181	2,973
Placed With All Siblings	2,725	2,350	2,040	2,014	2,197	2,184	2,051
Percent	61%	64%	63%	65%	69%	70%	69%
Traditional Foster Care				4 or more Siblings			
Children With Four or More Siblings	2,499	2,006	1,773	1,651	1,600	1,400	1,230
Placed With All Siblings	218	245	240	247	227	198	177
Percent	9%	12%	14%	15%	14%	14%	14%
Kinship Care				4 or more Siblings			
Children With Four or More Siblings	2,784	2,257	1,808	1,688	1,612	1,494	1,362
Placed With All Siblings	938	733	499	505	507	582	534
Percent	34%	32%	28%	30%	31%	39%	39%

**APPENDIX CHAPTER 4:
LEGAL PERMANENCE**

Permanence at 12 Months: Reunification														
Indicator 4.A.	Of all children who entered substitute care during the year and stayed for longer than 7 days, what percentage was reunified with their parents within 12 months from the date of entry into foster care?													
	2000	2001	2002	2003	2004	2005	2006							
<i>Illinois</i>														
Entering Substitute Care	5,970	5,828	5,636	5,300	5,039	5,299	4,770							
In a Permanent Home at 12 Months	1,216	1,253	1,179	1,139	1,025	1,023	890							
12 Month Permanency Percent	20%	21%	21%	21%	20%	19%	19%							
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	1,216	20%	1,253	21%	1,170	21%	1,139	21%	1,025	20%	1,023	19%	890	19%
Central	504	30%	487	33%	428	31%	447	29%	407	27%	389	26%	316	21%
Cook	219	9%	231	9%	204	8%	238	12%	127	8%	124	7%	117	9%
Northern	257	28%	269	31%	238	28%	194	26%	175	21%	194	22%	172	19%
Southern	189	33%	231	35%	253	39%	220	34%	280	38%	297	37%	244	30%
Female	639	21%	612	22%	562	20%	524	21%	500	21%	521	20%	418	18%
Male	577	20%	641	21%	616	22%	615	22%	525	20%	501	19%	472	20%
Under 3 at Removal	368	16%	360	17%	378	18%	368	18%	311	16%	319	16%	301	16%
3 to 5	221	24%	209	23%	201	23%	207	26%	171	22%	203	25%	172	22%
6 to 8	193	24%	183	24%	163	23%	159	24%	165	26%	132	20%	133	23%
9 to 11	157	23%	190	26%	160	23%	147	23%	142	24%	147	25%	98	22%
12 to 14	174	23%	175	23%	160	22%	156	23%	163	24%	118	18%	123	20%
15 to 17	103	21%	136	28%	117	24%	102	22%	73	16%	104	20%	63	13%
African American	494	14%	458	14%	415	14%	428	15%	334	13%	335	13%	327	14%
Hispanic	70	24%	60	18%	73	19%	73	26%	29	12%	62	20%	26	11%
Other	38	22%	53	25%	64	34%	49	29%	26	29%	17	13%	13	13%
White	614	30%	682	34%	627	30%	589	29%	636	29%	609	28%	524	25%

Permanence at 24 Months: Reunification + Adoption														
Indicator 4.B.	Of all children who entered substitute care during the year and stayed for longer than 7 days, what percentage attained permanency (through reunification or adoption) within 24 months from the date of entry into foster care?													
	1999	2000	2001	2002	2003	2004	2005							
<i>Illinois</i>														
Entering Substitute Care	7,429	5,970	5,828	5,636	5,300	5,039	5,299							
In a Permanent Home at 24 Months	2,645	2,186	2,197	2,137	1,989	1,777	1,883							
24 Month Permanency Percent	36%	37%	38%	38%	38%	35%	36%							
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	2,645	36%	2,186	37%	2,197	38%	2,137	38%	1,989	38%	1,777	35%	1,883	36%
Central	876	51%	861	51%	797	54%	708	51%	751	49%	691	46%	724	48%
Cook	852	23%	562	23%	532	21%	523	21%	473	24%	282	17%	302	17%
Northern	406	40%	402	43%	426	49%	413	48%	331	44%	302	36%	365	41%
Southern	378	57%	265	46%	316	48%	349	54%	318	49%	390	52%	412	52%
Female	1,318	36%	1,116	37%	1,048	37%	1,046	38%	939	37%	849	36%	954	37%
Male	1,326	36%	1,070	36%	1,149	38%	1,090	38%	1,049	38%	927	35%	926	34%
Under 3 at Removal	1,040	35%	834	36%	800	37%	819	38%	780	38%	645	34%	728	36%
3 to 5	449	38%	368	40%	355	39%	353	41%	337	42%	304	40%	323	40%
6 to 8	368	36%	314	39%	309	41%	277	39%	261	39%	255	40%	259	40%
9 to 11	332	39%	240	34%	294	40%	281	41%	235	37%	232	40%	236	40%
12 to 14	269	33%	282	38%	268	35%	256	35%	244	36%	238	34%	200	30%
15 to 17	187	32%	148	31%	171	35%	151	31%	132	29%	103	22%	137	26%
African American	1,204	27%	1,010	29%	958	29%	901	30%	855	30%	665	26%	707	26%
Hispanic	146	33%	117	41%	108	32%	131	35%	114	40%	55	24%	107	35%
Other	101	50%	84	48%	85	40%	86	46%	71	42%	39	44%	32	24%
White	1,194	50%	975	47%	1,046	52%	1,019	49%	949	47%	1,018	46%	1,037	47%

Permanence at 36 Months: Reunification + Adoption + Guardianship

Indicator 4.C.	Of all children who entered substitute care during the year and stayed for longer than 7 days, what percentage attained permanency (through reunification, adoption or subsidized guardianship) within 36 months from the date of entry into foster care?													
	1998		1999		2000		2001		2002		2003		2004	
<i>Illinois</i>														
Entering Substitute Care	8,201		7,429		5,970		5,828		5,636		5,300		5,039	
In a Permanent Home at 36 Months	4,233		3,994		3,296		3,277		3,169		2,859		2,725	
36 Month Permanency Percent	52%		54%		55%		56%		56%		54%		54%	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	4,233	52%	3,994	54%	3,296	55%	3,277	56%	3,169	56%	2,859	54%	2,725	54%
Central	1,068	65%	1,180	69%	1,160	68%	1,027	69%	969	70%	1,034	67%	1,020	68%
Cook	1,891	42%	1,569	43%	1,077	44%	1,060	43%	1,026	42%	773	39%	581	36%
Northern	664	62%	613	61%	583	62%	580	67%	569	67%	458	61%	468	56%
Southern	417	70%	438	65%	345	60%	434	65%	424	66%	424	65%	505	68%
Female	2,114	52%	2,006	54%	1,686	56%	1,594	57%	1,568	57%	1,355	53%	1,288	54%
Male	2,116	52%	1,987	53%	1,609	54%	1,683	56%	1,599	56%	1,503	54%	1,434	54%
Under 3 at Removal	1,784	56%	1,714	58%	1,411	61%	1,295	60%	1,322	62%	1,200	59%	1,085	57%
3 to 5	691	52%	694	58%	533	58%	553	60%	514	59%	468	59%	468	61%
6 to 8	615	53%	558	54%	452	57%	448	59%	409	57%	382	57%	389	61%
9 to 11	490	52%	466	54%	351	50%	425	58%	391	57%	339	53%	336	57%
12 to 14	430	46%	359	44%	377	50%	372	49%	353	48%	325	48%	327	47%
15 to 17	223	35%	203	35%	172	36%	184	37%	180	38%	145	32%	120	26%
African American	2,371	46%	2,076	47%	1,704	49%	1,609	49%	1,474	49%	1,295	46%	1,130	45%
Hispanic	262	46%	224	50%	161	56%	162	49%	184	49%	159	56%	106	45%
Other	119	63%	130	64%	111	64%	142	67%	120	64%	95	57%	47	53%
White	1,481	65%	1,564	65%	1,320	64%	1,364	68%	1,391	67%	1,310	65%	1,442	66%

Stability of Permanence at Two Years

Indicator 4.D.	Of all children who attained permanency during the year (excluding placements of less than 8 days), what percent remain with their families after two years?													
	1999	2000	2001	2002	2003	2004	2005							
<i>Illinois</i>														
Attained Permanence	13,430	11,301	8,391	7,421	6,423	5,152	4,842							
Stable Placements (two years)	12,584	10,572	7,785	6,836	5,886	4,684	4,379							
Percent	94%	94%	93%	92%	92%	91%	90%							
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	12,584	94%	10,572	94%	7,785	93%	6,836	92%	5,886	92%	4,684	91%	4,379	90%
Central	1,433	87%	1,453	87%	1,360	87%	1,386	88%	1,196	86%	1,066	85%	1,106	87%
Cook	8,792	96%	7,130	96%	4,692	96%	3,835	96%	3,061	96%	2,193	96%	1,914	95%
Northern	1,081	88%	989	89%	885	89%	44	89%	805	90%	596	86%	562	87%
Southern	649	89%	528	85%	473	84%	439	85%	488	83%	495	86%	528	85%
Female	6,350	94%	5,341	94%	3,804	93%	3,322	93%	2,819	92%	2,323	91%	2,120	91%
Male	6,232	93%	5,222	93%	3,980	93%	3,513	91%	3,065	92%	2,360	91%	2,254	90%
Under 3 at Permanence	1,080	87%	986	88%	872	90%	968	89%	876	89%	769	89%	730	88%
3 to 5	3,059	96%	2,571	95%	1,793	94%	1,489	94%	1,356	93%	1,054	92%	1,030	91%
6 to 8	3,056	96%	2,522	95%	1,654	94%	1,296	93%	1,132	93%	824	92%	826	93%
9 to 11	2,581	95%	2,166	95%	1,555	95%	1,328	94%	1,070	94%	769	93%	724	94%
12 to 14	1,756	92%	1,495	92%	1,176	92%	1,051	91%	886	90%	756	90%	631	89%
15 to 17	1,052	89%	832	90%	735	87%	704	88%	886	90%	512	89%	438	85%
African American	9,465	95%	7,890	95%	5,500	95%	4,528	94%	3,738	94%	2,836	93%	2,469	92%
Hispanic	617	95%	544	96%	394	96%	410	96%	353	93%	208	90%	264	92%
Other	166	89%	159	85%	172	90%	189	92%	166	91%	115	93%	114	95%
White	2,336	88%	1,979	88%	1,719	87%	1,709	88%	1,629	87%	1,525	87%	1,532	88%

Stability of Permanence at Five Years

Indicator 4.E. Of all children who attained permanence during the year (excluding placements of less than 8 days), what percent remain with their families after five years?

	1996	1997	1998	1999	2000	2001	2002							
<i>Illinois</i>														
Attained Permanence	6,075	6,749	10,430	13,452	11,309	8,400	7,422							
Stable Placements (five years)	4,899	5,544	9,072	11,998	10,078	7,430	6,469							
Percent	81%	82%	87%	89%	89%	89%	87%							
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	4,899	81%	5,544	82%	9,072	87%	11,998	89%	10,078	89%	7,430	89%	6,469	87%
Central	1,038	72%	1,016	73%	1,167	75%	1,335	81%	1,376	82%	1,296	83%	1,289	81%
Cook	2,289	88%	3,003	88%	6,047	92%	8,436	92%	6,848	93%	4,489	92%	3,678	92%
Northern	664	74%	671	76%	875	80%	1,018	83%	919	82%	829	83%	792	83%
Southern	448	73%	434	74%	496	80%	603	83%	482	78%	457	81%	401	78%
Female	2,482	82%	2,788	83%	4,624	88%	6,081	90%	5,093	89%	3,625	89%	3,144	88%
Male	2,410	79%	2,756	81%	4,451	87%	5,915	89%	4,976	89%	3,804	88%	3,325	86%
Under 3 at Permanence	664	75%	631	74%	909	82%	1,036	84%	935	83%	830	86%	929	86%
3 to 5	1,190	84%	1,348	84%	2,284	90%	2,952	92%	2,483	92%	1,736	91%	1,432	90%
6 to 8	1,034	84%	1,248	87%	2,191	90%	2,925	91%	2,419	91%	1,580	90%	1,249	90%
9 to 11	744	82%	914	86%	1,752	89%	2,420	89%	2,052	90%	1,471	90%	1,235	87%
12 to 14	620	76%	700	77%	1,139	80%	1,625	85%	1,371	85%	1,094	85%	936	81%
15 to 17	641	79%	704	78%	805	85%	1,040	88%	818	88%	719	85%	688	86%
African American	2,939	84%	3,505	85%	6,614	89%	9,057	91%	7,544	91%	5,241	90%	4,298	89%
Hispanic	276	84%	322	88%	515	91%	586	91%	523	93%	382	94%	390	91%
Other	78	77%	87	74%	124	78%	151	81%	153	81%	170	88%	182	88%
White	1,601	75%	1,631	76%	1,827	80%	2,204	83%	1,858	83%	1,637	83%	1,599	82%

Stability of Permanence at Ten Years

Indicator 4.F.	Of all children who attained permanence during the year (excluding placements of less than 8 days), what percent remain with their families after ten years?											
	1992		1993		1994		1995		1996		1997	
<i>Illinois</i>												
Attained Permanence	4,663		5,016		4,493		5,773		6,075		6,749	
Stable Placements (ten years)	3,171		3,493		3,199		4,318		4,627		5,264	
Percent	68%		70%		71%		75%		76%		78%	
	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	3,171	68%	3,493	70%	3,199	71%	4,318	75%	4,627	76%	5,264	78%
Central	863	65%	960	66%	928	67%	987	66%	949	66%	944	68%
Cook	879	64%	1,099	70%	1,043	75%	1,796	80%	2,195	84%	2,862	84%
Northern	544	69%	578	68%	510	70%	610	74%	621	70%	634	72%
Southern	397	69%	347	67%	337	65%	430	70%	431	70%	413	70%
Female	1,666	70%	1,779	71%	1,595	72%	2,173	76%	2,344	77%	2,650	79%
Male	1,505	66%	1,714	69%	1,603	71%	2,142	74%	2,281	75%	2,613	77%
Under 3 at Permanence	656	67%	658	69%	579	67%	717	72%	625	70%	608	71%
3 to 5	685	71%	785	71%	810	76%	963	78%	1,116	78%	1,266	79%
6 to 8	498	71%	669	75%	585	74%	833	77%	958	78%	1,152	81%
9 to 11	457	65%	490	69%	421	72%	675	79%	687	76%	844	80%
12 to 14	422	63%	409	62%	380	62%	521	66%	600	74%	692	76%
15 to 17	453	71%	482	70%	424	73%	608	75%	641	79%	702	78%
African American	1,402	64%	1,647	67%	1,522	70%	2,356	76%	2,764	79%	3,327	81%
Hispanic	214	78%	208	78%	209	80%	229	82%	269	82%	311	85%
Other	44	63%	65	77%	51	70%	74	76%	74	73%	83	71%
White	1,511	71%	1,573	71%	1,417	71%	1,659	72%	1,520	71%	1,543	72%

Time Spent in Foster Care

Indicator 4.G. Definition	Of all children entering foster care for the first time, what is the median number of months a child stays in care?						
	1999	2000	2001	2002	2003	2004	2005
Illinois	28	26	26	27	23	25	25
Central	17	17	18	16	21	21	20
Cook	34	32	34	34	27	32	34
Northern	21	23	18	19	23	27	24
Southern	9	14	12	11	14	13	13
Female	28	25	25	26	22	23	24
Male	28	27	26	27	23	26	26
Under 3 at Removal	30	28	27	28	26	28	28
3 to 5	27	23	24	27	21	21	23
6 to 8	30	25	24	24	18	22	23
9 to 11	25	27	24	24	19	18	21
12 to 14	26	23	24	27	14	21	29
15 to 17	12	13	12	14	15	16	21
African American	32	30	30	31	26	29	31
Hispanic	26	18	24	31	15	31	29
Other	20	19	20	19	21	15	30
White	17	17	16	17	19	18	19

COMPARING MEASURES: HOW DO THE MEASURES USED HERE DIFFER FROM THE MEASURES USED IN THE CHILDREN AND FAMILY SERVICE REVIEWS?

Illinois DCFS has begun preparing for Round II of the Children and Family Service Reviews (CFSR), which brings a new set of outcome measures by which the federal government will judge each state's performance. Given this focus, the next section describes the new CFSR measures and how they compare to the measures used in this report.

Since most of the measures used in Round II are composite measures (all except for the safety measures), it is not possible to compare national standards on stability and permanence. We will discuss the outcomes measured, and how they differ from those discussed throughout this report.

Box B.1—AFCARS—A Reporting System Not a Tracking System

Interest in the validity and reliability of federal child welfare data increased after Congress called upon the U.S. Department of Health and Human Services (HHS) to develop a set of outcome measures that could be used to assess and rank the performance of states in operating child protection and child welfare systems (ASFA, 1997: § 203). The 1997 law stipulated that the outcome measures should be developed, to the extent possible, from the Adoption and Foster Care Analysis and Reporting System (AFCARS). This mandatory data collection system was implemented in the mid-1990s to replace the voluntary reporting programs that HHS had relied on prior to 1974 and during the 1980s. In 1986, federal legislation authorized the HHS secretary to convene an advisory committee to study “the various methods of establishing, administering, and financing a system for the collection of data with respect to adoption and foster care in the United States” (U.S. Department of Health and Human Services, 1987). The committee recommended the implementation of a mandatory reporting system that collected individual child-level, case information from the states.

Consultants to the committee, of which Mark Testa, Center Director, was one, recommended a longitudinal data-tracking system that followed children's progress from the point of entry into foster care to the point of exit from public custody.^{1,2} Computerized information systems that collected longitudinal data on child cases

were just becoming operational at the time in some of the larger child welfare jurisdictions. Many of the smaller state and county-operated systems, however, still lacked this capacity. As a result, the advisory committee settled on a more familiar cross-sectional design that was patterned after point-in-time counts of foster children in institutional facilities, public custody, or as part of the decennial enumeration of the U.S. population. The committee justified its decision stating that child-level data was to be used for “conducting program and policy analyses and generating reports, and not be used for tracking individual children”³.

The federal AFCARS regulations that HHS published in 1993 adhered to the committee's recommendations and patterned the reporting and analysis system after the point-in-time collection procedures more commonly in use by child welfare jurisdictions at the time. To maintain client confidentiality, states were given the option of either assigning sequential numbers to case data or encrypting case identifiers to protect confidentiality. Little consideration was given at the time to hampering the ability to link case-level data across reporting periods, which some federal officials perceived as violating the prohibition against tracking.

The importance of tracking AFCARS data longitudinally eventually came to light after Congress mandated the development of a set of outcome measures

continued on next page

1 Fanshel, D., Finch, S.J. and Grundy, J.F. (1987). Collection of data relating to adoption and foster care. Technical Appendix to the Report of the Advisory Committee on Adoption and Foster Care Information. Washington, D.C.: U.S. Department of Health and Human Services.

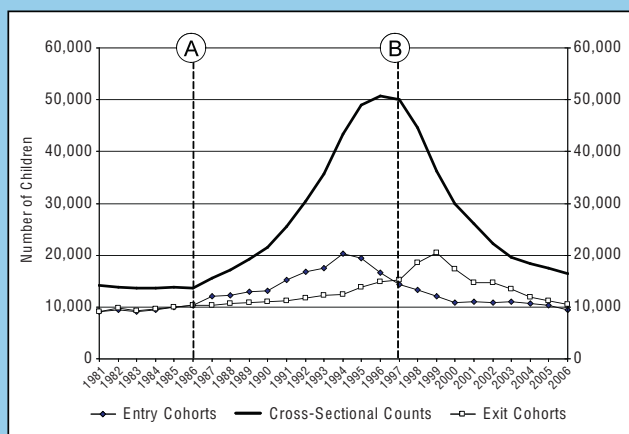
2 Testa, M. (1988). Data necessary to support national policy functions in foster care and adoption.” Technical Appendix to the Report of the Advisory Committee on Adoption and Foster Care Information. Washington, D.C.: U.S. Department of Health and Human Services.

3 U.S. Department of Health and Human Services. (1987). Report of the advisory committee in Adoption and foster care information. Washington, DC: Author.

in 1997 to assess and rank state performance. Saddled with a data collection system that allowed only point-in-time description and retrospective reporting of outcomes, HHS did its best to make due with the available data. The department promulgated a list of indicators that were based mostly on cases that had either exited the foster care system or else remained active at the end of the reporting period. The major drawback to most of these measures is that they selectively throw away cases and truncate the measurement of outcomes which can misguide practitioners' and administrators' assessment of child welfare trends and system performance.

The problems with the point-in-time and retrospective reporting structure of AFCARS can be illustrated with the three types of foster care samples that are generated by the stock and flow of cases in and out of foster care: 1) cross-sectional counts of active foster care cases (stocks), 2) exit cohorts of children discharged from foster care (outflow), and 3) entry cohorts of children coming into foster care (inflow). Figure B.1 charts the annual changes in foster care case flow for the state of Illinois for federal fiscal years 1981 to 2006. The cross-sectional count of children in foster care is the sum of the number of children in care at the start of the reporting period (federal fiscal year) plus the cohort of children who enter care minus the cohort of children who exit care during the period. As illustrated in Figure B.1, the cross-sectional count of foster children rises when the number of entries exceeds the number of exits from the system (point A) and declines when the number of exits exceeds the number of entries (point B).

Figure B.1 Illinois Caseflow Dynamics



Considered all together, the three types of samples provide a complete statistical description of all children who have ever been served by the foster care system during a reporting period. The difficulty arises when outcome indicators are calculated for each type of sample separately. The problem is best understood as one of incomplete statistical description. Outcome indicators based on cross-sectional samples of active foster cases, for example, provide information only on still active child welfare cases, which as of a certain date, have not attained the desired permanency outcomes of reunification, adoption, or guardianship. All that is known about the length of stay for these cases is that it is greater than the cumulative time the children thus far have spent in foster care. Because cross-sectional samples tend to omit cases that experience short durations of care, cross-sectional statistics tend to be slanted toward the experiences of children with the least satisfactory permanency outcomes.

Exit cohort samples suffer from the opposite kind of selection bias. Even though their lengths of stay are known exactly, the times to discharge are observed only for the subset of ever-served children who experience a permanency outcome or exit for other reasons. Data for children just beginning a lengthy episode or with an episode that spans several reporting periods are overlooked.

Only entry cohort samples capture the experience of all children. Even though episodes of care that began prior to the start of the reporting period are ignored, the outcomes for all children in an entry cohort are eventually observed in the long run. Cases with long durations of care must be tracked prospectively sometimes for years in order to observe the outcomes completely. Fortunately, statistical methods can readily be applied to entry cohorts to model time-to-outcome data even in the absence of complete information⁴.

Statistics calculated from the three types of samples are sensitive both to the truncation of measurement and to the sample selectivity that arises from different cases being included or excluded as a result of case flow dynamics. This can be illustrated by comparing the median lengths of stay calculated for cross-sectional, exit cohort, and entry cohort samples. Although the measures sound similar, they measure different durations of time in care and can frequently yield very different assessments of performance trends.

continued on next page

Figure B.2 **Three Measures of Median Length of Stay**

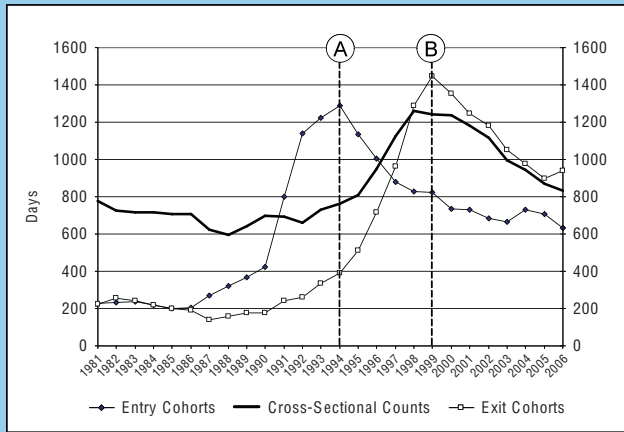


Figure B.2 shows the trend lines for three measures of median length of stay based on the different samples of cases. The median based on cross-sectional counts measures the cumulative amount of time that one-half of the children have spent in foster care at the end of the reporting period. This calculation yields on average the lengthiest of the three measures of median length of stay. This is because timely exits to permanence tend to be excluded from point-in-time calculations. Children with extended foster care episodes are likely to be counted in cross-sectional samples while children with the shorter times in care are likely to be omitted.

Looking only at the exit cohort sample of children who leave care solves the incomplete data problem but at the expense of selecting a potentially biased sample of foster children. The median length of stay for exit cohorts measures the cumulative amount of time that one-half of the children have spent in care at the point of discharge. These statistics point to sharply rising lengths of stay in

Illinois between federal fiscal year 1994 and 1999 (point A and B). But this impression is largely an artifact of the reforms that the state implemented in the mid-1990s to expedite the discharge of foster children from long-term kinship foster care to adoption and guardianship⁵. Counting only exits during this period gives the misleading impression that the median time that children were spending in care was rising.

The preferred solution is to track the time that all children spend in care. This is best done on an entry cohort of children placed into foster care. Calculations of length of stay for entry cohorts eventually capture the experiences of all children ever-served and in the interim provide valid estimates of the time that different fractions of children are expected to remain in care. As depicted in Figure B.2, clocking the cumulative length of time that one-half of the children spend in care before discharge shows that the median length of stay was consistently declining during the period that both the exit cohort and cross-sectional estimates suggested the opposite was occurring. The federal *Child Welfare Outcomes* annual report calculates median lengths of stay only for the cross-sectional and exit cohort samples because of the barriers to linking case records across reporting periods. But as shown in Figure B.2, ignoring the median time that entry cohorts spend in care can give erroneous signals about the performance of a child welfare system. These distortions also extend to other child welfare outcome indicators, such as times to reunification or adoption, which are based solely on cross-sectional or exit cohort samples.

Excerpted from Testa, M.F. & Poertner, J., (forthcoming). *Evidence-Based Child Welfare Policy*. Oxford University Press.

Safety

Two individual measures (rather than composite measures) will be used as part of the assessment of substantial conformity with CFSR Safety Outcome 1 during the second round of reviews:

- **Recurrence of maltreatment:** Of all children who were victims of substantiated or indicated abuse or neglect during the first six months of the reporting year, what percent did not experience another incident of substantiated or indicated abuse or neglect within a 6-month period (national standard = 94.5% or higher)?

- **Maltreatment of children in foster care:** Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by a foster parent or facility staff member during the fiscal year (national standard = 99.68% or higher)?

Table B.1—**Safety**

	CFSR	Conditions Measure
Measure Recurrence of maltreatment	92.70%	88.7%
Maltreatment of children in foster care	99.54%	98.6%

5 Testa, M. F. (2001). Kinship care and permanency. *Journal of Social Service Research*, 28(1), 25-43.

The CFSR recurrence measure differs from that used in this report in that it examines children maltreated in the first 6 months of a reporting year and tracks recurrence for the following *6 months*, while our measure examines recurrence within *12 months* of the initial report. Examination of the data trends for these measures indicates that child safety in Illinois, as measured by both 6-month and 12-month non-recurrence rates, has improved over the past decade, although non-recurrence rates have remained nearly constant for the past 5 years. It should be noted that 6-month non-recurrence rates in Illinois do **not** currently meet the national standard of 94.5% or higher; current rates are 92.7% statewide.⁶

The CFSR measure of maltreatment in foster care also differs slightly from the measure used in the current report. To reduce the impact of “retrospective reports,” i.e., incidents of abuse or neglect reported while a child is in substitute care that actually occurred prior to entry into foster care, our measure of maltreatment in foster care excludes recurrence of sexual abuse, but this does not make a significant difference – the Conditions measure would be 98.3% if sexual abuse is included. The trend lines for both measures have been constant over the last several years. Using the CFSR measure, Illinois does not meet the national minimum standard of 99.68% of children in foster care do not experience maltreatment in foster care.

Stability

The new CFSR measures focus on the number of placements at three different time frames. At each of these time frames, the outcome measure is the percent of children with two or fewer placement settings for:

- Children in care for less than 12 months
- Children in care 12 to 24 months
- Children in care over 24 months

In the Conditions report, we broaden the scope of the stability measure to include:

- intact families served at home,
- children who run away from placement and
- the number of children with two or fewer placement moves during their first year in care.

The first CFSR stability measure is similar to what we calculate in this report – the number of moves within the first year of care. The difference, however, is that our measure looks only at children who have made it to the one-year mark in care, and the CFSR measure looks at all children in care less than a year. The CFSR measure treats a child in care for 2 days or two months the same as the child who has been in care for one year. In the Conditions report we limit our analysis to children in care for one year to make equal comparisons. As such, the percent stable using the CFSR measure will, by definition, be higher than the percentage reported in the Conditions report.

Currently, the state-wide numbers are: 85.8% of children in care for one year or less (as measured in the CFSR) have two or fewer placement settings while and 79% of children in care for one complete year (the Conditions measure) had two or fewer placement settings. The general message from both the CFSR measure and the measure used in this report is that the stability of children in their first year of care is improving. Looking at stability with either measure shows that children in Cook County are less stable than their counterparts across the state, followed by children in the Southern region. Children in either Northern or Southern are more likely to experience stability within their first year.

Table B.2—Stability in Foster Care

	CFSR Measure (12 months or less) ⁷	Conditions Measure (12 months) ⁸
Cook County	79.9%	77%
Northern	89.1%	79%
Central	88.5%	82%
Southern	86.7%	77%
State-Wide	85.8%	79%

In addition to this measure, the new CFSR measure on stability also looks at:

- **Children in care 12 to 24 months.** There has been a slight improvement in stability with this population, particularly outside of Cook County.
- **Children in care over 24 months.** While this measure has remained steady since 2004; it is worse than in 1997. Regions of the state outside of Cook have performed better in this area.

⁶ AFCARS data, October 2005 through September 2006

⁷ AFCARS data, October 2005 through September 2006

⁸ Conditions data is for children that entered care during SFY06, and were still in care one year later.

It should be noted, however, that each of these CFSR measures are limited because they do not look at children in care for a specific period of time (for instance, all children in care for 24 months). Rather, the CRSR measure compares children who have been in care anywhere between 12 and 24 months and treats them as equal in terms of their likelihood of stability.

Permanence

Reunification:

The new CFSR measures reunification through three indicators:

C1.1 Discharged to Reunification or Relative Within 12 Months

Of all children who were reunified during the 12 month reporting period, what percent were reunified within 12 months?

C1.2: Discharged to Reunification or Relative Median Length of Stay

This calculation is for all children who were reunified during the 12 month reporting period. The median length of stay from the date of latest removal from home until the date of discharge to reunification is calculated for this population.

C1.3: Removed During 6-Months Before the Reporting Period, Discharged to Reunification or Relative

Of all children who were removed from home (entered foster care) for the first time in the 6-month period just prior to the reporting period what percent were discharged to reunification in less than 12 months?

C1.3 is the measure that most closely resembles what we use in this report. It is an entry cohort (or removal cohort) measure that looks at all the children that have entered care, and tracks their outcomes for a period of time. In the case of C1.3, the limitations of AFCARS data allows for only cases that enter within the first six months of the year. In this report we look at the same indicator, but we include all children that entered during an entire year.

Both the CFSR measure C1.3 and our measure of the number of children that are reunified within 12 months produce the same results; both show the state-wide rate of 19%, with Cook County being much lower (9%) than anywhere else in the state.

C1.1 is an exit cohort measure, and therefore only factors exits into the measurement of performance. The problem with looking at data in this manner is that it ignores all the children that do not go home. Ignoring children who do not go home not only exaggerates the appearance of improvement, but it could also mask bad practice. For example, states that stop reunification efforts after children have been in care in excess of 12 months will always look better than states that continue reunification after a year has elapsed. Measure C1.3, and the measures used in this report follow all children entering care for a full year and identifies the fraction reunified within 12 months. It shows much greater constancy than the federal retrospective measure.

C1.2 looks at the median length of stay for children that have been reunified. This, like C1.1, is an exit cohort measure and, therefore, excludes children who are in the process of attaining permanence. Only the calculations for entry cohorts capture the experiences of all children entering foster care, and only entry cohorts yield valid estimates of the length of time children are expected to stay in care. Exit cohorts provide particularly misleading estimates in Illinois because of the push in the late 1990s to discharge children from long-term foster care to permanent homes with relatives, adoptive parents, and legal guardians.

Re-Entry After Reunification

The CFSR measure is as follows:

C1.4: Discharged During 12-Months Before Reporting Period, Reentering Within 12 Months

Of all children discharged from foster care during the year prior to the reporting period, what percent reentered foster care during the current reporting period (within 12 months from the date of discharge)?

Note: This calculation assumes all discharges are to reunification.

This measure is designed to look at all children who were reunified, and measure those that re-enter foster care within one year. However, in the AFCARS reporting system, the reason for discharge is not always known, so there is an assumption of discharge to reunification. This makes it difficult to figure out how to compare this to our results. We

Table B.3—Reunification

	CFSR Measure	Conditions Measure
Cook County	9%	9%
Northern	19%	19%
Central	21%	21%
Southern	34%	30%
State-Wide	19%	19%

look at each type of permanence and the percent that re-enter care within two years (or rupture for the other types of permanence).

Table B.4—Re-Entry Into Foster Care After Reunification

	CFSR Measure	Conditions Measure*
Cook County	13.5%	13%
Northern	12.5%	22%
Central	10.7%	21%
Southern	9.5%	23%
State-Wide	11.7%	20%

*Note: In the Conditions report, we report those that did not re-enter foster care. In order for this to be a more consistent comparison, we have recorded the inverse here – those that have re-entered foster care within two years. Also note that the CFSR measures re-entry after one year while the Conditions measure is after two years.

CFSR C1.4 and our measure paint different pictures: The CFSR shows that Southern region is the outlier, with the fewest re-entries, but looked at over a longer period, the data in this report shows that Cook County has fewer re-entries from reunification. This data shows that one must follow a child for at least a few years to determine if the permanent placement will last – particularly outside of Cook County. However, the limitations of the AFCARS data does not allow for this.

Adoption:

The CFSR measures are:

C2.1: Discharged to Adoption Within 24 Months

Of all children discharged from foster care to a finalized adoption during the 12 month target period, what percent were discharged in less than 24 months?

C2.2: Discharged to Adoption Median Length of Stay

The population is all children discharged from foster care to a finalized adoption during the 12-month target period. The median length of stay from the date of last removal to date of discharge to adoption is calculated.

C2.3: In-care 17+ Months on the First Day of the Reporting Period, Adopted During Period

Of all children in foster care on the first day of the 12 month target period who were in care for 17 continuous months or longer, what percent were discharged from care to a finalized adoption by the last day of the 12 month target period?

C2.4: In-care 17+ Months on the First Day of the Reporting Period, Freed for Adoption During First 6 Months of Period

Of all children in foster care on the first day of the 12 month target period who were in care for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent were freed for adoption during the first 6 months of the reporting period?

C2.5: Legally Freed During the Year Prior to the Reporting Period, Adopted Within 12 Months

Of all children who became legally free for adoption during the 12 months prior to the target 12 month period, what percent were discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free?

Similar to the reunification measures, C2.1 and C2.2 are exit cohort measures that distort true performance. In this report, we use the entry cohort measure of looking at all children who entered care, and ask how many were adopted after two years in care. In this report we do not have a calculation similar to C2.3, C2.4, or C2.5.

With the proposed new rules for submitting AFCARS data, the federal government is seeking to change the data that goes into AFCARS so that it becomes a longitudinal data base. If these changes are implemented, the possibility for calculating outcomes for children nation-wide will also change dramatically, and the potential for tracking outcomes from a system designed to do such, rather than a system designed to simply track numbers of children, is enormous. The Center supports and anticipates the day when a single, national, database of record is established from which child welfare administrators, researchers, public policy advocates, and others interested in child welfare can calculate meaningful child welfare outcomes.

DISPROPORTIONALITY IN ILLINOIS CHILD WELFARE SUMMARY OF METHODOLOGY

Overrepresentation in the child welfare system can be evaluated through a variety of methods – each one taking a slightly different approach to answering the same question: is the likelihood that one racial/ethnic group will experience an outcome greater or less than the likelihood for other racial/ethnic groups. For instance, we might want to know if African American children are more or less likely to experience stability in foster care, or to exit foster care to permanence compared to children of other races and ethnicities.

Over the years researchers have employed a variety of tools to address this issue. Some differences in the methodologies employed in this type of analysis relate to which groups of children are being compared. For instance, one could look at the percent of the foster care population by race or ethnicity, and compare that to the percent of that race or ethnicity in the child population as a whole. This provides a general understanding of the degree of over- or under-representation of that a particular racial group in the foster care population. In addition, one could look at the racial or ethnic composition of the children that enter foster care, and compare it to those that exit foster care to a permanent placement. Understanding overrepresentation, however, often requires a more detailed analysis that takes into consideration the dynamics at a local level – in specific counties, LANs or regions. Often the racial makeup in these smaller communities impacts racial disproportionality. Looking at disproportionality within the state, one can compare across the state, and target policies and practices to areas that are most in need.

This work is based upon research and methodology developed at Westat¹, an independent research firm, to look at disproportionality in the special education arena and the need to target specific school districts within a state. The author would like to acknowledge that she has followed the example set out by Westat and applied it directly to this work. The author would like to thank Westat for their clear and concise explanation that served as a model for this explanation. What follows is Westat's methodology and explanations, applied to child welfare in Illinois. According to Westat, the most common measures for assessing disproportionality are composition, risk and risk ratio². Each of these will be discussed next.

Risk measures the likelihood that children from a particular ethnic/racial group will experience an outcome – for instance, the likelihood that African American children will attain permanence within three years. This likelihood is then compared to the likelihood of another group attaining the same outcome. With the large numbers associated with state-level data, the risk ratio works well, but often there is a need to dig deeper to understand regional differences in representation because the racial makeup varies throughout the state. For instance, the low numbers of Hispanic children in foster care in the Southern region make it impossible to calculate the risk for this population. There are areas of Illinois where one racial or ethnic group is not very prominent, yet there is interest in understanding disproportionality in all regions, of all ethnicities/races. Risk ratio is influenced not only by the racial break-out of the race in question, but also of the comparison group – all the other children. The article that this analysis is based on does a nice job of showing how a racial group may have the same risk in two communities, but very different risk ratios because of the variability in the community-level racial distributions. It is precisely because of these variations that the Westat authors developed a weighted risk ratio to allow for comparisons within a state.

When the racial breakout of a population varies from community to community, a weighted risk ratio³ can be used that allows for comparison across communities within a state. The weighted risk ratio standardizes the racial distribution of a community to match that of the state, thus allowing states to discern where the greatest disproportionality exists within a state and target resources accordingly. The weighted risk ratio uses regional level risk for the racial group in question (in the numerator) and a weighted risk ratio of all other children (minus the target group) in the denominator. It is suggested that the alternate risk ratio⁴ be used when fewer than 10 children of a specific racial group experience the outcome, or less than 10 children of the racial group have entered foster care.

- 1 Methods for Assessing Racial/Ethnic Disproportionality in Special Education: A Technical Assistance Guide, July 2007 (PDF) available at: <https://www.ideadata.org/TAMaterial.asp>
- 2 Bollmer, Julie, Bethel, James, Garrison-Mogren, Roberta, and Brauen, Marsha, Using the Risk Ratio to Assess Racial/Ethnic Disproportionality in Special Education at the School-District Level *Journal of Special Education*, v41 n3 p186-198 Fall 2007.
- 3 Weighted risk ratio for African American = [(1-state African American composition) * Region African American perm risk] / [(State Caucasian composition * Region Caucasian perm risk) + (State Hispanic composition * Region Hispanic perm risk) + (State Other composition * Region Other perm risk)]
- 4 Alternate African American risk ratio = [(African American perm children in region / All African American children that entered in region) / (All other perm children in the state) / (All other children that entered)]

Table C.1—Weighted Risk Ratio With Outcomes in 2007 and Five Years Ago

	2007 Outcomes				5 Years Ago			
	Southern	Central	Northern	Cook	Southern	Central	Northern	Cook
Investigations (2007 outcomes in Figure I.9)								
African American	2.11	3.21	4.56	3.13	2.26	2.88	3.94	4.45
Hispanic	0.33	0.25	0.33	0.46	0.49	0.46	0.61	0.76
Caucasian	0.81	0.59	0.38	0.50	0.65	0.54	0.35	0.27
Indicated Investigations (2007 outcomes in Figure I.10)								
African American	1.04	1.13	1.09	0.93	1.37	1.44	1.42	1.41
Hispanic	0.91	1.03	1.05	1.16	1.40	1.23	1.15	1.22
Other	1.01	0.89	0.74	1.03	0.79	0.79	0.81	0.80
Caucasian	0.99	0.90	0.95	1.01	1.06	0.88	0.81	0.93
Entered Foster Care(2007 outcomes in Figure I.11)								
African American	1.25	1.62	1.73	2.44	0.94	1.14	1.04	1.40
Hispanic	1.48	1.38	0.71	0.70	0.27	0.60	0.60	0.53
Other	0.90	1.04	0.92	0.44	1.19	1.01	1.05	0.92
Caucasian	0.78	0.56	0.66	0.49	1.16	0.61	0.77	0.68
Placed With Kin(2007 outcomes in Figure I.12)								
African American	0.92	1.01	1.12	1.01	1.03	0.98	1.64	2.01
Hispanic	0.97	0.97	0.87	0.72	0.51	0.46	0.63	1.06
Other	1.00	1.27	1.28	1.01	0.92	1.10	0.75	0.58
Caucasian	1.07	0.98	0.89	1.03	1.04	1.03	1.03	0.90
Stability (2007 outcomes in Figure I.13)								
African American	1.00	0.91	1.02	1.08	1.22	0.98	0.86	1.18
Hispanic	1.25	1.04	1.02	0.78	0.77	0.87	0.85	1.02
Other	1.09	1.16	1.18	0.96	0.76	1.03	1.13	0.89
Caucasian	0.94	1.07	0.96	0.97	1.03	1.01	0.93	1.09
Permanence Within 3 Years (2007 outcomes in Figure I.14)								
African American	0.87	0.93	0.89	0.68	1.63	0.78	0.91	0.78
Hispanic	0.61	1.25	0.73	0.92	0.37	0.86	1.12	0.89
Other	1.20	1.00	0.91	0.93	0.78	1.21	1.05	1.20
Caucasian	1.26	1.03	1.19	1.50	1.17	1.20	0.95	1.23
Reunification Within 3 Years (2007 outcomes in Figure I.15)								
African American	0.62	0.73	0.91	0.69	1.87	0.80	0.77	0.58
Hispanic	0.95	0.98	0.76	1.20	0.60	1.26	1.46	1.14
Other	1.87	1.18	1.30	0.68	0.87	1.12	1.11	1.38
Caucasian	1.46	0.94	1.13	1.93	1.16	1.29	1.08	1.38
Adopted or SG Within 3 Years (2007 outcomes in Figure I.16)								
African American	1.27	0.79	0.85	0.98	0.68	0.73	1.13	1.13
Hispanic	1.72	1.48	0.70	0.85	0.97	0.33	0.64	0.57
Other	0.30	0.10	0.34	0.84	0.80	1.36	0.97	0.99
Caucasian	0.69	1.22	1.30	1.05	1.03	1.01	0.75	1.07

Note: Numbers in bold indicate that an alternate risk ratio was used due to a small number of children of that race/ethnicity in that region.

