



Conditions of Children in or at Risk of Foster Care in Illinois

2012 MONITORING REPORT
OF THE *B.H.* CONSENT DECREE



**CHILDREN AND FAMILY
| RESEARCH | CENTER**

UNIVERSITY OF ILLINOIS SCHOOL OF SOCIAL WORK



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A REPORT BY THE



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INTRODUCTION

The Evolution of Child Welfare Monitoring in Illinois

Since its inception in 1996, the Children and Family Research Center (CFRC, the Center; see Box I.1) has been responsible for the annual report which monitors the performance of the Illinois child welfare system in achieving its stated goals of child safety, permanency, and well-being. The *Monitoring Report of the B.H. Consent Decree* is the culmination of the efforts of the center's researchers to provide the most clear and comprehensive data to a variety of stakeholders who are concerned with the outcomes of abused and neglected children in Illinois. This report is not an evaluation of the Illinois Department of Children and Family Services (DCFS, the Department), the juvenile courts, private providers and community-based partners, or other human systems responsible for child protection and welfare. Rather, it is a monitoring report that examines specific performance indicators and identifies trends on selected outcomes of interest to the federal court, the Department, members of the *B.H.* class and their attorneys. It is our hope that this report will not sit on a shelf, but be used as a catalyst for dialogue between child welfare stakeholders at the state and local level about the meaning behind these reported numbers and the strategies needed for quality improvement. The children of Illinois deserve no less.

The Origin and Purpose of Child Welfare Outcome Monitoring in Illinois

The foundation of this report can be traced directly to the *B.H. Consent Decree*, which was approved by United States District Judge John Grady on December 20, 1991, and required extensive reforms of the Illinois Department of Children and Family Services over the subsequent two and a half years.¹ According to the Decree:

“It is the purpose of this Decree to assure that DCFS provides children with at least minimally adequate care. Defendant agrees that, for the purposes of this Decree, DCFS’s responsibility to provide such care for plaintiffs includes an obligation to create and maintain a system which assures children are treated in conformity with the following standards of care:

- a. Children shall be free from foreseeable and preventable physical harm;

¹ *B.H. v. Suter*, No. 88-cv-5599 (N.D. Ill., 1991). It should be noted that the name of the Defendant changes over time to reflect the name of the DCFS Director appointed at the time of the entry of a specific order. Susan Suter was the appointed Director at the time of the entry of the original Consent Decree in this case.

The Children and Family Research Center

BOX 1.1

The Children and Family Research Center was established in 1996 through a cooperative agreement between the Illinois Department of Children and Family Services (DCFS) and the University of Illinois at Urbana-Champaign (UIUC). The purpose of the Center is to conduct research that is responsive to the DCFS mission and responsibilities under statutes and court orders and contributes to scientific knowledge about child safety, permanency, and child and family well-being. Since its establishment, the Center has emerged as an important leader in promoting university-agency partnerships to improve public child welfare systems. The Center's research agenda and service innovations are widely credited with helping to turn around the Illinois child welfare system from one of the poorest performing systems in the nation into what has more recently been called the "gold standard" for child welfare reform.

Center activities are organized around four core areas: 1) outcome monitoring and needs assessment; 2) program evaluation and data analysis; 3) training and technical assistance to advance best practice; and 4) knowledge dissemination.

Outcome Monitoring and Needs Assessment

The Center was created, in part, to monitor DCFS performance and report to the United States District Court for the Northern District of Illinois pursuant to the *B.H.* Consent Decree. Each year since 1997, the Center has compiled a comprehensive report that describes over 40 child welfare indicators related to child safety and permanence. Analyses for the *B.H.* report utilize a large, longitudinal database that contains DCFS administrative data on every Illinois child protective investigation and every child welfare case (both in-home and substitute care) dating back to the 1980s. The *B.H.* report is widely distributed to child welfare administrators, researchers, and policy makers throughout Illinois and the nation.

Since little administrative data exists to monitor the well-being of children in foster care, the Center has conducted several large-scale studies to obtain data

on the physical health, mental health, educational, and risk behaviors of children in foster care. The Illinois Child Well-Being Studies (2003-2006) and the Illinois Survey of Child and Adolescent Well-Being (ISCAW; 2008-present) are among the most comprehensive studies of child well-being in the nation – collecting data from caregivers, caseworkers, teachers, nurses, and the children themselves.

Program Evaluation and Data Analysis

One of the key elements of the success of the child welfare reforms in Illinois has been the ability of child welfare administrators to rely on scientifically rigorous research that demonstrated the effectiveness of the program innovations being implemented. The Children and Family Research Center engages in large-scale, longitudinal evaluations of innovative child welfare demonstration projects which have national implication and scope. The Illinois Department of Children and Family Services was the recipient of three Title IV-E waiver demonstration projects in which the Children and Family Research Center served as the project evaluator. The Illinois Subsidized Guardianship (SG) Waiver Demonstration offered a new form of permanence to children who otherwise would have remained in substitute care by extending subsidies to families assuming private guardianship. Results of the SG Waiver evaluation, which ended in 2009, provided rigorous evidence for this child welfare practice and paved the way for the passage of the federal *Fostering Connections to Success and Improving Adoptions Act of 2008*.

The Children and Family Research Center also served as the evaluator for the Illinois Alcohol and Other Drug Abuse (AODA) Waiver Demonstration. This randomized control trial (RCT) evaluation, which began in 2000 and is ongoing, tests the effectiveness of "recovery coaches" that work with substance-abusing parents 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. The findings to date indicate that families assigned to a recovery coach are more likely to achieve reunification, achieve reunification in significantly fewer days, and are

significantly less likely to be associated with a new substance exposed infant.

In 2009, the Children and Family Research Center, in partnership with DCFS, applied for and received funding from the National Quality Improvement Center on Differential Response (QIC-DR) to implement and evaluate a Differential Response (DR) program in Illinois. This comprehensive evaluation consists of a RCT that compares outcomes for families randomly assigned to either a traditional child protective services investigation (control group) or non-investigative child protective services response known as a family assessment (treatment group). The evaluation also thoroughly documents the implementation process so that other states considering Differential Response can learn from the Illinois experience. Finally, a cost evaluation compares the short-term and long-term costs associated with the two “treatment” options.

Although RCTs are the gold standard for testing the effectiveness of program or policy innovations, there are times when practical, ethical, or cost considerations make an experimental design impossible. In these instances, the Center has used quasi-experimental research designs to draw conclusions about the effectiveness of several child welfare programs and reforms in Illinois. For example, each year the Center evaluates the impact of the state’s structured safety assessment and decision-making tool on child safety. For this evaluation a trend analysis is used, which examines child maltreatment recurrence (e.g., the occurrence of a second maltreatment report within 60 days of the first report) in the years prior to and following the implementation of the safety assessment protocol.

Training and Technical Assistance to Advance Best Practice

For over ten years, the CFRC’s Foster Care Utilization Review Program (FCURP) has worked with DCFS to prepare for, conduct, and respond to the federal Child and Family Services Review (CFSR). The CFSR is the means by which the federal government ensures state compliance with federal mandates. Using a continuous quality improvement process, FCURP has played a vital role in building and maintaining a viable public-private framework for supporting

ongoing efforts to enhance child welfare outcomes in Illinois. FCURP supports DCFS and its private sector partners by: 1) monitoring and reporting Illinois’ progress toward meeting the safety, permanency and well-being outcomes outlined in the Federal Child and Family Services Review; 2) providing training and education to help child welfare practitioners translate federal regulations and state policies into quality practice; and 3) providing technical assistance regarding the enhancement of child welfare organizational systems to promote system reform and efficiency of operations.

The Children and Family Research Center also provides technical assistance and consultation to child welfare agencies and other non-profit organizations throughout Illinois and the Midwest on a variety of topics. Recent examples of assistance include:

- Grant-writing assistance provided to the United Way of Champaign County in their response to a request for proposals from the Illinois Children’s Healthcare Foundation
- Assistance with survey development provided to Strengthening Families Illinois
- Grant-writing assistance provided to Champaign County Court Appointed Special Advocates (CASA)
- A full day training provided to child welfare agencies on developing program evaluation capacity within their organizations.

Knowledge Dissemination

Dissemination of the Center’s research findings is widespread to multiple audiences within Illinois and throughout the country. Using a variety of information sharing strategies, the Center’s researchers strive to put knowledge into the hands of both policy makers and practitioners, including:

- Use of the Children and Family Research Center web portal through which interested parties can access and download all research and technical reports, research briefs on specific topics, and presentations given at state and national conferences.
- Access to the Center’s Data Center which provides any interested individual access to summarized tables of DCFS performance data

- b. Children shall receive at least minimally adequate food, shelter, and clothing;
- c. Children shall receive at least minimally adequate health care;
- d. Children shall receive mental health care adequate to address their serious mental health needs;
- e. Children shall be free from unreasonable and unnecessary intrusions by DCFS upon their emotional and psychological well-being;
- f. Children shall receive at least minimally adequate training, education, and services to

enable them to secure their physical safety, freedom from emotional harm, and minimally adequate food, clothing, shelter, health and mental health care;

In order to meet this standard of care, it shall be necessary for DCFS to create and maintain a system which:

- a. Provides that children will be timely and stably placed in safe and appropriate living arrangements;
- b. Provides that reasonable efforts, as determined based on individual circumstances (including consideration of whether no efforts would be reasonable) shall be made to prevent removal of children from their homes and to reunite children with their parents, where appropriate and consistent with the best interests of the child;
- c. Provides that if children are not to be reunited with their parents, DCFS shall promptly identify and take the steps within its power to achieve permanency for the child in the least restrictive setting possible;
- d. Provides for the prompt identification of the medical, mental health and developmental needs of children;
- e. Provides timely access to adequate medical, mental health and developmental services;
- f. Provides that while in DCFS custody, children receive a public education of a kind and quality comparable to other children not in DCFS custody;
- g. Provides that while in DCFS custody, children receive such services and training as necessary to permit them to function in the least restrictive and most homelike setting possible; and
- h. Provides that children receive adequate services to assist in the transition to adulthood.”

The Children and Family Research Center CONT'D

on child safety, stability, continuity and family permanence. Each of the indicators reported on in the *B.H.* outcome report (with the exception of the well-being indicators) can be examined by child demographics (age, race, and gender) and geographic area (Illinois total, DCFS region, DCFS service area, County, and Chicago Community Area). Data for each indicator over a seven-year period are displayed, so that changes in performance can be tracked over time (see Box I.2 for additional information about the CFRC Data Center).

- The convening of Data Summits on topics of interest to DCFS and the Illinois child welfare research community. Previous summits have focused on the nexus between juvenile justice and child welfare, effective early childhood and child abuse prevention programs, and the use of risk adjustment in performance outcomes for children's residential centers.
- Publication of research findings in peer-reviewed academic journals and presentations at state and national professional conferences. Center staff published over 50 articles and presented at over 100 conferences in 2009-2012.

Under the terms of the *B.H. Consent Decree*, implementation of the required reforms was anticipated to occur by July 1, 1994. However, it became clear to the Court and to both parties that this ambitious goal would not be achieved in the two and a half years specified in the agreement. Consultation with a panel of child welfare and organizational reform experts led to the recommendation, among other things, to shift the focus of the monitoring from technical compliance (process) to the desired outcomes the parties hoped to achieve.² Both the plaintiffs and the defendants were in favor of a more results-oriented monitoring process, and together decided on three outcome categories: permanency, well-being, and safety.³ The two sides jointly moved to modify the Decree in July 1996,⁴ outlining a series of new strategies based on measurable outcomes:

“The parties have agreed on outcome goals for the operation of the child welfare system covering the three areas of child safety, child and family well-being, and permanency of family relations.

- a. The outcome goals agreed upon by the parties include the following:
 - i. Protection: Promptly and accurately determine whether the family care of children reported to DCFS is at or above a threshold of safety and child and family well-being, and if it exceeds that threshold, do not coercively interfere with the family.
 - ii. Preservation: When the family care of the child falls short of the threshold, and when consistent with the safety of the child, raise the level of care to that threshold in a timely manner.
 - iii. Substitute care: If the family care of the child cannot be raised to that threshold within a reasonable time or without undue risk to the child, place

the child in a substitute care setting that meets the child’s physical, emotional, and developmental needs.

- iv. Reunification: When the child is placed in substitute care, promptly enable the family to meet the child needs for safety and care and promptly return the child to the family when consistent with the safety of the child.
- v. Permanency: If the family is unable to resume care of the child within a reasonable time, promptly arrange for an alternative, permanent living situation that meets the child’s physical, emotional, and developmental needs.⁵

In addition to specifying the outcomes of interest, the Joint Memorandum outlined the creation of a Children and Family Research Center

“responsible for evaluating and issuing public reports on the performance of the child welfare service system operated by DCFS and its agents. The Research Center shall be independent of DCFS and shall be within an entity independent of DCFS.”⁶ The independence of the CFRC was an essential component of the settlement which was consistent with a growing national trend first identified by Senator Orrin Hatch as a means by which the autonomy of research universities would ensure that governmental programs could be held accountable for ensuring that authorized work is actually being done and whether or not programs were successful in addressing the perceived needs of the clients the program served.⁷ The CFRC was also tasked, in consultation with the Department and counsel for the

² Mezey, S.G. (1998). Systemic reform litigation and child welfare policy: The case of Illinois. *Law & Policy*, 20 203-230.

³ Puckett, K.L. (2008). *Dynamics of organizational change under external duress: A case study of DCFS’s responses to the 1991 Consent Decree mandating permanency outcomes for wards of the state*. Unpublished doctoral dissertation, University of Chicago.

⁴ *B.H. v McDonald* (1996). Joint Memorandum in Support of Agreed Supplemental Order, No 88-cv- 5599 (N.D. Ill 1996).

⁵ *Ibid*, p. 2-4

⁶ Joint Memorandum, p. 2

⁷ Hatch, O. (1982). Evaluations of government programs. *Evaluation and Program Planning*, 5, 189-191.

plaintiff class, with the development of outcome indicators to provide quantitative measures of progress toward meeting the goals set forth in the Consent Decree: “The Research Center will develop technologies and methods for collecting data to accurately report and analyze these outcome indicators. The Research Center may revise these outcome indicators after consultation with the Department and counsel for the plaintiff class to the extent necessary to improve the Center’s ability to measure progress toward meeting the outcome goals.”⁸

The Joint Memorandum also spelled out the process through which the results of the outcomes monitoring would be disseminated:

“The Research Center shall also provide to the parties and file with this Court an annual report summarizing the progress toward achieving the outcome goals and analyzing reasons for the success or failure in making such progress. The Center’s analysis of the reasons for the success or failure of DCFS to make reasonable progress toward the outcome goals shall include an analysis of the performance of DCFS (including both DCFS operations and the operations of private agencies), and any other relevant issues, including, where and to the extent appropriate, changes in or the general conditions of the children and families or any other aspects of the child welfare system external to DCFS that affect the capacity of the Department to achieve its goals, and changes in the conditions and status of children and plaintiffs’ counsel as the outcome indicators and data collection methods are developed...”⁹

The Evolution of Outcome Monitoring in Illinois

The *B.H.* parties agreed to give discretion to the Center in developing the specific indicators used to measure safety, permanency, and well-being. They also recognized the importance of exploring the systemic and contextual factors that influence outcomes, as well as the need for outcome indicators to change over time as data technology grows more sophisticated and additional performance issues emerge. The first “Outcomes Report” was filed with the Court in 1998 and included information on outcomes for children in the custody of the Department through fiscal year 1997. The indicators in the first monitoring report were simple, and included safety indicators of 1) maltreatment recurrence among intact family cases at 30, 180, and 300 days, and 2) maltreatment reports on children in substitute care (overall rate and rates by living arrangement, region, child age, child race, and perpetrator). The indicators for permanence in the first report included: 1) rate of children who entered substitute care from intact cases; 2) percentage of children returned home from substitute care within 6, 12, 18, and 24 months; 3) percent of reunified children who re-enter foster care; 4) percent of children adopted from substitute care and median length of time to adoption; 5) adoption disruptions; and 6) percent of children moved to legal guardianship from substitute care. Each of these indicators was examined by child age, race, gender, and region. No indicators of child well-being were included in the earliest *B.H.* monitoring reports because child welfare administrative data systems did not yet capture information on child physical and mental health, development, and education in ways that could be easily translated into outcome indicators.

In the years since the first *B.H.* monitoring reports were filed, the State’s child welfare information management systems have become more comprehensive, which has facilitated the development of more sophisticated and reliable indicators of children’s safety and permanence. Although data on child well-being were not included in administrative data systems; separate studies were conducted by the Center to assess the well-being of children in substitute care beginning in FY2000. In FY2003, two additional chapters were added

⁸ Joint Memorandum, p. 4

⁹ Joint Memorandum, p. 4

to the *B.H.* report to examine placement stability, the use of least restrictive settings (i.e. most family like), and the continuity of family relationships while in care. In FY2009, data at the sub-regional level were included in order to more closely examine child welfare system functioning in light of the shifting of the overall substitute care caseload toward the non-Cook County regions and worsening performance on indicators “downstate.” The sub-regional analyses allowed for a more comprehensive assessment of the differences between rural and urban settings.

The Current Monitoring Report of the *B.H.* Consent Decree

The continual evolution of child welfare monitoring in Illinois is manifested in this year’s *B.H.* report.¹⁰ The report is organized into four chapters which attempt to capture the experience of a child as he or she travels through the child protection and child welfare systems. “**Child Safety**” is the first chapter. Children’s first contact with the child welfare system is typically through a Child Protective Services (CPS) investigation. Investigators make several decisions related to child safety, including whether the child is in immediate danger of a moderate to severe nature, whether there is credible evidence that maltreatment has occurred, whether to remove the child from the home and take them into protective custody, and whether the family’s needs indicate that they would benefit from ongoing child welfare services. Regardless of whether or not additional child welfare services are provided, the child welfare system has a responsibility to keep the child safe from additional maltreatment once they have been investigated. The first chapter of the report examines the Department’s performance in fulfilling this obligation by examining indicators related to maltreatment recurrence that occurs within 12 months of an indicated child maltreatment investigation.

The second chapter, “**Children in Substitute Care: Safety, Continuity, and Stability**,” examines the experiences of children from the time they enter substitute care until the time they exit the child welfare system. Once removed from their homes, the public child welfare system and its private agency partners have a responsibility to provide children with living arrangements that

ensure that they are safe from additional harm, maintain connections with their family members (including other siblings in care) and community, and provide stability. In addition, substitute care should be a temporary solution and children should live in substitute care settings for the shortest period possible to ameliorate the issues which brought the children into care. This chapter examines how well the Illinois Department of Children and Family Services performs in providing substitute care living arrangements that meet these standards, and is organized into four sections: 1) Safety in Substitute Care; 2) Continuity with Family and Community; 3) Placement Stability; and 4) Length of Time in Substitute Care.

The third chapter examines “**Legal Permanence: Reunification, Adoption and Guardianship**” with in-depth analyses of each of these three exit types. The chapter examines the likelihood that a child will exit substitute care to reunification, adoption, or guardianship within 12, 24, and 36 months of entry. For those children who achieve permanence, the stability of their permanent living arrangement at one year (reunification only), two years, five years, and ten years after exiting the child welfare system is also assessed. This chapter also examines the population of children that remain in care longer than three years, as well as those that exit substitute care without achieving a legally permanent family (exits of this type include running away from their placement, incarceration, and aging out of the substitute care system).

Finally, the fourth chapter takes a close look at the “**Child Well-Being**” of the children involved in substantiated reports of child maltreatment in Illinois. This chapter uses data from a unique longitudinal study known as the Illinois Survey of Child and Adolescent Well-Being (ISCAW). ISCAW is a statewide study of well-being and service delivery for children involved in substantiated child maltreatment investigation. It includes 818 cases sampled between 2008 and 2010 to be representative of the entire population of Illinois children involved in substantiated maltreatment reports. ISCAW is a longitudinal study that has collected data on the same sample of children at two points in time: Wave 1 (also referred to as the baseline) occurred 4 to 5 months following a substantiated investigation and Wave 2

¹⁰ There is typically a one year lag time between the most recent administrative data used for the *B.H.* monitoring report and the publication date. For instance, this year’s report, published in 2013, monitors outcomes through the end of FY2012.

The CFRC Data Center

BOX 1.2

The Children and Family Research Center maintains a Data Center (cfr Illinois.edu/datacenter.php) that is publically available and provides interested child welfare stakeholders with up-to-date information on the Illinois child welfare system. The CFRC Data Center allows users to examine many of the outcome indicators included in the *B.H.* monitoring report and to customize the information that they are interested in examining. Outcome indicators can be viewed at the state, region, sub-region, local area network (LAN), or county level, and can be further broken down by child race, age, or gender. The goal of the Data Center is to put child welfare data in the hands of the people who need it – including non-profit program managers and caseworkers, advocates, policy-makers, legislative staff, and community grant-writers who need current data to support their work. Information in the Data Center is organized into two main parts: data on **Outcome Indicators** which measure child

welfare system performance and **Population Data** which provide a more global view of the children and families involved with the child welfare system in Illinois.

To demonstrate how one might navigate the **Outcome Indicators** part of the Data Center, assume a child welfare supervisor in the Peoria sub-region is interested in looking at placement stability outcomes in her sub-region in order to devise a local quality improvement plan. She can visit the Data Center's Outcome Indicators and click on the indicator which looks at the percentage of children entering substitute care that had two or fewer placements within a year of removal. Initially, she is presented with data for the entire state population, but she can easily select any subset she wishes to focus on (the Peoria sub-region or McLean County, etc.):



Once a geographical sub-set of the population is narrowed down, the supervisor can then jump between tables broken out demographically – by

race, age group, or gender – with results presented for the past seven years. Each table can also be saved in Word or Excel:

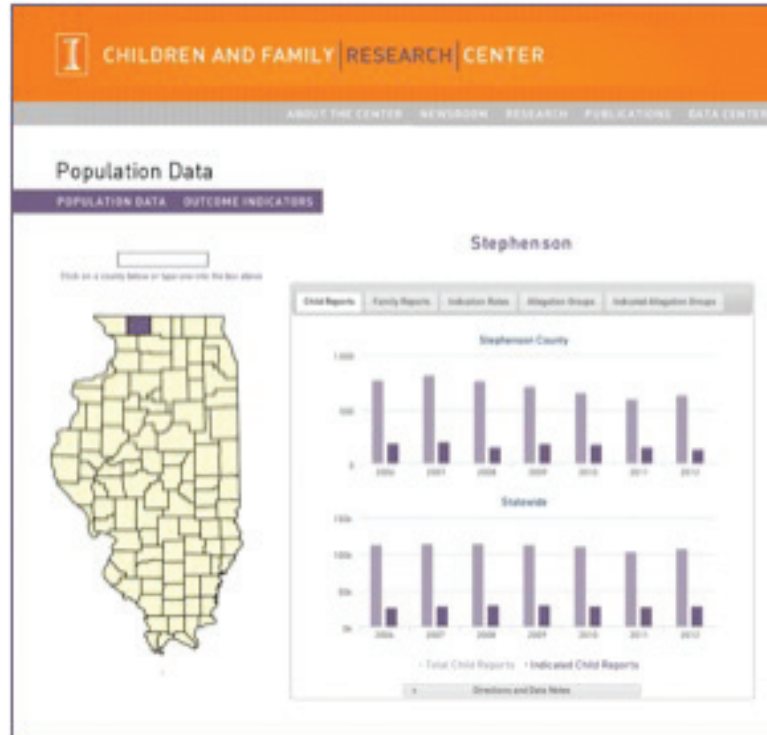
The screenshot shows a table of data for the Peoria sub-region. The table has four columns: 'Year', 'Entering and Staying One Year', and 'Two or Fewer Placements' (subdivided into 'N' and '%'). The data is as follows:

Year	Entering and Staying One Year	Two or Fewer Placements	
		N	%
2011	554	440	79.4%
2012	536	420	78.4%
2013	504	407	80.8%
2014	505	410	81.2%
2015	487	384	78.8%
2016	536	406	75.7%
2017	521	436	83.7%

Below the table, there are buttons for 'Save table as' with options for 'Excel' and 'Word'. At the bottom, there are filter buttons for 'All Children', 'Race', 'Age Group', and 'Gender'. The 'Race' button is highlighted in orange.

In 2013, a new section of the Data Center was launched that provides child welfare **Population Data** for children and families involved in the child welfare system in Illinois. Data currently available include the numbers of children and families investigated and indicated for maltreatment,

which can be viewed at the county level through a new interactive state map (see below for examples from the site). Additional data on the population of children in substitute care will be added to the Population Data center later in 2013.



occurred a little over a year following Wave 1. The 2010 *B.H.* monitoring report contained ISCAW data on the well-being and development of children in substantiated investigation in Illinois at Wave 1. The Child Well-Being chapter in the current report examines changes in well-being that occur during the first year following a substantiated maltreatment investigation (Wave 1 to Wave 2).

Each chapter contains numerous figures or tables that allow the reader to easily visualize Illinois’ performance on each indicator over time. Some readers may be interested in examining the results of the analyses more closely. Additional information has been provided in the technical Appendices to this report: Appendix A contains detailed **Indicator Definitions** for the majority of the indicators presented in the first three chapters of the report; Appendix B contains the **Outcome Data** for each indicator over the past seven years for the State as a whole, along with breakdowns for each by child age, race, gender, and geographical region; Appendix C contains a **Sub-regional Analysis** for a selected number of indicators. The data provided in Appendices B and C are also available online via the CFRC Data Center (see Box I.2 for more information).

Readers familiar with past *B.H.* monitoring reports will notice several changes to the current report.

- Chapters 1 through 3 now contain a summary of the indicators that are used to track the Department’s progress in achieving positive outcomes for children and families, and the amount of change that has occurred on that indicator between the most recent two years that data are available. These summaries, titled Changes at a Glance, are presented near the beginning of each chapter and list each of the outcome indicators in that chapter as well as an icon that denotes whether the indicator has significantly increased, decreased, or remained unchanged during the most recent monitoring period. To create these summaries, two decisions needed to be made:
 - 1) What time period is of most interest to policy-makers and other child welfare stakeholders?
 - 2) How large must a change be to be a “significant” change?
- Improvements in administrative data now allow us to track outcomes over long periods

of time – some data can be traced back decades. Many of the figures in the chapters present outcome data over a 20 year period so that long term trends can be seen. However, when trying to determine which child welfare outcomes may be starting to improve or worsen, a more recent time frame is informative. Therefore, the Changes at a Glance summaries focus on the amount of change that has occurred during the most recent 12 month period for which data is available on a particular indicator. Significant changes (defined below) in either direction may indicate the beginning of a new trend or may be random fluctuation – but either way it is worth noticing.

- To measure the change in each indicator, we calculated the “percent change” in the following manner: the older value of the indicator was subtracted from the more recent value of the indicator (to find the relative difference), divided by the older value, and then multiplied by 100 to determine the percentage change. To illustrate this process, if the percentage of children who achieve reunification within 12 months was 16% in 2010 and 24% in 2011, the percentage change would be:

$$\frac{\text{new value} - \text{old value}}{\text{old value}} \times 100$$

OR

$$\frac{24 - 16}{16} \times 100 = 50\%$$

If the result is positive, it is a percentage increase and if negative, it is a percentage decrease. In this fictional example, the change from 2010 to 2011 represents a 50% increase in the percentage of children reunified within 12 months.

- Looking at the percentage difference (a-b/a) rather than the actual difference (a-b) allows us to compare indicators of different “sizes” using a common metric, so that differences in indicators with very small values (such as the

percentage of children maltreated in substitute care) are given the same attention as those of larger magnitude.

- Determining what counts as a “significant” amount of change in one year is subjective. In the current report, increases or decreases of 5% or greater were noted as significant. Changes of this magnitude are pictured with an upward or downward arrow, while changes of less than 5% are pictured with an equal sign. Please note that although the word “significant” is used to describe the percentage changes, this does not mean that tests of statistical significance were completed; it merely suggests that the amount of change is noteworthy.
- Several chapters contain “heat maps” to visually depict sub-regional performance. To create the heat map, the findings pertaining to the relevant indicator are compared to one another and ranked. The sub-regions and years in the top 25th percentile – those with the **best performance** in the selected indicator – are shown in the lightest shade. Those sub-regions and years in the bottom 25th percentile – those with the **worst performance** on this indicator – are shown in the darkest shade. Those that performed in the middle – between the 26th and 74th percentiles are shown in the medium shade. Each heat map provides a simple way to compare sub-regional performance over time and across the state. It is important to note that these “rankings” are relative only to performance with the ten sub-regions over the seven year time span depicted and not to any national or state benchmarks. Readers are cautioned that even though it may appear that a given sub-region may be performing well when compared to other sub-regions in the state, this does not necessarily mean that its performance should be considered “good” or “excellent” compared to a standard or benchmark.
- The Substitute Care chapter examines both the initial placements of children and placement at the end of the fiscal year for several indicators including restrictiveness of placement, placement

with siblings, and placement close to home. Readers are provided an opportunity to compare these results by presenting them side-by-side.

These changes were made to improve the comprehensiveness of the indicators and will be incorporated into future monitoring reports going forward. Several temporary changes have been made to the current report due to problems with the administrative data files used in the analyses. Several of the files, specifically the files containing data on the geographic locations of child placements, contained large amounts of missing or unusable data. Rather than delay publication, the decision was made to publish the current report without the indicators affected by the missing data. The following indicators and chapters are affected:

- All indicators related to the median distance of child placements from the home of origin are excluded from the Substitute Care chapter and the associated appendix tables.
- Problems with the placement data for children in independent living arrangements necessitated that this placement type be excluded from the end-of-year placement type indicator in the Substitute Care chapter. As a result of this exclusion, the percentages of children in each of the other placement types at the end of the year will be different than those in prior reports.

These indicators will be added back to next year’s monitoring report if data files containing the missing information are sent to the CFRC in time for analysis.

Future Efforts to Monitor Child Welfare Outcomes in Illinois

There is no question that the Illinois child welfare system looks quite different than the system described in the *B.H.* lawsuit, when basic needs of children were not being met. In FY1998, there were over 50,000 children in substitute care. Once in care, children languished with a median length of stay in excess of 44 months. Through the use of innovative reforms such as the Subsidized Guardianship waiver, implementation of

¹¹ See <http://www.state.il.us/dcf/docs/IB3%20Fact%20Sheet%2015%20Jan%2018%20final-dcf%20internet%20copy.pdf> for more information about the IB3 waiver demonstration.

¹² Contact information for the Children and Family Research Center can be found on the Acknowledgements page.

performance based contracting, and the development of the Child Endangerment Risk Assessment Protocol (CERAP), Illinois safely and effectively reduced the number of children in care from 51,596 in FY1997 to 15,116 in FY2012.

Despite the impressive results of the past, the child welfare landscape in Illinois continues to evolve at a fast pace. In 2012, the Differential Response program was discontinued, and Intact Family Services underwent several changes to its eligibility criteria and staffing. At the same time, new interventions such as the Illinois Birth through Three Waiver (1B3)¹¹ were initiated to address the needs of children ages birth through three in substitute care, reduce trauma symptoms, increase permanence, and reduce re-entry into care. The effects of these programmatic changes on child welfare outcomes in the state will become apparent in the coming years and should be carefully monitored.

The indicators and outcomes included in the *B.H.* monitoring report will also continue to evolve. The State's data management systems are becoming increasingly sophisticated, which will allow the CFRC to expand the ways in which child safety and permanence are measured and tracked over time. Other statewide data collection activities, including the Illinois Survey of Child and Adolescent Well-Being (described in detail in Chapter 4), will provide reliable and valid data on the well-being of the children in or at risk of substitute care in Illinois. Our hope is that the *B.H.* monitoring report not only serves its intended purpose of informing the *B.H.* parties on the performance of the Illinois Department of Children and Family Services, but that it provides other child welfare stakeholders within the State with information that is useful to them and encourages further discussion on how to improve outcomes for children and families. We welcome feedback on the report, as well as suggestions for additional areas of study.¹²



CHAPTER 1

Child Safety

1

Child safety is the paramount concern of the child protection and welfare systems. According to the most recent federal child welfare monitoring report, “[p]ublic child welfare agencies are charged with the responsibility of ensuring that children who have been found to be victims of abuse or neglect are protected from further harm. Whether the child is placed in out-of-home care or maintained in the home, the child welfare agency’s first concern must be to ensure the safety of the child” (p. 5).¹ 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.

Measuring Child Safety

In some ways, child safety is the most straightforward of all child welfare outcomes – safety is the *absence* of child maltreatment. Even so, there are differences in the ways that child safety can be measured, which can lead to inconsistencies in reporting and confusion when comparing or interpreting results. With that in mind, it is important to be clear about the ways that child safety is measured in this chapter (see Appendix A for detailed descriptions of the indicators used in this report).

Maltreatment recurrence is the most common indicator used to assess child safety within the context of public child welfare. Typically, recurrence is defined as a *substantiated*² maltreatment report following a prior *substantiated* report that involves the same child or family. Some measures, called re-referrals or re-reports, take a broader view and include *all* subsequent reports following an initial report, regardless of whether or not the subsequent report was substantiated. Although recognizing the importance of all future contacts with child welfare, the current report follows the more commonly-used indicator of maltreatment recurrence that includes only additional *substantiated* maltreatment reports.

Indicators of maltreatment recurrence also vary widely in the length of time over which recurrence is monitored. Studies of safety assessment focusing on the immediate safety of children during the investigation typically use short recurrence follow-up periods, i.e., *60 days*. The federal recurrence measure used in the Child and Family Services Review examines maltreatment recurrence within the *6 months* following an initial indicated report. Some recurrence studies track families for *several years* to observe if they are re-reported following an initial report.³ A large amount of research now

¹U.S. Department of Health and Human Services, Administration on Children and Families, Children’s Bureau. (2012). *Child Welfare Outcomes 2007 – 2010: Report to Congress*. Washington, DC: Child Welfare Information Gateway. Available online: <http://archive.acf.hhs.gov/programs/cb/pubs/cwo07-10/cwo07-10.pdf>

²In Illinois, maltreatment reports are either indicated or unfounded, rather than substantiated or unsubstantiated. Within this report, the terms indicated and substantiated are used interchangeably.

³For example, Drake, B., Jonson-Reid, M., Way, I., & Chung, S. (2003). Substantiation and recidivism. *Child Maltreatment*, 8, 248-260. Bae, H., Solomon, P.L., Gelles, R.J., & White, T. (2010). Effect of child protective services system factors on child maltreatment. *Child Welfare*, 89, 33-56.

Changes in Safety at a Glance

Maltreatment Recurrence Among Children with Substantiated Reports

= Of all children with a substantiated report, the percentage that had another substantiated report within 12 months has remained stable at 10.8%.

Maltreatment Recurrence Among Children Served in Intact Family Cases

↓ Of all children served at home in intact family cases, the percentage that had another substantiated report within 12 months decreased from 11.7% to 10.0% (-14% change).

Maltreatment Recurrence Among Children Who Do Not Receive Services

↑ Of all children with a substantiated report who did not receive services, the percentage that had another substantiated report within 12 months increased from 10% to 10.5% (+5% change).

confirms that once a family is reported to child protective services (CPS), their risk of a subsequent report is greatest within the first few months of the first report and decreases after the first year.⁴ The current report uses a 12-month recurrence period for the safety indicators, which allows us to capture the period of greatest risk for maltreatment recurrence among families with an initial report.⁵

The final consideration when selecting indicators of child safety is the population to be monitored. In Illinois, the mandate for ensuring child safety extends to all children investigated by the Department, regardless of whether post-investigation services are offered. Not all families – even those where maltreatment is indicated – receive post-investigation services. Figure 1.1 shows the service dispositions of children with indicated reports each year from 2006 to 2012. The majority of indicated children in Illinois do not receive post-investigation services, and this percentage has

increased in the past several years from 59% in 2006 to 74% in 2012. A decreasing percentage of children with indicated maltreatment reports are served at home in what are known as “intact family cases” – from 26% in 2006 to 12% in 2012.⁶ About 14-15% of children with indicated maltreatment are served in substitute care – a percentage that has remained steady across the past seven years.⁷ In 2012, the percentage of children served in substitute care following an indicated investigation surpasses that served at home in intact family cases.

The relationship between post-investigation service provision and risk of maltreatment recurrence is complex. Many studies have found that families that receive child welfare services are at higher risk of maltreatment recurrence than those who are not provided with services, which seems counter-intuitive, since services are provided to reduce family risk factors and decrease future maltreatment. The relationship between child welfare service provision and increased recurrence

⁴ Fluke, J.D., Shusterman, G.R., Hollinshead, D.M., & Yuan, Y.T. (2008). Longitudinal analysis of repeated child abuse reporting and victimization: Multistate analysis of associated factors. *Child Maltreatment, 13*, 76-88.

Lipien, L., & Forthofer, M.S. (2004). An event history analysis of recurrent child maltreatment in Florida. *Child Abuse & Neglect, 28*, 947-966.

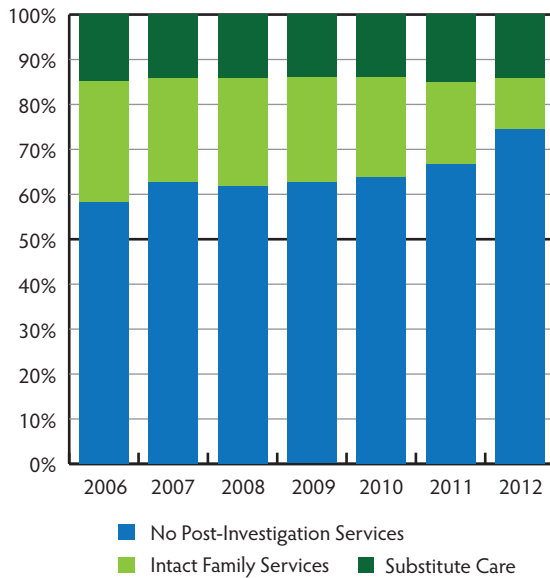
Zhang, S., Fuller, T., & Nieto, M. (2013). Didn't we just see you? Time to recurrence among frequently encountered families in CPS. *Children and Youth Services Review, 35*, 883-889.

⁵ Because a one-year observation period is used to track maltreatment recurrence, the figures and appendix tables for this chapter appear to end in 2011 rather than 2012. This is misleading, because although the initial report occurred during 2011, the 12-month observation period extends through June 30, 2012.

⁶ This percentage includes those children with indicated reports that occurred while the child was already being served in an intact family case as well as children served in an intact family case within 60 days of the indicated report.

⁷ This percentage includes those children with indicated reports that occurred while the child was in substitute care as well as children placed in substitute care within 60 days of an indicated report.

Figure 1.1
Service Dispositions Among Children with Indicated Reports



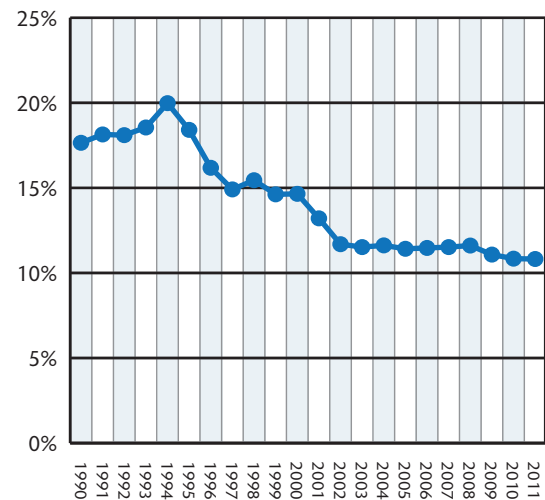
has been attributed to both increased surveillance by caseworkers and to the fact that families that receive services typically have more risk factors than families not recommended for services. Monitoring overall maltreatment recurrence rates without regard to service disposition ignores the fact that children served in one setting may be more or less safe than those served in another. In this chapter, separate indicators therefore examine maltreatment recurrence among 1) all children with indicated reports; 2) indicated children served in intact family cases; and 3) indicated children with no post-investigation service case (see Appendix B, Indicators 1.A, 1.B, and 1.C, respectively). Maltreatment that occurs while children are in substitute care placements is discussed in Chapter 2.

Maltreatment Recurrence Among Children with Indicated Reports

Figure 1.2 displays the 12 month maltreatment recurrence rate for all children with an indicated maltreatment report (see Appendix B, Indicator 1.A). When this indicator is examined over the past 22 years, it is evident that recurrence rates increased in the early

1990s to their peak of 20% in 1994, and then began a steady decline from 1995 to 2003, when the rate leveled off at 11.5% and remained around there until 2008. Since 2008, there has been a slight decline in maltreatment recurrence and rates are now at their lowest in the past 20 years: 10.8% of the children with indicated maltreatment in 2011 had another indicated report within 12 months.

Figure 1.2
12-Month Maltreatment Recurrence Among Children with Indicated Reports

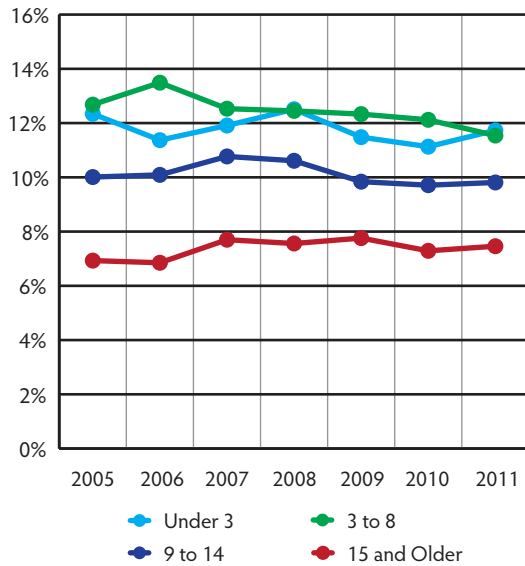


A fair amount of research has examined the child, family, and case characteristics that are related to maltreatment recurrence. This research points to child age as an important predictor of recurrence – younger children are much more likely to experience maltreatment recurrence than older children.⁸ This is also true in Illinois: maltreatment recurrence rates are highest among children under 8 and decrease as child age increases (see Figure 1.3 and Appendix B, Indicator 1.A).

Although the differences are small and have decreased over time, there are consistent differences in maltreatment recurrence among children of different race/ethnicities (see Figure 1.4 and Appendix B, Indicator 1.A): among children with an indicated report of maltreatment in FY2011, the rate of 12-month maltreatment recurrence was lowest among Hispanic children (8.7%), followed by African American children (10.2%), and White children (11.7%).

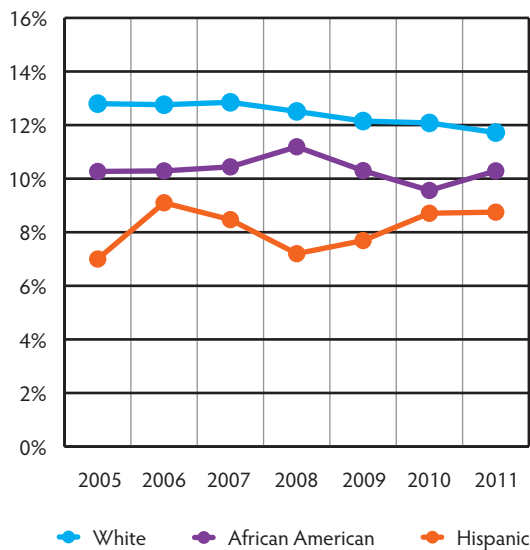
⁸Bae, H., Solomon, P.L., & Gelles, R.J. (2009). Multiple child maltreatment recurrence relative to single recurrence and no recurrence. *Children and Youth Service Review*, 31, 617-624. Connell, Bergeron, Katz, Saunders, & Tebes. (2007). Re-referral to child protective services: The influence of child, family, and case characteristics on risk status. *Child Abuse & Neglect*, 31, 573-588. Kahn, J.M., & Schwalbe, C. (2010). The timing to and risk factors associated with child welfare system recidivism at two decision-making points. *Children and Youth Services Review*, 32, 1035-1044. Fluke, J.D., Shusterman, G.R., Hollinshead, D.M., & Yuan, Y.T. (2008). Longitudinal analysis of repeated child abuse reporting and victimization: Multistate analysis of associated factors. *Child Maltreatment*, 13, 76-88.

Figure 1.3
12-Month Maltreatment Recurrence by Age



Previous *B.H.* monitoring reports have noted consistent differences in recurrence rates by region. These differences still persist: of the children with indicated maltreatment in 2011, those living in the Cook region have the lowest 12-month recurrence rate (8.9%), followed by the Northern region (9.1%), the Central region

Figure 1.4
12-Month Maltreatment Recurrence by Race/Ethnicity



(12.4%) and the Southern region (13.9%; see Appendix B, Indicator 1.A). To gain a more complete picture of these regional differences, Figure 1.5 displays a sub-regional “heat map” showing 12-month maltreatment recurrence rates among all children with an indicated report (see Appendix C, Indicator 1.A for corresponding data). To create the heat map, recurrence rates in each sub-region of Illinois for each year in the 7-year period are compared to one another and ranked. The sub-regions and years in the top 25th percentile – those with the *best performance* on this indicator – are shown in the lightest shade. Those sub-regions and years in the bottom 25th percentile – those with the *worst performance* on this indicator – are shown in the darkest shade. Those that performed in the middle – between the 26th and 74th percentiles – are shown in the medium shade. The heat map therefore provides a visually simple way to compare a large amount of information on sub-regional performance both over time and across the state. It is possible to tell reasonably quickly if a region or sub-region is doing well (relative to the other regions in the state over the past 7 years) by looking for the areas in the lightest shade. It is important to note that these “rankings” are relative only to the performance within the ten sub-regions over the seven year time span and not to any national or state benchmarks. Thus, even though a given sub-region may be performing “well” compared to other sub-regions in the state (as indicated by a light shade on the heat map), this does not necessarily mean that its performance should be considered “good” or “excellent” compared to a standard or benchmark.

Examination of Figure 1.5 clearly reveals that the highest recurrence rates in the state are occurring in the Marion and Springfield sub-regions, and that performance in these two sub-regions is consistently poor throughout the entire 7-year observation period. Conversely, the best performing sub-regions are those in the Cook region, and this is also fairly consistent across the observation period.

Figure 1.5
12-Month Maltreatment Recurrence
Sub-region Heat Map

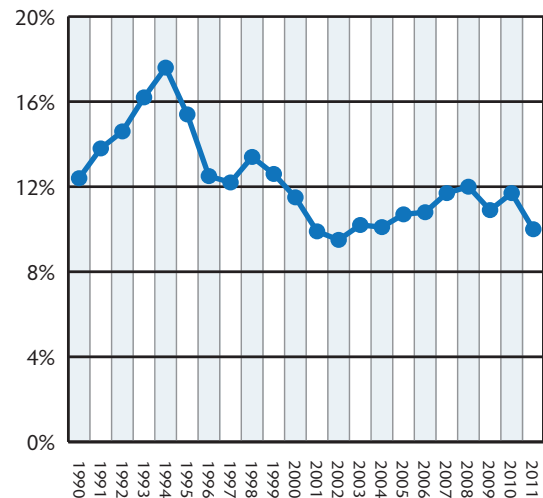
	2005	2006	2007	2008	2009	2010	2011
Cook North							
Cook Central							
Cook South							
Aurora							
Rockford							
Champaign							
Peoria							
Springfield							
East St. Louis							
Marion							

Maltreatment Recurrence Among Indicated Children in 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 compared to families with no history of maltreatment. Figure 1.6 displays the recurrence rates for these children served in intact family cases (see Appendix B, Indicator 1.B).

Similar to overall recurrence, recurrence among children served in intact families climbed steeply during the early 1990s to its peak of 17.7% in 1994. Rates then declined, first steeply and then more gradually, over the next several years, before reaching their lowest point (9.7%) in 2002. Maltreatment recurrence among

Figure 1.6
12-Month Maltreatment Recurrence
Among Children Served in Intact Families



children in intact families had been slowly climbing from 2002 until 2008, and has been fluctuating by about 1% up and down over the past several years. The most recent change in 12-month recurrence rates among children served in intact family cases are encouraging: 10.0% of the children with intact cases opened in FY2011 had a second indicated report within 12 months of their prior report, compared to 11.7% of the children with intact cases opened in FY2010.

The relationships between child age and race/ethnicity and recurrence among children served in intact families are very similar to those for overall maltreatment recurrence (see Appendix B, Indicator 1.B). Recurrence is much more likely to occur among younger children – children under three years are over four times more likely to experience recurrence than those 15 years and older. Also, White children served in intact families are much more likely to experience repeat maltreatment than African American children.

When recurrence in intact families is examined at the sub-region level (see Appendix C, Indicator 1.B), several trends are apparent (Figure 1.7). Once again, recurrence rates are generally lower in the Cook sub-regions (lighter shade) when compared with other sub-regions (darker shade). However, three phenomena are worth noticing. First, maltreatment recurrence

rates among intact families in Cook North have been increasing over the past several years, rising from 9% to 11.4%. Second, all sub-regions except Cook North have a one-year decline in recurrence rates between the most recent two years.. The biggest decline was in the East St. Louis sub-region, which dropped from 16% to 9.7%. Third, the Marion sub-region has consistently been in the bottom 25th percentile on this indicator (compared to the other sub-regions) and has had the highest recurrence rate in the state for six of the last seven years.

Figure 1.7
12-Month Maltreatment Recurrence
Among Children Served in Intact Families
Sub-region Heat Map

	2005	2006	2007	2008	2009	2010	2011
Cook North	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Cook Central	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Cook South	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Aurora	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Rockford	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Champaign	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Peoria	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Springfield	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
East St. Louis	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Marion	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue

Maltreatment Recurrence Among Indicated Children Who Do Not Receive Services

Nearly three-fourths of the children who were indicated for maltreatment in 2012 did not receive any post-investigation child welfare services (see Figure 1.1). Figure 1.8 displays the 12-month maltreatment recurrence rates for children with an indicated report that did not receive services (either intact family or substitute

care) following the investigation (i.e., the case was indicated and closed; see Appendix B, Indicator 1.C). The trend is very similar to that for overall maltreatment recurrence: an increase in the early 1990s, followed by a decrease from 1994 until around 2002, and then a relatively stable pattern from 2002 until present.

Figure 1.8
12-Month Maltreatment Recurrence
Among Indicated Children Who
Do Not Receive Services

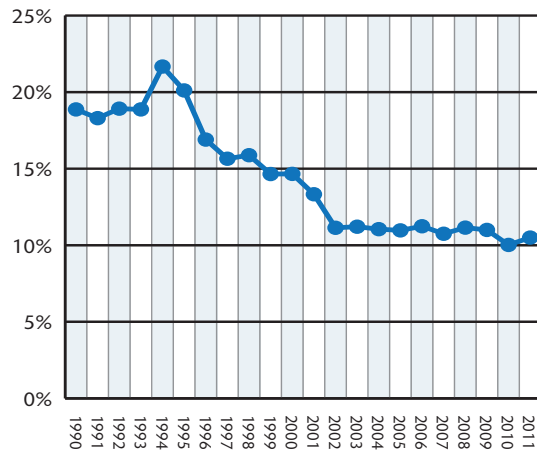
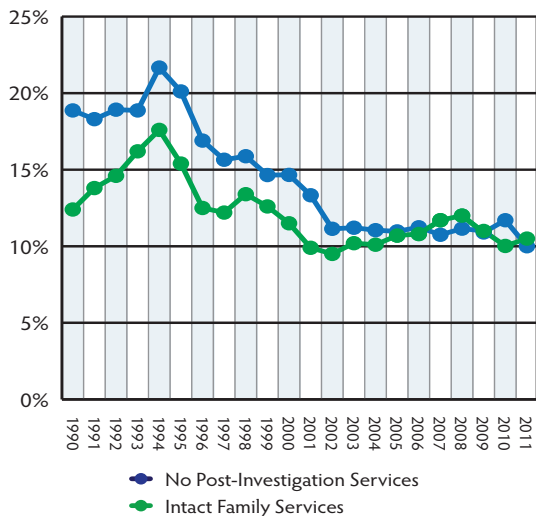


Figure 1.9 compares the 12-month maltreatment recurrence rates between indicated children served in intact families and indicated children who receive no post-investigation services. Until around 2004, children served in intact families were slightly to moderately safer than those not provided services. However, since recurrence rates among intact families have been slowly increasing since 2002 while those among children not provided services have been level, rates among the two groups have been very similar for several years.

Conclusions and Recommendations:

Figure 1.9
Comparison of Maltreatment Recurrence
Among Children Served in Intact Families
and Children Who Do Not Receive Services



Child Safety

When examining child safety, the true litmus test of child welfare system performance is how well it protects children from additional maltreatment *after* they become known to the system. The primary indicator used to assess the Department's performance in this area is the rate of maltreatment recurrence, measured as the occurrence of a second indicated report within 12 months of an initial indicated report. The Department's performance related to overall maltreatment recurrence has improved over the past four years – the percentage of indicated children who experienced an additional indicated report within 12 months has decreased from 11.6% to 10.8% (a 7% decrease). In fact, 12-month maltreatment recurrence rates in 2012 were the lowest they have been in the past 20 years.

One of the most complex decisions an investigator makes is whether or not to open an investigation for ongoing services. Workers must weigh multiple factors at once, such as the immediate safety threats in the household, the long-term risk factors, the protective capacities and supports of the parents, the services that are available in the community, and the parents' ability to utilize those services, if provided. If there are no immediate safety concerns, best practice and DCF's policy indicate that children should be maintained safely

in their own home, whenever possible and appropriate. When the rates of maltreatment recurrence among children served in intact families are examined over the past several years, no clear trend is apparent – rates have been alternatively increasing and decreasing from year to year. The most recent change – a 14% decrease in recurrence that occurred in 2012 – is an encouraging sign. These figures, however, do not take into account the effects of the Department's policy changes related to intact family service provision, which occurred in 2012. The effects of these policy changes – if any – will be observed in the data collected in 2013.

Despite these recent improvements in statewide performance, certain sub-regions of the state continue to struggle with high rates of maltreatment recurrence. The Marion sub-region, located in the Southern region, has maltreatment recurrence rates nearly double those in the Cook sub-regions. A better understanding of the factors related to maltreatment recurrence in the Marion sub-region could be gained by collecting multiple types of data about the families and the ecological systems within which they are embedded (information about the children, their parents, their extended families, the neighborhoods and communities in which they live, the services that are available within those communities). This type of data collection goes beyond the analysis of administrative data and involves qualitative methods such as case record reviews and focus groups with workers and families. Although this type of data collection is time-consuming, it would provide the Department with a much better understanding of the reasons behind the large differences in recurrence around the state and allow it to target specific interventions to decrease the likelihood of recurrence.



CHAPTER 2

Children in Substitute Care: Safety, Continuity, and Stability

Children should be removed from their parents and placed in substitute care only when it is necessary to ensure their safety and well-being. Once removed from their homes, the public child welfare system and its private agency partners have a responsibility to provide children with living arrangements that ensure that they are safe from additional harm, maintain connections with their family members (including other siblings in care) and community, and provide stability. In addition, substitute care should be a temporary solution and children should live in substitute care settings for the shortest period possible to ameliorate the issues which brought them into care. This chapter examines how well the Illinois Department of Children and Family Services performs in providing substitute care living arrangements that meet these standards, and is organized into four sections: 1) Safety in Substitute Care, 2) Continuity with Family and Community, 3) Placement Stability, and 4) Length of Time in Substitute Care.

Measuring the Quality of Substitute Care

Several indicators have been developed to measure each of these qualities of the substitute care placements of children in Illinois. These indicators are described more fully in the following sections and technical

definitions are provided in Appendix A. One of the difficulties encountered when considering the qualities of children's substitute care placements is that children have different lengths of stays and different numbers of placements. In order to more thoroughly examine the quality of care, it is helpful to use different samples to more accurately capture this variety of experiences. The current chapter examines both *initial* placements and placement at the *end of the year* for several indicators (placement restrictiveness and placement with siblings). It is important to keep in mind that the children in these two samples are not the same: "initial placement" includes children who entered care within a given fiscal year (counting each entry once and only once). Since children who enter and stay only a few months have the same weight as children who enter and stay for years, initial placement samples over-represent children who are in care for a short period of time. The "end of year placement" sample includes all children in care on the last day of the fiscal year (June 30). Children who are in care for several years are counted in several "end of year" samples, while children who enter after June 30th and exit before June 30th of the following year are not counted at all. Thus, end of year samples over-represent children who have been in care for a long time. The other indicators examined in this chapter

Changes in the Conditions of Children in Substitute Care at a Glance

Child Safety in Substitute Care:

- ↑ Of all children placed in substitute care during the year, the percentage that had a substantiated report during placement has increased from 1.7% in 2011 to 1.8% in 2012 (+5.9% change).

Restrictiveness of Initial Placement Settings:

- = Of all children entering substitute care, the percentage initially placed into a traditional foster home has not significantly changed and was 25.9% in 2012.
- = Of all children entering substitute care, the percentage initially placed into a kinship foster home has not significantly changed and was 51.6% in 2012.
- ↓ Of all children entering substitute care, the percentage initially placed into a specialized foster home decreased from 2.5% in 2011 to 1.7% in 2012 (-32% change).
- ↑ Of all children entering substitute care, the percentage initially placed into an institution or group home increased from 19.5% in 2011 to 20.8% in 2012 (+7% change).

Restrictiveness of End of Year Placement Settings:

- = Of all children in substitute care at the end of the year, the percentage living in a traditional foster home has not significantly changed and was 28.3% in 2012.
- = Of all children in substitute care at the end of the year, the percentage living in a kinship foster home has not significantly changed and was 41.9% in 2012.
- = Of all children in substitute care at the end of the year, the percentage living in a specialized foster home has not significantly changed and was 18.1% in 2012.
- = Of all children in substitute care at the end of the year, the percentage living in an institution/group home has remained stable at 11.7% in 2012.

Placement with Siblings:

Of all children entering substitute care, the percentage that was initially placed in the same foster home with all their siblings in care:

For children with one or two siblings in care:

- ↑ Increased for children initially placed in traditional foster homes, from 63.0% in 2011 to 68.4% in 2012 (+9% change).
- ↑ Increased for children initially placed in kinship foster homes, from 81.6% in 2011 to 90.1% in 2012 (+10% change).

For children with 3 or more siblings in care:

- ↓ Decreased for children initially placed in traditional foster homes, from 12.1% in 2011 to 0.6% in 2012 (-95% change).
- ↑ Increased for children initially placed in kinship foster homes, from 49.2% in 2011 to 75.6% in 2012 (+54% change).

Of all children living in substitute care at the end of the year, the percentage that was placed in the same foster home as all their siblings in care:

For children with one or two siblings in care:

- ↑ Increased for children in traditional foster homes, from 59.4% in 2011 to 63.8% in 2012 (+7% change).
- ↑ Increased for children in kinship foster homes, from 72.4% in 2011 to 76.7% in 2012 (+6% change).

For children with 3 or more siblings in care:


- ↑ Increased for children in traditional foster homes, from 9.8% in 2011 to 17.4% in 2012 (+78% change).
- ↓ Decreased for children in kinship foster homes, from 39.6% in 2011 to 37.4% in 2012 (-6% change).

Stability in Substitute Care:


- = Of all children entering foster care and staying at least one year, the percentage that had two or fewer placements within 12 months from the date of entry into foster care has not significantly changed and was 81.7% in 2011.

Changes in the Conditions of Children in Substitute Care at a Glance CONT'D

Children Who Run Away From Substitute Care:

 Of all children entering substitute care between the ages of 12 and 17 years, the percentage that ran away from a placement within one year of entry increased from 21.3% in 2011 to 22.6% in 2012 (+6% change).

Length of Stay In Substitute Care:

 Of all children entering substitute care, the median number of months a child stays in care has decreased from 29 months for children who entered care in 2009 to 27 months for children who entered care in 2010 (-7% change).

(safety, placement stability, and length of time in care) do not differentiate between initial and end-of-year placements, but instead examine a child's experience during a particular fiscal year.

Placement setting has a significant impact on many aspects of a child's stay in substitute care. Indicators used in previous *B.H.* monitoring reports often compared children in kinship against a variety of "non-kinship" settings. The current chapter expands the analyses to include a full range of placement types, including kinship foster homes, traditional foster homes, specialized foster homes, group homes, and institutions (see Box 2.1 for additional information).¹

Safety in Substitute Care

Children in substitute care should be safe from maltreatment. This section examines the percentage of children in substitute care who had a substantiated report during their placement. Two things are important to keep in mind when interpreting the results based on this indicator. First, the analysis includes substantiated maltreatment from any source that occurs while children are in substitute care, unlike the federal outcome measure for maltreatment in foster care which only includes maltreatment perpetrated by a foster parent or facility staff member. Second, the indicator excludes substantiated reports of sexual abuse that occur during placement because 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 Children and Family Research Center has revealed that the use of the report date rather than the incident date results in an overestimation of abuse and neglect in substitute care.² According to this research, a portion of the maltreatment 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. Currently, DCFS administrative data does not distinguish between report date and incident date, so the effects of retrospective reporting errors must be estimated. Since the most common retrospective reports are of sexual abuse, sexual abuse has been excluded from this indicator.

Figure 2.1 shows the percentage of children in substitute care that experienced an indicated maltreatment report while in placement each year from 1990 through 2012 (see Appendix B, Indicator 2.A). Rates of maltreatment in substitute care were at their highest (2.5%) in the mid-1990s, declined fairly consistently through 1999, where they remained level at around 1.3% until 2006. Since 2006, the percentage of children maltreated while in care has increased from 1.1% to 1.8% in 2012, which is the highest this rate has been since 1997.

¹ Data on children living in independent living programs were not available for analysis this year, so they are not included in this report.

² Tittle, G., Poertner, J., & Garnier, P. (2001) *Child maltreatment in foster care: A study of retrospective reporting*. Urbana, IL: Children and Family Research Center.

Placement Type Terminology

BOX 2.1

Children in substitute care live in a number of different settings. At the simplest level of distinction, substitute care placement types can be categorized into those that can be considered “foster homes” versus “congregate care” settings. The former category includes placements where a child lives with a foster parent in their home, and includes kinship foster homes, traditional foster homes, and specialized or treatment foster homes.

Kinship foster care involves placement of children with relatives in the relatives’ homes. Relatives are the preferred placement for children who must be removed from their birth parents, as this kind of placement maintains the children’s connections with their families. In Illinois, kinship care providers may be licensed or unlicensed.

Traditional foster care involves placement of children with non-relatives in the non-relatives’ homes. These traditional foster parents have been trained, assessed, and licensed to provide shelter and care.

Specialized foster care (also called treatment or therapeutic foster care) involves placement of children with foster families who have been specially trained to care for children with certain medical or behavioral needs. Examples include medically fragile children, children with emotional or behavioral disorders, and HIV+ children. Treatment foster care programs generally require more training for foster parents, provide more support for children and caregivers than regular family foster care, and have lower limits on the number of children that can be cared for in the home.

While it is preferred that children in substitute care live in family settings, some children have physical or behavioral needs that require placement in a congregate care facility – a non-family setting where a group of children

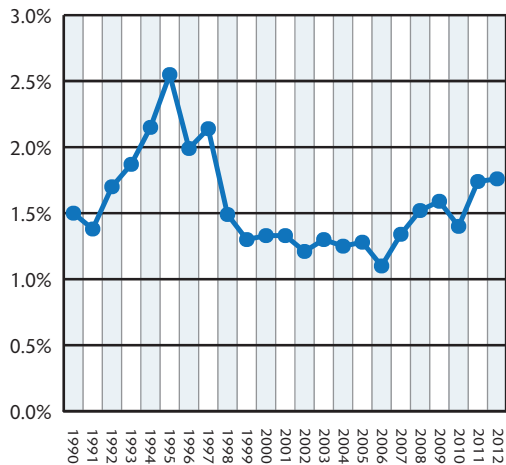
receive specialized care and treatment. Many states, including Illinois, use the term **group home** to refer to a non-family, community-based residence that houses more children than are permitted to reside in foster family home, but fewer than reside in a residential treatment center (in Illinois, the number of children in a group home is limited to 10 or fewer). Group homes are operated by professional staff who work in rotating shifts.

All other congregate care settings are combined in the current chapter into a broad category called **“institutions.”** This broad category includes a variety of congregate care placements such as residential treatment centers, detention centers, hospitals and other health facilities, and emergency shelters. Since the number of children placed in group homes is relatively small, these children are sometimes combined with those in other congregate care settings in several of the analyses in this chapter. In these instances, the combined term “Institution/Group Home” is used.

Independent living and **transitional living programs** are distinct from substitute care placements. According to DCFS policy guides, independent living services are defined as “casework and other supportive services provided by a licensed child welfare agency...to eligible youth who will be living in an apartment in the community and are intended to prepare the youth for transition to adulthood and self-sufficiency” and transitional living services are defined as “caseworker and other supportive services to assist eligible youth to complete their secondary education (high school graduation or achievement of a GED), to assist a youth to develop basic self-sufficiency skills, and to prepare the youth for an independent living program.”³

³ Retrieved from <http://dcfswebresource.dcsf.illinois.gov/definitions/>

Figure 2.1
Children Maltreated in Substitute Care



There are no substantial differences in maltreatment in substitute care when this indicator is examined by gender, but rates differ by child age. As with other indicators of maltreatment recurrence, younger children are more vulnerable and older children are less vulnerable (see Figure 2.2 and Appendix B, Indicator 2.A). For example, in 2012, 1.8% of children under 3 and 2.3% of children 3-8 years of age were maltreated in care, compared to 1.4% of those between 9 and 14 years and 0.6% of those 15 years and older. Although rates of maltreatment in care have been increasing for children of all age groups over the past seven years, rates have increased the most among children age 3-8 years, from 1.2% in 2006 to 2.3% in 2012.

Figure 2.2
Children Maltreated in Substitute Care by Age

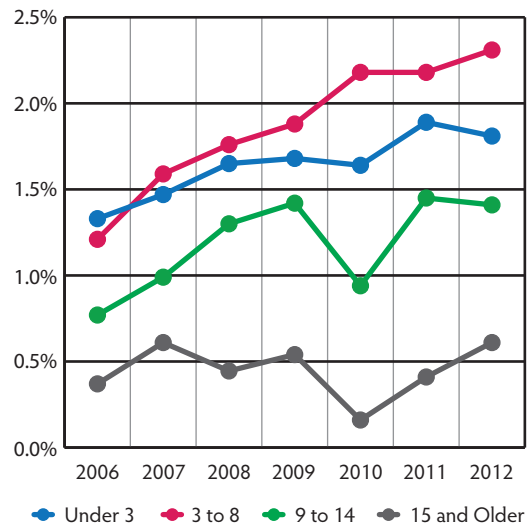
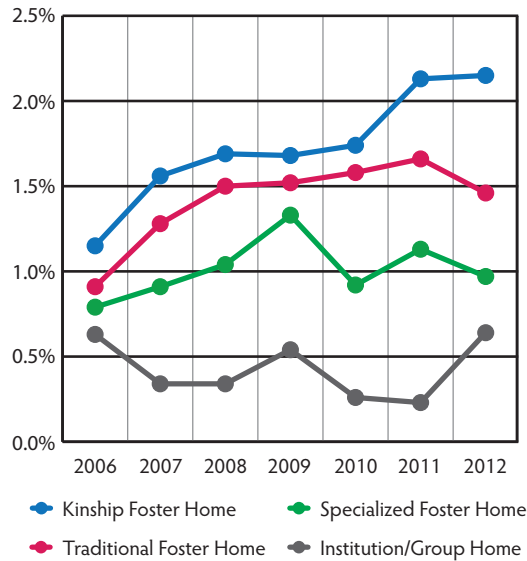


Figure 2.3 examines differences in rates of maltreatment in care by placement type. Maltreatment while in care is most likely to occur in kinship foster homes, and the rate of maltreatment in kinship foster homes has risen from 1.1% in 2006 to 2.2% in 2012. Maltreatment is least likely to occur in congregate care settings (e.g., institutions and group homes). In 2012, 0.6% of children in institutions and group homes experienced abuse while living in substitute care.

Figure 2.3
Children Maltreated in Substitute Care by Placement Type



Maltreatment rates in substitute care vary by region of the state, with the Cook Region consistently having lower rates of maltreatment in care (see Appendix B, Indicator 2.A). There is even more variability in maltreatment rates at the sub-region level, as shown in the heat map in Figure 2.4 (see also Appendix C, Indicator 2.A).⁴ To create the heat map, recurrence rates in each sub-region of Illinois between 2006 and 2012 are compared to one another and ranked. The sub-regions and years in the top 25th percentile – those with the *best performance* on this indicator – are shown in the lightest shade. Those sub-regions and years in the bottom 25th percentile – those with the *worst performance* on this indicator – are shown in the darkest shade. Those that performed in the middle – between the 26th and 74th percentiles – are shown in the medium shade. The heat map therefore provides a visually simple way to compare a large amount of information on sub-regional performance both over time and across the state. It is possible to tell reasonably quickly if a region or sub-region is doing well (relative to the other sub-regions in the state over the past 7 years) by looking for the areas in the lightest shade. It is important to note that these “rankings” are relative only to the performance within the ten sub-regions over the seven year time span and not to any national or state benchmarks. Thus, even though a given sub-region may be performing “well”

compared to other sub-regions in the state (as indicated by a light shade on the heat map), this does not necessarily mean that its performance should be considered “good” or “excellent” compared to a standard or benchmark. Figure 2.4 shows the lower maltreatment rates in the Cook sub-regions (lighter shade) and the higher maltreatment rates in the Rockford, Champaign, and Marion sub-regions (darker shade).

Figure 2.4
Children Maltreated in Substitute Care Sub-region Heat Map

	2006	2007	2008	2009	2010	2011	2012
Cook North	Lightest	Lightest	Lightest	Lightest	Lightest	Lightest	Lightest
Cook Central	Lightest	Lightest	Lightest	Lightest	Lightest	Lightest	Lightest
Cook South	Lightest	Lightest	Lightest	Lightest	Lightest	Lightest	Lightest
Aurora	Lightest	Lightest	Lightest	Lightest	Lightest	Lightest	Lightest
Rockford	Darkest	Darkest	Darkest	Darkest	Darkest	Darkest	Darkest
Champaign	Dark	Dark	Dark	Dark	Dark	Dark	Dark
Peoria	Lightest	Lightest	Lightest	Lightest	Lightest	Lightest	Lightest
Springfield	Lightest	Lightest	Lightest	Lightest	Lightest	Lightest	Lightest
East St. Louis	Lightest	Lightest	Lightest	Lightest	Lightest	Lightest	Lightest
Marion	Dark	Dark	Dark	Dark	Dark	Dark	Dark

Continuity with Family and Community Restrictiveness of Placement Settings

When it is in the best interest of a child to be placed in substitute care, it is both federal and state policy to place children in the least restrictive, most family-like setting possible. The Adoption Assistance and Child Welfare Act of 1980 required states “to place a child in the least restrictive and most family-like setting that will meet the needs of the child.”⁵ In 1996, Congress required states to include in their requisite Title IV-E state plans a provision which indicated that the state shall consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child,

⁴ The region of placement is determined by the region of the agency supervising the case.

⁵ Adoption Assistance and Child Welfare Act of 1980, Pub. L. 96-272.

provided that the relative caregiver meets all relevant child protection standards.

One advantage of the least restrictive family-like setting is that it increases bonding capital. Bonding capital refers to strong social ties that exist between people who share a key attribute such as family, friendship, church membership, residence, etc. At the individual level, bonding capital is measured as a person's primary source of social support.⁶ One advantage of placement with kin is that it builds on a child's existing bonding capital. However, research finds that children in traditional foster care eventually develop bonds with foster parents comparable to those who are placed with kin.⁷ Even though less restrictive, home-like settings are generally preferred, there are situations where more restrictive placement types (e.g., institutions and group homes) better meet the needs of children, for example children with more severe psychiatric problems.

Placement restrictiveness is examined in two different groups of children: 1) initial placements of children entering care in a given year and 2) children in care at the end of the year. The first indicator (initial placements) over-represents children who are in care a short period of time, but provides important information

about initial placements, which can influence a child's trajectory through substitute care. The second indicator (end of year placements) over-represents children who have been in care a long time but provides a better sense of the overall population of children in care than initial placements. Figures for the two indicators are presented side by side so readers can compare the patterns for initial and end-of-year placements.

Initial placement types for children entering care during fiscal years 2006 through 2012 are shown in Figure 2.5.⁸ Most children are *initially placed* in a kinship foster home and that percentage has increased over time from 43.7% in 2006 to 51.6% in 2012 (Appendix B, Indicator 2.B.3). The percentage of children initially placed in traditional foster homes has steadily decreased, from 38.6% in 2006 to 25.9% in 2012 (Appendix B, Indicator 2.B.1). The percentage of children initially placed in specialized foster homes is very small compared to other types of placements, and in 2012 it dropped to 1.7%, which is the lowest it has been in the past 6 years (Appendix B, Indicator 2.B.2). There has been an increasing percentage of children initially placed in congregate care settings (group home and institutions) – from 13.4% in 2006 to 20.8% in 2012 (Appendix B, Indicator 2.B.4). Initial placement in a congregate

Figure 2.5

Initial Placement Types

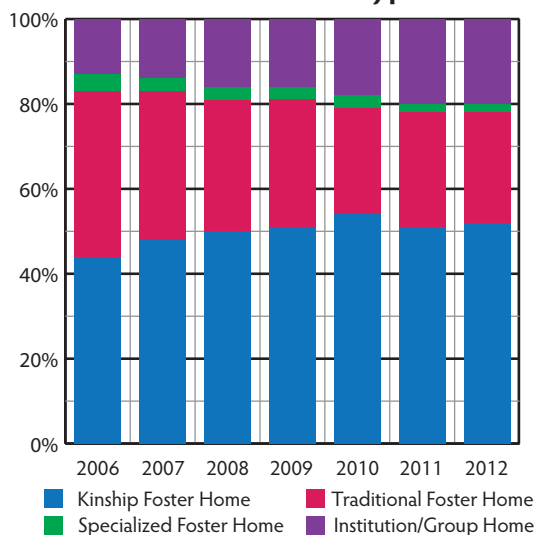
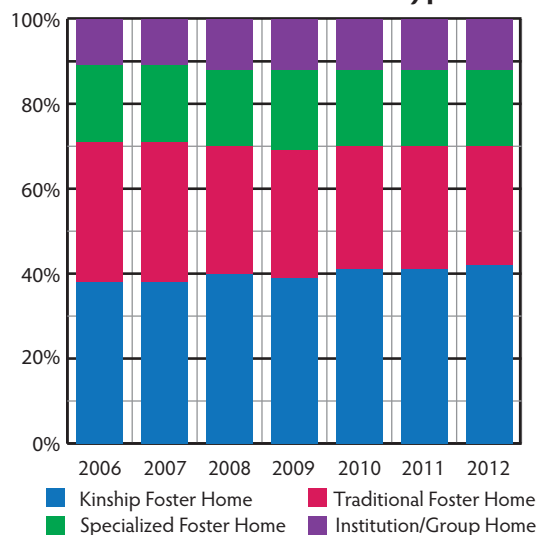


Figure 2.6

End of Year Placement Types



⁶ Putnam, Robert. (2000). *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon & Schuster.

⁷ Testa, M., Bruhn, C.M. & Helton, J. (2010) Comparative safety, stability, and continuity of children's placements in formal and informal substitute care. In M.B. Webb, et al., *Child welfare and child wellbeing: New perspectives from the National Survey of Child and Adolescent Well-being*, (pp. 159-191). New York: Oxford.

⁸ Only children who remain in substitute care for 7 days or longer are included in these analyses, i.e., children with very short stays (6 days or less) are excluded.

Initial Placement into Congregate Care Settings

BOX 2.2

The increasing percentage of children initially placed into group homes and institutions across the state – from 13.3% in 2006 to 20.7% in 2012 – prompted additional examination of this indicator (see Appendix B, Indicator 2.B.4). Use of congregate care settings as initial placements is especially high among adolescents 15 years and older compared to those in younger age groups. In addition, the proportion of youth aged 15 and older who were initially placed into institutions or group homes has been steadily climbing over the past 7 years (see Figure 2.7). In the last two years, these older youth are more likely to be initially placed in an institution or group home than a foster home. Recent anecdotal evidence contends that in some areas of the state, there is a desperate need for foster homes that are willing to accept teens,⁹ suggesting that additional recruitment efforts for foster parents willing to foster teens may be needed.

When regional differences in initial placements into group homes and institutions are examined, it is readily apparent it is a much more common practice in the Cook region than in all other regions (Figure 2.8). In addition, the percentage of children initially placed in congregate care settings in the Cook region has been increasing over the past six years, from 34.5% in 2006 to 48.6% in 2012. In the Southern region, the large increase in initial congregate care placements that occurred between 2009 and 2010 – from 4.5% to 18.3% -- has been maintained from 2010 to 2012.

Figure 2.7
Initial Placement Types Among Youth
Ages 15 Years and Older

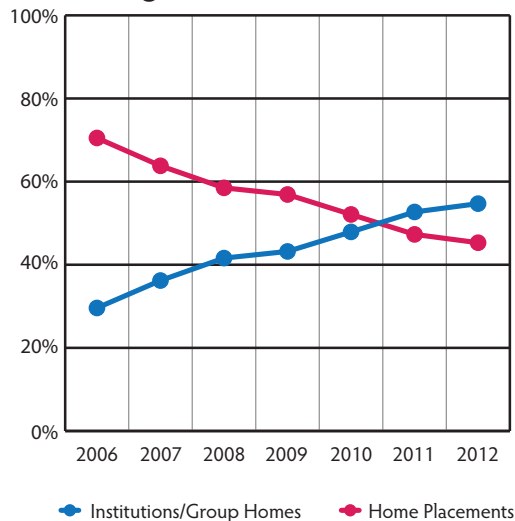
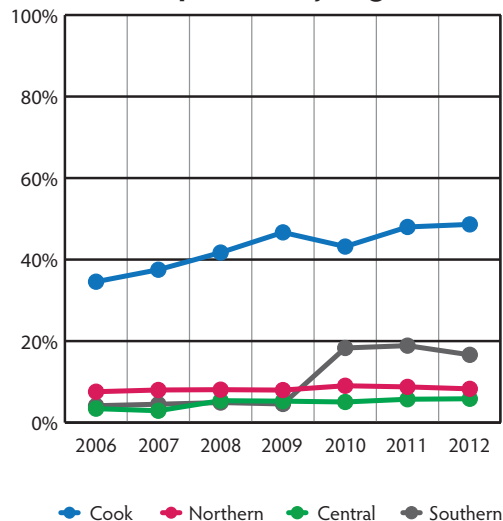


Figure 2.8
Initial Placements in Institutions and
Group Homes by Region



⁹ Towery, J. (August 6, 2011). Need increases for foster families to take in teens. Peoria Journal Star. Retrieved from <http://www.pjstar.com/features/x633532410/Need-increases-for-foster-families-to-take-in-teens>. McGee, N. (May 5, 2013). Foster parents vital to child welfare system. The News Gazette. Retrieved from <http://www.news-gazette.com/news/local/2013-05-05/foster-parents-vital-child-welfare-system.html>.

care setting can occur for a variety of reasons: some children are placed in shelters and other congregate care settings because no other suitable placement can be found and some children are placed in residential centers based on an assessment of their physical, emotional, and mental health needs. However, the fact that nearly half of these initial placements in institutions and group homes last 2 days or less suggests that they are being used as temporary placements fairly frequently. Although additional analyses shed some light on the increasing use of initial placements into congregate care settings (see Box 2.2 for more information), more information is needed to understand this trend.

Among children in substitute care at the *end of the year* (Figure 2.6),¹⁰ the percentage of children in kinship foster homes has increased from 37.8% in 2006 to 41.9% in 2012 (Appendix B, Indicator 2.C.3), and that in traditional foster homes has slightly decreased from 33.1% in 2006 to 28.3% in 2012 (Appendix B, Indicator 2.C.1). The percentage of children in specialized foster homes at end of year has remained very consistent for the last 7 years (Appendix B, Indicator 2.C.2). The percentage of children in institutions and group homes has risen slightly from 10.7% in 2006 to 11.7% in 2012 (Appendix B, Indicators 2.C.4 and 2.C.5).

The use of different placement types for both initial placements and later placements varies with child age,

race, and geographical region of the state. These relationships will be explored in more detail by examining the initial and end of year placements during one year (FY2012). Most young children (8 years and younger) are initially placed in family-like settings such as kinship or traditional foster homes (Figure 2.9). However, the portion of children initially placed in foster homes decreases with age: in 2012, 88.4% of children less than 3 years were placed in a foster home, compared to 79.3% of 9-11 year olds, and 45.4% of those 15 years and older. The reverse is true for initial placement in an institution or group home – the portion of children placed in these settings increases with child age from 11.6% for children under 3 years to 54.6% for children 15 years and older.

The pattern of children's placement types at the end of the fiscal year looks slightly different than that for their initial placements (see Figure 2.10). The primary difference is that there are smaller percentages of children in institutions and group homes across all age groups at the end of the year when compared to initial placements. For instance, there are very few children ages 0 – 8 in congregate care at the end of FY2012; almost all are in foster homes. For children ages 9 and older, the percentages in institutions and group homes at the end of the year are smaller than those at initial placement, although over a third of the children age 15 and older remain in congregate care settings at the end of the year.

Figure 2.9
Initial Placement Types
by Age—FY2012

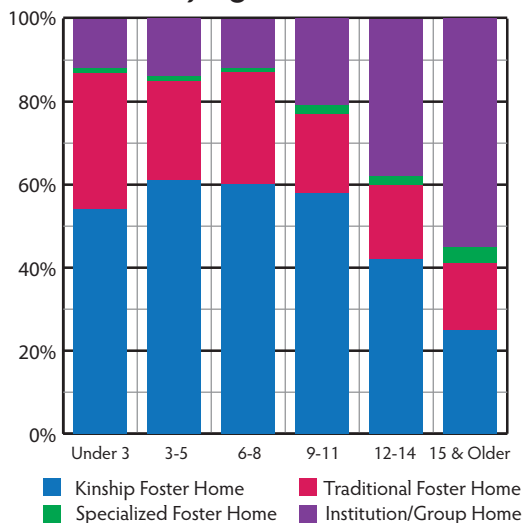
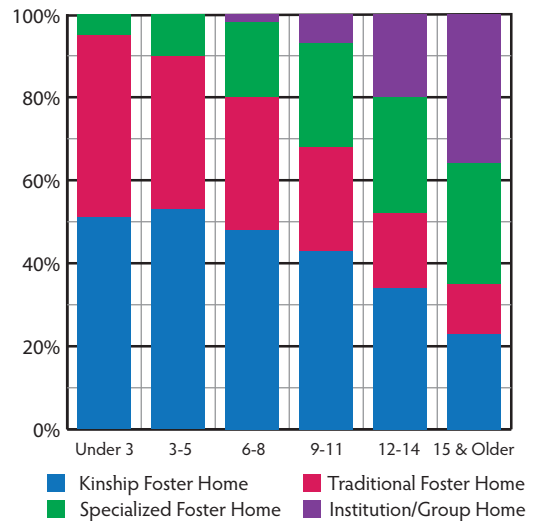


Figure 2.10
End of Year Placement Types
by Age—FY2012



¹⁰ Data on children living in independent living programs were not available, so they are not included in the analyses this year. Therefore, the numbers and percentages in the end of year figures and appendices will be slightly different than those in previous reports.

This pattern suggests that while institutions and group homes are frequently being utilized as temporary initial placements for children of all age groups, the majority of younger children (those 0 to 8 years) and many of the older children (9 to 14 years) are being moved to other types of placements before the end of the fiscal year. Some of these children are likely moved to specialized foster homes; which show much higher frequency of use at the end of year than at initial placement.

When initial placement settings were examined regionally (see Figure 2.11), the Cook region had a much lower proportion of children initially placed into kinship foster homes (38.6%) compared to the other regions (Northern = 58.6%, Central = 54.8%, Southern = 57.9%) and a much higher proportion of initial placements into institutions/group homes (48.6%) compared to other regions (Northern = 8.2%, Central = 5.8%, and Southern = 16.6%). The proportion of children initially placed into congregate care in the Cook region has been increasing over the past 6 years (see Box 2.2 for more information).

When children's placement settings at the end of year are examined regionally (see Figure 2.12), it is apparent that many of the children initially placed into institutions and group homes in the Cook region have been moved to other types of placements, primarily traditional foster homes and specialized foster homes. Although the percentage of children living in institutional settings in the

Cook region is reduced at the end of year, it is still higher than in any other region of the state: 14.2% in the Cook region compared to 9.4% in the Northern region, 10.4% in the Central region, and 10.2% in the Southern region. Conversely, the Cook region had the smallest percentage of children living in kinship foster homes at the end of FY2012: 35.4% compared to 47.8% in the Northern region, 43.3% in the Central region, and 47.1% in the Southern region.

Placement with Siblings

Siblings provide one another emotional connections and cultural continuity. Children in substitute care often have siblings – in 2012, 45% of children in care

Figure 2.11
Initial Placement Types
by Region—FY2012

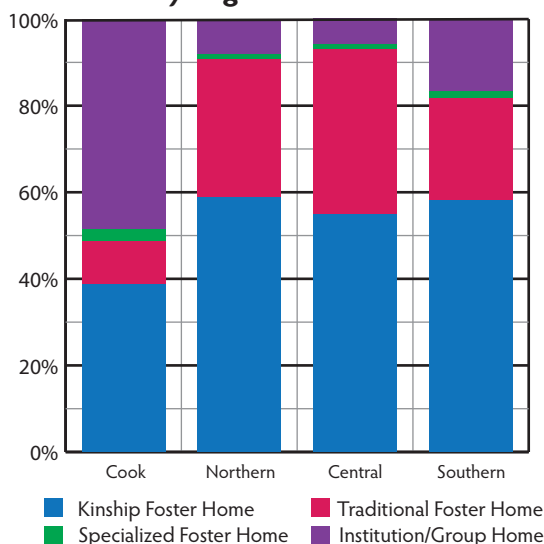
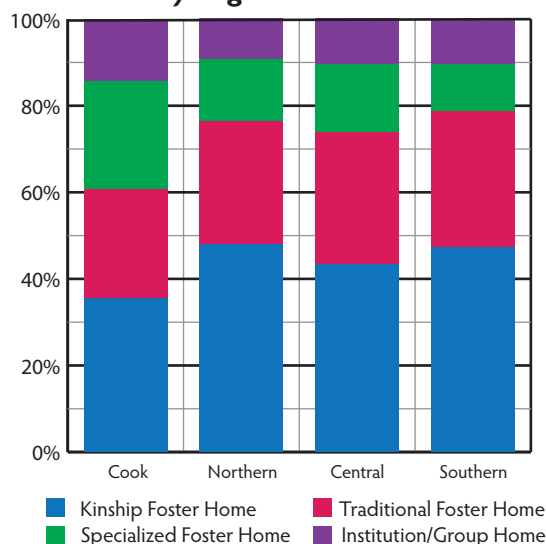


Figure 2.12
End of Year Placement Types
by Region—FY2012



had one or two siblings and 18% of children had three or more siblings. Recent research has shown the benefits of maintaining sibling relationships for children in substitute care: children who are placed with siblings are less likely to experience placement disruptions,¹¹ more likely to be reunified with their parents,¹² and report fewer internalizing problems such as depression.¹³ The benefit of being placed with siblings is stronger for the children who have resided in their foster homes for shorter periods of time.¹⁴

The importance of maintaining sibling connections among children in substitute care is reflected in several pieces of legislation at the national and state level. The 2008 Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-135) ensures that states must make “reasonable efforts” to place siblings together. In Illinois, the importance of sibling relationships among children in DCFS care was recently reinforced when Governor Patrick Quinn approved the “Preserving Sibling Relationships for Children in State Care and Adopted through DCFS” public act (P.A. 97-1076) on August 24, 2012. This Act amends the Children and Family Services Act and provides that when placing a child into a substitute care placement, “the Department shall place the child

with the child’s sibling or siblings...unless the placement is not in each child’s best interest, or is otherwise not possible under the Department’s rules. If the child is not placed with a sibling under the Department’s rules, the Department shall consider placements that are likely to develop, preserve, nurture, and support sibling relationships, where doing so is in each child’s best interest.”¹⁵

Despite the strong preference for placing siblings together in substitute care, there are some instances in which it may be better to place siblings apart from one another. Sometimes siblings are not placed together to protect a vulnerable sibling from sibling abuse or bullying. However, sometimes siblings are separated, not to protect their safety, but because of lack of foster families willing to take them as a group. It is more difficult to find foster families who have the resources (physical, emotional, and financial) to provide for a sibling group. Some members of sibling groups may have physical or emotional disabilities that require specialized foster care. Additionally, some foster parents prefer one gender or a specific age range of children.

The likelihood of a child being initially placed with all of his or her siblings is related to two factors: the size

¹¹ Leathers, S. J. (2005). Separation from siblings: Associations with placement adaptation and outcomes among adolescents in long-term foster care. *Children & Youth Services Review*, 27, 793-819.

¹² Albert, V. N., & King, W. C. (2008). Survival analyses of the dynamics of sibling experiences in foster care. *Families in Society*, 89, 533-541.

¹³ Hegar, R. L., & Rosenthal, J. A. (2009). Kinship care and sibling placement: Child behavior, family relationships, and school outcomes. *Children & Youth Services Review*, 31, 670-679.

¹⁴ Ibid.

¹⁵ The full text of P.A. 97-1076 is available online: <http://www.ilga.gov/legislation/97/HB/PDF/09700HB5592lv.pdf>

Figure 2.13

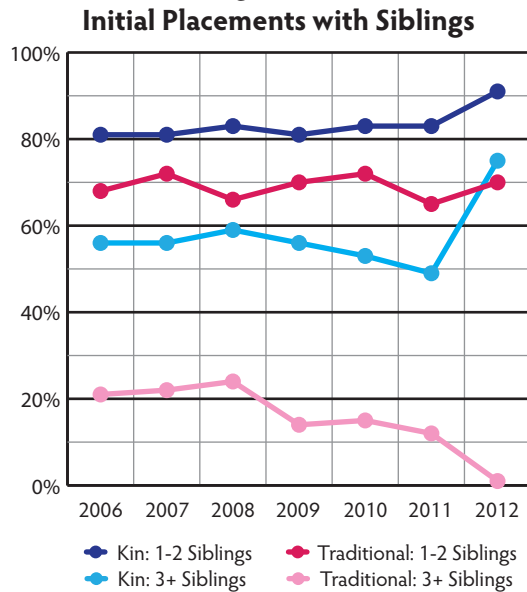
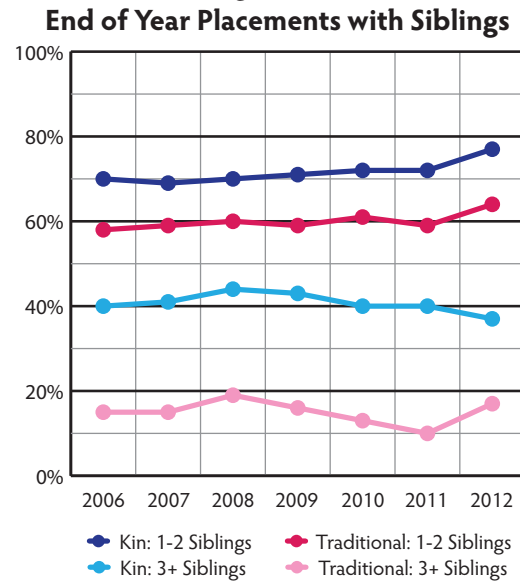


Figure 2.14



of the sibling group and the type of foster home (kin or traditional foster home). As might be expected, children with fewer siblings (1 or 2) were more likely to initially be placed with all their siblings than children with 3 or more siblings (see Figure 2.13 and Appendix B, Indicator 2.D). Additionally, children initially placed with kin are more likely to be placed with siblings than children initially placed in non-kin placements. In FY2012, 90.1% percent of children with 1 or 2 siblings were placed together in kinship foster homes compared to 68.4% of children with 1-2 siblings who were initially placed together in traditional foster homes. For children with 3 or more siblings, 75.6% were initially placed together in kinship foster homes. Following a steady decline over the past six years, less than 1%¹⁶ of children with 3 or more siblings was initially placed with all their siblings in a traditional foster home in 2012.

When the percentage of children placed with all their siblings in care is examined at the end of each fiscal year, the overall pattern is the same: smaller sibling groups and placement with kin increase the likelihood of siblings living together (Figure 2.14, Appendix B, Indicator 2.E). However, in kinship homes a smaller proportion of children are placed with all of their siblings at the end of the year than in their initial placements. In other words, more sibling groups are initially placed together in kinship homes and eventually separated than are

initially separated and subsequently placed together. Although the percentage of children initially placed with large sibling groups in traditional foster homes was very low in 2012 (1%), the percentage at the end of FY2012 was much higher (17.3%).

Placement Stability

Placement stability is important for children in substitute care, and placement instability has numerous negative consequences on a child's well-being and likelihood of achieving permanence. Despite its importance, monitoring and evaluation of placement stability is hampered by the lack of a common set of measures. Measures vary widely in the length of time in care that is examined, the number of placement moves used to define "stability" and "instability," and the type of placement moves counted.

Two measures of placement stability are included in this monitoring report, both of which focus on placement stability within the first year of entering substitute care. The first measure defines stability as two or fewer placements during the first year in care among children who entered care and stayed at least a year.¹⁷ The second measure examines children (ages 12 to 17) who run away from substitute care during their first year in care. The focus on stability in the first year is

¹⁶ This represented 1 child out of 167 children that entered care with three or more siblings.

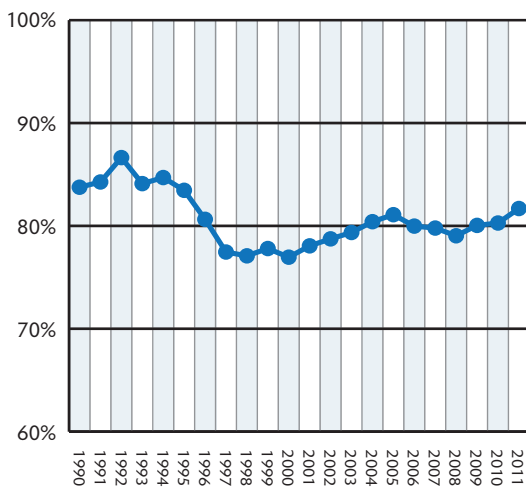
¹⁷ See Appendix A for technical definitions of all the indicators included in this report.

warranted for several reasons. First, 70% of disruptions occur with the first six months of a placement.¹⁸ Additionally, foster care instability in the first year has been tied to later negative outcomes such as increased mental health costs¹⁹ and increased ER visits.²⁰

Placement Stability During the First Year in Substitute Care

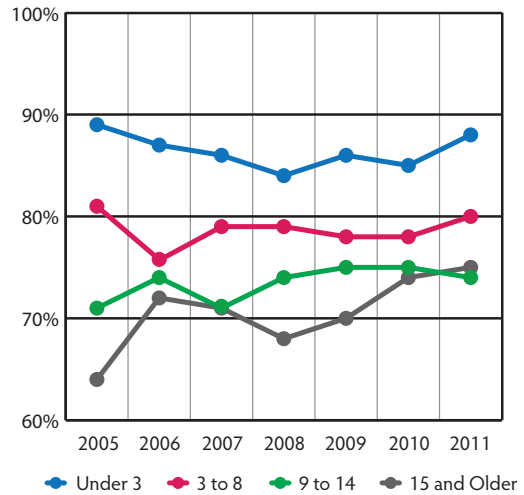
Using the definition provided above, the percentage of children who experience stability in their first year in substitute care has remained level for the past several years at around 80% (see Figure 2.15).

Figure 2.15
Children with Stable Placements in First Year in Care



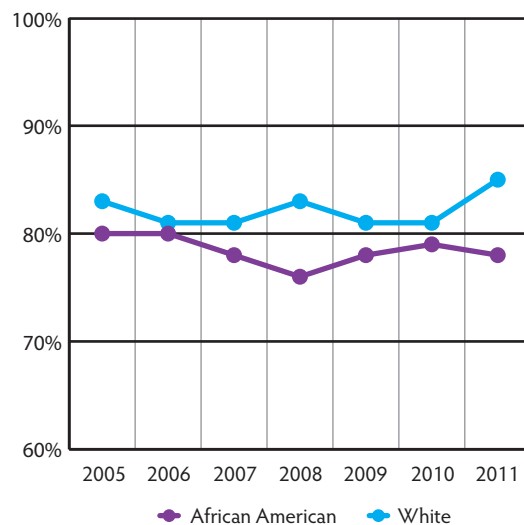
Consistent with other research,²¹ placement stability in Illinois is related to child age, with children ages 0-2 years experiencing the highest level of stability, which then decreases with age (Figure 2.16 and Appendix B, Indicator 2.F). Of the children who entered care in 2011, 87.5% of the children 0-2 years had two or fewer placements in their first year in care, compared to 74.9% of the children 15 years and older.

Figure 2.16
Placement Stability by Age



White children are more likely to experience placement stability than African American children, although the differences are small (see Figure 2.17, Appendix B, Indicator 2.F). For example, 84.6% of White children who entered care in 2011 had two or fewer moves during their first year in care, compared to 78.4% of African American children.

Figure 2.17
Placement Stability by Race



2

¹⁸ Jones, A. D., & Wells, S. J. (2008). *PATH/Wisconsin - Bremer Project: Preventing placement disruptions in foster care. Final report*. Saint Paul, MN: Center for Advanced Studies in Child Welfare, School of Social Work, University of Minnesota. Retrieved from http://www.cehd.umn.edu/ssw/g-s/media/Final_report.pdf.

¹⁹ Rubin, D.M., Alessandrini, E.A., Feudtner, C., Mandell, D.S., Localio, A.R., & Hadley, T. (2004) Placement stability and mental health costs for children in foster care. *Pediatrics*, 113, 1336-1341.

²⁰ Rubin, D.M., Alessandrini, E.A., Feudtner, C., Localio, A.R., & Hadley, T. (2004) Placement changes and emergency department visits in the first year of foster care. *Pediatrics*, 114, 354-360.

²¹ Barth, R.P, Lloyd, E.C., Green, R.L., James, S., Leslie, L.K., & Landsverk, J. (2007). Predictors of placement moves among children with and without emotional and behavioral disorders. *Journal of Emotional and Behavioral Disorders*, 15, 46-55.

Children with Disabilities and Placement Instability

BOX 2.3

Stable placements are critical to the well-being of maltreated children and may be especially important for maltreated children who are disabled. Although research has recognized that placements with kin are the least likely to disrupt, little research has examined the placement stability of children with various types of disabilities in kin and non-kin placements. A recent study by CFRC researcher Jesse Helton used data from the National Survey of Child and Adolescent Well-Being (NSCAW) to examine placement disruptions among children 3 to 10 years old who were placed in either kinship or traditional foster homes. Children in the study were grouped based on their disability status: no disability, a non-behavioral disability only, a behavioral disability only, or both a non-behavioral and behavioral disability. In the NSCAW sample, around 1 in 4 children experienced a placement disruption between baseline data collection (which occurred soon after they entered care) and the 36 month follow-up. Results of the analyses confirmed prior research that placement with kin decreases the likelihood of placement disruption. New findings revealed that children with different types of disabilities were no more or less likely to experience a placement move from kinship care than children with no disability. Older children with a behavioral disability only or both a non-behavioral and behavioral disability were more likely to move from their placement compared to younger without a disability, regardless of their placement type. The findings suggest that maltreated children placed with kin remain as stable as children without a disability.

²² Helton, J. J. (2011). Children with behavioral, non-behavioral, and multiple disabilities, and the risk of out-of-home placement disruption, *Child Abuse & Neglect*, 35, 956-964.

Placement stability is also influenced by initial placement type (see Figure 2.18). Children who are initially placed in kinship foster homes experience the highest levels of stability (between 84% and 87% in the past 7 years). The stability of kinship placements also extends to children with disabilities (see Box 2.3 for results from a recently completed study). Children initially placed in traditional foster homes also experience high levels of stability (between 76% and 81%). Children who are initially placed in group homes or institutions are the least likely to experience stability during their first year in care, with rates as low as 50% in 2008. The percentages of children in specialized foster homes are not shown, since very few children (i.e., less than 2%) are initially placed in this type of placement.

Figure 2.18
Placement Stability by Initial Placement Type

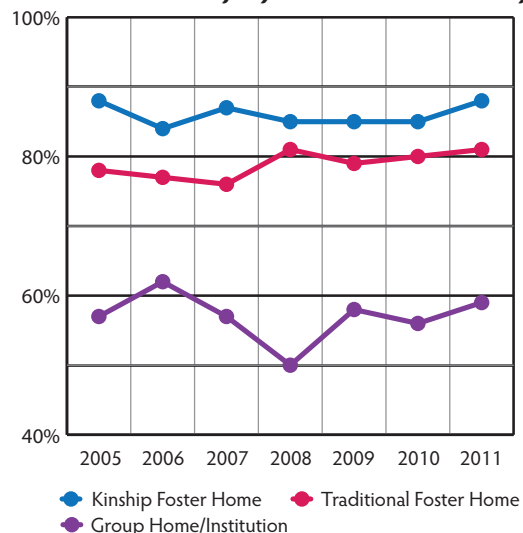


Figure 2.19 shows the sub-region heat map for placement stability during the first year of substitute care. As with the other heat maps throughout this report, the darkest-shaded boxes represent the sub-regions and years with the worst performance (the bottom 25%) and the lightest-shaded boxes represent the best performance (the top 25%). Worth noticing in Figure 2.19 is that placement stability is lowest in the Cook sub-regions and highest in the Aurora, Champaign, and Peoria sub-regions.

Figure 2.19
Placement Stability Sub-region Heat Map

	2006	2007	2008	2009	2010	2011
Cook North						
Cook Central						
Cook South						
Aurora						
Rockford						
Champaign						
Peoria						
Springfield						
East St. Louis						
Marion						

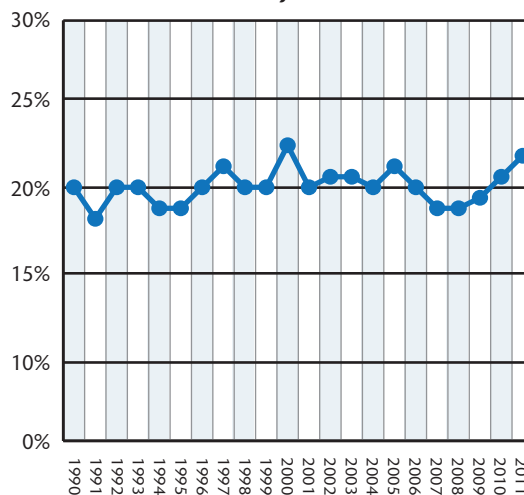
Children Who Run Away from Substitute Care

Children who run away from substitute care are different from typical runaways: “Unlike other runaways, youth who run away from foster care are generally not trying to escape from abuse or neglect.”²³ Instead, youth who run away from foster care are often running to something (usually family or friends), although some report that they dislike their placement. Running away puts children at risk for victimization, sexual exploitation, and substance use. It also limits their access to school and services such as counseling, medication, and substance abuse treatment. Children who run away are more likely to do so early in their placement, often in their first few months in care. Instability increases the likelihood of children running away from care. For example, children who have two placements are 70% more likely to run away than those who are in their first placement.²⁴

The measure of running away used in the current chapter is the percentage of children that run away within one year of entry into substitute care. Since running away occurs most frequently among older children, this indicator includes children who are 12-17 years old when they enter care. The percentage

of children who run away from substitute care has fluctuated around 20% over the past 20 years, and has shown an upward trend over the past few years, increasing from 18% of children who entered care in 2007 to 22.6% of children who entered in 2011 (see Figure 2.20, Appendix B, Indicator 2.G).

Figure 2.20
Children Who Run Away from Substitute Care



Similar to other research on children who run away from substitute care,²⁵ older children ages 15-17 years are more likely to run away than children ages 12-14 years (Figure 2.21) and African American children are more likely to run away than White children (Figure 2.22, Appendix B, Indicator 2.G).

Children have traditionally been more likely to run away from the Cook region than other administrative regions. The percentage of children living in the Cook region that ran away during their first year dropped from 30% of those who entered care in 2005 to 19% in 2008, but has increased dramatically to 34% among those who entered care in 2011. Percentages of children living in the other regions that run away are lower -- around 12 to 17% in most years (see Figure 2.23 and Appendix B, Indicator 2.G).

Placement setting also influences the likelihood that a child will run away from substitute care (see Figure 2.24). Children who run away are more likely to live in institutions than in any other types of placement settings.

²³ National Runaway Switchboard Executive Summary (2010). Running away from foster care: Youths' knowledge and access of services. Retrieved on April 20, 2011 from http://www.nrscrisisline.org/media/whyytheyrun/report_files/042111_Part%20C%20Exec%20Summary.pdf

²⁴ Courtney, M.E. & Zinn, A. (2009) Predictors of running away from out-of-home care. *Children and Youth Services Review*, 31, 1298-1306.

²⁵ Ibid.

Figure 2.21
Children Who Run Away from Substitute Care by Age

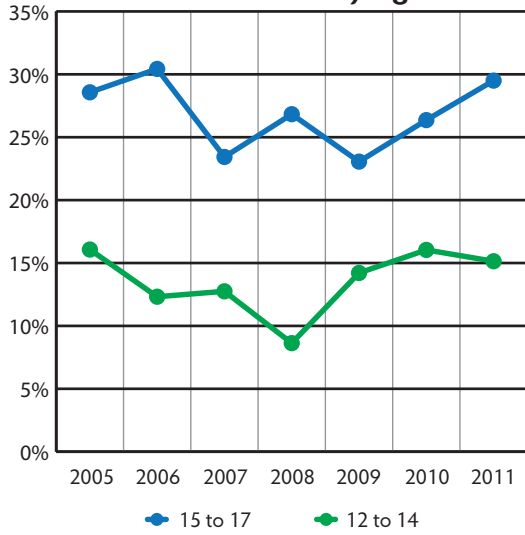


Figure 2.22
Children Who Run Away from Substitute Care by Race

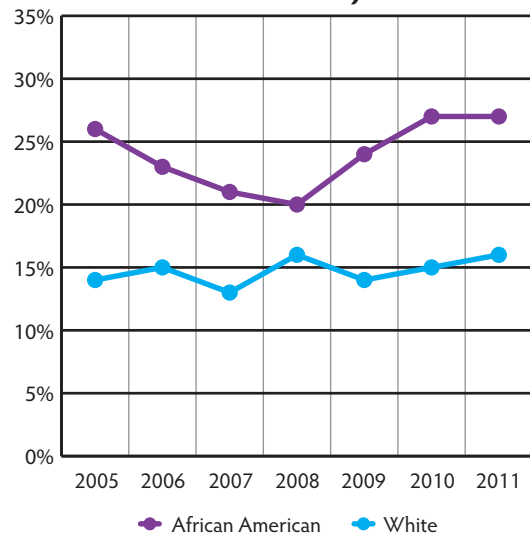


Figure 2.23
Children Who Run Away from Substitute Care by Region

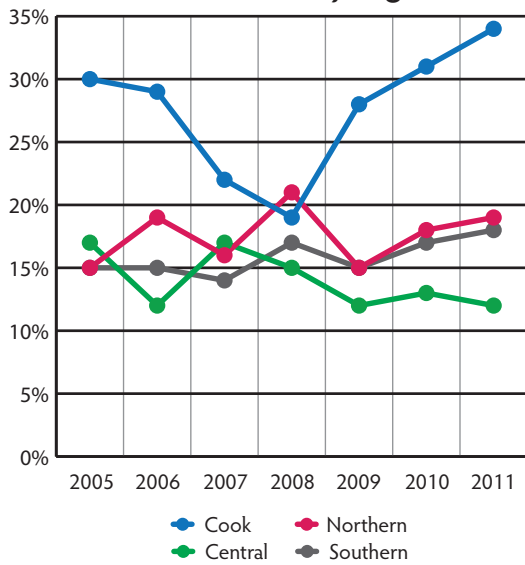
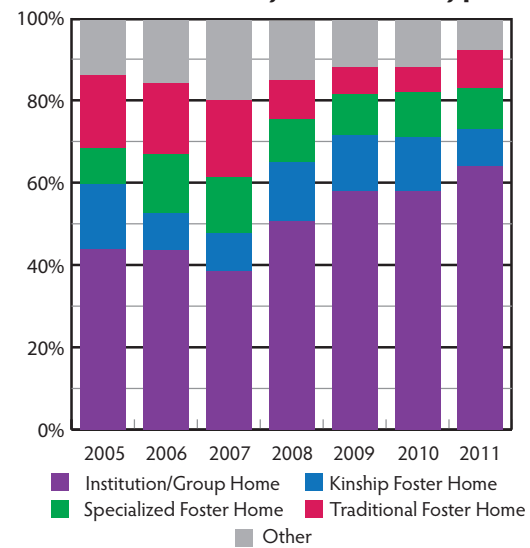


Figure 2.24
Children Who Run Away from Substitute Care by Placement Type²⁶



²⁶ Note: Other Placement includes: Home of Parent, Hospital/Health Facility, Independent Living, Other, Transitional Living Program, Unauthorized Placement and Unknown

Length of Time in Substitute Care

There has been a long held value that children should not languish in foster care. Children may need to have the state take custody to keep them safe, but they should not be raised in a substitute care setting for long periods of time. Once a child is placed in substitute care, the goal is to move them out of care as quickly as it is safe and reasonable to do so. The length of time a child spends in substitute care is affected by a variety of factors, including their permanency goal, the type of placement in which they live, and the type of maltreatment that brought them into care.

In this report, length of time in substitute care is measured by calculating the median length of stay for all children who enter substitute care in a given fiscal year, that is, the number of months it takes for 50% of the children to exit substitute care. The most recent year for which median length of stay in substitute care can be determined is 2010, since there needs to be enough time for half the children who enter in a given year to exit.²⁷ After peaking in the early 1990s at over 50 months, the median length of stay for children in substitute care in Illinois decreased to about 30 months, where it remained for most of the 2000s. The past four years have seen a slight decrease in the median length of stay to 27 months for children who entered care in 2010 (Figure 2.25).

Figure 2.25
Median Length of Time in Substitute Care

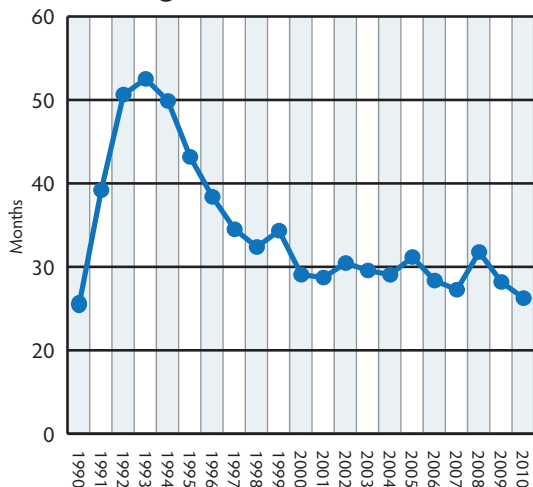
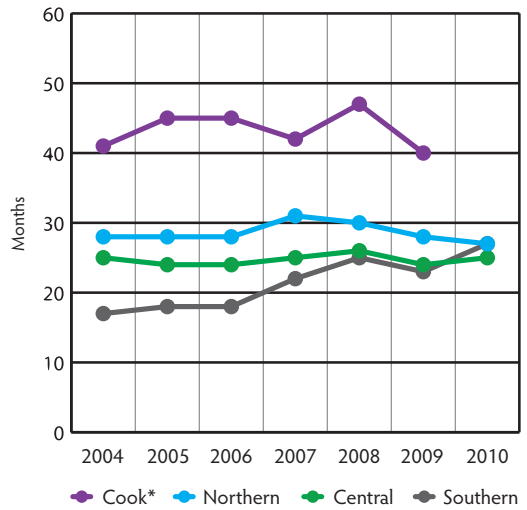


Figure 2.26 shows the regional differences in median length of time in substitute care. Children who reside in the Cook region spend the longest time in substitute care; with median times ranging between 40-47 months in the past 7 years compared to averages usually under 30 months in each of the other regions (see Figure 2.26 and Appendix B, Indicator 2.H).

Figure 2.26
Median Length of Time in Substitute Care by Region



*Note: Only 39% of the children in Cook who entered care in 2010 had exited by September 30, 2012, so a median could not be computed for that region.

Conclusions and Recommendations: Children in Substitute Care

There are several challenges in monitoring and reporting child welfare system performance regarding the quality of substitute care placements. Many child welfare laws and accrediting standards set forth the basic principles of care that child welfare agencies should observe, such as keeping siblings together, placing children close to their home of origin and with family members when possible, and keeping placement moves to the minimum necessary for optimal care. However, placement decisions that increase the quality of care on one of these indicators may unintentionally decrease it on another indicator, and caseworkers and

²⁷ The median length of stay can be determined for all children who entered care in 2010, because 50% had exited care by September 2012, which is the administrative date file that was used in the analyses. However, 50% of certain subgroups of children had yet to exit care as of September 30, 2012, which makes calculation of a median length of stay inaccurate, since it has not been achieved yet. These subgroups are marked with an asterisk in Appendix B Indicator 2.H. Entries marked with an asterisk will increase in next year's report until at least half the children in these subgroups have exited substitute care.

other decision-makers working in the child welfare system must often balance competing priorities. For example, sometimes the safest placement is in a more restrictive setting. In other examples, a placement close to home may not be available for all siblings together. In each section in this chapter, indicators were presented independently, when the reality is that they are often interconnected. In spite of these limitations, there are some indicators that merit attention because they show signs of improvement or because they warrant concern.

Maltreatment in substitute care has increased from 1.1% in 2006 to 1.8% in 2012 – a 63% increase. Although rates are still very low, which is good, the worsening performance on this indicator has continued for several years and additional examination of the factors influencing this trend seems warranted. The subgroup analyses that were completed for this report suggest that the increases in maltreatment in care are occurring disproportionately among children living in kinship foster homes. Rates of maltreatment in kinship foster homes have increased from 1.15% in 2006 to 2.15% in 2012 – an 87% increase. Prior research by the Children and Family Research Center suggests that unlicensed kin foster homes are significantly less safe than licensed kin foster homes,²⁸ therefore changes in the licensure rate among kin homes could be contributing to the increases in maltreatment observed. However, this prior research was conducted several years ago, prior to the Department's recent initiative to license a larger number of kinship foster homes. An updated study that examines the relationship between foster home license status, child age and race, geographic region, and maltreatment in care would provide important information.

First noted in the 2010 *B.H.* monitoring report, another trend that warrants additional scrutiny is the increasing use of congregate care settings as initial placements. Initial placements in congregate care settings have continued to rise from 13.3% in 2006 to 20.7% in 2012 – a 55% increase.²⁹ Although a small segment of children in substitute care may benefit from earlier placement into residential treatment centers to prevent multiple placement failures,³⁰ the increase in initial congregate care placements seen in Illinois over the past six years do not appear to be among children that are being placed there for therapeutic reasons. In 2012, initial

placements into residential facilities were typically very short, with 26% lasting only 1 or 2 days and 42% lasting less than a week, which suggests that they are being used as a temporary solution rather than for therapeutic needs. Further evidence to this effect comes from the fact that although 11.6% of children 0 to 2 years and 13.5% of children 3 to 5 years old were initially placed in an institution in 2012, no children in these age groups were placed there at the end of the year. The increase in the use of institutions as initial placement settings has been particularly dramatic among older children ages 15 to 17 – they have increased from 29.5% in 2006 to 54.6% in 2012 – an 85% increase. Children in this age group are more likely to be initially placed into an institution than a foster home. A shortage of foster homes willing to take older adolescents may be contributing to the increasing use of institutional placements in this group. If so, efforts to recruit these foster homes should be increased.

The recent passage of the Preserving Sibling Relationships for Children in State Care and Adopted through DCFS Act (P.A. 97-1076) emphasizes the importance of placing children in substitute care with their siblings whenever possible and within the child's best interests. Recent monitoring of percentages of children placed with all of their siblings in care suggests that the Department does a good job of finding foster homes willing to take sibling groups, particular smaller sibling groups of 2-3 children. For example, 64% of the children with 1 or 2 siblings in care were placed with their siblings in a traditional foster home at the end of FY2012, and the percentage was even higher (77%) for children living in kinship foster homes. Larger sibling groups are more difficult to place in the same foster home, as seen by the much lower percentages of sibling groups placed together in either traditional (17%) or kinship (37%) foster homes. Recruitment of additional traditional foster homes willing to take larger sibling groups may improve the percentage and fulfill the requirements of the Preserving Sibling Relationships Act.

²⁸ Nieto, M., Fuller, T., & Testa, M. (2009). *License status of kinship foster parents and the safety of children in their care*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

²⁹ The percentage of children living in institutions and group homes at the end of the year has not significantly changed over the past several years.

³⁰ James, S., Landsverk, J., Leslie, L.K., Slymen, D.J., & Zhang, J. (2008). Entry into restrictive care settings: Placements of last resort? *Families in Society: The Journal of Contemporary Social Services*, 89, 348-359.



CHAPTER 3

Legal Permanence: Reunification, Adoption, and Guardianship

All children deserve permanent homes. Although abuse and neglect sometimes make it necessary to place children temporarily in “substitute” homes, federal and state child welfare policies mandate that permanency planning should begin at the time of placement and that children should be placed in safe, nurturing, permanent homes within a reasonable time frame. In Illinois, there are three processes through which children can exit substitute care and attain a permanent home: reunification with parents, adoption, and guardianship.

Reunification with parents is the preferred method for achieving permanence for children in substitute care and is the most common type of exit, accounting for 52% of foster care exits nationally in 2011.¹ Reunification is possible when parents are able to make changes in their lives, often with the benefit of child welfare and other services, to ensure that their children will be safe and adequately cared for when they return home. In some cases, parents cannot make the necessary changes to ameliorate the conditions which brought the children to the attention of the system. In these instances, child

welfare professionals are obligated to find alternative permanent homes for children as expeditiously as possible. A second permanency option is **adoption**, in which kin or non-kin adoptive parents legally commit to care for children; adoptive parents have all the same rights and responsibilities in relation to their children as biological parents, while receiving financial support from the state. Adoption accounted for 20% of foster care exits in the most recent national data,² but it is difficult to find adoptive homes for many children – 42% of children in substitute care waiting to be adopted had been waiting three years or more. **Guardianship** is a third permanency option developed in recent years, which involves caregivers, almost always kin, assuming legal custody and permanent care of children with financial support from the state. This form of permanence is advantageous for caregivers who want to commit to permanent care but do not wish to terminate the rights of the biological parent, who is typically a close relative of the guardian. Guardianship is a much less frequently used permanency option for children in substitute care, accounting for only 6% of all exits nationally in 2011.³

¹ U.S. Department of Health and Human Services. (2012). *The AFCARS report: Preliminary FY 2011 estimates*. Retrieved from <http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport19.pdf> See also, e.g., Wildfire, J., Barth, R.P., & Green, R.L. (2007). Predictors of reunification. In R. Haskins, F. Wulczyn & M.B. Webb (Eds.), *Child protection: Using research to improve policy and practice* (pp. 155-170). Washington, DC: Brookings Institution Press.

² U.S. Department of Health and Human Services. (2012). *The AFCARS report: Preliminary FY 2011 estimates*. Retrieved from <http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport19.pdf>

³ U.S. Department of Health and Human Services. (2012). *The AFCARS report: Preliminary FY 2011 estimates*. Retrieved from <http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport19.pdf>

Changes in Permanence at a Glance

Children Achieving Reunification






- Of all children who entered substitute care during the year, the percentage that was reunified with their parents within 12 months has not significantly changed and was 20.8% of children who entered care in 2011.
- Of all children who entered substitute care during the year, the percentage that was reunified with their parents within 24 months decreased from 36.0% of those who entered care in 2009 to 34.3% of those who entered care in 2010 (-6% change).
- Of all children who entered substitute care during the year, the percentage that was reunified with their parents within 36 months increased from 37.8% of those who entered care in 2008 to 42.5% of those who entered care in 2009 (+12% change).
- Of all children who were reunified during the year, the percentage that remained with their family at one year has not significantly changed and was 83.6% of children who were reunified in 2011.
- Of all children who were reunified during the year, the percentage that remained with their family at two years has not significantly changed and was 82.3% of children who were reunified in 2010.
- Of all children who were reunified during the year, the percentage that remained with their family at five years has not significantly changed and was 77.3% of children who were reunified in 2007.
- Of all children who were reunified during the year, the percentage that remained with their family at ten years has not significantly changed and was 74.0% of children who were reunified in 2002.

Children Achieving Adoption

- Of all children who entered substitute care during the year, the percentage that was adopted within 24 months increased from 3.3% of those who entered care in 2009 to 3.5% of those who entered care in 2010 (+6% change).
- Of all children who entered substitute care during the year, the percentage that was adopted within 36 months has not significantly changed and was 9.4% of children who entered care in 2009.
- Of all children who were adopted during the year, the percentage that remained with their family at two years has not significantly changed and was 98.4% of children who were adopted in 2010.
- Of all children who were adopted during the year, the percentage that remained with their family at five years has not significantly changed and was 95.1% of children who were adopted in 2007.
- Of all children who were adopted during the year, the percentage that remained with their family at ten years has not significantly changed and was 89.4% of children who were adopted in 2002.

Changes in Permanence at a Glance CONT'D

Children Achieving Guardianship

-  Of all children who entered substitute care during the year, the percentage that attained subsidized guardianship within 24 months decreased from 1.1% of those who entered care in 2009 to 0.6% of those who entered care in 2010 (-45% change).
-  Of all children who entered substitute care during the year, the percentage that attained subsidized guardianship within 36 months decreased from 3.3% of those who entered care in 2008 to 2.4% of those who entered care in 2009 (-27% change).
-  Of all children who attained subsidized guardianship during the year, the percentage that remained with their family at two years has not significantly changed and was 94.2% of children who attained guardianship in 2010.
-  Of all children who attained subsidized guardianship during the year, the percentage that remained with their family at five years has not significantly changed and was 90.2% of children who attained guardianship in 2007.
-  Of all children who attained subsidized guardianship during the year, the percentage that remained with their family at ten years has not significantly changed and was 84.8% of children who attained guardianship in 2002.

Measuring Legal Permanence

Although the number of permanency options available to children in substitute care in Illinois is small, the number of potential indicators for measuring system performance related to the achievement of legal permanence is substantial. Good indicators are thoughtfully tied to the system's critical performance goals, which in this case involve moving children from temporary placements in substitute care to permanent homes outside of substitute care and doing so in a timely manner. Thus, permanency indicators should measure both the *likelihood* of achieving permanence as well as the *timeliness* in which it is achieved. In addition, the *stability* of the permanent placement should be monitored to ensure that the children who exit substitute care do not re-enter care.

Many child welfare performance monitoring efforts, including versions of the Illinois *B.H.* monitoring report prior to 2010, do not include separate outcome indicators for the three types of exits to permanent homes (e.g., reunification, adoption, and guardianship), instead

relying on a combined or overall “permanency rate” that captures all exits to permanent homes. However, recent research demonstrates the type of exit affects rates and frequency of permanence.⁴ For example, reunification tends to occur more quickly than adoption or guardianship because of the focus on first attempting to reunify children with their parents prior to finding alternative permanent homes. In addition, policy and practice changes may affect one type of exit positively while adversely affecting another, consequently a policy's effect on exits to permanence would be masked if only a combined indicator was utilized. This chapter, therefore, examines each type of permanency exit (reunification, adoption, and guardianship) separately, although the overall (e.g., combined) permanency rate is presented first to provide context and continuity with previous reports.

For each type of permanence, *timeliness* is monitored by showing the percentage of children in each yearly entry cohort that exit substitute care within 12 months (for reunification only due to the low frequency

⁴ Akin, B.A. (2011). Predictors of foster care exits to permanency: A competing risks analysis of reunification, guardianship, and adoption. *Children and Youth Services Review*, 33, 999-1011. Connell, C.M., Katz, K.H., Saunders, L., & Tebes, J.K. (2006). Leaving foster care – the influence of child and case characteristics on foster care exit rates. *Children and Youth Services Review*, 28, 780-798.

of adoptions and guardianships occurring within 12 months), 24 months, and 36 months. Please note, because entry cohorts are used to examine permanency rates over time, the most recent entry cohort available to examine permanency within 36 months includes those children that entered care in 2009 and follows them through 2012. In addition, for each type of permanence, the percentage of children exiting within 36 months is further examined by child age, gender, race, and geographic sub-region. The stability of each type of permanence is monitored by examining the percentage of reunifications, adoptions, and guardianships that remain intact (i.e., the children do not re-enter substitute care) within one year (reunification only), two years, five years, and 10 years post-discharge.

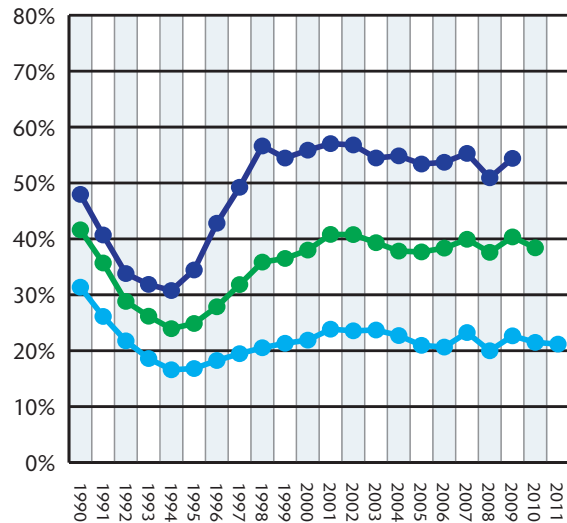
Although child welfare systems strive to provide all children in substitute care with a permanent home in a timely manner, this goal is not achieved for all children. Some children exit substitute care to situations in which they do not have a legally permanent home – they run away, they are incarcerated, they emancipate or “age out.” In addition, each year many children remain in care for periods much longer than 36 months. If exits to reunification, adoption, and guardianship are considered positive outcomes, then exits from care without attaining permanence and lengthy stays in care (longer than 3 years) should be considered negative outcomes. It is equally important to monitor negative as well as positive outcomes, so this chapter also examines “other exits” from care and children that remain in care longer than 36 months.

Children Achieving Legal Permanence

Figure 3.1 shows the overall permanency rate in Illinois – the percentage of children exiting substitute care to all three types of permanence combined – over a 22 year period. For comparison, the percentages of children exiting to permanence within 12 months, 24 months, and 36 months are shown. Permanency rates declined sharply during the 1990s, a time period coinciding with a major increase in the number of children entering care. There was a turnaround between 1995 and 2001, with substantial increases in the percentage of children achieving permanent homes. The improvements in the permanency rates are seen most clearly in the 36-month permanency rate, to a lesser extent in the 24-month permanency rate, and much less in

the 12-month permanency rate. There has been little change in overall permanency rates since 2001, with rates around 21% at 12 months, 38% at 24 months, and 54% at 36 months (see Appendix B, Indicators 3.A.4, 3.B.4, and 3.C.4).

Figure 3.1
Children Exiting to Permanence
Within 12, 24, and 36 Months

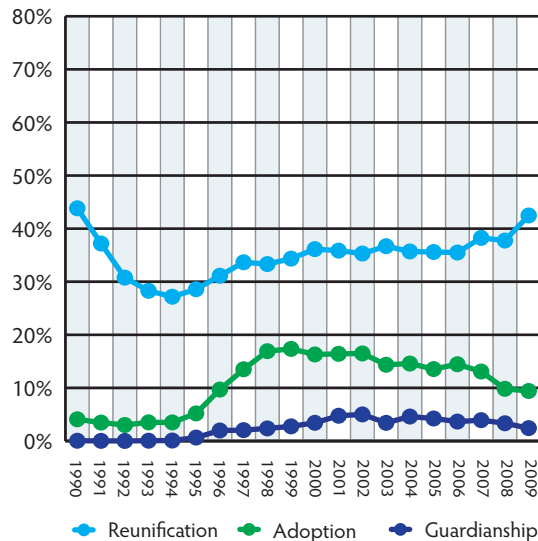


Although Figure 3.1 provides a good picture of the overall pattern of exits to permanence over the last two decades, it does not tell us anything about the relative frequencies of the three different types of permanence. Figure 3.2 examines separately the percentage of children who exit substitute care within 36 months for each of the three types of permanence: reunification, adoption, and guardianship (see Appendix B, Indicators 3.C.1, 3.C.2, and 3.C.3).

This figure shows that reunification has always been the most common type of exit from substitute care, and the decrease in permanence in the early 1990s was attributable to a decrease in reunification. The decrease in reunification was part of a national trend toward lower reunification rates in the 1990s.⁵ Reunification rates rebounded somewhat in the late 1990s, though they were still substantially below levels of the 1980s. Reunification rates within 36 months of entry have continued to climb over the past decade, and the rate among children who entered care in 2009 (42.5%) is nearly as high as it was in 1990 (43.8%).

⁵Wulczyn, F. (2004). Reunification. *The Future of Children*, 14, 96-113.

Figure 3.2
Children Exiting to Reunification, Adoption and Guardianship Within 36 Months



The biggest reason for the upsurge in overall permanency rates in the mid- to late-1990s was that the percentage of exits to adoption increased dramatically. Rates of adoptions within 36 months of entry have been slowly declining over the past decade, from 17.4% for those that entered in 1999 down to 9.4% of children who entered care in 2009.

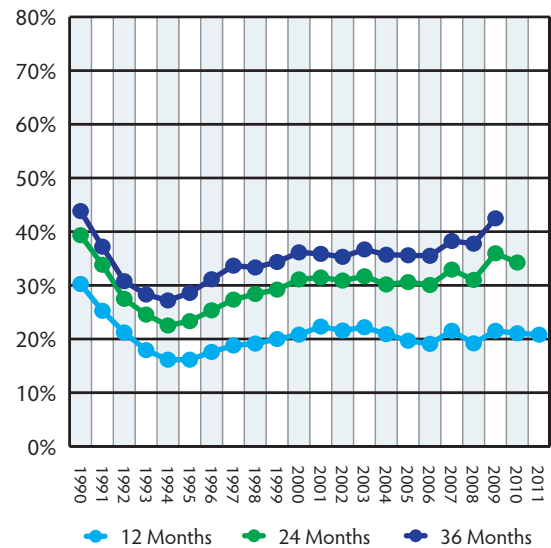
Subsidized guardianship was introduced as a new permanency option in the late 1990s, and contributed to the increase in overall permanence seen in the late 1990s. After peaking at 5% for children who entered care in 2002, exits to subsidized guardianship within 36 months of entry have slowly declined over the past seven years to 2.4% for children who entered care in 2009.

Children Achieving Reunification

Figure 3.3 shows the percentage of children exiting substitute care to reunification within 12 months, 24 months, and 36 months of their entry into care (see Appendix B, Indicators 3.A.1, 3.B.1, and 3.C.1). All three indicators show a decrease in the early 1990s, an increase in the late 1990s, and stabilization since about 2001 with slight increases for 24 and 36-month reunifications in recent entry cohorts. Examination of the three trend lines provides an indication of the role that length of time in care has on the likelihood of an exit

to reunification. About 20% of children that enter care in any given year since 2001 exit care to reunification within 12 months of entry. When the length of time to reunification is 24 months after entry, the percentage of children that exit care increases to over 30%. A similar increase occurs when the length of time to reunification is increased to 36 months (43%).

Figure 3.3
Children Exiting to Reunification Within 12, 24, and 36 Months



Child age is related to the likelihood that children will be reunified with parents within 36 months of entry (see Figure 3.4 and Appendix B, Indicator 3.C.1). Children between ages 3 and 8 years were the most likely to be reunified – about 53% of the children in this age group who entered care in 2009 were reunified within three years. Very young children (those less than 3 years) and youth between 12 and 14 years were reunified less often – about 40%. Youth ages 15 and older were the least likely to be reunified with their parents; only 25% of the youth in this age group who entered care in 2009 were reunified by 2012, a decrease from 30% in 2003. Rates of reunification within 36 months have substantially increased since 2003 for all age groups except youth ages 15 years and older.

Figure 3.4
Children Exiting to Reunification Within 36 Months by Age

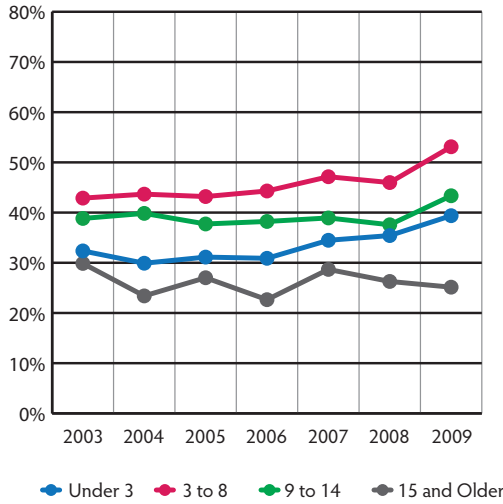
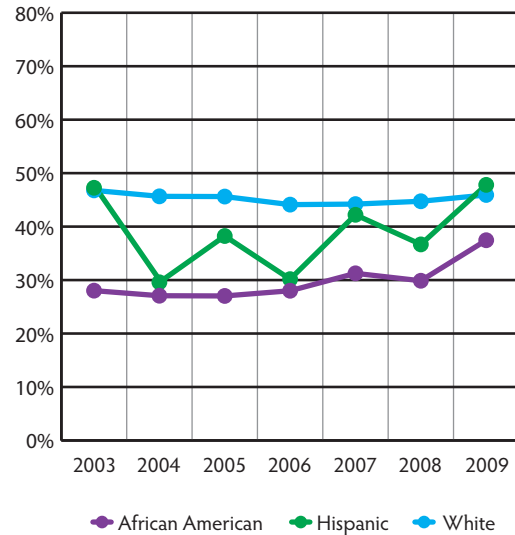


Figure 3.5
Children Exiting to Reunification Within 36 Months by Race



A child’s race and ethnicity influence the likelihood of being reunified with parents within 36 months of entry (see Figure 3.5, and Appendix B, Indicator 3.C.1). In general, White children are more likely to be reunified than African American children. However, while rates of reunification within 36 months have remained steady (at around 46%) among White children, reunification rates among African American children have been increasing, from 27% among children who entered care in 2004 and 2005 to over 37% among children who entered care in 2009. The high variability in reunification rates among Hispanic children is due to the small number of Hispanic children in substitute care. In general, however, Hispanic children are less likely to be reunified within 36 months of entry compared to White children, but more likely to be reunified than African American children.

Figure 3.6 displays the sub-regional heat map showing reunification exits within 36 months of entry into substitute care (see Appendix C, Indicator 3.C.1). To create the heat map, recurrence rates in each sub-region of Illinois for the past seven years were compared to one another and ranked. The sub-regions and years in the top 25th percentile – those with the *best performance* on this indicator – are shown in the lightest shade. Those sub-regions and years in the bottom 25th percentile – those with the *worst performance* on this indicator

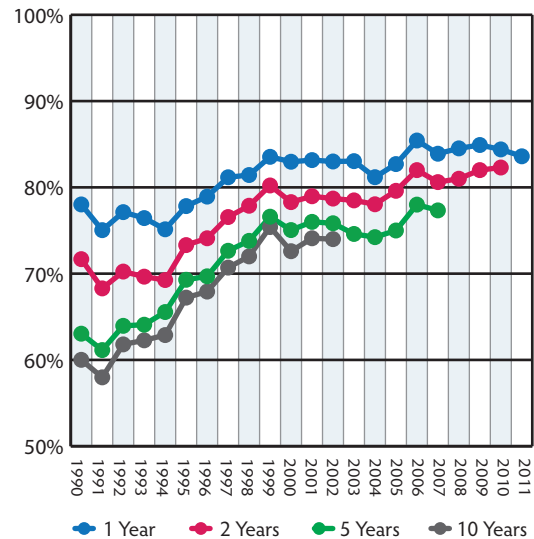
– are shown in the darkest shade. Those that performed in the middle – between the 26th and 74th percentiles – are shown in the medium shade. The heat map therefore provides a visually simple way to compare a large amount of information on sub-regional performance both over time and across the state. It is possible to tell reasonably quickly if a region or sub-region is doing well (relative to the other sub-regions in the state over the past 7 years) by looking for the areas in the lightest shade. It is important to note that these “rankings” are relative only to the performance within the ten sub-regions over the seven year time span and not to any national or state benchmarks. Thus, even though a given sub-region may be performing “well” compared to other sub-regions in the state (as indicated by a light shade on the heat map), this does not necessarily mean that its performance should be considered “good” or “excellent” compared to a standard or benchmark.

As can be seen in Figure 3.6, reunification rates in Cook sub-regions are the lowest in the state for the entire time period (darkly shaded areas). The Marion sub-region shows comparatively high reunification rates across most of the observation period (lightly shaded areas). Reunification rates improved in several sub-regions in the Northern and Central regions (Aurora, Champaign, and Peoria) for children in the most recent entry cohort (2009).

Figure 3.6
Children Exiting to Reunification
Within 36 Months Sub-region Heat Map

	2003	2004	2005	2006	2007	2008	2009
Cook North							
Cook Central							
Cook South							
Aurora							
Rockford							
Champaign							
Peoria							
Springfield							
East St. Louis							
Marion							

Figure 3.7
Stable Reunifications 1, 2, 5, and 10 Years
After Finalization



Stability of Reunification

Reunification is only truly permanent if children can remain safely in their homes and are not removed again. Figure 3.7 displays the percentage of children that remain stable in their homes (and do not re-enter care) within 1, 2, 5, and 10 years following reunification with their parents (see Appendix B, Indicators 3.D.0, 3.D.1, 3.E.1, and 3.F.1). Two things stand out as important when examining Figure 3.7. The first is that, predictably, the percentage of stable reunifications decreases as the length of time post-reunification increases. For example, of the children that exited care to reunification in 2007, 84% remained reunified with their parents within one year, 80.6% remained reunified within two years, and 77.3% remained reunified within 5 years (children in the 2007 exit cohort have not reached the 10 year post-reunification mark). Second, the rates of stability following reunification from substitute care have been relatively level for the exit cohorts of the past decade.

Children Achieving Adoption

Because adoption is typically considered only after it becomes clear that reunification is not achievable, adoptions rarely occur within 12 months. Figure 3.8, therefore, shows the percentage of children who exit substitute care through adoption within 24 and 36 months after entry. The overall pattern of the two lines is similar, but the likelihood of being adopted is much greater within 36 months of entry than within 24 months. The increase in adoptions that occurred in the late 1990s can be seen in both the percentage of children adopted within 24 months and 36 months, although the increase is more dramatic among adoptions within 36 months. After this dramatic increase, the percentages of children exiting to adoption within 36 months leveled off during the early 2000s, and have since declined from 14.4% of children that entered care in 2003 to 9.4% of those who entered care in 2009 (see Appendix B, Indicators 3.B.2 and 3.C.2).

Figure 3.8
Children Exiting to Adoption
Within 24 and 36 Months

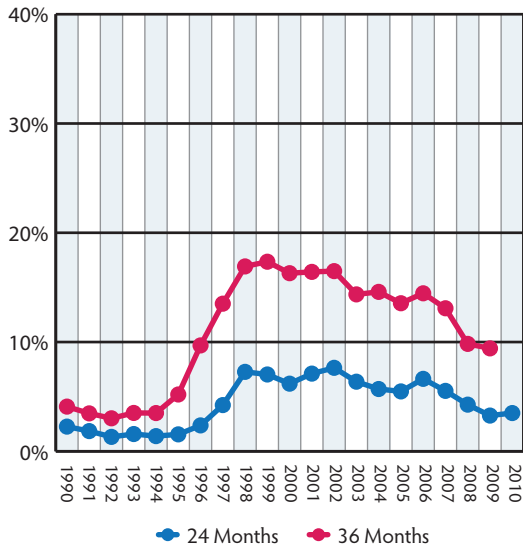
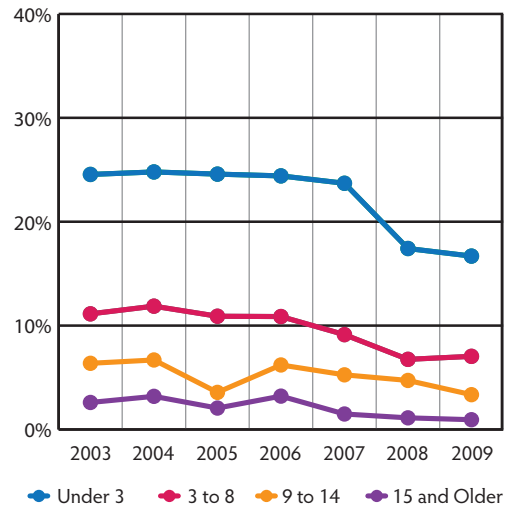


Figure 3.9
Children Exiting to Adoption
Within 36 Months by Age

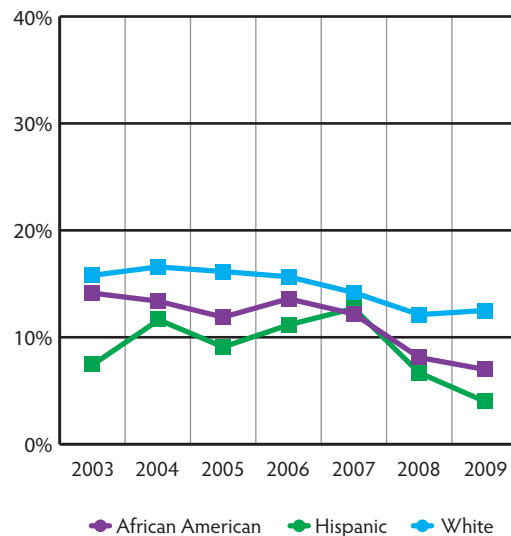


Illinois children less than 3 years of age are substantially more likely to be adopted than older children (see Figure 3.9 and Appendix B, Indicator 3.C.2), a finding that is consistent nationally.⁶ In fact, there is an inverse relationship between child age and the likelihood of adoption from substitute care, such that the older a child is when entering care, the less likely he or she is to be adopted within 36 months. However, the percentage of children under 3 that exit to adoption within 36 months has decreased in recent years from 23.7% among children who entered care in 2007 to 16.6% among children who entered care in 2009. Although rates of adoption within 36 months have also decreased among children in each of the other age groups over the same time period, the decline has been the steepest for children 0 to 2 years. The likelihood of children ages 15 and older being adopted from substitute care within 36 months is very small, and has decreased over the past seven years from 2.5% among children entering care in 2003 to 0.9% among children who entered care in 2009.

There are only small differences in the percentages of African American and White children that exit substitute care to adoption within 36 months, with rates among White children slightly higher than those for African American children (see Figure 3.10 and Appendix B, Indicator 3.C.2). The percentage of Hispanic children adopted was comparatively lower,

although these results should be interpreted with some caution because the number of Hispanic children in the foster care population is small. The declines in adoptions within 36 months that have occurred among the last two entry cohorts (in 2008 and 2009) appear to have occurred primarily among African American and Hispanic children.

Figure 3.10
Children Exiting to Adoption
Within 36 Months by Race



⁶U.S. Department of Health and Human Services. (2012). *The AFCARS report: Preliminary FY 2011 estimates*. Retrieved from <http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport19.pdf>

Measuring Adoption Stability

Measuring the stability of adoptions is important in determining the continuity of care children receive after they leave the child welfare system to an adopted home. Although media portrayals and anecdotal accounts from caseworkers suggest that adoptions from the child welfare system in Illinois fail at concerning rates,⁷ the analyses in this report that measure rates of adoption stability tell a different story. However, the terminology used to describe adoption stability varies considerably, which can cause confusion when trying to interpret research results.

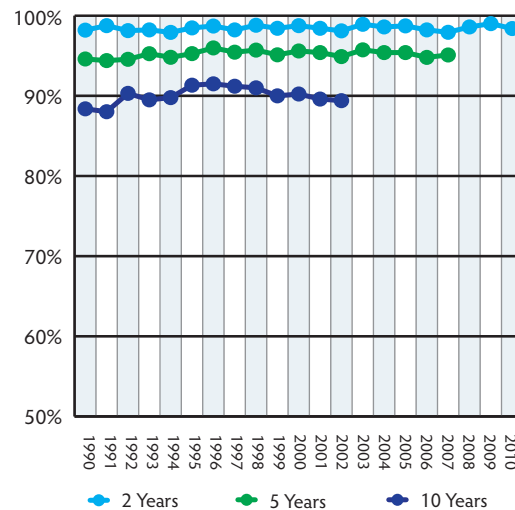
For instance, the Child Welfare Information Gateway distinguishes between adoption disruptions and adoption dissolutions: adoption disruptions occur before an adoption is finalized, but after a child is placed in an adoptive home and adoption dissolutions occur after adoptions are legally finalized. In both cases, the child re-enters substitute care and is placed into a new foster home.⁸ National research suggests that between 10-25% of planned adoptions disrupt before they are finalized due to a variety of factors related to the child (age, behavioral issues), the adoptive family (lack of support), and the child welfare agency (overstaffed, lack of continuity of case).⁹ Dissolution rates are harder to measure due to a variety of factors, but best estimates indicate that between 1-7% of adoptions dissolve after they are legally finalized.¹⁰ Dissolutions occur for similar reasons as disruptions, but also include the cost of providing care for the child and a lack of information and support.

Due to limitations in the administrative data, pre-finalization adoption disruptions cannot be measured and included in the *B.H.* report. Instead, an adoption stability measure is used to examine the number of children remaining in their adoptive homes within 2, 5, and 10 years after the adoption is finalized. If the adopted child has been placed into substitute care within these time periods, it is

considered a non-stable adoption. This may mean that an adoption dissolution occurred, but it may also mean that adopted children are not in the home for other reasons such as temporary placement in specialized foster care or a residential treatment facility for more intensive treatment than possible in a home setting. This adoption stability measure does not include children who leave their adopted home due to a short-term crisis, such as a short respite placement.

Based on this measure, adoption stability has been remarkably consistent over the past two decades (see Figure 3.11 and Appendix B, Indicators 3.D.2, 3.E.2, and 3.F.2). Within 2 years of being adopted, 98.4% of children are in their adoptive homes; within five years, 95.1% of children are in their adoptive homes; and within ten years, 89.4% of children are in their adoptive homes. These rates do not corroborate the anecdotal accounts portrayed in the media and overheard in worker conversations.

Figure 3.11
Stable Adoptions at 2, 5, and 10 Years
After Finalization



⁷ For example, see Knight, M. (December 29, 2011). Failed adoptions create more homeless youths. *The New York Times*. Available online: http://www.nytimes.com/2011/12/30/us/failed-adoptions-create-more-homeless-youths.html?pagewanted=1&_r=2

⁸ Child Welfare Information Gateway. (2012). Adoption Disruption and Dissolution. Retrieved from https://www.childwelfare.gov/pubs/s_disrup.pdf

⁹ Goerge, R. M., Howard, E. C., Yu, D., & Radomsky, S. (1997). Adoption, disruption, and displacement in the child welfare system, 1976-94. Chicago: University of Chicago, Chapin Hall Center for Children; Festinger, T. (2002). After adoption: Dissolution or permanence? *Child Welfare*, 81(3), 515-533; Festinger, T. (2012). Adoption disruption: Rates, correlates, and service needs. In G. P. Mallon & P. M. Hess (eds.), *Child Welfare for the 21st Century: A handbook of practices, policies, and programs (2nd ed.)*. New York: Columbia University Press.

¹⁰ Goerge et al. (1997). Adoption, disruption, and displacement in the child welfare system, 1976-94. Chicago: University of Chicago, Chapin Hall Center for Children; U.S. General Accounting Office. (2003). *Foster care: States focusing on finding permanent homes for children, but long-standing barriers remain (GAO-03-626T)*. Retrieved from <http://www.gao.gov/assets/110/109829.pdf>.

Trends in children exiting substitute care to adoption within 36 months at the sub-region level are shown in Figure 3.12 (see Appendix C, Indicator 3.C.2). The Champaign sub-region (located in the Central region) is in the top 25th percentile (when compared to all other regions) over the entire seven year observation period. In general, performance in all other sub-regions on this indicator has worsened over the seven year period: the sub-regions that were performing in the top 25th percentile in the first half of the observation period (2003-2006) fell closer to the average in the latter half of the observation period (2007-2009), and those that were performing in the middle of the group fell into the bottom 25th percentile.

Figure 3.12
Children Exiting to Adoption
Within 36 Months Sub-region Heat Map

	2003	2004	2005	2006	2007	2008	2009
Cook North	Dark Yellow	Dark Yellow	Dark Yellow	Dark Yellow	Dark Yellow	Dark Yellow	Dark Yellow
Cook Central	Dark Yellow	Dark Yellow	Dark Yellow	Dark Yellow	Dark Yellow	Dark Yellow	Dark Yellow
Cook South	Dark Yellow	Dark Yellow	Dark Yellow	Dark Yellow	Dark Yellow	Dark Yellow	Dark Yellow
Aurora	Dark Yellow	Dark Yellow	Dark Yellow	Dark Yellow	Dark Yellow	Dark Yellow	Dark Yellow
Rockford	Dark Yellow	Dark Yellow	Dark Yellow	Dark Yellow	Dark Yellow	Dark Yellow	Dark Yellow
Champaign	Light Yellow	Light Yellow	Light Yellow	Light Yellow	Light Yellow	Light Yellow	Light Yellow
Peoria	Light Yellow	Light Yellow	Light Yellow	Light Yellow	Light Yellow	Light Yellow	Light Yellow
Springfield	Light Yellow	Light Yellow	Light Yellow	Light Yellow	Light Yellow	Light Yellow	Light Yellow
East St. Louis	Light Yellow	Light Yellow	Light Yellow	Light Yellow	Light Yellow	Light Yellow	Light Yellow
Marion	Dark Yellow	Dark Yellow	Dark Yellow	Dark Yellow	Dark Yellow	Dark Yellow	Dark Yellow

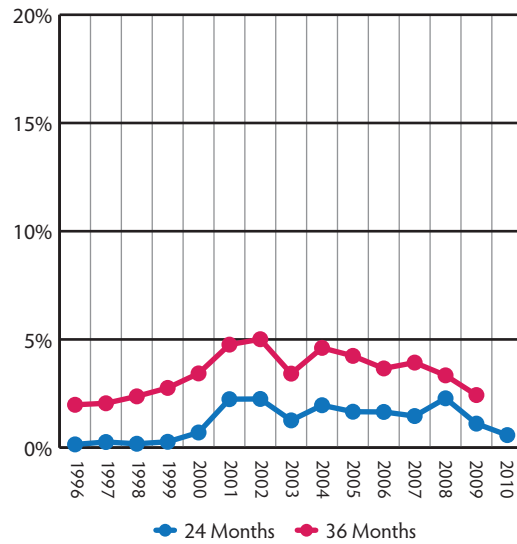
Children Achieving Guardianship

Subsidized guardianship began in Illinois in September 1996 when the state received federal iv-E waiver authority to extend subsidies to guardians. Development of the subsidized guardianship program went hand-in-hand with a major increase in kin adoptions.

As caseworkers explored permanency options with kin as part of the new subsidized guardianship program, they discovered that more kin than anticipated chose adoption.

The percentage of children exiting substitute care to guardianship within 24 months and 36 months of entry into care is shown in Figure 3.13 (as with adoptions, very few children exit to guardianship within 12 months of entry, so those figures are not shown). The percentage of children exiting to guardianship within 36 months of entry increased steadily between 1996 and 2001 as the new subsidized guardianship program was implemented, then leveled off and remained fairly consistent at around 4-5% (see Appendix B, Indicators 3.B.3, and 3.C.3). Similar to adoptions, during the last two years the percentages of children exiting substitute care to guardianship within 36 months have declined: from 3.3% for children who entered care in 2008 to 2.4% for children who entered care in 2009, a decrease of 27%. An analogous decline occurred among children who exited care to guardianships within 24 months of entry: from 1.1% entering care in 2009 to 0.6% entering care in 2010, a decrease of 45%.

Figure 3.13
Children Exiting to Guardianship
Within 24 and 36 Months



Only minor differences exist for rates of subsidized guardianship by age. Children ages 9-14 are consistently the most likely to exit substitute care to guardianship at a rate of nearly 5%. Children 15 and older are the second most likely at a rate of 3.3%. Children 8 and under are the least likely to exit substitute care to guardianship (less than 2%). The rates of subsidized guardianship by child race have remained fairly consistent in the last couple of years, and there are only small differences in the rates between African American, White, and Hispanic children on this indicator (see Appendix B, Indicator 3.C.3).

Sub-regional comparisons in exits to guardianship are displayed in Figure 3.14 (see Appendix C, Indicator 3.C.3). Due to data coding issues in the administrative data used for this indicator, data from the three Cook sub-regions were combined into an overall Cook indicator in the figure below.¹¹ Historically, the Cook region and the Peoria and Marion sub-regions performed relatively better in moving children from substitute care to permanent placements with guardians. The Springfield and East St. Louis sub-regions have performed in the bottom 25% of all the sub-regions for the majority of the past several years. The last two years have shown an overall decrease in subsidized guardianships in all sub-regions, reflecting the overall trend of decreasing guardianship rates.

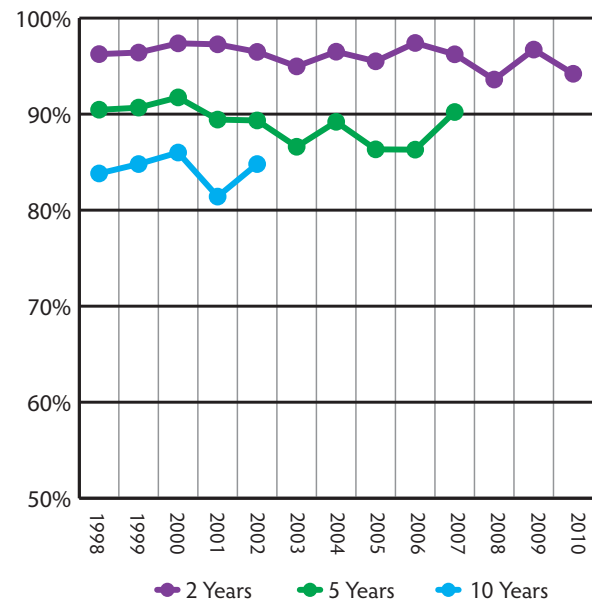
Stability of Guardianship

The percentage of children who exited substitute care to guardianships and remained in these homes within two years post-discharge has been stable over the past several years, ranging from 94% to 97% (see Figure 3.15 and Appendix B, Indicator 3.D.3). The percentages of children that remain in stable guardianships within five years has ranged from 86% to 90% and within ten years post-discharge from 81% to 85% (see Appendix B, Indicator 3.E.3 and Indicator 3.F.3).

Figure 3.14
Children Exiting to Guardianship Within 36 Months Sub-region Heat Map

	2003	2004	2005	2006	2007	2008	2009
Cook Region	Light	Light	Light	Light	Light	Light	Light
Aurora	Light	Light	Light	Light	Light	Light	Light
Rockford	Light	Light	Light	Light	Light	Light	Light
Champaign	Light	Light	Light	Light	Light	Light	Light
Peoria	Light	Light	Light	Light	Light	Light	Light
Springfield	Light	Light	Light	Light	Light	Light	Light
East St. Louis	Light	Light	Light	Light	Light	Light	Light
Marion	Light	Light	Light	Light	Light	Light	Light

Figure 3.15
Stable Guardianships 2, 5, and 10 Years After Finalization



¹¹ In these analyses, child cases are categorized by the sub-region where the case originated or that has administrative responsibility for the case, as opposed to the sub-region associated with the family's address. The administrative data indicated that all of the guardianships in Cook Region are administered in the Cook Central region and none were located in the Cook North or Cook South regions for any of the years examined. For this reason, we combined the three Cook sub-regions (Cook North, Cook Central, and Cook South) into one Cook region for this analysis.

Youth Remaining in Care at 18 and Older

BOX 3.2

Historically, youth living in substitute care have been discharged from care at the age of 18 – these youth “age out” of the child welfare system without a permanent legal family. For youth who age out of the child welfare system without a permanent legal family, the transition from late adolescence to early adulthood can be even more challenging than it is for most teenagers. Research indicates that youth discharged from the child welfare system at age 18 face “unemployment, poor educational outcomes, health issues, early parenthood, long-term dependency on public assistance, increased rates of incarceration, and homelessness.”¹² Remaining in care after the age of 18 is associated with increased high school completion rates, enrollment in college, access to mental and physical health care, increased employment, and lower rates of homelessness and incarceration.¹³

The Fostering Connections to Success Act of 2008 provided states with funds to provide continued care to youth up to the age of 21 if the youth:¹⁴

- is completing a secondary education program
- is enrolled in a post-secondary or vocational education program
- is participating in a program to gain employment
- is employed for a minimum of 80 hours per month, or
- is not able to attend school or be employed due to a medical condition

In 2009, Illinois passed 705 ILCS 405/2-31 which provides an extension of child welfare services for youth 21 years of age or younger “for good cause when there is satisfactory evidence presented to the court and the court makes written factual findings that the health, safety, and best interest of the minor and the public require the continuation of the wardship.”¹⁵ The Illinois Department of Children

and Family Services has programs for youth between the ages of 17 and 21. These programs include housing assistance, cash benefits, college scholarships, and independent living programs.

Figure 3.16 shows the percentage of youth 18 and older who remain in care at the end of the fiscal year for each year between 1990 and 2012. During most of the 1990s, less than 10% of youth remained in care past their 18th birthday. However, in the late 1990s and early 2000s, this percentage increased to 16-17%, where it has remained stable through 2012. The increases in the late 1990s and early 2000s may be related to policy changes at that time such as the Foster Care Independence Act, which promoted youth remaining in care longer to allow for continued services and support.¹⁶

Figure 3.16
Youth Still in Care: 18+

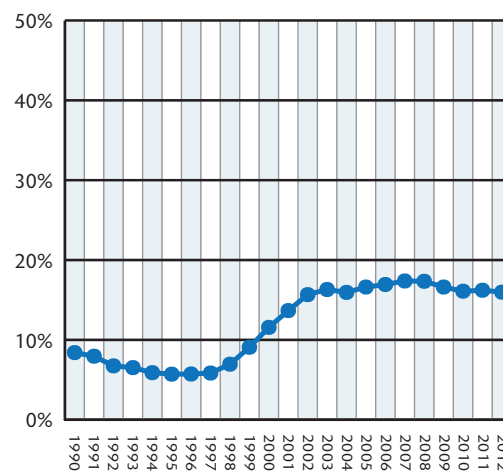


Figure 3.17 displays the placement settings of youth who remain in care past age 18. About 50% of these youth live in independent living programs, around

¹² Child Welfare League of America. (n.d.). Programs and resources for youth aging out of foster care. Retrieved from <http://www.cwla.org/programs/fostercare/agingoutresources.htm>

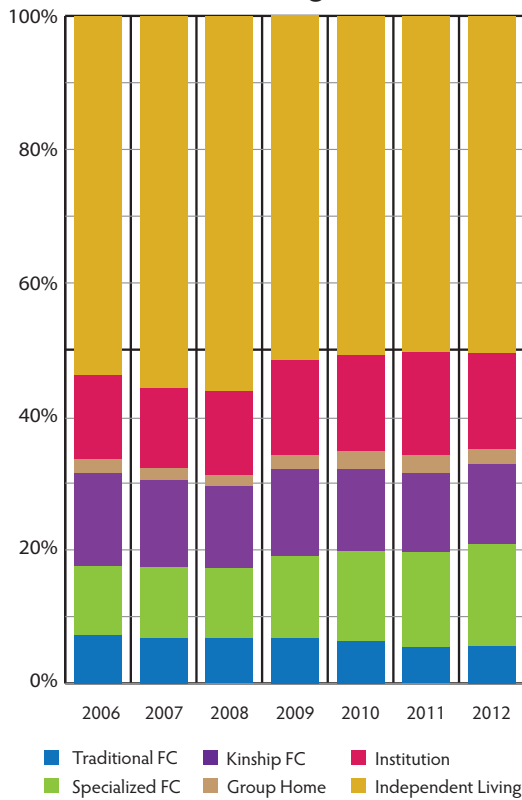
¹³ Chapin Hall. (2008). Continuing in foster care beyond age 18: How courts can help. Retrieved from <http://www.chapinhall.org/sites/default/files/publications/Beyond%2018%20Issue%20Brief%20redesign%2002-04-09.pdf>

¹⁴ National Conference of State Legislatures. (n.d.). NCSL child welfare policy update: State response to the Fostering Connections to Success Act of 2008, Foster Care to 21 Provisions. Retrieved from <http://www.ncsl.org/issues-research/human-services/fostering-connections-act-foster-care-to-21.aspx>

¹⁵ Illinois General Assembly. (n.d.). Illinois Compiled Statutes: Duration of wardship and discharge of proceedings. Retrieved from <http://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=070504050K2-31>

¹⁶ Child Welfare League of America. (1999). Foster care independence act of 1999. Retrieved from <http://www.cwla.org/advocacy/in-divhr3443.htm>

Figure 3.17
Placements of Youth Ages 18 and Older



16% live in institutions or group homes, and around a third live in foster homes (15% specialized foster care, 12% kinship foster care, and 6% traditional foster care).

There are interesting demographic differences when examining the placements of youth 18 and older who remain in care (see Figure 3.18). For example, 60% of females and 40% of males live in independent living programs; while nearly 22% of males but only 8% of females live in institutions.

Placements of youth ages 18 and older also vary by race (Figure 3.19). In 2012, White youth were at least twice as likely (9.2%) as African American (4.6%) or Hispanic (2.2%) youth to live in a traditional foster home, but less likely to live in kinship foster homes (9.2% versus 12.5% of African American youth and 14.7% of Hispanic youth). White youth were more likely to live in institutions (16.9%) than African American (13.4%) or Hispanic (12.5%) youth.

Figure 3.18
Placements of Youth Ages 18 and Older by Gender (2012)

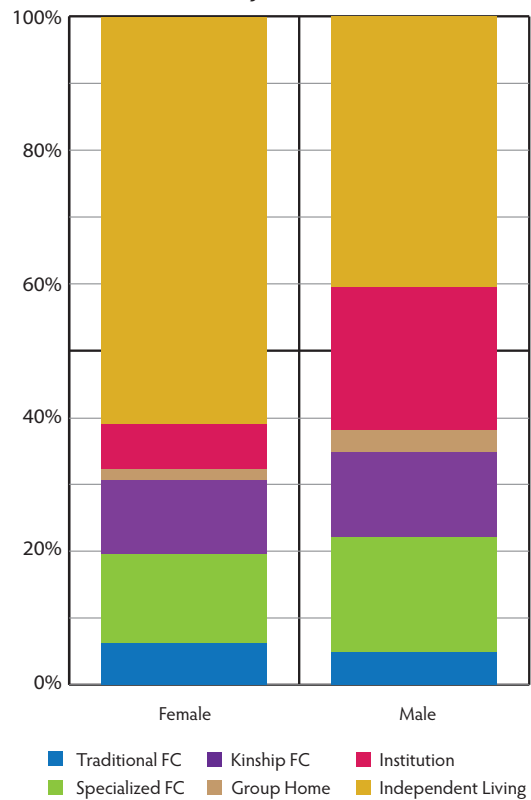
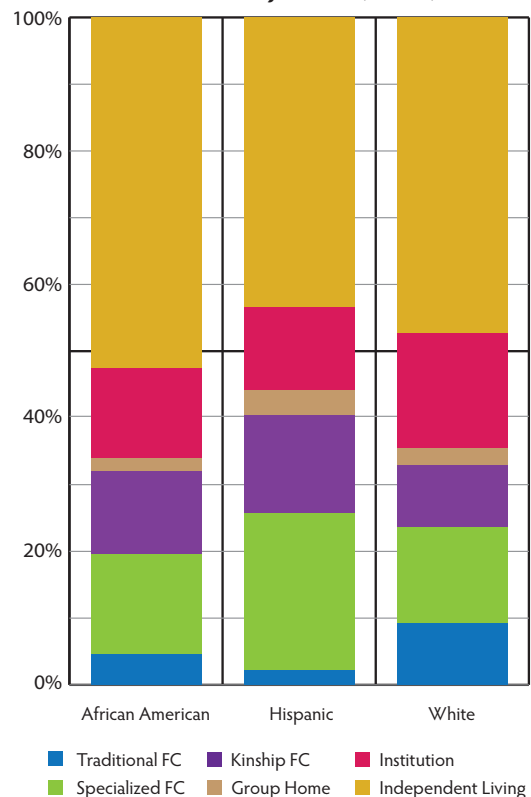


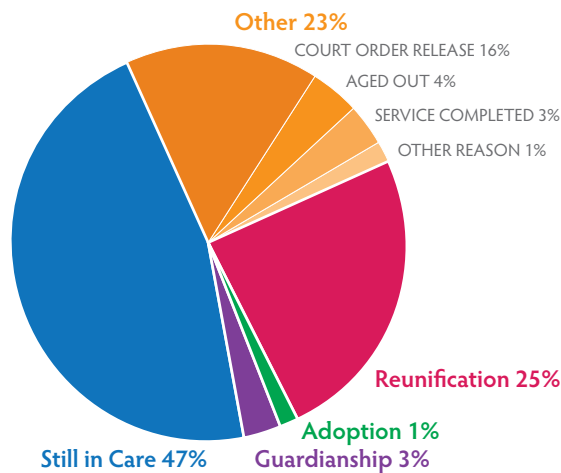
Figure 3.19
Placements of Youth Ages 18 and Older by Race (2012)



Children Who Exit Substitute Care Without Achieving Legal Permanence

Within three years of entering substitute care, over half of all children exit the system through the planned permanency options of reunification, adoption or guardianship. However, some children exit the system without ever achieving a legally permanent relationship with a parent or guardian. Many of these “non-permanency exits” – incarceration, running away, and aging out – occur mainly among older youth. In fact, youth who enter care when they are 15 or older are almost equally likely to exit care through a non-permanent exit type as they are to reunification, adoption, and guardianship combined (see Figure 3.20). Of the 533 youths who were 15 years and older when they entered substitute care in 2009, 128 of them (24%) exited care without achieving legal permanence. Within this 24% of children who exit without permanence, the largest group (16%) consists of youth with a court-ordered release from substitute care but no permanent home. Another 4% of these youth age out of the system (see Box 3.2 for additional information about the numbers of youth remaining in substitute care after age 18). Children who exit care with a “service completion” code (3%) have had their case closed due to completion of child welfare services prior to the age of 18, but did not achieve legal permanence.

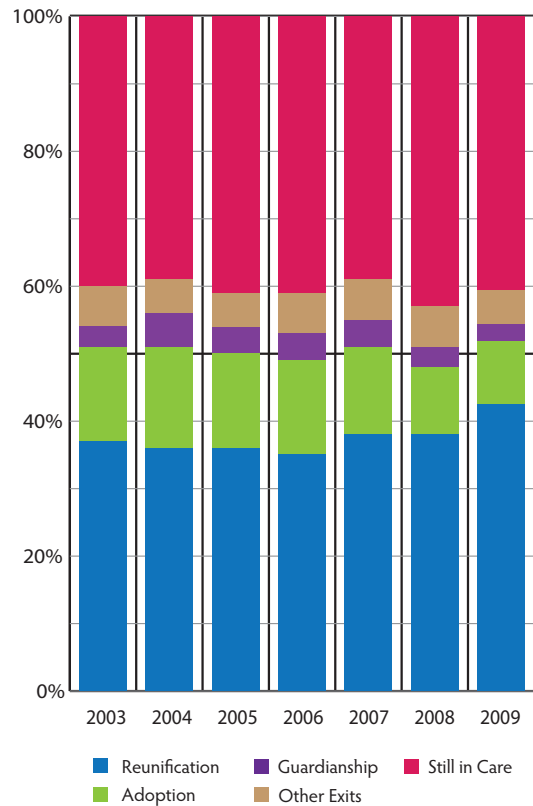
Figure 3.20
Exits from Substitute Care Within 36 Months:
Children Ages 15 and Older (2009)



Children Remaining in Substitute Care Over 36 Months

Although a little over half of all children who enter substitute care in a given year attain permanence within 36 months through reunification, adoption, or guardianship, a significant portion of children remain in care longer than three years. For children entering care between 2003 and 2009, the portion that remained in care at 36 months after entry has been consistently around 40% (see Figure 3.21). For example, of the 4,786 children that entered substitute care in 2009, 42.5% were reunified within three years, 9.4% were adopted, 2.4% were taken into guardianship, 5.2% exited through another means (e.g. aging out, court ordered release), and 40.5% remained in care.

Figure 3.21
Exits from Substitute Care Within 36 Months



Conclusions and Recommendations: Legal Permanence

When children are removed from their homes and taken into substitute care, the goal of the child welfare system is to reunify them with their parents as quickly as possible if it is deemed safe to do so. However, not all parents are able to engage with their caseworker or with their services to make the changes in their lives necessary for their children to return home. All children in substitute care therefore have a concurrent plan to ensure that an alternative form of family permanence is achieved through adoption or guardianship if reunification with their parents is not possible. A little over half of all children who enter substitute care achieve some form of family permanence (reunification, adoption, or guardianship) within three years, and this percentage has been relatively stable for over a decade. However, a focus on the combined permanence rate masks recent changes in the rates of reunification, adoption, and guardianship.

After remaining stagnant for many years, the percentage of children reunified with their parents within 36 months of entering substitute care has begun to improve in the past three years – from 35.5% of those who entered care in 2006 to 42.5% of those who entered care in 2009 – a 20% increase. Reunification rates have improved for all age groups except children 15 years and older when they enter care, and for African American and Hispanic (but not White) children. Conversely, rates of adoption within three years of entry into substitute care have decreased – from 14.5% of those who entered care in 2006 to 9.4% of those who entered care in 2009 – a 35% decrease. Adoption rates have declined most steeply for children less than three years old when they enter care. The percentage of children exiting substitute care to guardianship within three years has also declined by nearly 50% – from 4.6% of children who entered care in 2004 to 2.4% of children who entered care in 2009.

Much of the data on the stability of permanence is encouraging. Despite the persistent perception in the field that adoptions are failing, adoption continues to be the most stable form of permanence for children exiting

substitute care. Only about 1% of children adopted from the child welfare system re-enter substitute care within two years of discharge, compared to 18% of reunified children. When the observation period is increased to a full decade, only 11% of adopted children have re-entered substitute care, compared to 26% of reunified children. In addition, these high levels of post-adoption stability have been consistent over the last 20 years – there has been no upsurge in failed adoptions since the permanency initiative of the 1990s. Post-guardianship stability rates are slightly lower than those of adoption, but have been consistent since this permanency option was made available in Illinois. By its very nature, reunification with parents is less stable than either adoption or guardianship, yet the five year reunification stability rates in Illinois (78%) are comparable to the 78% stability rate found in the Multistate Foster Care Data Archive, a seminal research study about substitute care.¹⁷

Although the overall news related to children achieving permanence is encouraging, certain groups of children in substitute care lag behind others. Of all children entering care, those 15 and older are the least likely to achieve any type of legally permanent family. For example, of the youth who were 15 and older when they entered care in 2009, only 25% were reunified within three years, 1% were adopted, and 3% were taken into guardianship. While the Department's recent efforts to improve permanence have focused on the youngest children in substitute care, additional focus on permanence for older youth would certainly be of value for these youth as they approach their transition to adulthood.

¹⁷ Wulczyn, F.H., Chen, L., & Hislop, K.B. (2007). *Foster care dynamics 2000-2005: A report from the multistate foster care data archive*. Chicago, IL: Chapin Hall Center for Children.



CHAPTER 4

Child Well-Being

Children involved in substantiated maltreatment investigations deserve continued attention to their well-being over time. The maltreatment they have experienced can have both short and long-term impact on well-being, and continued monitoring is needed to ensure that children have the developmental, cognitive, emotional, and social skills to comprehend their environment and meet life's challenges. This chapter reports on change in well-being of children involved with the Illinois Department of Children and Family Services (DCFS, the Department) because of substantiated investigations of maltreatment.

Data analyzed in this chapter come from the Illinois Survey of Child and Adolescent Well-Being (ISCAW), a statewide probability study of this population that examines child well-being and development in multiple life domains (see Box 4.1 for more information). ISCAW is a component of the second cohort of the National Survey of Child and Adolescent Well-Being (NSCAW II), a longitudinal probability study of well-being and service delivery for children involved in child protective service (CPS) investigations. ISCAW includes 818 cases randomly sampled to be representative of the entire population of Illinois children involved in substantiated investigations in 2008. ISCAW measures multiple domains of well-being and includes both children who

are placed in substitute care and children who remain at home following substantiation, in both intact family cases (those with continuing services from DCFS) and those closed following investigation. ISCAW includes interviews with caseworkers, caregivers, teachers and children themselves.

ISCAW is a longitudinal study that has collected data on the same sample of children at two points in time: Wave 1 (also referred to as the baseline) occurred 4 to 5 months following a substantiated investigation and Wave 2 occurred a little over a year following Wave 1. Prior reports and chapters in the B.H. monitoring report have examined the well-being and development of children in substantiated investigation in Illinois at Wave 1^{1,2} and Wave 2.³ The purpose of this chapter is to examine the change in child well-being indicators from Wave 1 to Wave 2. By tracking measures of well-being over time, we are able to see a more complete picture of how children are fairing after maltreatment. We are able to answer whether deficits in language and development following a substantiated investigation are sustained over time. We are able to test whether problem behavior or impaired cognition get better with time. We are also able to pinpoint groups of children most vulnerable to maltreatment immediately following the incident and after a year.

¹ Children and Family Research Center (2011). *Conditions of children in or at risk of foster care in Illinois: 2010 monitoring report of the B.H. Consent Decree*. Urbana, IL: Children and Family Research Center. Available at: http://cfrc.illinois.edu/pubs/rp_20120105_ConditionsOfChildrenBH2010.pdf

² Cross, T.P., & Helton, J.J. (2012). *The well-being of Illinois children in substantiated investigations: Baseline results from the Illinois Survey of Child and Adolescent Well-Being*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign. Available at: http://cfrc.illinois.edu/pubs/rp_20120601_TheWell-BeingOfIllinoisChildrenInSubstantiatedInvestigationsBaselineResultsFromTheIllinoisSurveyOfChildAndAdolescentWell-Being.pdf

³ Helton, J.J., & Cross, T.P. (2013). *The well-being of Illinois children in substantiated investigations: Wave 2 results from the Illinois Survey of Child and Adolescent Well-Being*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

The Illinois Survey of Child and Adolescent Well-Being

BOX 4.1

This chapter uses data from the Illinois Survey of Child and Adolescent Well-Being (ISCAW), a statewide, longitudinal study of well-being and service delivery for children involved in substantiated child maltreatment investigation. ISCAW is a component of the National Survey of Child And Adolescent Well-Being (NSCAW), and includes 818 cases sampled to be representative of all Illinois children involved in substantiated maltreatment reports. To provide accurate statewide estimates, the study used two stage random sampling (geographic units were randomly sampled within the state and children randomly sampled within these geographic units). To date, there have been two waves of data collection with families included in the ISCAW sample: Wave 1 occurred approximately 4 to 5 months following the conclusion of their substantiated investigation and Wave 2 occurred approximately 13 to 14 months after that. Each wave of data collection includes the same measures of child and family well-being, which allows us to track changes in well-being over time.





ISCAW includes a wide array of measures of child well-being, in much greater depth than other child welfare studies. Caregivers (biological parents or foster parents) complete measures about their own lives and about their children's health, development, and behavior. School-aged children completed standardized measures of academic achievement and self-report measures of their feelings, opinions, and problems. Caregiver and child interviews are completed using audio computer-assisted self-interview (ACASI) that enhances their privacy while also increasing consistency in the interview method. Caseworkers complete measures about the family. Teachers complete measures of children's academic progress and behavior in school. Many of the measures are standardized. That means that standard forms of the measures have been developed, allowing for comparison across studies. Often a clinical range has been established that indicates a level of difficulty in which professional intervention is needed—the clinical range might include very low scores indicating diminished ability (as in tests of

development) or it might include very high scores indicating heightened problems (as in depression or behavior problem measures). A normative rate is the percentage of children who would be expected to score in the clinical range in the general population of children, based on previous research. Comparing the percentage of children in the clinical range in the ISCAW sample to the normative rate tells us whether children involved with DCFs are more likely to have a problem than the average child.





Because of ISCAW sampling procedures, the percentages throughout this chapter can be viewed as good estimates of the percentages in the entire population of children in substantiated investigations in Illinois. The standard errors (SE) indicate how much the estimates could vary because of chance involved in sampling. The mathematics of sampling tell us that there is a 95% likelihood that the true percentage lies within two standard errors of the percentages reported here.

Changes in Child Well-Being at a Glance



Children Age 0 to 2


-  Developmental delay: The percentage of children who were at high risk for development delay remained the same.
-  Daily living skills: The percentage of children with adequate to high daily living skills dropped from 74% to 49%.
-  Cognitive development: Average cognitive development scores dropped from 94.6 to 89.1.
-  Language skills: Average language skills scores dropped from 84.4 to 77.7.


Children Age 3 to 5

-  Language skills: Average language skills scores increased from 83.4 to 88.6.
-  Daily living skills: The percentage of children with adequate to high daily living skills remained the same.
-  Social skills: The percentage of children with average to high social skills increased from 62% to 68%.
-  Behavior problems: The percentage of children with normative levels of behavior problems remained the same.


Children Age 6 to 10


-  Academic skills: Average math and reading scores remained the same.
-  Daily living skills: The percentage of children with adequate to high daily living remained the same.


-  Social skills: The percentage of children with average to high social skills remained the same.


-  Behavior problems: The percentage of children with normal levels of behavior problems remained the same.


Adolescents Age 11 to 17


-  Academic reading skills: Average reading scores dropped from 96.1 to 94.6.


-  Academic math skills: Average math scores remained the same.


-  Social skills: The percentage of adolescents with average to high social skills remained the same.

-  Behavior problems: The percentage of adolescents with normal levels of behavior problems remained the same.

-  Delinquent behavior: The percentage of adolescents reporting delinquent behaviors remained the same.

-  Suicidal thoughts and behaviors: The percentage of adolescents reporting suicidal thoughts or self-harming behavior remained the same.

-  Substance use: The percentage of adolescents reporting using cigarettes, alcohol, marijuana, and other drugs remained the same.

-  Sexual activity: The percentage of adolescents reporting sexual relationships remained the same.

Because indicators of child well-being differ by developmental period, results in this chapter are presented by children's age group: birth to 2 years, 3 to 5 years, 6 to 10 years, and 11 to 17 years. In each table, results are presented for children in this age range at Wave 1 and at Wave 2. By Wave 2, some children aged in or aged out of these age groups. The numbers in the tables represent the children who were measured on that indicator at each time point; some new children will have aged into the age group and some will have aged out of the age group, so the samples will include different children at each time point. However, to test for statistically significant changes in well-being over time, analyses will be done that include only those children who remain in the same developmental age group between Wave 1 and Wave 2; for instance, only children who were 3 to 5 years at Wave 1 and 3 to 5 years of age at Wave 2 would be included in the statistical tests. A footnote in each table denotes the percentage of the Wave 1 sample that remained in the age group at Wave 2.

For the youngest children, the chapter examines cognitive and neurological development, social development, and language development. For preschool and school age children (ages 3 to 10) we look at social skills, academic skills, and emotional and behavior problems. For adolescents (ages 11 to 17), we look at the same categories as for the 3 to 10 year olds, but also examine delinquent behavior, substance use, suicide, and risky sexual behavior.

Characteristics of the sample at Wave 1 are presented in Table 4.1. Among children age 5 and younger, a slightly larger proportion were male than female, but the reverse was true among children age 6 and older. A majority of children were either Black or White. Neglect (failure to provide or supervise) was the most serious type of maltreatment for the largest percentage of children. Successively smaller percentages of children experienced physical abuse, sexual abuse and other types of maltreatment as the most serious form of maltreatment. Neglect was more common among younger children than adolescents, while physical, sexual, and other types of abuse were more common among adolescents than younger children. More than half of children lived in households at or below the federal poverty line.

RESULTS

Children Age 0 to 2

During this period, children are developing basic sensory, motor, linguistic, emotional and social abilities. Children's bodies and brains grow rapidly, and they are also forming their primary attachments to caregivers. Maltreatment and other risk factors at this stage can interfere with the development of fundamental skills and with children's capacity to form loving relationships.

Developmental delay. Risk for developmental delay or neurological impairment in children aged 3 months to 24 months was measured by the Bayley Infant Neurodevelopmental Screener.⁴ The results at Wave 1 and Wave 2 were very similar: at each time point, about two-thirds of children age 0 to 2 were in the high risk category for developmental delay. These high levels of risk are similar to those found in clinical samples (Table 4.2).

Daily living skills. Children's current caregivers responded to items in the daily living skills domain of the Vineland Adaptive Behavior Scales (VABS).⁵ For children in this youngest age range, skills assessed included basic eating and drinking, hygiene, and safety. As shown in Table 4.2, the proportion of children with adequate to high scores dropped significantly ($p < .01$) from 74% at Wave 1 to 49% at Wave 2. These very young children appear to be at a significant disadvantage in terms of daily living skills compared to children in the general population: the proportion of children aged 0 to 2 with adequate to high VABS scores is about 85% in the general population.⁶

Cognitive and language development. The Battelle Developmental Inventory (BDI) is a measure of a range of cognitive skills such as attention, memory and perception.⁷ At Wave 1, the mean BDI score was significantly below the mean of the general child population ($p < .001$), meaning that Illinois children in substantiated investigations were significantly more likely than children in the general population to lag in development of cognitive skills. Deficits in cognitive skills were even greater at Wave 2, since BDI scores were significantly lower than at Wave 1 ($p < .01$; Table 4.3).

⁴ Aylward, G. (1995). *Bayley infant neurodevelopmental screener manual*. San Antonio, TX: Harcourt Brace.

⁵ Sparrow, S. S., Carter, A. S., & Cicchetti, D. V. (1993). *Vineland Screener: Overview, reliability, validity, administration, and scoring*. New Haven, CT: Yale University Child Study Center.

⁶ Sparrow, S. S., Carter, A. S., & Cicchetti, D. V. (1993). *Vineland Screener: Overview, reliability, validity, administration, and scoring*. New Haven, CT: Yale University Child Study Center.

⁷ Newborg, J. (2005). *Battelle Developmental Inventory—Second Edition*. Itasca, IL: Riverside.

Table 4.1 Sample Characteristics by Child's Age at Wave 1

	AGE GROUP				
	TOTAL (N=818)	0-2 YEARS (N=497)	3-5 YEARS (N=125)	6-10 YEARS (N=111)	11-17 YEARS (N=85)
	PERCENT (SE)	PERCENT (SE)	PERCENT (SE)	PERCENT (SE)	PERCENT (SE)
Total		32%(2.7)	25%(1.4)	23%(3.3)	20%(1.8)
CHILD'S GENDER					
Male	50%(1.9)	55%(3.3)	53%(4.8)	44%(4.8)	45%(5.6)
Female	50%(1.9)	45%(3.3)	48%(4.8)	56%(4.8)	55%(5.6)
CHILD'S RACE/ETHNICITY					
Black	41%(5.3)	48%(6.1)	42%(7.5)	31%(8.4)	41%(6.1)
White	34%(6.3)	32%(3.2)	31%(5.2)	45%(11.7)	24%(10.2)
Hispanic	21%(3.3)	19%(4.8)	21%(5.9)	20%(5.7)	27%(6.5)
Other	4%(0.6)	1%(0.5)	6%(2.9)	4%(1.4)	8%(1.4)
ILLINOIS REGION					
Cook	28%(1.5)	34%(2.9)	26%(2.6)	22%(4.2)	30%(2.8)
Northern	28%(3.2)	29%(3.3)	25%(2.6)	42%(9.3)	16%(3.7)
Central	33%(2.0)	27%(5.5)	31%(2.8)	30%(7.3)	46%(4.6)
Southern	11%(2.4)	10%(1.8)	18%(5.7)	6%(1.5)	8%(5.7)
POPULATION DENSITY					
Non-Rural	64%(15.7)	66%(14.9)	65%(15.8)	56%(20.4)	69%(16.1)
Rural	36%(15.7)	34%(14.9)	35%(15.8)	44%(20.4)	31%(16.1)
ALLEGED MALTREATMENT TYPE					
Physical Abuse	15%(2.6)	11%(3.9)	12%(2.8)	14%(4.3)	30%(7.2)
Sexual Abuse	11%(2.7)	5%(1.5)	10%(3.9)	8%(3.0)	23%(6.7)
Failure to Provide	5%(0.7)	5%(2.0)	2%(1.7)	8%(4.2)	5%(2.3)
Failure to Supervise	21%(2.6)	23%(5.7)	25%(7.1)	24%(4.9)	6%(3.4)
Domestic Violence	17%(2.9)	17%(3.4)	18%(6.4)	26%(3.0)	7%(2.4)
Substance Exposure	5%(0.8)	12%(1.6)	3%(1.5)	0%(0)	0%(0)
Other	26%(3.2)	27%(4.1)	30%(6.3)	20%(3.7)	29%(12.1)
PRIOR CPS SERVICES					
Yes	28%(2.1)	31%(3.8)	25%(5.9)	35%(6.1)	19%(5.9)
No	72%(2.1)	69%(3.8)	75%(5.9)	65%(6.1)	81%(5.9)
CHILD WELFARE CASE DISPOSITION					
Closed Following Investigation	45%(4.4)	32%(5.9)	47%(7.6)	57%(5.3)	55%(8.1)
Intact Family Cases	37%(3.1)	43%(4.0)	37%(5.1)	30%(3.9)	32%(8.3)
Kinship Foster Care	13%(1.3)	17%(2.3)	14%(4.2)	8%(2.1)	11%(3.1)
Traditional Foster Care	5%(0.8)	8%(1.4)	2%(1.1)	5%(0.9)	2%(1.1)
POVERTY LINE					
<100%	58%(3.0)	53%(6.4)	67%(4.2)	57%(4.1)	55%(9.1)
100% to 200%	26%(1.8)	29%(4.6)	18%(3.2)	29%(5.5)	28%(7.3)
>200%	16%(2.4)	18%(3.0)	15%(3.9)	14%(6.2)	17%(5.3)
HOUSEHOLD					
Mean Number of Children	2.78%(0.1)	2.25%(0.1)	2.94%(0.2)	2.96%(0.1)	2.92%(0.2)

NOTE: Percentages are calculated on weighted data; Ns are unweighted.

Table 4.2: Developmental Delay and Daily Living Skills Among Children 0 to 2 at Wave 1 and Wave 2

	WAVE 1		WAVE 2	
	PERCENT (SE)	N	PERCENT (SE)	N
DEVELOPMENTAL DELAY^a				
Low Risk	3%(1.3)	258	5%(2.3)	184
Moderate Risk	32%(5.2)	258	26%(6.5)	184
High Risk	65%(5.3)	258	69%(6.6)	184
DAILY LIVING SKILLS^b				
Adequate to High	74%(2.5)	496	49%(5.4)	376
Moderately Low	22%(3.3)	496	39%(5.4)	376
Low	4%(1.4)	496	12%(3.4)	376

NOTE: Percentages are calculated on weighted data; Ns are unweighted.

63% of children who were 0 to 2 at Wave 1 remained in that age group at Wave 2.

^a Bayley Infant Neurodevelopmental Screener

^b Vineland Adaptive Behavior Scales Screener

The Preschool Language Scale-3 (PLS-3) was used to measure young children's language skills.⁸ It captures both their abilities to comprehend language and to express themselves using language. At Wave 1, Illinois children in substantiated investigations on average were more than a full standard deviation below children on average in the general population—a significant deficit. At Wave 2, the gap between the children in the sample and children in general was even larger, indicating that large proportions of children were behind on language development. Mean scores were significantly lower at Wave 2 compared to Wave 1 ($p < .01$).

Children Birth to 2 Years: Summary

At Wave 1, 0 to 2 year olds were significantly behind their peers in the general population on neurological development, daily living skills, and cognitive and language development. At Wave 2, they were even further behind on every measure except neurodevelopment. This suggests a disturbing trend toward a widening gap over time in child development for this age group.

Children Age 3 to 5

The preschool period is critical for developing the skills for later academic progress and relationships with others. Children are beginning to separate from

Table 4.3: Cognitive and Language Development Among Children 0 to 2 at Wave 1 and Wave 2

	WAVE 1			WAVE 2		
	N	MEAN	SE	N	MEAN	SE
Cognitive Development ^a	264	94.6	1.6	263	89.1	1.5
Language Skills ^b	265	84.4	2.5	263	77.7	2.4

NOTE: Percentages are calculated on weighted data; Ns are unweighted.

^a Battelle Developmental Inventory; standardized scores; normative mean = 100 and normative standard deviation=15

^b Preschool Language Scales-3; standardized scores; normative mean = 100 and normative standard deviation=15

⁸ Zimmerman, I., Steiner, V., & Pond, R. (1992). *Preschool language scale-3: Examiner's manual*. San Antonio, TX: The Psychological Corporation.

their parents and develop relationships with peers and the community. Physical, cognitive and emotional growth continues to be rapid, and children begin to develop feelings of responsibility, guilt and pride in accomplishment. Maltreatment and other risk factors at this stage can interfere with cognitive, emotional and social development, and compromise children's readiness for school.

Language skills. The Preschool Language Scale-3 (PLS-3) was used to assess children's receptive and expressive language skills. At Wave 1, the average 3 to 5 year old Illinois child in a substantiated investigation was more than one standard deviation below the mean on language skills. At Wave 2, the mean score on the PLS-3 was significantly higher than at Wave 1 ($p < .01$), but still lagged behind national norms (Table 4.4).

Daily living skills. Children 3 to 5 were assessed on daily living skills. Skills appropriate for this age include being able to use the toilet and being able to dress oneself. The 59% of children who had adequate to high daily living skills at Wave 1 were significantly less than in the general population; this percentage fell marginally but not significantly to 53% at Wave 2. The proportion who had low daily living skills was somewhat less at Wave 2, although the change was not statistically significant (Table 4.4).

Social skills. Caregivers completed the Social Skills Rating System (SSRS) to report their perceptions of the social skills of children ages 3 and older.⁹ SSRS measures cooperation, assertion, responsibility, and self-control in social relationships. Although a majority of children were seen by their caregivers as having average to high

Table 4.4: Well-Being Measures Among Children 3 to 5 Years Old at Wave 1 and Wave 2

	WAVE 1			WAVE 2		
	N	MEAN	SE	N	MEAN	SE
LANGUAGE SKILLS^a						
All Language Skills	72	83.4	2.0	95	88.6	2.2
	N	PERCENT	SE	N	PERCENT	SE
	DAILY LIVING SKILLS^b					
Adequate to High	125	59	2.8	126	53	6.0
Moderately Low	125	21	3.9	126	33	5.6
Low	125	20	2.9	126	14	4.0
SOCIAL SKILLS^c						
Low	116	38	5.9	126	32	5.3
Average to High	116	62	5.9	126	68	5.3
BEHAVIOR PROBLEMS^d						
Normal	125	78	3.3	137	83	3.9
Borderline Clinical	125	9	2.7	137	6	2.4
Clinical	125	13	3.5	137	11	3.2

NOTE: Percentages are calculated on weighted data; Ns are unweighted.

64% of children who were 3 to 5 years old at Wave 1 remained in that age group at Wave 2.

^a Preschool Language Scales-3; standardized scores, normative mean = 100 and standard deviation=15

^b Vineland Adaptive Behavior Scales Screener

^c Social Skills Rating System

^d Child Behavior Checklist; Borderline Clinical = T score of 60 to 63, Clinical = T score > 63

⁹ Gresham, F., & Elliott, S. (1990). *Social skills rating system manual*. Circle Pines, MN: American Guidance Service.

social skills, the proportion rated as having low social skills (38% at Wave 1 and 34% at Wave 2) is much higher than the 16% in the general child population. When the change over time is examined, a significantly greater ($p < .01$) percentage of children had average to high social skills at Wave 2 compared to Wave 1.

Emotional and behavioral problems. The Child Behavior Checklist (CBCL) was completed by caregivers to assess emotional and behavioral well-being of children aged three years and older.¹⁰ On the CBCL, caregivers check off which of over 100 possible emotional or specific behavioral problems or symptoms a child has; from the number of specific items checked, a score is derived that indicates whether a child has a clinical or borderline clinical level of emotional or behavioral problems, which suggests the need for mental health intervention. At Wave 1 and Wave 2, about four-fifths of children aged 3 to 5 had normal levels of problem behavior, and smaller proportions had behavior problems in the borderline clinical range (9% and 6%) and clinical range (13% and 11%) (Table 4.4). These rates are only modestly higher than the corresponding rates for children in the general population (6% borderline clinical and 10% clinical). There was no significant change in behavioral problems between Wave 1 and Wave 2.

Children 3 to 5 Years: Summary

Relative to children in general, 3 to 5 year old Illinois children in substantiated investigations had significantly worse language, daily living, and social skills at both time points. However, language and social skills improved between Wave 1 and Wave 2, which is a positive sign. Rates of emotional and behavioral problems were only modestly higher for Illinois children in substantiated investigations compared to same-aged children in the general population, and there was little change on these scores between Wave 1 and Wave 2.

Children Age 6 to 10

Children in this age group enter school and have increasing demands from adults. They begin to develop complex peer relationships and peer groups. Their capacity for self-regulation increases, but they are at risk as well, as many behavioral problems begin during

this period. Maltreatment and other risk factors can endanger children's transition to a more demanding social and peer environment, and can help create the emotional and behavioral disorders that become more common during this phase.

Academic skills. The reading and mathematics sections of the Woodcock-McGrew-Werder Mini-Battery of Achievement (MBA) were administered to children aged 6 and older.¹¹ At both Wave 1 and Wave 2, mean word identification scores were close to the normative mean of 100 (100.5 and 99.7 respectively). Average mathematics scores were somewhat lower: 97.8 (48th percentile) at Wave 1 and 96.5 (49th percentile) at Wave 2. Neither of these changes over time were statistically significant (Table 4.5).

Daily living skills. Skills assessed in this age group included being able to bathe or shower without assistance, being able to set the table, and answering the telephone appropriately. The proportion of 6 to 10 year old Illinois children in substantiated investigations who have low levels of daily living skills was 14% at Wave 1 and 10% at Wave 2, which is higher than the corresponding percentage among children in general. Daily living skills were modestly higher at Wave 2 than at Wave 1, though this difference was not statistically significant (Table 4.5).

Social skills. The majority of Illinois children age 6 to 10 in substantiated investigations had average to high social skills at both Wave 1 and Wave 2 (Table 4.5). However, the proportion of children with low levels of social skills (36% at Wave 1 and 34% at Wave 2) was much higher than among children in general (16%). The change in social skills between Wave 1 and Wave 2 was not statistically significant.

Emotional and behavioral problems. At Wave 1, Illinois children age 6 to 10 in substantiated investigations had high rates of behavior problems on the Child Behavior Checklist (Table 4.5): 23% had clinical levels of problem behavior and 13% had borderline clinical levels, which were more than twice the corresponding rates among children in general. At Wave 2, the percentages of Illinois children in substantiated investigations with emotional and behavioral problems in the clinical and borderline clinical range was even larger, including

¹⁰ Achenbach, T. M. (1991). *Manual for the Child Behavior Checklist*. Burlington, VT: University of Vermont Department of Psychiatry.

¹¹ Woodcock, R., McGrew, K., & Werder, J. (1994). *Woodcock-McGrew-Werder Mini-Battery of Achievement*. Itasca, IL: Riverside Publishing.

Table 4.5: Well-Being Measures Among Children 6 to 10 Years Old at Wave 1 and Wave 2

	WAVE 1			WAVE 2		
	N	MEAN	SE	N	MEAN	SE
ACADEMIC SKILLS^a						
Word Identification	72	100.5	1.3	82	99.7	2.2
Applied Problems	73	97.8	1.9	81	96.5	2.6
	N	PERCENT	SE	N	PERCENT	SE
	DAILY LIVING SKILLS^b					
Adequate to High	144	73	3.5	101	79	4.8
Moderately Low	144	13	2.0	101	11	3.6
Low	144	14	2.9	101	10	3.6
SOCIAL SKILLS^c						
Low	107	36	6.3	100	34	5.8
Average to High	107	64	6.3	100	66	5.8
BEHAVIOR PROBLEMS^d						
Normal	110	64	4.0	96	55	6.3
Borderline Clinical	110	13	4.7	96	15	4.6
Clinical	110	23	6.5	96	30	5.7

NOTE: Percentages are calculated on weighted data; Ns are unweighted.

62% of children in this age group at Wave 1 remained in the age group at Wave 2.

^a Woodcock-McGrew-Werder Mini-Battery of Achievement; standardized scores, normative mean = 100 and normative standard deviation=15

^b Vineland Adaptive Behavior Scales Screener

^c Social Skills Rating System

^d Child Behavior Checklist; Borderline Clinical = T score of 60 to 63, Clinical = T score > 63

almost half the children in this group. However, the change in percentages from Wave 1 to Wave 2 was not statistically significant.

Children 6 to 10 years: Summary

The proportion of Illinois 6 to 10 year olds in substantiated investigations with low daily living skills, with low social skills and with a significant emotional and behavioral problem was substantially greater than among children in general. Academic skills for this age group were not substantially different than in the general child population, however. In all measures, there was little change from Wave 1 to Wave 2.

Adolescents Age 11 to 17

Identity development and further separation from adults is critical during this phase, and adolescents begin to develop the skills they will need for adult functioning.

Sexual and romantic feelings become important. Many adolescents begin to seek out or to be exposed to risky situations and behaviors during this phase as well. Adolescents are at increased risk for a range of mental health problems during these years, and the risk of substance abuse and delinquency increases substantially.

Academic skills. The mean reading scores on the Woodcock-McGrew-Werder Mini-Battery of Achievement were below the normative mean at Wave 1 and Wave 2, placing Illinois adolescents in substantiated investigations on average at the 36th to 40th percentile (Table 4.6). Math scores were even lower, with scores on average at the 25th to 26th percentile. Reading skills fell significantly between Wave 1 and Wave 2; and there was no significant change in math skills.

Social skills. The majority of Illinois adolescents had average social skills (Table 4.6) at both Wave 1 and Wave 2. The proportion of children with fewer

Table 4.6: Well-Being Measures Among Adolescents 11 to 17 Years Old at Wave 1 and Wave 2

	WAVE 1			WAVE 2		
	N	MEAN	SE	N	MEAN	SE
ACADEMIC SKILLS^a						
Word Identification	80	96.1	1.9	80	94.6	2.1
Applied Problems	80	90.6	1.1	81	89.9	1.0
	N	PERCENT	SE	N	PERCENT	SE
SOCIAL SKILLS^b						
Low	84	22	6.3	88	21	5.1
Average to High	84	78	6.3	88	79	5.1
BEHAVIOR PROBLEMS^c						
Normal	110	64	6.2	68	68	6.3
Borderline Clinical	110	17	3.7	68	8	3.3
Clinical	110	19	5.7	68	24	5.7

NOTE: Percentages are calculated on weighted data; Ns are unweighted.

62% of children in this age group at Wave 1 remained in the age group at Wave 2.

^a Woodcock-McGrew-Werder Mini-Battery of Achievement; standardized scores, normative mean = 100 and normative standard deviation=15

^b Social Skills Rating System

^c Child Behavior Checklist; Borderline Clinical = T score of 60 to 63, Clinical = T score > 63

social skills than average (22% at Wave 1 and 21% at Wave 2) is slightly bigger than that among children in general (16%). There was very little change in social skills over time.

Behavior problems. The levels of problem behaviors as measured on the Child Behavior Checklist were very high for Illinois adolescents involved in substantiated investigations, with over one-third scoring in the clinical or borderline clinical range (36%), compared to 16% among children in general. A larger proportion was in the clinical range at Wave 2, although this change was not statistically significant (Table 4.6).

Delinquency. The Self-Report Delinquency¹² (SRD) measure was used to assess delinquent behavior of children age 11 years and older. The SRD measured delinquent behavior from minor infractions (e.g. status offenses, skipping school) to serious crime (e.g. gang fights, property offenses, concealing a weapon). Youth were initially assigned the category of their most severe act or as none if they did not report any acts. Youth who were frequent offenders of minor or moderate acts were scored depending on frequency and severity as minor,

moderate, or severe. Slightly less than half of adolescents at Wave 1 reported that they engaged in any delinquent behavior in the previous 6 months (49%), with 17% engaging in severe delinquent behavior (Table 4.7). Although not a statistically significant change, only 36% of adolescents reported any delinquent behavior at Wave 2, with 16% reporting severe delinquent behavior. There is no straightforward way to compare these results to the population of youths in general because studies have varied in the youth sampled, questions asked and time period surveyed.

Suicidal/self-harming thoughts and behavior. Adolescents were categorized as having suicidal thoughts only if the child reported having suicidal thoughts in the past two weeks, but no more serious suicidal behavior. Adolescents were categorized as having suicide/self-harm behavior or plan if either the child or the caregiver reported that the child had deliberately tried to kill or harm him or herself in the past 6 months, or if the youth reported having had suicidal thoughts in the past two weeks and having a plan to carry out his or her thoughts. Note that the differing time frames for these categories make comparison of percentages

¹² Elliott, D. S., & Ageton, S. A. (1980). Reconciling race and class differences in self-reported and official estimates of delinquency. *American Sociological Review*, 45, 95-110.

Table 4.7: Delinquent and Suicidal Behavior Among Adolescents 11 to 17 Years Old at Wave 1 and Wave 2

	WAVE 1			WAVE 2		
	N	PERCENT	SE	N	PERCENT	SE
DELINQUENT BEHAVIOR^a						
None	82	51	11.6	82	64	7.3
Minor	82	13	6.4	82	8	3.4
Moderate	82	19	7.2	82	12	4.4
Severe	82	17	6.7	82	16	5.3
SUICIDAL/SELF-HARMING THOUGHTS & BEHAVIORS^b						
None	80	82	7.2	78	80	7.6
Suicidal Thoughts Only	80	18	7.2	78	20	7.6
Suicidal/Self-Harming Behavior	80	0	0	78	0	0

NOTE: Percentages are calculated on weighted data; Ns are unweighted.

^a In the previous twelve months.

^b In the previous six months.

across categories tenuous. Many adolescents and pre-adolescents in this population were at risk, with 18% having had suicidal thoughts at Wave 1 and 20% at Wave 2 (Table 4.7). The difference between these time points was not statistically significant. No adolescents, however, reported suicidal or self-harming behavior or plans at either Wave 1 or Wave 2. Again, it is difficult to compare these results to national data because of differences in study methods. Nevertheless, it is concerning that about a fifth of youths thought about suicide and this did not diminish over time.

Substance use. Children 11 to 17 were asked questions about their use of seven substances in the previous 30 days (Table 4.8). Smoking cigarettes and smoking marijuana were each reported by a tenth or more of youth at each time point, and nearly one-fifth at each time point reported using alcohol. Cocaine was used by less than 10% of youth, as were other drugs that are not listed. There was no significant difference between Wave 1 and Wave 2.

These percentages can be compared to 2010 data for all American youth from the National Survey on Drug Use and Health¹³ (NSDUH). The percentage of Illinois 11 to 17 in substantiated investigations who smoked cigarettes in the past 30 days is substantially higher than the percentage in the general population for youths age

12 to 13 (1.8%) and 14 to 15 (7.4%). Likewise the percentage in this age group in substantiated investigations who used alcohol in the past 30 days was substantially higher. Finally, use of marijuana in the past 30 days among Illinois 11 to 15 year olds in substantiated investigations was higher (11% at Wave 1 and 15% at Wave 2) than use of any illicit drugs by American children age 12 to 13 (4.0%) and age 14 to 15 (9.3%). NSDUH data are not available for these age groups separately for cocaine, marijuana or other drugs.

Sexual behavior. At Wave 1, 33% of males and 20% of females reported that they had had sexual intercourse in the last 12 months; at Wave 2 the percentages were 31% for males and 28% for females, a non-significant difference (Table 4.9). These percentages are comparable to the 34% of American male 9th graders overall and the 29% of American female 9th graders overall who reported having had sex in the 2009 High School Youth Risk Behavior Survey,¹⁴ even though the group analyzed here included younger children, 11 to 17 year olds. Only a very small proportion of males in substantiated investigation in Illinois reported ever having gotten someone pregnant, and there was no change over time on this measure. The proportion of females who reported having been pregnant increased slightly but not significantly, from 4.6% at Wave 1 to 7.7% at Wave 2. We are not aware of national comparison data on this variable.

¹³ Substance Abuse and Mental Health Services Administration. (2011). *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. Rockville, MD: SAMHSA.

¹⁴ Centers for Disease Control (2011). Youth Online: High School YRBS. Retrieved from www.cdc.gov/yrbbs/. Atlanta, GA: CDC.

Table 4.8: Substance Use in the Past 30 Days Among Adolescents 11 to 17 Years Old at Wave 1 and Wave 2

	WAVE 1			WAVE 2		
	N	PERCENT	SE	N	PERCENT	SE
Cigarettes	83	10	6.5	81	13	4.3
Alcohol	74	18	7.2	71	19	7.2
Marijuana	83	11	4.5	81	15	4.6
Cocaine	83	6	4.3	82	1	1.2

NOTE: Percentages are calculated on weighted data; Ns are unweighted.

Adolescents 11 to 17: Summary

Illinois adolescents 11 to 17 years in substantiated investigations had low scores compared to the average child on academic skills and social skills and a higher level of behavior problems. They had moderate to high levels on a number of forms of risky behaviors: delinquency, suicidal thinking, substance abuse—all at higher levels than among adolescents in the general population. The rate of sexual intercourse for Illinois adolescents in substantiated investigations was comparable to 9th graders in general, even though it is a younger group including 11 to 14 year olds. Most well-being measures were at about the same level at Wave 1 and Wave 2, and differences found were not statistically significant.

DISCUSSION

One might imagine that the maltreatment investigation that led to these children being included in the ISCAW sample might represent a particular low point in

families' lives, and that children might improve once the maltreatment was identified and steps taken to insure children's safety and promote their well-being. On the other hand, the maltreatment investigation might stem from circumstances that happen to lead to official attention to a situation that affects children chronically over an extended period. In this case, the compromise to children's well-being might be ongoing. Finally, the investigation could be one event in a downward developmental trajectory over time that may have begun well before DCFS was involved. Care for children might have deteriorated, for example, if caregivers had mental illness or substance abuse that worsened over time, and children with early developmental deficits might fall further behind if their deficits made it difficult to progress in school and their care were not equal to challenges posed by their deficits. Of course, different scenarios can apply to different cases.

The data here suggest that the problems these children had with development and well-being around

Table 4.9: Sexual Behavior Among Adolescents 11 to 15 Years Old at Wave 1 and Wave 2

	WAVE 1 ^a			WAVE 2 ^b		
	N	PERCENT	SE	N	PERCENT	SE
Sexually Active Males	44	33	8.3	44	31	8.5
Sexually Active Females	39	20	10.3	35	28	9.1

NOTE: Percentages are calculated on weighted data; Ns are unweighted.

^a Youth reporting ever having sex.

^b Youth reporting having sex in last 12 months.

the time of maltreatment investigation tend to persist a year later. This finding is understandable given what these children contend with. The maltreatment that brought them into the study can continually affect children's health, mental health, and cognitive, emotional, social and physical development. In addition, at Wave 1, caregivers had 2-3 risk factors on average that could negatively affect children's well-being and development (see ISCAW Wave 1 Report). The most common risk factors were alcohol abuse (in almost a third of cases) and domestic violence (in over one quarter of cases). Caregivers often faced poverty, particularly in rural areas (see Box 4.2 for additional ISCAW analyses on food insecurity among families involved in the Illinois child welfare system). Two-thirds of children reported witnessing severe violence in the home; this was usually an arrest or an adult stealing in the home but sometimes included stabbings, shootings and other severe violence. Over one-quarter of children who had been placed outside the home said that a knife or gun had been pointed at them in the home from which they were removed.

Although levels of most indicators remained the same over time, the difference between outcomes at Wave 1 and Wave 2 for children age 0 to 2 was particularly troubling. At Wave 2, children age 0 to 2 were further behind on every developmental measure except one. The gap between the average infant and toddler in substantiated cases and other children their age was widening on daily living skills, cognitive development and language development. One possible consequence is that these children may well enter school with significant deficits, impairing their ability to learn. Outcomes were fairly stable for 3 to 5 year olds, and though they lagged in well-being measures behind the average child, their language and social skills improved from Wave 1 to Wave 2. Outcomes for 6 to 10 year olds were also stable on most measures, but the proportion of this age group with behavior problems was noticeably higher at Wave 2. Behavior problems can interfere with development and correlate with school difficulties, putting these children at further risk. For youths age 11 to 17, differences over time were not statistically significant.

The lack of change on many outcomes is worrisome, because disproportionate numbers of children and youth in substantiated cases have cognitive, emotional,

behavioral, social and academic problems that lessen their well-being, impair their development, and interfere with their ability to function at home, in school and in the community. Depending on the age group, children and youth were substantially more likely than the average child or youth to have developmental delays, under perform academically, emotional and behavior disorders, and social skill deficits. Each age group was affected in some way. Though difficult to compare to the general population, levels of delinquency, substance use and sexual behavior were also disturbing. Clearly many of these children and youth have enduring problems that are not ameliorated by the passage of time following their involvement in a child maltreatment investigation. Policy and practice to address their problems must respond vigorously to their needs and employ effective interventions designed to have an impact over extended periods of time.

It needs to be reiterated that over 80% of the children in substantiated investigations remain in the home, and 37% of the children received no further services following the maltreatment investigation. Long-term involvement with the child welfare system over an extended period of time is not necessarily justified if children are safe and caregivers are available to raise children adequately. The responsibility therefore for improving outcomes for these children, many of whom lag behind the average child in well-being and development, and many of whom are falling further behind, lies with the entire array of children's services, not just DCFS. The maltreatment the majority of these children experienced was neglect, which is correlated with a range of social and health problems such as poverty, substance abuse, and parental mental illness. The developmental lag and cognitive, social, emotional and behavioral problems that many of these children experience and the fact that many are falling further behind should strengthen our resolve to address the family and community problems that put these children at risk.

Food Insecurity Among Families Involved in the Illinois Child Welfare System

BOX 4.2

Researchers at the CFRC recently examined the use of community food services (such as food pantries or soup kitchens) and state-provided food assistance programs among families involved in child welfare investigations in Illinois. Community food services and government food assistance programs are important strategies in fighting food insecurity for hungry families. Food insecurity is defined as “[not having] access to sufficient, safe, nutritious food to maintain a healthy and active life.”¹ In the United States, approximately 21% of households with children are food insecure.² Examining food insecurity in the Illinois child welfare population is warranted, since these families are disproportionately poor and may have higher than average rates of food insecurity.

One way in which the government attempts to reduce food insecurity is through the Supplemental Nutrition Assistance Program (SNAP), which provides food stamps to families based on income and family size. SNAP aids 45 million people in the U.S., including 1.8 million people in Illinois.³ While SNAP is not a cure-all for food insecurity, research indicates that it can be an effective tool in reducing hunger.⁴ Unfortunately, many families with children who are eligible for food stamps do not receive them. Reasons for this include confusion about eligibility, the inconvenience of travel to state health offices, and stigma associated with using food stamps.⁵ As a result, many families remain food insecure and continuing to cope with the stress of poverty and hunger.⁶

This analysis (1) estimates the percentage of Illinois families involved in substantiated investigations that use community food service and food assistance programs, and (2) determines the percentages of these families that are eligible for and receive food assistance. To determine if use of food assistance

programs varies by a family’s level of child welfare involvement, results are analyzed separately for traditional foster families (n=129), kinship foster families (n=169), biological families receiving intact family services (n=314), and biological families whose cases were closed following a substantiated investigation (n=127).

The data are derived from the Wave 1 caregiver interview of the Illinois Study of Child and Adolescent Well-Being (ISCAW), which sampled substantiated maltreatment investigation cases between March of 2008 and January of 2009. Caregivers were asked if they had received food from a community source like a soup kitchen or a food bank in the last year. If caregivers did not report using any community food services, they were then asked if they had needed food in the last year. If a caregiver reported either using a community food service or reported needing food in the past year, they were coded as needing food that they were otherwise unable to provide themselves in the past year. Caregivers were also asked if anyone in the household was currently receiving food stamps. Food stamp eligibility was determined using caregiver-reported total family income and household size, which included all biological children, foster children, and adults “dependent on this income.” An income-to-needs ratio was then calculated by dividing family income by the federal poverty threshold for the different household sizes. Although eligibility for food assistance is defined as a family having both a “gross income below 130% of the federal poverty level and applicable assets worth less than \$2,000 or \$3,000,”⁷ no information on assets is available in ISCAW. As a proxy, this analysis coded eligibility as families reporting income below 130% of the federal poverty threshold.

¹ World Health Organization. (2012). *Trade, foreign policy, diplomacy and health: Food security*. Retrieved from <http://www.who.int/trade/glossary/story028/en/>

² United States Department of Agriculture. (2011, September 07). *Food security in the United States: Key statistics and graphics*. Retrieved from http://www.ers.usda.gov/Briefing/FoodSecurity/stats_graphs.htm

³ United States Department of Agriculture. (2012, January 05). *Supplemental Nutrition Assistance Program*. Retrieved from <http://www.fns.usda.gov/pd/34SNAPmonthly.htm>

⁴ Ratcliffe, C., McKernan, S., & Zhang, S. (2011). How much does the Supplemental Nutrition Assistance Program reduce food insecurity? *American Journal of Agricultural Economics*, 93(4), 1082-1098.

⁵ Daponte, B. O., Sanders, S., & Taylor, L. (1999). Why do low-income households not use food stamps? Evidence from an experiment. *Journal of Human Resources*, 34(3), 612-628.

⁶ Huang, J., Oshima, K. M., & Kim, Y. (2010). Does food insecurity affect parental characteristics and child behavior? Testing mediating effects. *The Social Service Review*, 84(3), 381-401.

⁷ Daponte, B. O., Haviland, A., & Kadane, J. B. (2004). To what degree does food assistance help poor households acquire enough food? A joint examination of public and private sources of food assistance. *Journal of Poverty*, 8(2), 63-87.

Figure 4.1
Percent of Households Needing Food by Placement in Illinois

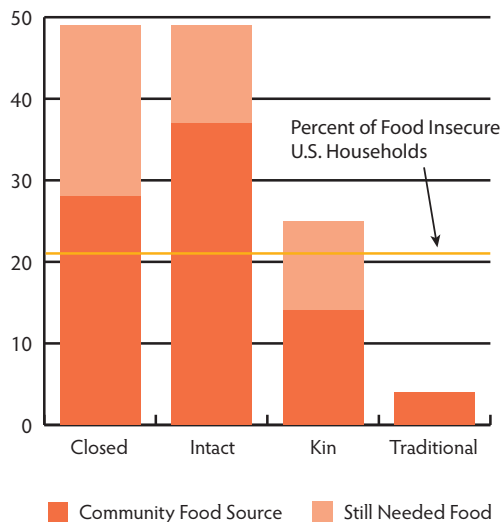
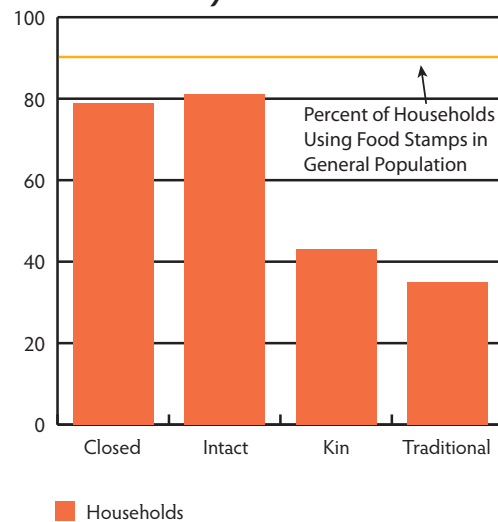


Figure 4.2
Percent of Households Below 130% of Federal Poverty Line Using Food Stamps by Placement



Need for Food and Use of Community Food Services. Twenty-eight percent of families whose cases were closed following a substantiated investigation in Illinois reported using a community food service (such as food pantries or soup kitchens) in the past year, compared to 37% of families receiving intact family services, 14% of kinship foster families, and 4% of traditional foster families (see Figure 4.1). Looking at those families who did not report using a community food service, 21% of families whose case was closed reported needing food in the past year, compared to 12% receiving intact family services and 11% of kinship families; no traditional foster families reported needing food in the past year. Almost half (49%) of families whose case was closed and 49% of families receiving intact family services needed food they were unable to provide themselves in the past year, compared to 25% of kinship foster families and 4% of traditional foster families. Around 21% of all households with children in the general population were food insecure in 2009.⁸

Eligibility and Use of Food Stamps. Over three-quarters (77%) of families whose case was closed following a substantiated investigation were below 130% of the federal poverty line and therefore eligible for food stamps, compared to 69% of families receiving intact family services, 43% of kinship foster families, and 28% of traditional foster families. In 2010, 24% of households with children in the general population were below 130% of the federal poverty line.⁹ Of eligible families, 79% of families whose case was closed following a substantiated investigation reported using food stamps at time of interview, compared to 81% of families receiving intact family services, 43% of kinship foster families, and 35% of traditional foster families. In 2009, 89% of eligible households with children in the general population used food stamps (see Figure 4.2).¹⁰ Although the differences were not statistically significant, a quarter (25%) of families providing kinship foster care and almost a fifth (18%) of traditional foster families were eligible for food stamps but not receiving them, as were meaningful proportions in closed cases (16%), and in intact family cases (13%).

⁸Ratcliffe, C., McKernan, S., & Zhang, S. (2011). How much does the Supplemental Nutrition Assistance Program reduce food insecurity? *American Journal of Agricultural Economics*, 93(4), 1082-1098.

⁹United States Census. (2010). Families With Related Children Under 18 by Number of Working Family Members and Family Structure. http://www.census.gov/hhes/www/cpstables/032011/pov/new07_130_01.htm

¹⁰Leftin, J., Eslami, E., & Strayer, M. (2011). *Trends in Supplemental Nutrition Assistance Program Participation Rates: Fiscal Year 2002 to Fiscal Year 2009*. United States Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis.

Food Insecurity Among Families Involved in the Illinois Child Welfare System CONT'D

Summary

- When families were involved in substantiated child maltreatment investigations and children remained in the home, 49% of families needed food in the past year (whether their DCFS case was closed or they received intact family services). Families caring for children in substitute care were much less likely to have needed food in the past year: 25% of kinship foster families and 4% of traditional foster families.
- A sizable number of families involved with child welfare in Illinois were below 130% of the federal poverty line and very likely eligible for food assistance: 77% of families whose case was closed, 69% of families receiving intact family services, 43% of kinship foster families, and 28% of traditional foster families.
- The percentage of food stamp eligible families (those with total incomes below 130% of the federal poverty line) who were currently using food stamps varied by placement: 79% of families whose case was closed, 81% of families receiving intact family services, 43% of kinship foster families, and 35% of traditional foster families. Almost a quarter of kinship foster families and almost a fifth of traditional foster families were eligible for food stamps but not using them, as were meaningful proportions of families in closed and intact family cases.

Conclusion

Illinois children staying with biological parents following a substantiated investigation are the most at risk for food insecurity, while kinship foster families were a little higher than the national average. Surprising proportions of caregivers in traditional and kinship foster care families were eligible for food stamps but not using them. Food insecurity can have lasting detrimental effects on child physical health, cognitive development, and emotional functioning. Therefore every effort must be made

to support both household enrollment in SNAP for all eligible caregivers caring for a child involved in a substantiated maltreatment investigation, as well as use of related free or reduced-cost food assistance programs such as Woman Infants and Children (WIC) and the National School Lunch Program (NSLP).

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APPENDIX A

Indicator Definitions

Appendix A provides definitions of the indicators used in the following chapters of this report:

Chapter 1 - Child Safety

Chapter 2 - Children in Substitute Care: Safety, Continuity, and Stability

Chapter 3 - Legal Permanence: Reunification, Adoption, and Guardianship

The data used to compute these indicators come from the September 30, 2012 data extract of the Illinois Department of Children and Family Services Integrated Database, which is maintained by Chapin Hall at the University of Chicago. The acronyms included in the indicator definitions come from the Integrated Database Codebook.¹

¹Chapin Hall. (2003). *Illinois Department of Children and Family Services Integrated Database Codebook (Version 10)*. Chicago, IL: Chapin Hall at the University of Chicago.

Chapter 1: Child Safety

Indicator 1.A: Of all children with a substantiated report, what percentage had another substantiated report within 12 months?

Definition: For all children with a substantiated report of maltreatment during the fiscal year, the percentage of those children that had another substantiated report of maltreatment within 12 months of the initial report.

Indicator 1.B: Of all children served at home in intact family cases, what percentage had a substantiated report within 12 months?

Definition: All children who are served at home in an intact family case and the percentage of those children who experienced a substantiated report of maltreatment within a year. Intact family cases are cases where all children in a family are at home at the time the family case opens and they do not enter substitute care within 30 days after case opening.

Indicator 1.C: Of all children in an initial substantiated report who did not receive intact or substitute care services, what percentage had another substantiated report within 12 months?

Definition: All children with an initial substantiated report during the fiscal year who were not part of either a family case or placed in substitute care at the time of the initial report or within 60 days of the initial report, and the percentage of those children that had a second substantiated report within 12 months of the initial report.

Chapter 2: Children in Substitute Care: Safety, Continuity, and Stability

Indicator 2.A: Of all children ever served in substitute care during the year, what percentage had a substantiated report during placement?

Definition: All children ever served in substitute care during the fiscal year and the percentage that had a substantiated report during placement. Analyses for this indicator are based on administrative data that does not distinguish between the date the incident occurred and the date it was reported. A portion of maltreatment recorded while a child is in substitute care actually occurred prior to the child entering substitute care. Many of these retrospective reports are reports of sexual abuse. In an effort to remove the effects of this reporting error, this analysis excludes reports of sexual abuse after a child has entered care. This analysis excludes cases lasting less than 7 days, placements lasting less than 7 days and reports made less than 7 days into the placement.

Indicator 2.B.1: Of all children entering substitute care, what percentage is placed in a traditional foster home in their first placement?

Definition: Children entering substitute care during the fiscal year and the percentage initially placed in traditional foster homes. The Traditional Foster Home category is made up of Foster Home Boarding DCFS (FHB), Foster Home Indian (FHI), Foster Home Boarding Private Agency (FHP) and Foster Home Adoption (FHA) regardless of the duration of the placements. Cases lasting less than 7 days are excluded.

Indicator 2.B.2: Of all children entering substitute care, what percentage is placed in a specialized foster home in their first placement?

Definition: Children entering substitute care during the fiscal year and the percentage initially placed in specialized foster homes. The Specialized Foster Home category is made up of Foster Home Specialized (FHS) and Foster Home Treatment (FHT) regardless of the duration of the placements. Cases lasting less than 7 days are excluded.

Indicator 2.B.3: Of all children entering substitute care, what percentage is placed in a kinship foster home in their first placement?

Definition: Children entering substitute care during the fiscal year and the percentage initially placed in kinship foster homes. The Kinship Foster Home category is made up of Delegated Relative Authority (DRA) and Home of Relative (HMR) regardless of the duration of the placements. Cases lasting less than 7 days are excluded.

Indicator 2.B.4: Of all children entering substitute care, what percentage is placed in a group home or institution in their first placement?

Definition: Children entering substitute care during the fiscal year and the percentage initially placed in a group home or institution. The Group Home or Institution category is made up of Group Home (GRH), Detention Facility/Jail (DET), Institution DCFS (ICF), Institution Department of Corrections (IDC), Institution Department of Mental Health (IMH), Institution Private Child Care Facility (IPA), Institution Rehabilitation Services (IRS), Nursing Care Facility (NCF) and Youth Emergency Shelters (YES) regardless of the duration of the placements. Cases lasting less than 7 days are excluded.

Indicator 2.C.1: Of all children in substitute care at the end of the year (excluding those in independent living),² what percentage is in traditional foster homes?

Definition: All children in substitute care (excluding those in independent living) at the end of the fiscal year and the percentage living in traditional foster homes. The Traditional Foster Home category is made up of Foster Home Boarding (FHB), Foster Home Indian (FHI), Foster Home Boarding Private Agency (FHP) and Foster Home Adoption (FHA).

Indicator 2.C.2: Of all children in substitute care at the end of the year (excluding those in independent living), what percentage is in specialized foster homes?

Definition: All children in substitute care (excluding those in independent living) at the end of the fiscal year and the percentage living in specialized foster homes. The Specialized Foster Home category is made up of Foster Home Specialized (FHS) and Foster Home Treatment (FHT).

Indicator 2.C.3: Of all children in substitute care at the end of the year (excluding those in independent living), what percentage is in kinship foster homes?

Definition: All children in substitute care (excluding those in independent living) at the end of the fiscal year and the percentage living in kinship foster homes. The Kinship Foster Home category is made up of Delegated Relative Authority (DRA) and Home of Relative (HMR).

Indicator 2.C.4: Of all children in substitute care at the end of the year (excluding those in independent living), what percentage is in group homes?

Definition: All children in substitute care (excluding those in independent living) at the end of the fiscal year and the percentage living in group homes. The Group Home category is made up of Group Home (GRH).

² Data on children living in independent living programs were not available in the September 2012 extract of the Integrated Database. These children were therefore not included in the analyses for Indicator 2.C.1, 2.C.2, 2.C.3, 2.C.4, 2.C.5.

Indicator 2.C.5: Of all children in substitute care at the end of the year (excluding those in independent living), what percentage is in institutions?

Definition: All children in substitute care (excluding those in independent living) at the end of the fiscal year and the percentage living in institutions. The Institution category is made up of Detention Facility/Jail (DET), Institution DCFS (ICF), Institution Department of Corrections (IDC), Institution Department of Mental Health (IMH), Institution Private Child Care Facility (IPA), Institution Rehabilitation Services (IRS), Nursing Care Facility (NCF) and Youth Emergency Shelters (YES).

Indicator 2.D: Of all children placed into substitute care, what percentage is placed with their siblings in the first placement?

Definition: The percentage of children placed in the same home as all of their siblings in substitute care in their initial placement. Children with no siblings in substitute care are excluded from this analysis. Siblings of children in substitute care who are not in substitute care are also excluded. Siblings are defined as children who belong to a common family based on the ID number of the family.

Indicator 2.E: Of all children in substitute care at the end of the year, what percentage is placed with their siblings?

Definition: The percentage of children placed in the same home as all of their siblings in substitute care at the end of the fiscal year. Children with no siblings in substitute care are excluded from this analysis. Siblings of children in substitute care who are not in substitute care are also excluded. Siblings are defined as children who belong to a common family based on the ID number of the family.

Indicator 2.F: Of all children entering substitute care and staying for at least one year, what percentage had two or fewer placements within their first year of removal?

Definition: The percentage of children entering substitute care and staying for at least one year that had two or fewer placements within their first year in substitute care. The following placement types were excluded from the calculation of placement stability: runaway, 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.’

Indicator 2.G: Of all children entering substitute care between ages 12 and 17, what percentage ran away from a substitute care placement during their first year in care?

Definition: Children entering substitute care between the ages of 12 and 17 and the percentage that ran away from their substitute care placement during their first year (one year from the case opening date). Runaway includes Runaway, Abducted and Whereabouts Unknown.

Indicator 2.H: Of all children entering substitute care for the first time during that fiscal year, what is the median length of stay in substitute care?

Definition: The median number of months children stay in substitute care. In other words, the amount of time that it took for half of the children who entered substitute care in a given fiscal year to exit care, either through permanence (reunification, adoption, or subsidized guardianship) or emancipation. This indicator looks only at first spells and excludes spells lasting less than 7 days.

Chapter 3: Legal Permanence: Reunification, Adoption, and Guardianship

Indicator 3.A.1: Of all children who entered substitute care during the year, what percentage was reunified with their parents within 12 months?

Definition: Of all children who entered substitute care during the fiscal year, the percentage that was reunified within 12 months of their date of entry into substitute care. Cases lasting less than 7 days are excluded.

Indicator 3.A.2: Of all children who entered substitute care during the year, what percentage was adopted within 12 months?

Definition: Of all children who entered substitute care during the fiscal year, the percentage that was adopted within 12 months of their date of entry into substitute care. Cases lasting less than 7 days are excluded.

Indicator 3.A.3: Of all children who entered substitute care during the year, what percentage attained subsidized guardianship within 12 months?

Definition: Of all children who entered substitute care during the fiscal year, the percentage that attained subsidized guardianship within 12 months of their date of entry into substitute care. Cases lasting less than 7 days are excluded.

Indicator 3.A.4: Of all children who entered substitute care during the year, what percentage attained permanence (reunification + adoption + subsidized guardianship) within 12 months?

Definition: Of all children who entered substitute care during the fiscal year, the percentage that attained reunification, adoption, or subsidized guardianship within 12 months of their date of entry into substitute care. Cases lasting less than 7 days are excluded.

Indicator 3.B.1: Of all children who entered substitute care during the year, what percentage was reunified with their parents within 24 months?

Definition: Of all children who entered substitute care during the fiscal year, the percentage that was reunified within 24 months of their date of entry into substitute care. Cases lasting less than 7 days are excluded.

Indicator 3.B.2: Of all children who entered substitute care during the year, what percentage was adopted within 24 months?

Definition: Of all children who entered substitute care during the fiscal year, the percentage that was adopted within 24 months of their date of entry into substitute care. Cases lasting less than 7 days are excluded.

Indicator 3.B.3: Of all children who entered substitute care during the year, what percentage attained subsidized guardianship within 24 months?

Definition: Of all children who entered substitute care during the fiscal year, the percentage that attained subsidized guardianship within 24 months of their date of entry into substitute care. Cases lasting less than 7 days are excluded.

Indicator 3.B.4: Of all children who entered substitute care during the year, what percentage attained permanence (reunification + adoption + subsidized guardianship) within 24 months?

Definition: Of all children who entered substitute care during the fiscal year, the percentage that attained reunification, adoption, or subsidized guardianship within 24 months of their date of entry into substitute care. Cases lasting less than 7 days are excluded.

Indicator 3.C.1: Of all children who entered substitute care during the year, what percentage was reunified with their parents within 36 months?

Definition: Of all children who entered substitute care during the fiscal year, the percentage that was reunified within 36 months of their date of entry into substitute care. Cases lasting less than 7 days are excluded.

Indicator 3.C.2: Of all children who entered substitute care during the year, what percentage was adopted within 36 months?

Definition: Of all children who entered substitute care during the fiscal year, the percentage that was adopted within 36 months of their date of entry into substitute care. Cases lasting less than 7 days are excluded.

Indicator 3.C.3: Of all children who entered substitute care during the year, what percentage attained subsidized guardianship within 36 months?

Definition: Of all children who entered substitute care during the fiscal year, the percentage that attained subsidized guardianship within 36 months of their date of entry into substitute care. Cases lasting less than 7 days are excluded.

Indicator 3.C.4: Of all children who entered substitute care during the year, what percentage attained permanence (reunification + adoption + subsidized guardianship) within 36 months?

Definition: Of all children who entered substitute care during the fiscal year, the percentage that attained reunification, adoption, or subsidized guardianship within 36 months of their date of entry into substitute care. Cases lasting less than 7 days are excluded.

Indicator 3.D.0: Of all children who were reunified during the year, what percentage remained with their family at one year?

Definition: Of all children who were reunified with their biological family during the fiscal year, the percentage that did not re-enter substitute care within one year of reunification. Cases that re-entered substitute care and stayed less than 7 days are excluded.

Indicator 3.D.1: Of all children who were reunified during the year, what percentage remained with their families at two years?

Definition: Of all children who were reunified with their biological family during the fiscal year, the percentage that did not re-enter substitute care within two years of reunification. Cases that re-entered substitute care and stayed less than 7 days are excluded.

Indicator 3.D.2: Of all children who were adopted during the year, what percentage remained with their families at two years?

Definition: Of all children who were adopted during the fiscal year, the percentage that did not re-enter substitute care within two years of adoption. Cases that re-entered substitute care and stayed less than 7 days are excluded.

Indicator 3.D.3: Of all children who attained subsidized guardianship during the year, what percentage remained with their families at two years?

Definition: Of all children who were taken into subsidized guardianship during the fiscal year, the percentage that did not re-enter substitute care within two years of guardianship. Cases that re-entered substitute care and stayed less than 7 days are excluded.

Indicator 3.D.4: Of all children who attained permanence during the year, what percentage remained with their families at two years?

Definition: Of all children who were reunified, adopted, or taken into guardianship during the fiscal year, the percentage that did not re-enter substitute care within two years of exit. Cases that re-entered substitute care and stayed less than 7 days are excluded.

Indicator 3.E.1: Of all children who were reunified during the year, what percentage remained with their families at five years?

Definition: Of all children who were reunified with their biological family during the fiscal year, the percentage that did not re-enter substitute care within five years of reunification. Cases that re-entered substitute care and stayed less than 7 days are excluded.

Indicator 3.E.2: Of all children who were adopted during the year, what percentage remained with their families at five years?

Definition: Of all children who were adopted during the fiscal year, the percentage that did not re-enter substitute care within five years of adoption. Cases that re-entered substitute care and stayed less than 7 days are excluded.

Indicator 3.E.3: Of all children who attained subsidized guardianship during the year, what percentage remained with their families at five years?

Definition: Of all children who were taken into subsidized guardianship during the fiscal year, the percentage that did not re-enter substitute care within five years of guardianship. Cases that re-entered substitute care and stayed less than 7 days are excluded.

Indicator 3.E.4: Of all children who attained permanence during the year, what percentage remained with their families at five years?

Definition: Of all children who were reunified, adopted, or taken into guardianship during the fiscal year, the percentage that did not re-enter care within five years of exit. Cases that re-entered substitute care and stayed less than 7 days are excluded.

Indicator 3.F.1: Of all children who were reunified during the year, what percentage remained with their families at ten years?

Definition: Of all children who were reunified with their biological family during the fiscal year, the percentage that did not re-enter substitute care within ten years of reunification. Cases that re-entered substitute care and stayed less than 7 days are excluded.

Indicator 3.F.2: Of all children who were adopted during the year, what percentage remained with their families at ten years?

Definition: Of all children who were adopted during the fiscal year, the percentage that did not re-enter substitute care within ten years of adoption. Cases that re-entered substitute care and stayed less than 7 days are excluded.

Indicator 3.F.3: Of all children who attained subsidized guardianship during the year, what percentage remained with their families at ten years?

Definition: Of all children who were taken into subsidized guardianship during the fiscal year, the percentage that did not re-enter substitute care within ten years. Cases that re-entered substitute care and stayed less than 7 days are excluded.

INDICATOR DEFINITIONS

Indicator 3.F.4: Of all children who attained permanence during the year, what percentage remained with their families at ten years?

Definition: Of all children who were reunified, adopted, or taken into guardianship during the fiscal year, the percentage that did not re-enter substitute care within ten years of exit. Cases that re-entered substitute care and stayed less than 7 days are excluded.



APPENDIX B

Outcome Data by Region, Gender, Age and Race

Appendix B provides a more comprehensive look at the outcome indicators used in the following chapters of this report:

Chapter 1 - Child Safety

Chapter 2 - Children in Substitute Care: Safety, Continuity, and Stability

Chapter 3 - Legal Permanence: Reunification, Adoption, and Guardianship

The data in these tables come from the September 30, 2012 data extract of the Illinois Department of Children and Family Services Integrated Database. Each table displays the Illinois total and breakdowns by region, gender, age and race over a seven year period. The State Fiscal Year is used throughout these tables. Indicator data is available online at: <http://www.cfrs.illinois.edu/outcomeindicators.php>.

Maltreatment Recurrence Within 12 Months

Indicator 1.A	Of all children with a substantiated report, what percentage had another substantiated report within 12 months?							
	IN ILLINOIS	2005	2006	2007	2008	2009	2010	2011
Children with substantiated reports		26,030	24,944	26,629	27,973	27,473	26,959	26,099
Children with another substantiated report within 12 months		2,973	2,861	3,067	3,249	3,043	2,922	2,824
Percent		11.4%	11.5%	11.5%	11.6%	11.1%	10.8%	10.8%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	2,973	11.4%	2,861	11.5%	3,067	11.5%	3,249	11.6%	3,043	11.1%	2,922	10.8%	2,824	10.8%
Cook	641	8.4%	643	8.7%	616	8.1%	685	8.7%	629	8.4%	649	8.8%	631	8.9%
Northern	615	10.2%	658	10.7%	701	10.2%	864	11.0%	778	9.8%	657	8.9%	643	9.1%
Central	1,095	13.3%	997	12.9%	1,163	14.0%	1,111	13.3%	1,084	12.9%	1,025	12.3%	998	12.4%
Southern	622	14.9%	563	14.9%	587	14.6%	589	14.6%	552	14.5%	591	14.7%	552	13.9%

Female	1,483	11.1%	1,335	10.4%	1,495	11.1%	1,622	11.4%	1,513	10.7%	1,445	10.5%	1,415	10.6%
Male	1,486	11.8%	1,519	12.5%	1,564	11.9%	1,619	11.9%	1,523	11.5%	1,475	11.2%	1,405	11.0%

Under 3	891	12.3%	818	11.3%	910	11.9%	1,037	12.5%	937	11.4%	892	11.1%	873	11.7%
3 to 5	672	12.6%	673	13.5%	709	13.0%	717	12.6%	726	12.9%	696	12.3%	647	11.6%
6 to 8	569	12.6%	585	13.4%	569	11.9%	584	12.2%	542	11.5%	538	11.8%	504	11.3%
9 to 11	385	10.5%	384	11.0%	420	11.7%	447	11.6%	394	10.6%	395	10.7%	362	10.0%
12 to 14	314	9.4%	265	8.9%	292	9.6%	302	9.4%	268	8.8%	244	8.4%	281	9.4%
15 and Older	140	6.9%	135	6.8%	166	7.6%	162	7.5%	176	7.7%	157	7.2%	157	7.4%

African American	896	10.2%	865	10.2%	928	10.4%	1,031	11.1%	916	10.3%	806	9.5%	838	10.2%
Hispanic	140	6.9%	188	9.0%	190	8.4%	166	7.1%	169	7.6%	170	8.7%	170	8.7%
White	1,837	12.7%	1,732	12.7%	1,864	12.8%	1,912	12.5%	1,833	12.1%	1,839	12.0%	1,719	11.7%
Other Ethnicity	100	10.5%	76	8.4%	84	8.5%	140	12.0%	125	9.6%	107	7.9%	97	7.2%

Maltreatment Recurrence Among Children in Intact Family Cases

Indicator 1.B	Of all children served at home in intact family cases, what percentage had a substantiated report within 12 months?						
	2005	2006	2007	2008	2009	2010	2011
IN ILLINOIS							
Children in intact family cases	19,582	17,438	16,703	15,707	15,971	14,649	14,873
Children with substantiated reports	2,099	1,895	1,957	1,892	1,745	1,715	1,491
Percent	10.7%	10.9%	11.7%	12.0%	10.9%	11.7%	10.0%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	2,099	10.7%	1,895	10.9%	1,957	11.7%	1,892	12.0%	1,745	10.9%	1,715	11.7%	1,491	10.0%
Cook	496	6.4%	415	6.2%	529	7.2%	494	7.7%	454	6.7%	440	7.2%	457	7.2%
Northern	337	12.9%	340	13.6%	314	12.8%	470	15.3%	356	11.0%	343	12.3%	316	10.3%
Central	901	13.7%	807	13.5%	713	15.4%	537	13.8%	574	15.3%	531	15.0%	411	12.6%
Southern	365	13.4%	333	14.0%	401	17.0%	391	16.3%	361	16.0%	401	17.8%	307	13.7%

Female	1,008	10.5%	886	10.3%	943	11.4%	864	11.2%	864	10.9%	844	11.5%	722	9.9%
Male	1,088	10.8%	1,009	11.4%	1,011	12.0%	1,024	12.8%	879	10.8%	871	11.8%	768	10.1%

Under 3	736	15.7%	642	14.6%	669	15.9%	698	17.4%	619	15.3%	583	15.5%	534	14.8%
3 to 5	448	11.8%	442	12.4%	410	12.9%	419	13.9%	418	13.6%	422	14.8%	342	11.9%
6 to 8	383	11.7%	358	12.4%	358	12.2%	318	11.5%	297	10.9%	306	12.5%	243	9.9%
9 to 11	246	8.7%	239	9.8%	261	11.5%	231	10.7%	203	9.2%	190	9.4%	165	7.6%
12 to 14	211	7.9%	165	7.6%	188	8.9%	156	8.0%	140	7.4%	143	8.0%	149	8.1%
15 and Older	75	3.1%	49	2.3%	71	3.4%	70	3.7%	68	3.2%	71	3.8%	58	2.9%

African American	692	8.3%	589	8.0%	757	10.1%	657	10.0%	587	8.6%	522	8.8%	423	7.1%
Hispanic	122	7.2%	121	8.1%	132	8.3%	147	9.2%	95	6.0%	130	9.3%	128	7.4%
White	1,227	13.5%	1,159	14.1%	1,041	14.5%	1,043	14.5%	1,014	14.4%	1,023	15.1%	901	13.6%
Other Ethnicity	58	11.3%	26	5.9%	27	5.4%	45	10.0%	49	7.7%	40	7.1%	39	5.9%

B

Maltreatment Recurrence Among Children Receiving No Services

Indicator 1.C	Of all children in an initial substantiated report who did not receive intact or substitute care services, what percentage had another substantiated report within 12 months?							
	IN ILLINOIS	2005	2006	2007	2008	2009	2010	2011
Children receiving no services		13,820	14,097	16,038	16,730	16,507	16,494	16,694
Children with substantiated reports		1,516	1,585	1,724	1,865	1,816	1,652	1,756
Percent		11.0%	11.2%	10.7%	11.1%	11.0%	10.0%	10.5%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	1,516	11.0%	1,585	11.2%	1,724	10.7%	1,865	11.1%	1,816	11.0%	1,652	10.0%	1,756	10.5%
Cook	310	8.5%	368	9.0%	340	7.6%	394	8.8%	350	8.3%	390	8.8%	400	8.7%
Northern	382	9.2%	409	9.6%	438	9.0%	513	9.7%	514	9.7%	405	8.1%	389	8.1%
Central	523	12.7%	540	13.6%	661	14.1%	688	13.8%	682	13.2%	618	12.2%	657	12.7%
Southern	301	15.2%	268	14.6%	285	13.6%	270	13.2%	270	13.9%	239	11.4%	310	13.8%

Female	750	10.4%	760	10.4%	852	10.3%	950	10.9%	926	10.8%	824	9.6%	864	10.0%
Male	763	11.6%	818	12.2%	867	11.2%	910	11.5%	885	11.2%	826	10.5%	889	11.1%

Under 3	472	14.9%	473	13.8%	563	13.9%	638	14.4%	631	14.5%	566	12.8%	597	13.8%
3 to 5	339	11.7%	370	13.2%	383	11.5%	401	11.7%	416	12.2%	356	10.3%	381	10.8%
6 to 8	275	11.1%	296	11.5%	293	9.9%	347	11.8%	285	10.0%	282	10.0%	286	10.0%
9 to 11	203	9.7%	223	10.3%	215	9.5%	235	9.8%	227	9.7%	208	8.8%	226	9.3%
12 to 14	165	8.3%	153	8.2%	175	8.7%	163	7.7%	176	8.6%	149	7.5%	170	8.1%
15 and Older	59	4.7%	69	5.2%	91	6.1%	80	5.4%	79	5.1%	89	5.9%	95	6.3%

African American	465	11.2%	495	11.6%	490	9.9%	601	11.9%	544	11.0%	426	8.7%	520	10.6%
Hispanic	83	6.8%	123	8.6%	119	7.7%	99	6.4%	104	7.6%	112	8.3%	94	6.8%
White	927	11.6%	931	11.8%	1,071	12.0%	1,096	11.6%	1,094	11.5%	1,060	11.1%	1,089	11.3%
Other Ethnicity	41	7.8%	36	6.5%	44	6.9%	69	9.4%	74	10.1%	54	6.6%	53	6.0%

Maltreatment in Substitute Care

Indicator 2.A	Of all children ever served in substitute care during the year, what percentage had a substantiated report during placement?						
	IN ILLINOIS	2006	2007	2008	2009	2010	2011
Children ever in substitute care	23,615	22,667	22,315	21,945	21,768	21,412	21,454
Children with substantiated reports	260	304	339	350	304	373	377
Percent	1.1%	1.3%	1.5%	1.6%	1.4%	1.7%	1.8%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	260	1.1%	304	1.3%	339	1.5%	350	1.6%	304	1.4%	373	1.7%	377	1.8%
Cook	94	0.8%	93	0.8%	78	0.7%	91	0.9%	61	0.7%	75	0.9%	107	1.3%
Northern	45	1.2%	53	1.5%	75	2.0%	86	2.1%	58	1.4%	75	1.8%	77	1.8%
Central	73	1.2%	105	1.7%	109	1.7%	126	2.0%	120	1.9%	168	2.8%	108	1.8%
Southern	48	1.8%	52	1.9%	77	2.8%	47	1.6%	65	2.1%	55	1.6%	85	2.5%

Female	106	0.9%	159	1.4%	166	1.5%	178	1.7%	129	1.2%	159	1.5%	181	1.7%
Male	154	1.2%	143	1.1%	171	1.4%	171	1.4%	175	1.5%	214	1.9%	196	1.7%

Under 3	118	1.3%	126	1.4%	140	1.6%	142	1.6%	139	1.6%	158	1.8%	152	1.8%
3 to 5	60	1.4%	72	1.8%	64	1.6%	73	1.9%	66	1.7%	85	2.3%	88	2.4%
6 to 8	34	0.9%	44	1.3%	61	1.9%	55	1.8%	50	1.7%	53	1.9%	58	2.1%
9 to 11	20	0.6%	30	1.1%	40	1.5%	38	1.5%	28	1.1%	36	1.6%	33	1.4%
12 to 14	23	0.8%	23	0.8%	27	1.0%	33	1.2%	18	0.7%	33	1.3%	34	1.3%
15 and Older	5	0.3%	9	0.6%	7	0.4%	9	0.5%	3	0.1%	8	0.4%	12	0.6%

African American	129	0.8%	155	1.1%	167	1.3%	177	1.4%	151	1.2%	201	1.7%	-	-
Hispanic	13	0.9%	13	0.9%	23	1.7%	16	1.2%	16	1.2%	19	1.5%	-	-
White	112	1.5%	131	1.7%	143	1.8%	153	1.9%	132	1.5%	147	1.7%	-	-
Other Ethnicity	6	1.3%	5	1.0%	6	1.3%	4	0.9%	5	1.2%	6	1.3%	-	-



Initial Placement: Traditional Foster Home

Indicator 2.B.1	Of all children entering substitute care, what percentage is placed in a traditional foster home in their first placement?							
	IN ILLINOIS	2006	2007	2008	2009	2010	2011	2012
Children entering substitute care		4,777	4,576	5,268	4,861	5,032	4,786	4,891
Children placed in traditional foster homes		1,845	1,624	1,609	1,442	1,261	1,301	1,269
Percent		38.6%	35.5%	30.5%	29.7%	25.1%	27.2%	25.9%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	1,845	38.6%	1,624	35.5%	1,609	30.5%	1,442	29.7%	1,261	25.1%	1,301	27.2%	1,267	25.9%
Cook	362	26.4%	296	24.8%	304	20.2%	202	16.8%	207	15.4%	171	14.5%	138	9.9%
Northern	379	38.3%	296	36.4%	344	32.3%	312	27.3%	275	26.7%	340	32.3%	359	31.9%
Central	666	43.0%	645	38.2%	604	33.1%	617	37.3%	570	33.5%	571	35.5%	554	38.1%
Southern	438	50.4%	387	45.9%	357	41.8%	311	36.4%	209	22.1%	219	23.1%	216	23.6%

Female	914	38.9%	830	37.4%	787	31.1%	729	30.2%	616	25.8%	652	28.3%	645	26.8%
Male	928	38.3%	794	33.7%	820	30.0%	712	29.1%	645	24.3%	649	26.1%	624	25.0%

Under 3	809	42.6%	714	40.2%	731	35.4%	697	36.0%	648	31.9%	636	33.8%	629	33.4%
3 to 5	298	38.5%	227	32.6%	227	26.6%	208	27.6%	196	24.2%	208	25.3%	210	24.2%
6 to 8	196	33.9%	204	36.1%	177	28.2%	165	27.7%	111	18.5%	143	24.8%	158	26.5%
9 to 11	161	36.1%	141	30.5%	145	28.3%	130	26.8%	87	19.1%	116	25.6%	86	18.9%
12 to 14	216	35.0%	161	29.4%	161	27.1%	124	22.1%	117	20.8%	106	21.1%	92	17.8%
15 and Older	164	35.1%	177	33.0%	168	27.0%	118	22.1%	102	17.6%	92	16.5%	94	16.2%

African American	887	37.9%	747	34.3%	714	29.0%	618	28.6%	522	24.1%	482	23.7%	-	-
Hispanic	74	30.5%	79	32.3%	77	25.6%	62	22.6%	56	21.7%	76	33.0%	-	-
White	861	40.7%	772	37.8%	773	32.4%	734	31.8%	667	26.7%	697	29.9%	-	-
Other Ethnicity	23	26.7%	26	21.8%	45	34.8%	28	22.4%	16	13.4%	46	22.8%	-	-

Initial Placement: Specialized Foster Home

Indicator 2.B.2	Of all children entering substitute care, what percentage is placed in a specialized foster home in their first placement?						
	2006	2007	2008	2009	2010	2011	2012
IN ILLINOIS							
Children entering substitute care	4,777	4,576	5,268	4,861	5,032	4,786	4,891
Children placed in specialized foster homes	205	119	136	145	127	119	85
Percent	4.3%	2.6%	2.6%	3.0%	2.5%	2.5%	1.7%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	205	4.3%	119	2.6%	136	2.6%	145	3.0%	127	2.5%	119	2.5%	85	1.7%
Cook	67	4.8%	34	2.8%	55	3.6%	51	4.2%	36	2.6%	44	3.7%	39	2.8%
Northern	7	0.7%	18	2.2%	23	2.1%	21	1.8%	23	2.2%	13	1.2%	12	1.0%
Central	99	6.3%	38	2.2%	30	1.6%	50	3.0%	46	2.7%	51	3.1%	17	1.1%
Southern	32	3.6%	29	3.4%	28	3.2%	23	2.6%	22	2.3%	11	1.1%	16	1.7%

Female	115	4.8%	52	2.3%	65	2.5%	68	2.8%	58	2.4%	57	2.4%	41	1.7%
Male	90	3.7%	67	2.8%	71	2.6%	77	3.1%	69	2.6%	62	2.4%	44	1.7%

Under 3	91	4.7%	30	1.6%	44	2.1%	41	2.1%	49	2.4%	32	1.7%	26	1.3%
3 to 5	18	2.3%	7	1.0%	7	0.8%	8	1.0%	3	0.3%	14	1.7%	7	0.8%
6 to 8	19	3.2%	10	1.7%	9	1.4%	14	2.3%	10	1.6%	9	1.5%	8	1.3%
9 to 11	16	3.5%	13	2.8%	19	3.7%	21	4.3%	11	2.4%	18	3.9%	11	2.4%
12 to 14	30	4.8%	29	5.3%	30	5.0%	33	5.8%	30	5.3%	25	4.9%	11	2.1%
15 and Older	31	6.6%	30	5.5%	27	4.3%	28	5.2%	24	4.1%	21	3.7%	22	3.8%

African American	117	5.0%	55	2.5%	66	2.6%	66	3.0%	50	2.3%	63	3.1%	-	-
Hispanic	4	1.6%	3	1.2%	13	4.3%	5	1.8%	3	1.1%	3	1.3%	-	-
White	80	3.7%	59	2.8%	55	2.3%	67	2.9%	71	2.8%	49	2.1%	-	-
Other Ethnicity	4	4.6%	2	1.6%	2	1.5%	7	5.6%	3	2.5%	4	1.9%	-	-

Initial Placement: Kinship Foster Home

Indicator 2.B.3	Of all children entering substitute care, what percentage is placed in a kinship foster home in their first placement?						
IN ILLINOIS	2006	2007	2008	2009	2010	2011	2012
Children entering substitute care	4,777	4,576	5,268	4,861	5,032	4,786	4,891
Children placed in kinship foster homes	2,089	2,189	2,646	2,483	2,697	2,432	2,522
Percent	43.7%	47.8%	50.2%	51.1%	53.6%	50.8%	51.6%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	2,089	43.7%	2,189	47.8%	2,646	50.2%	2,483	51.1%	2,697	53.6%	2,432	50.8%	2,522	51.6%
Cook	468	34.1%	413	34.7%	517	34.3%	388	32.2%	520	38.7%	397	33.7%	535	38.6%
Northern	528	53.3%	434	53.3%	611	57.4%	716	62.8%	638	62.0%	605	57.6%	659	58.6%
Central	730	47.1%	953	56.5%	1,091	59.8%	899	54.3%	998	58.7%	891	55.5%	798	54.8%
Southern	363	41.7%	389	46.1%	427	50.0%	480	56.2%	541	57.2%	539	56.8%	530	57.9%

Female	1,064	45.3%	1,058	47.7%	1,308	51.7%	1,285	53.2%	1,313	55.0%	1,195	51.9%	1,279	53.2%
Male	1,021	42.2%	1,128	47.8%	1,330	48.7%	1,196	48.9%	1,383	52.3%	1,237	49.7%	1,240	49.8%

Under 3	840	44.2%	897	50.6%	1,067	51.7%	1,017	52.5%	1,108	54.6%	1,017	54.0%	1,009	53.5%
3 to 5	391	50.5%	412	59.1%	541	63.4%	464	61.6%	517	63.9%	484	59.0%	533	61.4%
6 to 8	306	53.0%	311	55.1%	376	60.0%	364	61.2%	386	64.3%	346	60.1%	356	59.7%
9 to 11	203	45.6%	240	52.0%	268	52.4%	269	55.5%	270	59.3%	255	56.4%	262	57.8%
12 to 14	215	34.8%	194	35.4%	226	38.0%	212	37.7%	241	42.9%	180	35.8%	216	42.0%
15 and Older	134	28.6%	135	25.1%	168	27.0%	157	29.4%	175	30.2%	150	26.9%	146	25.2%

African American	926	39.6%	991	45.5%	1,110	45.2%	992	45.9%	1,098	50.7%	970	47.8%	-	-
Hispanic	94	38.8%	91	37.2%	144	48.0%	132	48.1%	128	49.6%	81	35.2%	-	-
White	1,018	48.1%	1,061	52.0%	1,359	56.9%	1,306	56.7%	1,412	56.6%	1,282	55.1%	-	-
Other Ethnicity	51	59.3%	46	38.6%	33	25.5%	53	42.4%	59	49.5%	99	49.2%	-	-

Initial Placement: Group Home/Institution

Indicator 2.B.4	Of all children entering substitute care, what percentage is placed in a group home or institution in their first placement?							
	IN ILLINOIS	2006	2007	2008	2009	2010	2011	2012
Children entering substitute care		4,777	4,576	5,268	4,861	5,032	4,786	4,891
Children placed in group homes or institutions		638	644	877	791	947	934	1,015
Percent		13.4%	14.1%	16.6%	16.3%	18.8%	19.5%	20.8%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	638	13.4%	644	14.1%	877	16.6%	791	16.3%	947	18.8%	934	19.5%	1,015	20.8%
Cook	474	34.5%	446	37.5%	627	41.7%	561	46.6%	580	43.1%	565	48.0%	674	48.6%
Northern	75	7.5%	65	7.9%	86	8.0%	91	7.9%	93	9.0%	92	8.7%	93	8.2%
Central	53	3.4%	49	2.9%	98	5.3%	87	5.2%	86	5.0%	92	5.7%	85	5.8%
Southern	36	4.1%	38	4.5%	42	4.9%	39	4.5%	173	18.3%	179	18.8%	152	16.6%

Female	254	10.8%	278	12.5%	368	14.5%	331	13.7%	400	16.7%	397	17.2%	435	18.1%
Male	380	15.7%	366	15.5%	509	18.6%	459	18.7%	547	20.6%	537	21.6%	580	23.3%

Under 3	157	8.2%	131	7.3%	221	10.7%	181	9.3%	224	11.0%	196	10.4%	219	11.6%
3 to 5	66	8.5%	50	7.1%	78	9.1%	73	9.6%	93	11.4%	114	13.9%	117	13.4%
6 to 8	56	9.7%	39	6.9%	64	10.2%	51	8.5%	93	15.5%	77	13.3%	74	12.4%
9 to 11	65	14.6%	67	14.5%	79	15.4%	64	13.2%	87	19.1%	63	13.9%	94	20.7%
12 to 14	156	25.2%	163	29.7%	177	29.7%	192	34.2%	173	30.8%	191	38.0%	195	37.9%
15 and Older	138	29.5%	194	36.1%	258	41.5%	230	43.1%	277	47.9%	293	52.6%	316	54.6%

African American	406	17.3%	382	17.5%	564	22.9%	484	22.4%	492	22.7%	514	25.3%	-	-
Hispanic	70	28.9%	71	29.0%	66	22.0%	75	27.3%	71	27.5%	70	30.4%	-	-
White	154	7.2%	146	7.1%	198	8.3%	195	8.4%	343	13.7%	298	12.8%	-	-
Other Ethnicity	8	9.3%	45	37.8%	49	37.9%	37	29.6%	41	34.4%	52	25.8%	-	-

End of Year Placement: Traditional Foster Home

Indicator 2.C.1	Of all children in substitute care at the end of the year (excluding independent living), what percentage is in traditional foster homes?							
	IN ILLINOIS	2006	2007	2008	2009	2010	2011	2012
Children in substitute care	16,866	15,722	15,855	15,674	15,380	15,425	14,956	
Children living in traditional foster homes	5,575	5,154	4,834	4,763	4,412	4,412	4,226	
Percent	33.1%	32.8%	30.5%	30.4%	28.7%	28.6%	28.3%	

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	5,575	33.1%	5,154	32.8%	4,834	30.5%	4,763	30.4%	4,412	28.7%	4,412	28.6%	4,226	28.3%
Cook	2,554	30.1%	2,209	29.6%	1,996	28.1%	1,741	26.8%	1,494	24.8%	1,445	24.9%	1,389	25.1%
Northern	967	37.1%	876	35.4%	855	31.4%	894	30.6%	854	29.8%	878	29.8%	856	28.5%
Central	1,368	33.7%	1,329	33.3%	1,250	30.2%	1,362	32.4%	1,318	31.0%	1,325	30.5%	1,242	30.3%
Southern	686	39.1%	740	40.8%	733	38.7%	766	37.2%	746	33.2%	764	32.3%	739	31.6%

Female	2,813	36.3%	2,598	35.8%	2,406	32.9%	2,426	33.1%	2,261	31.6%	2,209	31.0%	2,152	30.9%
Male	2,751	30.2%	2,546	30.1%	2,416	28.3%	2,326	27.9%	2,144	26.1%	2,197	26.4%	2,071	25.9%

Under 3	1,459	45.0%	1,365	44.8%	1,340	42.0%	1,350	42.9%	1,326	41.8%	1,285	41.7%	1,294	43.2%
3 to 5	1,200	40.7%	1,127	41.3%	1,090	38.4%	1,140	39.2%	1,101	37.2%	1,165	36.7%	1,099	35.7%
6 to 8	860	38.9%	831	38.0%	724	32.9%	756	34.9%	684	32.0%	729	33.3%	697	32.2%
9 to 11	660	33.7%	565	32.1%	536	29.7%	487	27.5%	448	25.8%	456	26.0%	403	24.5%
12 to 14	620	27.2%	549	26.3%	481	24.7%	420	23.1%	357	21.0%	321	19.3%	306	18.3%
15 and Older	775	18.2%	716	18.2%	662	17.0%	609	15.6%	495	13.4%	455	12.7%	426	12.4%

African American	3,224	31.3%	2,887	30.9%	2,691	29.1%	2,538	28.8%	2,226	26.8%	2,160	26.8%	-	-
Hispanic	369	37.8%	337	35.5%	314	33.7%	289	32.2%	273	31.1%	259	30.3%	-	-
White	1,854	35.1%	1,817	35.2%	1,738	32.1%	1,842	32.2%	1,836	30.7%	1,892	30.6%	-	-
Other Ethnicity	128	39.8%	113	38.5%	91	33.4%	94	33.9%	77	31.9%	101	29.7%	-	-

End of Year Placement: Specialized Foster Home

Indicator 2.C.2	Of all children in substitute care at the end of the year (excluding independent living), what percentage is in specialized foster homes?						
	2006	2007	2008	2009	2010	2011	2012
IN ILLINOIS							
Children in substitute care	16,866	15,722	15,855	15,674	15,380	15,425	14,956
Children living in specialized foster homes	3,110	2,851	2,883	2,973	2,842	2,838	2,709
Percent	18.4%	18.1%	18.2%	19.0%	18.5%	18.4%	18.1%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	3,110	18.4%	2,851	18.1%	2,883	18.2%	2,973	19.0%	2,842	18.5%	2,838	18.4%	2,709	18.1%
Cook	1,818	21.4%	1,708	22.9%	1,697	23.9%	1,705	26.3%	1,580	26.2%	1,521	26.3%	1,385	25.0%
Northern	289	11.0%	302	12.2%	318	11.7%	365	12.5%	357	12.4%	387	13.1%	422	14.0%
Central	783	19.3%	604	15.1%	601	14.5%	630	15.0%	641	15.1%	664	15.3%	648	15.8%
Southern	220	12.5%	237	13.0%	267	14.1%	273	13.2%	264	11.7%	266	11.2%	253	10.8%

Female	1,332	17.2%	1,176	16.2%	1,213	16.6%	1,269	17.3%	1,201	16.7%	1,180	16.5%	1,127	16.2%
Male	1,777	19.5%	1,675	19.8%	1,670	19.5%	1,702	20.4%	1,639	19.9%	1,656	19.9%	1,581	19.7%

Under 3	297	9.1%	237	7.7%	229	7.1%	218	6.9%	222	6.9%	187	6.0%	151	5.0%
3 to 5	362	12.2%	282	10.3%	323	11.3%	338	11.6%	327	11.0%	356	11.2%	318	10.3%
6 to 8	365	16.5%	358	16.3%	411	18.7%	395	18.2%	398	18.6%	383	17.5%	391	18.0%
9 to 11	422	21.5%	389	22.1%	392	21.7%	436	24.6%	431	24.8%	461	26.3%	405	24.6%
12 to 14	598	26.2%	560	26.8%	514	26.4%	500	27.6%	446	26.2%	439	26.3%	466	27.8%
15 and Older	1,066	25.1%	1,025	26.1%	1,014	26.0%	1,086	27.9%	1,018	27.6%	1,012	28.3%	978	28.6%

African American	2,092	20.3%	1,909	20.4%	1,908	20.6%	1,913	21.7%	1,791	21.5%	1,778	22.0%	-	-
Hispanic	147	15.0%	141	14.8%	157	16.8%	187	20.8%	176	20.0%	185	21.6%	-	-
White	828	15.6%	763	14.7%	782	14.4%	833	14.5%	833	13.9%	833	13.4%	-	-
Other Ethnicity	43	13.3%	38	12.9%	36	13.2%	40	14.4%	42	17.4%	42	12.3%	-	-

End of Year Placement: Kinship Foster Home

Indicator 2.C.3	Of all children in substitute care at the end of the year (excluding independent living), what percentage is in kinship foster homes?							
	IN ILLINOIS	2006	2007	2008	2009	2010	2011	2012
Children in substitute care		16,866	15,722	15,855	15,674	15,380	15,425	14,956
Children living in kinship foster homes		6,382	6,039	6,382	6,154	6,314	6,371	6,269
Percent		37.8%	38.4%	40.3%	39.3%	41.1%	41.3%	41.9%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	6,382	37.8%	6,039	38.4%	6,382	40.3%	6,154	39.3%	6,314	41.1%	6,371	41.3%	6,267	41.9%
Cook	3,009	35.5%	2,540	34.1%	2,455	34.5%	2,089	32.2%	2,052	34.1%	1,969	34.0%	1,955	35.4%
Northern	1,108	42.5%	1,056	42.7%	1,270	46.7%	1,372	47.0%	1,351	47.1%	1,377	46.8%	1,436	47.8%
Central	1,553	38.3%	1,730	43.4%	1,905	46.1%	1,831	43.6%	1,879	44.3%	1,923	44.4%	1,774	43.3%
Southern	712	40.6%	713	39.3%	752	39.7%	862	41.8%	1,032	46.0%	1,102	46.6%	1,102	47.1%

Female	3,064	39.5%	2,959	40.8%	3,125	42.7%	3,051	41.6%	3,102	43.3%	3,151	44.3%	3,113	44.7%
Male	3,305	36.3%	3,065	36.2%	3,242	38.0%	3,096	37.1%	3,209	39.0%	3,217	38.7%	3,151	39.4%

Under 3	1,474	45.5%	1,439	47.2%	1,604	50.3%	1,563	49.7%	1,614	50.8%	1,599	51.9%	1,533	51.2%
3 to 5	1,372	46.5%	1,305	47.8%	1,414	49.8%	1,416	48.7%	1,522	51.4%	1,640	51.7%	1,644	53.4%
6 to 8	949	42.9%	955	43.7%	1,021	46.4%	979	45.2%	1,012	47.4%	1,031	47.1%	1,030	47.6%
9 to 11	792	40.4%	708	40.2%	753	41.8%	727	41.0%	728	42.0%	730	41.6%	714	43.4%
12 to 14	681	29.9%	628	30.1%	616	31.7%	553	30.5%	559	32.9%	556	33.4%	561	33.5%
15 and Older	1,114	26.2%	1,004	25.5%	974	25.0%	916	23.5%	879	23.8%	815	22.8%	787	23.0%

African American	3,815	37.0%	3,459	37.0%	3,546	38.3%	3,250	36.9%	3,211	38.6%	3,054	37.9%	-	-
Hispanic	359	36.7%	378	39.8%	371	39.8%	328	36.5%	337	38.4%	326	38.1%	-	-
White	2,075	39.3%	2,089	40.5%	2,365	43.6%	2,473	43.3%	2,674	44.8%	2,836	45.8%	-	-
Other Ethnicity	133	41.4%	113	38.5%	100	36.7%	103	37.1%	92	38.1%	155	45.5%	-	-

End of Year Placement: Group Home

Indicator 2.C.4	Of all children in substitute care at the end of the year (excluding independent living), what percentage is in group homes?							
	IN ILLINOIS	2006	2007	2008	2009	2010	2011	2012
Children in substitute care		16,866	15,722	15,855	15,674	15,380	15,425	14,956
Children living in group homes		314	281	278	268	255	260	245
Percent		1.9%	1.8%	1.8%	1.7%	1.7%	1.7%	1.6%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	314	1.9%	281	1.8%	278	1.8%	268	1.7%	255	1.7%	260	1.7%	245	1.6%
Cook	198	2.3%	185	2.4%	162	2.2%	172	2.6%	149	2.4%	137	2.3%	130	2.3%
Northern	50	1.9%	34	1.3%	46	1.6%	44	1.5%	56	1.9%	55	1.8%	46	1.5%
Central	44	1.0%	42	1.0%	50	1.2%	40	0.9%	37	0.8%	50	1.1%	47	1.1%
Southern	22	1.2%	20	1.1%	19	1.0%	11	0.5%	12	0.5%	18	0.7%	21	0.8%

Female	97	1.2%	87	1.2%	89	1.2%	92	1.2%	93	1.2%	92	1.2%	77	1.1%
Male	217	2.3%	194	2.2%	189	2.2%	176	2.1%	162	1.9%	168	2.0%	168	2.1%

Under 3	2	0.0%	1	0.0%	4	0.1%	3	0.0%	0	0.0%	3	0.0%	3	0.1%
3 to 5	0	0.0%	2	0.0%	1	0.0%	1	0.0%	0	0.0%	1	0.0%	1	0.0%
6 to 8	5	0.2%	6	0.2%	7	0.3%	7	0.3%	5	0.2%	4	0.1%	6	0.2%
9 to 11	10	0.5%	13	0.7%	7	0.3%	10	0.5%	13	0.7%	12	0.6%	7	0.4%
12 to 14	55	2.4%	56	2.6%	42	2.1%	40	2.2%	31	1.8%	39	2.3%	30	1.7%
15 and Older	242	5.7%	203	5.1%	217	5.5%	207	5.3%	206	5.5%	201	5.6%	198	5.8%

African American	195	1.8%	185	1.9%	172	1.8%	174	1.9%	156	1.8%	152	1.8%	-	-
Hispanic	20	2.0%	19	2.0%	16	1.7%	18	2.0%	16	1.8%	17	1.9%	-	-
White	98	1.8%	75	1.4%	88	1.6%	75	1.3%	82	1.3%	89	1.4%	-	-
Other Ethnicity	1	0.3%	2	0.6%	2	0.7%	1	0.3%	1	0.4%	2	0.5%	-	-

End of Year Placement: Institution

Indicator 2.C.5	Of all children in substitute care at the end of the year (excluding independent living), what percentage is in institutions?						
	IN ILLINOIS	2006	2007	2008	2009	2010	2011
Children in substitute care	16,866	15,722	15,855	15,674	15,380	15,425	14,956
Children living in institutions	1,485	1,397	1,478	1,516	1,557	1,544	1,507
Percent	8.8%	8.9%	9.3%	9.7%	10.1%	10.0%	10.1%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	1,485	8.8%	1,397	8.9%	1,478	9.3%	1,516	9.7%	1,557	10.1%	1,544	10.0%	1,507	10.1%
Cook	880	10.4%	800	10.7%	789	11.1%	769	11.8%	742	12.3%	709	12.2%	662	11.9%
Northern	191	7.3%	205	8.2%	228	8.3%	242	8.2%	245	8.5%	243	8.2%	238	7.9%
Central	301	7.4%	275	6.9%	321	7.7%	336	8.0%	364	8.5%	369	8.5%	381	9.3%
Southern	113	6.4%	103	5.6%	120	6.3%	147	7.1%	189	8.4%	213	9.0%	221	9.4%

Female	434	5.6%	419	5.7%	473	6.4%	486	6.6%	497	6.9%	479	6.7%	482	6.9%
Male	1,050	11.5%	978	11.5%	1,005	11.7%	1,030	12.3%	1,060	12.9%	1,065	12.8%	1,025	12.8%

Under 3	4	0.1%	4	0.1%	7	0.2%	7	0.2%	10	0.3%	6	0.1%	10	0.3%
3 to 5	13	0.4%	10	0.3%	10	0.3%	9	0.3%	9	0.3%	10	0.3%	14	0.4%
6 to 8	29	1.3%	33	1.5%	34	1.5%	27	1.2%	34	1.5%	39	1.7%	37	1.7%
9 to 11	73	3.7%	82	4.6%	113	6.2%	110	6.2%	111	6.4%	93	5.3%	115	6.9%
12 to 14	323	14.1%	291	13.9%	288	14.8%	298	16.4%	304	17.9%	308	18.5%	309	18.4%
15 and Older	1,043	24.5%	977	24.8%	1,026	26.3%	1,065	27.4%	1,089	29.5%	1,088	30.4%	1,022	29.9%

African American	969	9.4%	885	9.4%	922	9.9%	915	10.4%	914	11.0%	908	11.2%	-	-
Hispanic	81	8.2%	73	7.7%	72	7.7%	75	8.3%	74	8.4%	67	7.8%	-	-
White	419	7.9%	412	7.9%	441	8.1%	487	8.5%	540	9.0%	529	8.5%	-	-
Other Ethnicity	16	4.9%	27	9.2%	43	15.8%	39	14.0%	29	12.0%	40	11.7%	-	-

Initial Placement with Siblings

Indicator 2.D	Of all children placed into substitute care, what percentage is placed with their siblings in their first placement?						
IN ILLINOIS	2006	2007	2008	2009	2010	2011	2012
Traditional Foster Care	1-2 SIBLINGS						
Children with 1-2 siblings	750	695	640	582	504	525	551
Children placed with all siblings	509	490	417	410	358	331	377
Percent	67.9%	70.5%	65.2%	70.4%	71.0%	63.0%	68.4%
Kinship Foster Care	1-2 SIBLINGS						
Children with 1-2 siblings	1,006	1,069	1,379	1,169	1,271	1,150	1,236
Children placed with all siblings	828	860	1,148	936	1,063	938	1,114
Percent	82.3%	80.4%	83.2%	80.1%	83.6%	81.6%	90.1%
Traditional Foster Care	3 OR MORE SIBLINGS						
Children with 3 or more siblings	345	239	299	245	176	232	167
Children placed with all siblings	68	58	67	34	27	28	1
Percent	19.7%	24.3%	22.4%	13.9%	15.3%	12.1%	0.6%
Kinship Foster Care	3 OR MORE SIBLINGS						
Children with 3 or more siblings	464	466	541	531	609	496	509
Children placed with all siblings	254	254	313	315	334	244	385
Percent	54.7%	54.5%	57.9%	59.3%	54.8%	49.2%	75.6%

End of Year Placement with Siblings

Indicator 2.E	Of all children in substitute care at the end of the year, what percentage is placed with their siblings?						
IN ILLINOIS	2006	2007	2008	2009	2010	2011	2012
Traditional Foster Care	1-2 SIBLINGS						
Children with 1-2 siblings	2,563	2,497	2,337	2,283	2,143	2,220	1,923
Children placed with all siblings	1,489	1,467	1,404	1,355	1,304	1,319	1,226
Percent	58.1%	58.8%	60.1%	59.4%	60.8%	59.4%	63.8%
Kinship Foster Care	1-2 SIBLINGS						
Children with 1-2 siblings	3,071	2,883	3,162	2,994	3,080	3,127	2,066
Children placed with all siblings	2,152	2,002	2,222	2,116	2,223	2,265	1,585
Percent	70.1%	69.4%	70.3%	70.7%	72.2%	72.4%	76.7%
Traditional Foster Care	3 OR MORE SIBLINGS						
Children with 3 or more siblings	1,294	1,148	1,071	1,142	1,008	1,004	829
Children placed with all siblings	194	170	200	185	132	98	144
Percent	15.0%	14.8%	18.7%	16.2%	13.1%	9.8%	17.4%
Kinship Foster Care	3 OR MORE SIBLINGS						
Children with 3 or more siblings	1,394	1,278	1,368	1,330	1,435	1,378	757
Children placed with all siblings	564	529	598	578	581	546	283
Percent	40.5%	41.4%	43.7%	43.5%	40.5%	39.6%	37.4%

Stability in Substitute Care

Indicator 2.F	Of all children entering substitute care and staying for at least one year, what percentage had two or fewer placements within their first year of removal?						
	2005	2006	2007	2008	2009	2010	2011
IN ILLINOIS							
Children entering substitute care and staying one year	3,983	3,551	3,562	4,122	3,679	3,794	3,391
Children with two or fewer placements in first year	3,230	2,840	2,842	3,258	2,945	3,046	2,770
Percent	81.1%	80.0%	79.8%	79.0%	80.0%	80.3%	81.7%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	3,230	81.1%	2,840	80.0%	2,842	79.8%	3,258	79.0%	2,945	80.0%	3,046	80.3%	2,770	81.7%
Cook	1,151	80.3%	695	77.6%	638	75.6%	795	70.3%	575	73.8%	699	78.6%	562	75.5%
Northern	615	81.6%	631	78.9%	513	81.4%	698	81.9%	730	81.7%	644	80.5%	565	81.7%
Central	1,018	83.9%	1,054	83.5%	1,171	83.5%	1,246	83.5%	1,104	82.0%	1,130	83.1%	1,077	86.1%
Southern	446	76.2%	460	77.1%	510	75.2%	508	79.7%	530	80.7%	567	76.6%	566	80.1%

Female	1,603	80.9%	1,411	79.2%	1,387	79.2%	1,567	77.6%	1,469	79.6%	1,452	80.7%	1,373	82.3%
Male	1,620	81.2%	1,420	80.6%	1,454	80.3%	1,682	80.2%	1,474	80.4%	1,593	79.8%	1,397	81.0%

Under 3	1,533	89.0%	1,389	86.5%	1,325	85.8%	1,477	83.7%	1,387	85.7%	1,460	85.2%	1,299	87.5%
3 to 5	494	81.2%	438	74.4%	438	79.0%	554	79.5%	457	78.3%	483	78.5%	467	80.9%
6 to 8	396	81.3%	334	77.3%	351	79.2%	388	77.7%	356	77.3%	332	77.3%	298	78.6%
9 to 11	321	74.1%	225	76.5%	254	72.7%	291	73.1%	257	77.8%	246	77.8%	244	76.9%
12 to 14	293	67.8%	244	71.3%	245	69.8%	308	75.1%	267	71.7%	255	71.8%	214	70.3%
15 and Older	193	64.1%	209	72.0%	229	71.3%	240	67.6%	221	69.7%	270	73.5%	248	74.9%

African American	1,652	80.3%	1,364	79.8%	1,285	78.3%	1,446	75.5%	1,230	77.7%	1,271	78.7%	1,083	78.4%
Hispanic	188	78.3%	124	72.5%	142	75.5%	160	73.0%	161	85.6%	143	79.4%	108	73.4%
White	1,328	82.9%	1,294	80.5%	1,354	81.4%	1,579	82.9%	1,474	81.3%	1,571	81.4%	1,491	84.6%
Other Ethnicity	62	72.9%	58	87.8%	61	85.9%	73	83.9%	80	82.4%	61	83.5%	88	85.4%

Children Who Run Away from Substitute Care

Indicator 2.G	Of all children entering substitute care between ages 12 and 17, what percentage run away from a substitute care placement during their first year?						
	IN ILLINOIS	2005	2006	2007	2008	2009	2010
Children entering substitute care between age 12 to 17	1,191	1,076	1,074	1,206	1,092	1,129	1,041
Children who run away during their first year	257	215	193	216	202	240	235
Percent	21.6%	20.0%	18.0%	17.9%	18.5%	21.3%	22.6%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	257	21.6%	216	20.1%	193	18.0%	216	17.9%	202	18.5%	240	21.2%	235	22.6%
Cook	146	29.7%	115	28.8%	89	22.2%	85	18.7%	103	27.6%	125	31.3%	135	34.3%
Northern	31	14.5%	38	18.5%	27	15.8%	44	21.4%	34	15.2%	39	17.9%	38	18.7%
Central	52	17.1%	37	12.3%	47	17.0%	51	15.3%	40	12.1%	43	12.7%	31	11.5%
Southern	28	15.1%	26	14.8%	26	13.7%	32	16.6%	23	14.8%	28	17.3%	31	18.1%

Female	143	22.1%	125	22.4%	117	20.7%	106	17.6%	95	17.7%	115	21.2%	107	20.9%
Male	114	20.8%	91	17.4%	76	14.8%	110	18.2%	107	19.2%	125	21.2%	128	24.1%

12 to 14	107	16.0%	76	12.3%	70	12.7%	51	8.6%	80	14.2%	90	16.0%	76	15.1%
15 and Older	150	28.5%	140	30.4%	123	23.4%	165	26.8%	122	23.0%	150	26.3%	159	29.4%

African American	173	26.3%	131	23.1%	120	21.2%	129	19.8%	131	23.9%	157	27.2%	145	26.7%
Hispanic	17	26.1%	20	32.2%	13	25.4%	9	15.2%	6	11.5%	8	15.6%	18	29.5%
White	64	14.1%	64	14.8%	54	13.3%	72	16.2%	62	13.8%	69	14.8%	62	15.7%
Other Ethnicity	3	17.6%	1	5.5%	6	11.3%	6	11.3%	3	6.6%	6	16.2%	10	22.7%

Median Length of Stay in Substitute Care

Indicator 2.H	Of children entering substitute care for the first time during the fiscal year, what is the median length of stay in substitute care?						
IN ILLINOIS	2004	2005	2006	2007	2008	2009	2010
Median length of stay (months)	29	31	29	28	31	29	27

	MONTHS	MONTHS	MONTHS	MONTHS	MONTHS	MONTHS	MONTHS
Cook	41	45	41	42	47	40	30*
Northern	28	28	31	31	30	28	27
Central	25	24	24	25	26	24	25
Southern	17	18	20	22	25	23	27

Female	28	30	29	28	31	28	27
Male	30	31	28	28	32	29	28

Under 3	32	31	31	29	32	30	28
3-5	28	29	29	28	31	24	27
6-8	28	27	29	25	30	28	27
9-11	25	26	26	26	28	27	23
12-14	28	37	26	33	36	25	28
15 and Older	25	36	26	24	30	31	28*

African American	34	37	35	32	38	32	29*
Hispanic	36	39	36	28	36	29	29*
White	23	23	24	26	25	27	26
Other Ethnicity	28	33	23	12	19	18	20

*The median for this group has not been reached as of September 30, 2012.

Permanence Within 12 Months: Reunification

Indicator 3.A.1	Of all children who entered substitute care during the year and stayed for 7 days or longer, what percentage was reunified with their parents within 12 months from the date of entry into substitute care?						
	IN ILLINOIS	2005	2006	2007	2008	2009	2010
Children entering substitute care	5,306	4,777	4,576	5,268	4,861	5,032	4,786
Children reunified within 12 months	1,045	913	985	1,011	1,047	1,061	996
Percent	19.7%	19.1%	21.5%	19.2%	21.5%	21.1%	20.8%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	1,045	19.7%	913	19.1%	985	21.5%	1,011	19.1%	1,047	21.5%	1,061	21.0%	996	20.8%
Cook	120	6.2%	106	7.7%	100	8.4%	135	8.9%	111	9.2%	123	9.1%	97	8.2%
Northern	215	22.8%	204	20.6%	148	18.2%	221	20.7%	261	22.9%	253	24.5%	294	28.0%
Central	384	24.3%	325	20.9%	423	25.0%	393	21.5%	416	25.1%	446	26.2%	346	21.5%
Southern	325	37.1%	278	32.0%	282	33.4%	253	29.6%	258	30.1%	233	24.6%	258	27.1%

Female	531	20.3%	429	18.2%	461	20.7%	496	19.6%	523	21.6%	505	21.1%	466	20.2%
Male	512	19.0%	484	20.0%	523	22.2%	513	18.7%	522	21.3%	556	21.0%	530	21.3%

Under 3	324	15.8%	305	16.0%	335	18.9%	359	17.4%	364	18.8%	372	18.3%	327	17.3%
3 to 5	205	25.2%	173	22.3%	178	25.5%	182	21.2%	213	28.2%	190	23.4%	205	25.0%
6 to 8	137	20.8%	134	23.1%	145	25.7%	146	23.3%	149	25.0%	162	27.0%	161	27.9%
9 to 11	149	25.1%	99	22.2%	110	24.0%	102	19.9%	118	24.4%	133	29.1%	117	25.8%
12 to 14	119	17.8%	130	21.0%	99	18.0%	110	18.6%	113	20.0%	106	18.8%	90	17.9%
15 and Older	110	20.6%	72	15.3%	118	21.9%	112	17.9%	90	16.8%	98	16.9%	96	17.2%

African American	341	12.6%	339	14.4%	351	16.1%	325	13.2%	386	17.8%	341	15.7%	369	18.1%
Hispanic	67	21.0%	31	12.8%	55	22.5%	69	23.0%	46	16.7%	46	17.8%	48	20.7%
White	618	28.1%	528	24.9%	522	25.6%	574	24.0%	581	25.2%	638	25.5%	539	23.1%
Other Ethnicity	18	16.5%	15	17.4%	57	47.8%	43	33.3%	34	27.2%	36	30.2%	40	19.9%

Permanence Within 12 Months: Adoption

Indicator 3.A.2	Of all children who entered substitute care during the year and stayed for 7 days or longer, what percentage was adopted within 12 months from the date of entry into substitute care?							
	IN ILLINOIS	2005	2006	2007	2008	2009	2010	2011
Children entering substitute care		5,306	4,777	4,576	5,268	4,861	5,032	4,786
Children adopted within 12 months		61	63	52	26	20	19	16
Percent		1.2%	1.3%	1.1%	0.5%	0.4%	0.4%	0.3%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	61	1.1%	63	1.3%	52	1.1%	26	0.4%	20	0.4%	19	0.3%	16	0.3%
Cook	39	2.0%	42	3.0%	27	2.2%	11	0.7%	12	0.9%	5	0.3%	7	0.5%
Northern	5	0.5%	4	0.4%	4	0.4%	3	0.2%	1	0.0%	0	0.0%	2	0.1%
Central	11	0.6%	12	0.7%	18	1.0%	8	0.4%	7	0.4%	8	0.4%	6	0.3%
Southern	6	0.6%	5	0.5%	3	0.3%	4	0.4%	0	0.0%	6	0.6%	1	0.1%

Female	28	1.0%	30	1.2%	30	1.3%	11	0.4%	10	0.4%	12	0.5%	10	0.4%
Male	33	1.2%	33	1.3%	22	0.9%	15	0.5%	10	0.4%	7	0.2%	6	0.2%

Under 3	18	0.8%	14	0.7%	19	1.0%	11	0.5%	6	0.3%	4	0.1%	4	0.2%
3 to 5	6	0.7%	2	0.2%	5	0.7%	2	0.2%	1	0.1%	4	0.4%	0	0.0%
6 to 8	11	1.6%	4	0.6%	4	0.7%	2	0.3%	3	0.5%	3	0.5%	2	0.3%
9 to 11	8	1.3%	13	2.9%	7	1.5%	2	0.3%	5	1.0%	2	0.4%	2	0.4%
12 to 14	8	1.2%	19	3.0%	9	1.6%	6	1.0%	2	0.3%	5	0.8%	5	0.9%
15 and Older	10	1.8%	11	2.3%	8	1.4%	3	0.4%	3	0.5%	1	0.1%	3	0.5%

African American	47	1.7%	49	2.0%	35	1.6%	15	0.6%	15	0.6%	6	0.2%	10	0.4%
Hispanic	3	0.9%	2	0.8%	1	0.4%	4	1.3%	0	0.0%	0	0.0%	0	0.0%
White	11	0.5%	12	0.5%	16	0.7%	7	0.2%	4	0.1%	12	0.4%	6	0.2%
Other Ethnicity	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.8%	1	0.8%	0	0.0%

B

Permanence Within 12 Months: Subsidized Guardianship

Indicator 3.A.3	Of all children who entered substitute care during the year and stayed for 7 days or longer, what percentage attained subsidized guardianship within 12 months from the date of entry into substitute care?							
	IN ILLINOIS	2005	2006	2007	2008	2009	2010	2011
Children entering substitute care	5,306	4,777	4,576	5,268	4,861	5,032	4,786	
Children attaining subsidized guardianship within 12 months	7	11	27	16	35	2	2	
Percent	0.1%	0.2%	0.6%	0.3%	0.7%	0.0%	0.0%	

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	7	0.1%	11	0.2%	27	0.5%	16	0.3%	35	0.7%	2	0.0%	2	0.0%
Cook	7	0.3%	10	0.7%	23	1.9%	13	0.8%	28	2.3%	0	0.0%	0	0.0%
Northern	0	0.0%	0	0.0%	3	0.3%	0	0.0%	3	0.2%	1	0.0%	0	0.0%
Central	0	0.0%	1	0.0%	0	0.0%	0	0.0%	2	0.1%	1	0.0%	0	0.0%
Southern	0	0.0%	0	0.0%	1	0.1%	3	0.3%	2	0.2%	0	0.0%	2	0.2%

Female	4	0.1%	8	0.3%	14	0.6%	5	0.1%	16	0.6%	1	0.0%	2	0.0%
Male	3	0.1%	3	0.1%	13	0.5%	11	0.4%	19	0.7%	1	0.0%	0	0.0%

Under 3	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
3 to 5	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
6 to 8	0	0.0%	0	0.0%	1	0.1%	0	0.0%	1	0.1%	0	0.0%	0	0.0%
9 to 11	2	0.3%	2	0.4%	8	1.7%	1	0.1%	6	1.2%	0	0.0%	1	0.2%
12 to 14	2	0.3%	8	1.2%	12	2.1%	5	0.8%	13	2.3%	1	0.1%	0	0.0%
15 and Older	2	0.3%	1	0.2%	6	1.1%	10	1.6%	15	2.8%	1	0.1%	0	0.0%

African American	7	0.2%	11	0.4%	25	1.1%	15	0.6%	28	1.2%	1	0.0%	0	0.0%
Hispanic	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.3%	0	0.0%
White	0	0.0%	0	0.0%	1	0.0%	1	0.0%	7	0.3%	0	0.0%	2	0.0%
Other Ethnicity	0	0.0%	0	0.0%	1	0.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Permanence Within 12 Months: Reunification + Adoption + Subsidized Guardianship

Indicator 3.A.4	Of all children who entered substitute care during the year and stayed for 7 days or longer, what percentage attained permanence (reunification + adoption + subsidized guardianship) within 12 months from the date of entry into substitute care?						
IN ILLINOIS	2005	2006	2007	2008	2009	2010	2011
Children entering substitute care	5,306	4,777	4,576	5,268	4,861	5,032	4,786
Children attaining permanence within 12 months	1,113	987	1,064	1,053	1,102	1,082	1,014
Percent	21.0%	20.7%	23.3%	20.0%	22.7%	21.5%	21.2%

Permanence Within 24 Months: Reunification

Indicator 3.B.1	Of all children who entered substitute care during the year and stayed for 7 days or longer, what percentage was reunified with their parents within 24 months from the date of entry into substitute care?						
	IN ILLINOIS	2004	2005	2006	2007	2008	2009
Children entering substitute care	5,049	5,306	4,777	4,576	5,268	4,861	5,032
Children reunified within 24 months	1,523	1,621	1,437	1,507	1,635	1,749	1,725
Percent	30.2%	30.6%	30.1%	32.9%	31.0%	36.0%	34.3%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	1,523	30.2%	1,620	30.6%	1,437	30.1%	1,507	32.9%	1,635	31.0%	1,749	36.0%	1,724	34.3%
Cook	227	13.0%	246	12.8%	173	12.6%	191	16.0%	242	16.1%	231	19.2%	251	18.6%
Northern	297	32.4%	363	38.5%	325	32.8%	248	30.5%	370	34.7%	449	39.4%	421	40.8%
Central	594	37.2%	600	38.0%	559	36.0%	674	39.9%	653	35.7%	678	41.0%	681	40.0%
Southern	405	50.0%	411	46.9%	380	43.7%	359	42.5%	354	41.5%	385	45.0%	361	38.2%

Female	727	30.5%	838	32.1%	673	28.6%	701	31.6%	808	31.9%	905	37.4%	817	34.2%
Male	796	29.8%	780	29.0%	764	31.5%	804	34.1%	825	30.2%	842	34.4%	907	34.2%

Under 3	474	25.0%	529	25.8%	485	25.5%	522	29.4%	594	28.8%	641	33.1%	641	31.6%
3 to 5	282	36.9%	298	36.6%	294	38.0%	272	39.0%	305	35.6%	355	47.0%	334	41.1%
6 to 8	231	36.3%	241	36.7%	212	36.6%	230	40.7%	245	39.1%	241	40.5%	252	42.0%
9 to 11	206	35.0%	223	37.6%	152	34.1%	178	38.8%	181	35.4%	192	39.8%	199	43.6%
12 to 14	223	31.9%	194	29.1%	195	31.6%	160	29.1%	159	26.9%	195	34.6%	163	29.0%
15 and Older	107	22.7%	135	25.3%	99	21.1%	145	27.0%	151	24.1%	125	23.4%	135	23.3%

African American	533	21.0%	580	21.5%	530	22.6%	575	26.4%	536	21.8%	672	31.1%	569	26.2%
Hispanic	55	22.9%	102	31.9%	52	21.4%	85	34.8%	96	32.0%	96	35.0%	86	33.3%
White	903	41.0%	909	41.4%	823	38.9%	782	38.3%	941	39.4%	916	39.7%	1,013	40.6%
Other Ethnicity	32	39.0%	29	26.6%	32	37.2%	65	54.6%	62	48.0%	65	52.0%	56	47.0%

Permanence Within 24 Months: Adoption

Indicator 3.B.2	Of all children who entered substitute care during the year and stayed for 7 days or longer, what percentage was adopted within 24 months from the date of entry into substitute care?							
	IN ILLINOIS	2004	2005	2006	2007	2008	2009	2010
Children entering substitute care		5,049	5,306	4,777	4,576	5,268	4,861	5,032
Children adopted within 24 months		288	291	317	253	225	159	176
Percent		5.7%	5.5%	6.6%	5.5%	4.3%	3.3%	3.5%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	288	5.7%	291	5.5%	317	6.6%	253	5.5%	225	4.3%	159	3.3%	176	3.5%
Cook	96	5.5%	80	4.1%	94	6.8%	57	4.7%	36	2.3%	34	2.8%	33	2.4%
Northern	48	5.2%	41	4.3%	41	4.1%	41	5.0%	38	3.5%	25	2.1%	20	1.9%
Central	110	6.9%	131	8.3%	140	9.0%	121	7.1%	125	6.8%	85	5.1%	95	5.5%
Southern	34	4.2%	39	4.4%	42	4.8%	34	4.0%	26	3.0%	15	1.7%	28	2.9%

Female	144	6.0%	131	5.0%	165	7.0%	126	5.6%	112	4.4%	81	3.3%	89	3.7%
Male	143	5.3%	159	5.9%	151	6.2%	127	5.3%	113	4.1%	78	3.1%	87	3.2%

Under 3	175	9.2%	204	9.9%	210	11.0%	171	9.6%	157	7.6%	108	5.5%	112	5.5%
3 to 5	24	3.1%	26	3.2%	25	3.2%	25	3.5%	21	2.4%	14	1.8%	28	3.4%
6 to 8	26	4.0%	24	3.6%	24	4.1%	18	3.1%	10	1.5%	11	1.8%	17	2.8%
9 to 11	29	4.9%	16	2.6%	19	4.2%	12	2.6%	16	3.1%	12	2.4%	6	1.3%
12 to 14	22	3.1%	10	1.5%	25	4.0%	19	3.4%	15	2.5%	9	1.5%	11	1.9%
15 and Older	12	2.5%	11	2.0%	14	2.9%	8	1.4%	6	0.9%	5	0.9%	2	0.3%

African American	146	5.7%	137	5.1%	159	6.7%	115	5.2%	93	3.7%	58	2.6%	58	2.6%
Hispanic	7	2.9%	10	3.1%	13	5.3%	5	2.0%	7	2.3%	5	1.8%	4	1.5%
White	130	5.9%	142	6.4%	142	6.7%	126	6.1%	120	5.0%	94	4.0%	112	4.4%
Other Ethnicity	5	6.0%	2	1.8%	3	3.4%	7	5.8%	5	3.8%	2	1.6%	2	1.6%

Permanence Within 24 Months: Subsidized Guardianship

Indicator 3.B.3	Of all children who entered substitute care during the year and stayed for 7 days or longer, what percentage attained subsidized guardianship within 24 months from the date of entry into substitute care?						
	IN ILLINOIS	2004	2005	2006	2007	2008	2009
Children entering substitute care	5,049	5,306	4,777	4,576	5,268	4,861	5,032
Children attaining subsidized guardianship within 24 months	99	88	79	67	120	54	29
Percent	2.0%	1.7%	1.7%	1.5%	2.3%	1.1%	0.6%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	99	2.0%	88	1.7%	79	1.7%	67	1.5%	120	2.3%	54	1.1%	29	0.6%
Cook	43	2.4%	39	2.0%	30	2.1%	36	3.0%	44	2.9%	40	3.3%	5	0.3%
Northern	16	1.7%	7	0.7%	14	1.4%	11	1.3%	24	2.2%	7	0.6%	3	0.2%
Central	27	1.6%	34	2.1%	30	1.9%	14	0.8%	43	2.3%	5	0.3%	20	1.1%
Southern	13	1.6%	8	0.9%	5	0.5%	6	0.7%	9	1.0%	2	0.2%	1	0.1%

Female	54	2.2%	47	1.8%	37	1.5%	31	1.3%	65	2.5%	24	0.9%	9	0.3%
Male	45	1.6%	41	1.5%	42	1.7%	36	1.5%	55	2.0%	30	1.2%	20	0.7%

Under 3	16	0.8%	20	0.9%	15	0.7%	10	0.5%	17	0.8%	6	0.3%	10	0.4%
3 to 5	18	2.3%	12	1.4%	6	0.7%	6	0.8%	18	2.1%	0	0.0%	6	0.7%
6 to 8	15	2.3%	15	2.2%	15	2.5%	5	0.8%	15	2.3%	2	0.3%	6	1.0%
9 to 11	15	2.5%	14	2.3%	15	3.3%	16	3.4%	19	3.7%	12	2.4%	3	0.6%
12 to 14	24	3.4%	17	2.5%	21	3.4%	22	4.0%	30	5.0%	17	3.0%	3	0.5%
15 and Older	11	2.3%	10	1.8%	7	1.4%	8	1.4%	21	3.3%	17	3.1%	1	0.1%

African American	48	1.8%	42	1.5%	39	1.6%	44	2.0%	69	2.8%	42	1.9%	9	0.4%
Hispanic	7	2.9%	1	0.3%	3	1.2%	2	0.8%	5	1.6%	0	0.0%	1	0.3%
White	44	1.9%	44	2.0%	37	1.7%	20	0.9%	40	1.6%	12	0.5%	19	0.7%
Other Ethnicity	0	0.0%	1	0.9%	0	0.0%	1	0.8%	6	4.6%	0	0.0%	0	0.0%

Permanence Within 24 Months: Reunification + Adoption + Subsidized Guardianship

Indicator 3.B.4	Of all children who entered substitute care during the year and stayed for 7 days or longer, what percentage attained permanence (reunification + adoption + subsidized guardianship) within 24 months from the date of entry into substitute care?						
IN ILLINOIS	2004	2005	2006	2007	2008	2009	2010
Children entering substitute care	5,049	5,306	4,777	4,576	5,268	4,861	5,032
Children attaining permanence within 24 months	1,910	2,000	1,833	1,827	1,980	1,962	1,930
Percent	37.8%	37.7%	38.4%	39.9%	37.6%	40.4%	38.4%

Permanence Within 36 Months: Reunification

Indicator 3.C.1	Of all children who entered substitute care during the year and stayed for 7 days or longer, what percentage was reunified with their parents within 36 months from the date of entry into substitute care?						
	IN ILLINOIS	2003	2004	2005	2006	2007	2008
Children entering substitute care	5,317	5,049	5,306	4,777	4,576	5,268	4,861
Children reunified within 36 months	1,952	1,800	1,890	1,697	1,751	1,989	2,066
Percent	36.7%	35.7%	35.6%	35.5%	38.3%	37.8%	42.5%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	1,952	36.7%	1,800	35.7%	1,889	35.6%	1,697	35.5%	1,751	38.3%	1,989	37.8%	2,066	42.5%
Cook	451	21.1%	329	18.9%	349	18.2%	251	18.2%	240	20.1%	338	22.5%	307	25.5%
Northern	365	43.0%	351	38.3%	408	43.3%	397	40.1%	307	37.8%	441	41.3%	541	47.4%
Central	797	48.5%	683	42.8%	688	43.6%	637	41.0%	776	46.0%	809	44.3%	773	46.7%
Southern	339	48.4%	437	54.0%	444	50.7%	412	47.4%	393	46.6%	383	44.9%	439	51.3%

Female	917	35.9%	859	36.0%	955	36.6%	802	34.1%	821	37.0%	974	38.5%	1,053	43.6%
Male	1,034	37.3%	940	35.2%	928	34.5%	895	36.9%	928	39.4%	1,010	36.9%	1,011	41.3%

Under 3	663	32.3%	567	29.9%	637	31.1%	586	30.8%	611	34.4%	730	35.4%	762	39.3%
3 to 5	354	44.4%	331	43.3%	349	42.9%	352	45.5%	327	46.9%	386	45.1%	420	55.6%
6 to 8	278	41.0%	280	44.0%	284	43.2%	247	42.6%	267	47.3%	295	47.1%	297	49.9%
9 to 11	260	40.1%	255	43.3%	257	43.3%	182	40.8%	206	44.9%	223	43.6%	228	47.3%
12 to 14	258	37.6%	257	36.8%	218	32.7%	224	36.3%	186	33.8%	191	32.3%	225	39.9%
15 and Older	138	29.8%	110	23.4%	144	27.0%	106	22.6%	154	28.6%	164	26.2%	134	25.1%

African American	795	28.0%	684	27.0%	726	27.0%	655	28.0%	680	31.2%	733	29.8%	809	37.4%
Hispanic	138	47.2%	71	29.5%	122	38.2%	73	30.1%	103	42.2%	110	36.6%	131	47.8%
White	951	46.7%	1,005	45.6%	1,000	45.6%	932	44.1%	901	44.2%	1,067	44.7%	1,058	45.9%
Other Ethnicity	68	43.0%	40	48.7%	41	37.6%	37	43.0%	67	56.3%	79	61.2%	68	54.4%

Permanence within 36 Months: Adoption

Indicator 3.C.2	Of all children who entered substitute care during the year and stayed for 7 days or longer, what percentage was adopted within 36 months from the date of entry into substitute care?						
	2003	2004	2005	2006	2007	2008	2009
IN ILLINOIS							
Children entering substitute care	5,317	5,049	5,306	4,777	4,576	5,268	4,861
Children adopted within 36 months	764	737	719	691	599	518	458
Percent	14.4%	14.6%	13.6%	14.5%	13.1%	9.8%	9.4%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	764	14.4%	737	14.6%	719	13.6%	691	14.5%	599	13.1%	518	9.8%	458	9.4%
Cook	274	12.8%	191	11.0%	179	9.3%	171	12.4%	115	9.6%	83	5.5%	73	6.0%
Northern	125	14.7%	163	17.8%	127	13.4%	118	11.9%	109	13.4%	97	9.0%	77	6.7%
Central	264	16.0%	294	18.4%	304	19.2%	296	19.0%	296	17.5%	271	14.8%	240	14.5%
Southern	101	14.4%	89	11.0%	109	12.4%	106	12.2%	79	9.3%	67	7.8%	68	7.9%

Female	374	14.6%	344	14.4%	341	13.0%	346	14.7%	310	13.9%	261	10.3%	224	9.2%
Male	390	14.0%	392	14.7%	377	14.0%	340	14.0%	289	12.2%	257	9.4%	232	9.4%

Under 3	503	24.5%	470	24.7%	503	24.5%	463	24.4%	420	23.7%	359	17.4%	323	16.6%
3 to 5	94	11.7%	101	13.2%	97	11.9%	90	11.6%	72	10.3%	66	7.7%	52	6.8%
6 to 8	70	10.3%	65	10.2%	63	9.6%	57	9.8%	46	8.1%	34	5.4%	43	7.2%
9 to 11	48	7.4%	50	8.5%	30	5.0%	34	7.6%	24	5.2%	28	5.4%	22	4.5%
12 to 14	37	5.3%	36	5.1%	15	2.2%	32	5.1%	29	5.2%	24	4.0%	13	2.3%
15 and Older	12	2.5%	15	3.1%	11	2.0%	15	3.2%	8	1.4%	7	1.1%	5	0.9%

African American	401	14.1%	338	13.3%	319	11.8%	318	13.5%	265	12.1%	199	8.1%	151	6.9%
Hispanic	22	7.5%	28	11.6%	29	9.0%	27	11.1%	31	12.7%	20	6.6%	11	4.0%
White	321	15.7%	365	16.5%	354	16.1%	331	15.6%	289	14.1%	289	12.1%	288	12.5%
Other Ethnicity	20	12.6%	6	7.3%	17	15.5%	15	17.4%	14	11.7%	10	7.7%	8	6.4%



Permanence Within 36 Months: Subsidized Guardianship

Indicator 3.C.3	Of all children who entered substitute care during the year and stayed for 7 days or longer, what percentage attained subsidized guardianship within 36 months from the date of entry into substitute care?							
	IN ILLINOIS	2003	2004	2005	2006	2007	2008	2009
Children entering substitute care	5,317	5,049	5,306	4,777	4,576	5,268	4,861	
Children attaining subsidized guardianship within 36 months	183	233	225	175	180	176	118	
Percent	3.4%	4.6%	4.2%	3.7%	3.9%	3.3%	2.4%	

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	183	3.4%	233	4.6%	225	4.2%	175	3.7%	180	3.9%	176	3.3%	118	2.4%
Cook	93	4.3%	106	6.1%	116	6.0%	53	3.8%	68	5.7%	72	4.7%	64	5.3%
Northern	34	4.0%	33	3.6%	21	2.2%	38	3.8%	37	4.5%	37	3.4%	22	1.9%
Central	25	1.5%	62	3.8%	69	4.3%	66	4.2%	57	3.3%	53	2.9%	26	1.5%
Southern	30	4.2%	32	3.9%	19	2.1%	18	2.0%	18	2.1%	14	1.6%	6	0.7%

Female	92	3.6%	113	4.7%	114	4.3%	89	3.7%	89	4.0%	91	3.5%	61	2.5%
Male	90	3.2%	120	4.5%	111	4.1%	86	3.5%	91	3.8%	85	3.1%	57	2.3%

Under 3	38	1.8%	55	2.9%	56	2.7%	50	2.6%	44	2.4%	41	1.9%	29	1.4%
3 to 5	22	2.7%	39	5.1%	36	4.4%	20	2.5%	20	2.8%	32	3.7%	11	1.4%
6 to 8	37	5.4%	45	7.0%	38	5.7%	27	4.6%	22	3.9%	22	3.5%	13	2.1%
9 to 11	34	5.2%	37	6.2%	41	6.9%	36	8.0%	45	9.8%	27	5.2%	25	5.1%
12 to 14	43	6.2%	45	6.4%	41	6.1%	34	5.5%	40	7.2%	32	5.4%	22	3.9%
15 and Older	8	1.7%	12	2.5%	13	2.4%	8	1.7%	9	1.6%	22	3.5%	18	3.3%

African American	112	3.9%	128	5.0%	133	4.9%	82	3.5%	93	4.2%	106	4.3%	72	3.3%
Hispanic	6	2.0%	14	5.8%	4	1.2%	8	3.3%	12	4.9%	12	4.0%	4	1.4%
White	59	2.9%	90	4.0%	84	3.8%	84	3.9%	74	3.6%	51	2.1%	39	1.6%
Other Ethnicity	5	3.1%	1	1.2%	4	3.6%	1	1.1%	1	0.8%	7	5.4%	3	2.4%

Permanence Within 36 Months: Reunification + Adoption + Subsidized Guardianship

Indicator 3.C.4	Of all children who entered substitute care during the year and stayed for 7 days or longer, what percentage attained permanence (reunification + adoption + subsidized guardianship) within 36 months from the date of entry into substitute care?						
IN ILLINOIS	2003	2004	2005	2006	2007	2008	2009
Children entering substitute care	5,317	5,049	5,306	4,777	4,576	5,268	4,861
Children attaining permanence within 36 months	2,899	2,770	2,834	2,563	2,530	2,683	2,642
Percent	54.5%	54.9%	53.4%	53.7%	55.3%	50.9%	54.4%

Stability of Permanence at One Year: Reunification

Indicator 3.D.0	Of all children who were reunified during the year, what percentage remained with their family at one year?						
	2005	2006	2007	2008	2009	2010	2011
IN ILLINOIS							
Children reunified	2,167	2,039	2,042	2,042	2,161	2,322	2,292
Children stable at one year	1,794	1,742	1,715	1,726	1,835	1,962	1,918
Percent	82.7%	85.4%	83.9%	84.5%	84.9%	84.4%	83.6%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	1,794	82.7%	1,742	85.4%	1,715	83.9%	1,726	84.5%	1,835	84.9%	1,962	84.4%	1,918	83.6%
Cook	471	87.0%	461	89.3%	379	87.9%	333	89.7%	442	91.5%	331	84.0%	366	86.7%
Northern	334	81.6%	334	84.1%	341	81.1%	309	82.4%	438	83.4%	450	82.4%	487	82.4%
Central	611	80.5%	545	83.2%	619	83.6%	704	84.5%	672	85.9%	814	88.1%	682	84.5%
Southern	378	82.5%	402	85.3%	349	82.3%	372	81.7%	278	76.1%	358	79.5%	373	80.7%

Female	838	82.9%	863	86.7%	813	84.6%	823	83.7%	868	84.4%	965	86.2%	954	85.6%
Male	953	82.5%	878	84.1%	901	83.4%	899	85.2%	962	85.2%	994	82.8%	964	81.8%

Under 3	382	83.9%	368	84.7%	374	84.2%	393	83.0%	443	84.0%	473	83.4%	444	83.4%
3 to 5	383	83.9%	366	85.5%	379	85.5%	409	89.4%	399	88.8%	453	86.4%	468	87.9%
6 to 8	298	84.6%	330	91.6%	265	83.5%	297	84.3%	319	86.9%	351	83.7%	330	83.5%
9 to 11	277	88.7%	267	90.2%	254	85.8%	216	85.3%	283	84.7%	272	90.3%	259	84.9%
12 to 14	239	77.5%	228	78.3%	201	80.4%	196	82.0%	197	82.4%	209	81.6%	184	78.6%
15 and Older	215	75.7%	183	79.5%	242	82.8%	215	80.2%	194	79.1%	204	80.0%	233	79.2%

African American	749	80.8%	728	85.7%	773	84.5%	601	81.9%	787	87.9%	765	85.3%	808	84.2%
Hispanic	131	87.3%	101	89.3%	84	83.1%	126	90.6%	141	88.6%	93	85.3%	123	91.7%
White	868	83.5%	883	84.9%	793	83.0%	932	84.9%	861	81.8%	1,019	83.0%	930	82.0%
Other Ethnicity	46	88.4%	30	81.0%	65	90.2%	67	91.7%	46	83.6%	85	94.4%	57	87.6%

Stability of Permanence at Two Years: Reunification

Indicator 3.D.1	Of all children who were reunified during the year, what percentage remained with their family at two years?						
	2004	2005	2006	2007	2008	2009	2010
IN ILLINOIS							
Children reunified	2,099	2,167	2,039	2,042	2,042	2,161	2,322
Children stable at two years	1,638	1,726	1,672	1,646	1,656	1,774	1,913
Percent	78.0%	79.6%	82.0%	80.6%	81.0%	82.0%	82.3%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	1,638	78.0%	1,726	79.6%	1,672	82.0%	1,646	80.6%	1,656	81.0%	1,774	82.0%	1,913	82.3%
Cook	524	84.6%	456	84.2%	443	85.8%	369	85.6%	321	86.5%	433	89.6%	320	81.2%
Northern	278	75.9%	321	78.4%	321	80.8%	330	78.5%	301	80.2%	422	80.3%	443	81.1%
Central	533	73.4%	591	77.8%	517	78.9%	585	79.0%	672	80.6%	651	83.2%	799	86.5%
Southern	303	78.0%	358	78.1%	391	83.0%	335	79.0%	354	77.8%	263	72.0%	342	76.0%

Female	775	78.1%	812	80.3%	830	83.4%	781	81.3%	786	79.9%	844	82.1%	936	83.6%
Male	862	77.9%	911	78.9%	841	80.6%	865	80.0%	866	82.0%	926	82.0%	974	81.1%

Under 3	346	78.2%	360	79.1%	356	82.0%	355	79.9%	375	79.2%	422	80.0%	461	81.3%
3 to 5	304	75.6%	359	78.7%	349	81.5%	365	82.3%	391	85.5%	389	86.6%	440	83.9%
6 to 8	267	80.9%	292	82.9%	321	89.1%	252	79.4%	285	80.9%	312	85.0%	343	81.8%
9 to 11	246	82.5%	272	87.1%	253	85.4%	245	82.7%	208	82.2%	273	81.7%	265	88.0%
12 to 14	248	73.3%	233	75.6%	215	73.8%	193	77.2%	186	77.8%	187	78.2%	206	80.4%
15 and Older	227	78.5%	210	73.9%	178	77.3%	236	80.8%	211	78.7%	191	77.9%	198	77.6%

African American	683	77.2%	720	77.7%	696	81.9%	739	80.8%	574	78.3%	767	85.6%	749	83.5%
Hispanic	100	81.3%	130	86.6%	97	85.8%	84	83.1%	126	90.6%	140	88.0%	91	83.4%
White	803	77.7%	830	79.8%	850	81.7%	758	79.3%	889	81.0%	821	78.0%	988	80.5%
Other Ethnicity	52	88.1%	46	88.4%	29	78.3%	65	90.2%	67	91.7%	46	83.6%	85	94.4%

Stability of Permanence at Two Years: Adoption

Indicator 3.D.2	Of all children who were adopted during the year, what percentage remained with their family at two years?						
	2004	2005	2006	2007	2008	2009	2010
IN ILLINOIS							
Children adopted	2,414	2,047	1,807	1,838	1,643	1,511	1,418
Children stable at two years	2,382	2,021	1,775	1,800	1,620	1,496	1,396
Percent	98.6%	98.7%	98.2%	97.9%	98.6%	99.0%	98.4%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	2,382	98.6%	2,021	98.7%	1,775	98.2%	1,800	97.9%	1,620	98.6%	1,496	99.0%	1,396	98.4%
Cook	1,446	98.9%	1,122	97.9%	877	98.0%	755	97.5%	652	98.4%	568	98.4%	490	98.1%
Northern	272	98.9%	244	99.5%	245	96.4%	305	97.7%	279	98.5%	235	99.5%	300	97.4%
Central	487	98.1%	447	99.7%	454	99.1%	539	98.1%	514	99.0%	487	99.1%	436	99.3%
Southern	177	97.7%	208	99.5%	199	99.0%	201	99.0%	175	97.7%	206	99.5%	170	98.8%

Female	1,188	98.6%	973	98.5%	870	97.9%	878	97.9%	795	98.6%	757	99.3%	681	98.5%
Male	1,194	98.6%	1,046	98.8%	904	98.4%	922	97.8%	825	98.5%	739	98.6%	715	98.3%

Under 3	405	99.0%	353	99.4%	315	99.0%	340	99.1%	312	99.6%	281	100.0%	240	100.0%
3 to 5	651	99.3%	594	98.8%	571	99.3%	635	98.7%	518	99.6%	490	99.1%	486	99.3%
6 to 8	462	99.5%	432	98.8%	332	98.8%	354	98.3%	350	99.4%	328	98.4%	293	99.3%
9 to 11	417	98.5%	327	98.7%	277	97.1%	224	98.2%	213	96.8%	191	98.9%	197	96.0%
12 to 14	311	96.8%	217	97.7%	183	94.3%	159	93.5%	136	95.7%	132	97.7%	120	94.4%
15 and Older	136	95.7%	98	97.0%	97	97.9%	88	93.6%	91	94.7%	74	98.6%	60	96.7%

African American	1,668	98.9%	1,299	98.2%	1,073	97.9%	1,022	97.8%	894	98.3%	857	98.7%	757	97.6%
Hispanic	93	98.9%	103	98.0%	79	98.7%	91	96.8%	96	100.0%	84	100.0%	75	100.0%
White	576	97.7%	581	99.8%	596	98.6%	670	98.2%	605	98.6%	539	99.2%	560	99.2%
Other Ethnicity	45	100.0%	38	100.0%	27	100.0%	17	94.4%	25	100.0%	16	100.0%	4	100.0%

Stability of Permanence at Two Years: Subsidized Guardianship

Indicator 3.D.3	Of all children who attained subsidized guardianship during the year, what percentage remained with their family at two years?						
	2004	2005	2006	2007	2008	2009	2010
IN ILLINOIS							
Children attaining subsidized guardianship	670	651	579	583	475	519	542
Children stable at two years	647	622	564	561	445	502	511
Percent	96.5%	95.5%	97.4%	96.2%	93.6%	96.7%	94.2%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	647	96.5%	622	95.5%	564	97.4%	561	96.2%	445	93.6%	502	96.7%	511	94.2%
Cook	433	98.6%	441	95.4%	373	98.4%	309	95.3%	258	93.8%	306	96.2%	255	96.5%
Northern	87	92.5%	54	93.1%	59	98.3%	73	97.3%	65	90.2%	70	94.5%	104	92.0%
Central	88	93.6%	87	96.6%	80	90.9%	130	98.4%	76	93.8%	97	100.0%	113	92.6%
Southern	39	90.6%	40	97.5%	52	100.0%	49	94.2%	46	97.8%	29	96.6%	39	90.6%

Female	357	96.4%	331	95.9%	259	97.0%	269	97.1%	215	93.8%	243	97.9%	240	94.8%
Male	290	96.6%	291	95.0%	305	97.7%	292	95.4%	229	93.4%	259	95.5%	271	93.7%

Under 3	20	100.0%	22	100.0%	27	96.4%	27	100.0%	19	100.0%	18	100.0%	19	100.0%
3 to 5	92	100.0%	78	96.2%	79	97.5%	85	95.5%	63	96.9%	82	98.7%	75	96.1%
6 to 8	100	97.0%	103	97.1%	94	97.9%	86	95.5%	63	91.3%	70	97.2%	96	96.9%
9 to 11	110	98.2%	122	95.3%	131	99.2%	110	98.2%	86	92.4%	102	99.0%	94	94.9%
12 to 14	185	95.3%	175	95.1%	143	97.2%	124	95.3%	103	91.9%	122	95.3%	129	89.5%
15 and Older	140	93.9%	122	93.8%	90	94.7%	129	95.5%	111	94.8%	108	93.9%	98	95.1%

African American	482	96.7%	453	97.6%	415	97.8%	366	96.3%	313	93.9%	325	95.8%	311	93.9%
Hispanic	21	100.0%	34	82.9%	23	100.0%	11	100.0%	22	100.0%	18	100.0%	34	94.4%
White	137	97.1%	130	92.1%	124	95.3%	174	95.6%	104	92.8%	152	98.0%	151	94.3%
Other Ethnicity	7	70.0%	5	100.0%	2	100.0%	10	100.0%	6	75.0%	7	100.0%	15	100.0%

Stability of Permanence at Two Years: Reunification + Adoption + Subsidized Guardianship

Indicator 3.D.4	Of all children who attained permanence during the year, what percentage remained with their family at two years?						
IN ILLINOIS	2004	2005	2006	2007	2008	2009	2010
Children attaining permanence	5,183	4,865	4,425	4,463	4,160	4,191	4,282
Children stable at two years	4,667	4,369	4,011	4,007	3,721	3,772	3,820
Percent	90.0%	89.8%	90.6%	89.7%	89.4%	90.0%	89.2%

Stability of Permanence at Five Years: Reunification

Indicator 3.E.1	Of all children who were reunified during the year, what percentage remained with their families at five years?						
	2001	2002	2003	2004	2005	2006	2007
IN ILLINOIS							
Children reunified	2,863	2,765	2,464	2,099	2,167	2,039	2,042
Children stable at five years	2,176	2,097	1,840	1,558	1,627	1,592	1,579
Percent	76.0%	75.8%	74.6%	74.2%	75.0%	78.0%	77.3%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	2,176	76.0%	2,097	75.8%	1,840	74.6%	1,558	74.2%	1,627	75.0%	1,592	78.0%	1,579	77.3%
Cook	897	84.7%	780	82.1%	658	82.2%	509	82.2%	440	81.3%	430	83.3%	362	83.9%
Northern	355	71.1%	371	74.3%	320	74.4%	265	72.4%	299	73.1%	303	76.3%	310	73.8%
Central	665	71.5%	656	71.2%	586	69.8%	506	69.6%	553	72.8%	497	75.8%	559	75.5%
Southern	259	68.7%	290	73.2%	276	69.8%	278	71.6%	335	73.1%	362	76.8%	321	75.7%

Female	1,066	77.2%	997	78.0%	871	75.5%	737	74.2%	769	76.1%	790	79.3%	747	77.8%
Male	1,109	74.8%	1,100	73.9%	967	73.9%	820	74.1%	855	74.0%	801	76.7%	832	77.0%

Under 3	381	75.4%	379	72.0%	361	73.2%	325	73.5%	334	73.4%	339	78.1%	331	74.5%
3 to 5	398	74.5%	366	76.8%	346	74.0%	285	70.8%	337	73.9%	330	77.1%	351	79.2%
6 to 8	377	78.3%	379	79.1%	336	78.6%	250	75.7%	267	75.8%	301	83.6%	239	75.3%
9 to 11	360	77.7%	338	78.2%	294	77.3%	230	77.1%	256	82.0%	238	80.4%	237	80.0%
12 to 14	313	73.8%	287	69.4%	240	68.3%	242	71.5%	224	72.7%	206	70.7%	186	74.4%
15 and Older	347	76.0%	348	79.2%	263	76.0%	226	78.2%	209	73.5%	178	77.3%	235	80.4%

African American	1,132	77.6%	1,041	77.7%	911	77.0%	657	74.3%	673	72.6%	668	78.6%	705	77.1%
Hispanic	144	88.3%	153	80.5%	149	80.1%	96	78.0%	127	84.6%	86	76.1%	83	82.1%
White	838	72.5%	826	72.5%	720	71.0%	753	72.8%	782	75.2%	812	78.0%	727	76.1%
Other Ethnicity	62	71.2%	77	78.5%	60	73.1%	52	88.1%	45	86.5%	26	70.2%	64	88.8%

Stability of Permanence at Five Years: Adoption

Indicator 3.E.2	Of all children who were adopted during the year, what percentage remained with their families at five years?							
	IN ILLINOIS	2001	2002	2003	2004	2005	2006	2007
Children adopted		4,398	3,595	3,077	2,414	2,047	1,807	1,838
Children stable at five years		4,198	3,415	2,946	2,305	1,954	1,714	1,749
Percent		95.4%	94.9%	95.7%	95.4%	95.4%	94.8%	95.1%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	4,198	95.4%	3,415	94.9%	2,946	95.7%	2,305	95.4%	1,954	95.4%	1,714	94.8%	1,749	95.1%
Cook	2,972	95.1%	2,309	94.8%	1,896	94.9%	1,396	95.4%	1,083	94.5%	854	95.5%	732	94.5%
Northern	452	95.1%	356	95.9%	400	97.3%	264	96.0%	237	96.7%	234	92.1%	297	95.1%
Central	582	97.3%	598	95.8%	476	97.1%	472	95.1%	430	95.9%	432	94.3%	523	95.2%
Southern	192	94.5%	152	92.1%	174	97.2%	173	95.5%	204	97.6%	194	96.5%	197	97.0%

Female	2,054	94.7%	1,673	95.0%	1,452	95.8%	1,154	95.8%	936	94.8%	847	95.3%	860	95.9%
Male	2,144	96.1%	1,742	94.9%	1,494	95.6%	1,151	95.1%	1,016	96.0%	866	94.3%	889	94.3%

Under 3	435	96.6%	531	99.0%	462	98.0%	400	97.7%	348	98.0%	311	97.7%	331	96.5%
3 to 5	1,220	97.2%	945	96.5%	845	97.9%	644	98.3%	580	96.5%	553	96.1%	627	97.5%
6 to 8	1,025	95.0%	719	96.3%	620	96.5%	450	96.9%	421	96.3%	321	95.5%	344	95.5%
9 to 11	860	93.6%	679	92.7%	552	93.2%	388	91.7%	304	91.8%	260	91.2%	207	90.7%
12 to 14	474	93.3%	388	87.9%	346	90.1%	287	89.4%	204	91.8%	172	88.6%	152	89.4%
15 and Older	184	96.8%	153	95.0%	121	96.8%	136	95.7%	97	96.0%	97	97.9%	88	93.6%

African American	3,307	95.1%	2,510	94.0%	2,057	94.9%	1,608	95.3%	1,245	94.1%	1,039	94.7%	987	94.5%
Hispanic	197	95.1%	195	97.5%	156	96.2%	91	96.8%	103	98.0%	79	98.7%	90	95.7%
White	631	96.7%	649	97.4%	676	97.9%	562	95.4%	570	97.9%	569	94.2%	655	96.0%
Other Ethnicity	63	98.4%	61	100.0%	57	98.2%	44	97.7%	36	94.7%	27	100.0%	17	94.4%

Stability of Permanence at Five Years: Subsidized Guardianship

Indicator 3.E.3	Of all children who attained subsidized guardianship during the year, what percentage remained with their families at five years?						
	2001	2002	2003	2004	2005	2006	2007
IN ILLINOIS							
Children attaining subsidized guardianship	1,135	1,079	914	670	651	579	583
Children stable at five years	1,015	964	792	598	562	500	526
Percent	89.4%	89.3%	86.6%	89.2%	86.3%	86.3%	90.2%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	1,015	89.4%	964	89.3%	792	86.6%	598	89.2%	562	86.3%	500	86.3%	526	90.2%
Cook	774	89.5%	747	91.7%	518	88.5%	403	91.7%	394	85.2%	329	86.8%	292	90.1%
Northern	92	86.7%	82	81.1%	103	82.4%	78	82.9%	46	79.3%	51	85.0%	71	94.6%
Central	112	89.6%	126	81.8%	129	82.6%	83	88.2%	84	93.3%	74	84.0%	115	87.1%
Southern	37	92.5%	9	90.0%	42	87.5%	34	79.0%	38	92.6%	46	88.4%	48	92.3%

Female	490	89.4%	475	89.7%	352	82.4%	329	88.9%	303	87.8%	225	84.2%	249	89.8%
Male	525	89.4%	489	88.9%	440	90.3%	269	89.6%	259	84.6%	275	88.1%	277	90.5%

Under 3	12	92.3%	19	86.3%	22	88.0%	20	100.0%	22	100.0%	24	85.7%	27	100.0%
3 to 5	117	92.1%	126	92.6%	118	92.9%	90	97.8%	70	86.4%	71	87.6%	82	92.1%
6 to 8	177	90.3%	156	92.8%	128	84.7%	93	90.2%	95	89.6%	79	82.2%	81	90.0%
9 to 11	230	88.1%	213	86.9%	148	82.6%	96	85.7%	103	80.4%	112	84.8%	94	83.9%
12 to 14	292	85.1%	260	84.9%	210	84.0%	159	81.9%	151	82.0%	124	84.3%	113	86.9%
15 and Older	187	95.8%	190	94.0%	166	91.2%	140	93.9%	121	93.0%	90	94.7%	129	95.5%

African American	803	88.8%	769	89.0%	577	86.7%	443	88.9%	404	87.0%	362	85.3%	345	90.7%
Hispanic	38	95.0%	39	100.0%	31	81.5%	20	95.2%	31	75.6%	20	86.9%	10	90.9%
White	164	91.6%	138	88.4%	165	87.3%	128	90.7%	122	86.5%	116	89.2%	162	89.0%
Other Ethnicity	10	83.3%	18	90.0%	19	86.3%	7	70.0%	5	100.0%	2	100.0%	9	90.0%



Stability of Permanence at Five Years: Reunification + Adoption + Subsidized Guardianship

Indicator 3.E.4	Of all children who attained permanence during the year, what percentage remained with their families at five years?						
IN ILLINOIS	2001	2002	2003	2004	2005	2006	2007
Children attaining permanence	8,396	7,439	6,455	5,183	4,865	4,425	4,463
Children stable at five years	7,389	6,476	5,578	4,461	4,143	3,806	3,854
Percent	88.0%	87.0%	86.4%	86.0%	85.1%	86.0%	86.3%

Stability of Permanence at Ten Years: Reunification

Indicator 3.F.1	Of all children who were reunified during the year, what percentage remained with their families at ten years?						
	1996	1997	1998	1999	2000	2001	2002
IN ILLINOIS							
Children reunified	4,062	4,509	4,298	4,197	3,487	2,863	2,765
Children stable at ten years	2,759	3,190	3,098	3,168	2,535	2,124	2,048
Percent	67.9%	70.7%	72.0%	75.4%	72.6%	74.1%	74.0%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	2,759	67.9%	3,190	70.7%	3,098	72.0%	3,168	75.4%	2,535	72.6%	2,124	74.1%	2,048	74.0%
Cook	1,166	77.0%	1,559	79.0%	1,711	81.7%	1,801	83.3%	1,374	81.5%	888	83.9%	762	80.2%
Northern	492	64.4%	522	66.4%	432	66.0%	410	68.1%	339	64.0%	349	69.9%	359	71.9%
Central	789	61.2%	781	62.4%	672	59.3%	655	65.2%	596	64.8%	635	68.3%	643	69.8%
Southern	312	62.7%	328	65.6%	283	67.5%	302	70.0%	226	63.6%	252	66.8%	284	71.7%

Female	1,413	69.8%	1,625	72.1%	1,589	73.0%	1,554	75.2%	1,227	72.9%	1,048	75.9%	969	75.8%
Male	1,344	66.0%	1,564	69.2%	1,506	71.0%	1,612	75.6%	1,304	72.4%	1,075	72.5%	1,079	72.5%

Under 3	465	64.7%	489	66.8%	508	69.5%	462	69.3%	376	66.1%	367	72.6%	362	68.8%
3 to 5	543	66.6%	650	69.2%	620	70.7%	648	79.2%	489	71.9%	379	70.9%	353	74.1%
6 to 8	475	67.4%	582	72.9%	580	73.6%	617	78.2%	502	76.7%	365	75.8%	362	75.5%
9 to 11	340	66.0%	436	71.2%	527	75.2%	552	76.6%	437	73.9%	353	76.2%	336	77.7%
12 to 14	377	64.8%	434	68.2%	398	65.5%	410	67.5%	369	69.3%	313	73.8%	287	69.4%
15 and Older	559	76.7%	599	75.6%	465	77.7%	479	80.1%	362	78.3%	347	76.0%	348	79.2%

African American	1,445	69.6%	1,797	72.6%	1,815	73.8%	1,814	78.5%	1,491	74.2%	1,106	75.8%	1,009	75.3%
Hispanic	169	78.6%	212	83.1%	237	83.7%	272	85.2%	196	83.0%	142	87.1%	151	79.4%
White	1,082	64.2%	1,120	66.3%	974	67.2%	998	69.0%	791	68.3%	814	70.4%	812	71.3%
Other Ethnicity	63	71.5%	61	67.7%	72	66.0%	84	68.2%	57	67.0%	62	71.2%	76	77.5%



Stability of Permanence at Ten Years: Adoption

Indicator 3.F.2	Of all children who were adopted during the year, what percentage remained with their families at ten years?						
	IN ILLINOIS	1996	1997	1998	1999	2000	2001
Children adopted	2,015	2,090	4,873	7,186	6,204	4,398	3,595
Children stable at ten years	1,845	1,908	4,438	6,472	5,598	3,943	3,217
Percent	91.5%	91.2%	91.0%	90.0%	90.2%	89.6%	89.4%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	1,845	91.5%	1,908	91.2%	4,438	91.0%	6,472	90.0%	5,598	90.2%	3,943	89.6%	3,217	89.4%
Cook	1,178	92.5%	1,220	91.4%	3,475	91.3%	5,197	90.1%	4,343	90.5%	2,797	89.5%	2,175	89.3%
Northern	184	85.9%	196	91.1%	320	91.4%	419	91.8%	366	88.6%	425	89.4%	340	91.6%
Central	324	90.2%	351	92.8%	452	90.9%	595	88.4%	658	90.1%	545	91.1%	560	89.7%
Southern	159	94.0%	141	86.5%	191	86.8%	261	89.0%	231	86.8%	176	86.6%	142	86.0%

Female	925	91.1%	962	91.0%	2,243	90.7%	3,291	90.0%	2,843	90.1%	1,925	88.7%	1,569	89.0%
Male	920	92.0%	946	91.5%	2,195	91.4%	3,181	90.0%	2,752	90.3%	2,018	90.4%	1,648	89.8%

Under 3	159	92.9%	119	97.5%	338	92.0%	521	94.7%	493	91.4%	410	91.1%	519	96.8%
3-5	569	92.6%	608	92.5%	1,411	93.3%	1,906	90.2%	1,722	92.2%	1,142	91.0%	881	89.9%
6-8	473	89.5%	515	87.8%	1,215	88.3%	1,701	87.3%	1,432	86.5%	923	85.6%	634	84.9%
9-11	341	87.6%	360	90.0%	853	89.5%	1,292	87.9%	1,146	89.3%	810	88.2%	643	87.8%
12-14	221	96.5%	221	92.8%	462	91.1%	771	94.2%	594	91.3%	474	93.3%	387	87.7%
15 and Older	82	97.6%	85	97.7%	159	99.3%	281	96.8%	211	100.0%	184	96.8%	153	95.0%

African American	1,305	91.5%	1,371	90.9%	3,439	90.4%	5,233	89.7%	4,445	89.8%	3,094	89.0%	2,353	88.1%
Hispanic	100	89.2%	104	92.0%	258	93.8%	266	91.4%	279	94.5%	189	91.3%	185	92.5%
White	432	92.1%	415	92.6%	702	92.9%	927	91.6%	802	90.5%	602	92.3%	619	92.9%
Other Ethnicity	8	100.0%	18	85.7%	39	100.0%	46	88.4%	72	96.0%	58	90.6%	60	98.3%

Stability of Permanence at Ten Years: Subsidized Guardianship

Indicator 3.F.3	Of all children who attained subsidized guardianship during the year, what percentage remained with their families at ten years?						
	1996	1997	1998	1999	2000	2001	2002
IN ILLINOIS							
Children attaining subsidized guardianship	0	185	1,279	2,059	1,634	1,135	1,079
Children stable at ten years	0	171	1,072	1,747	1,406	924	915
Percent	-	92.4%	83.8%	84.8%	86.0%	81.4%	84.8%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	0	-	171	92.4%	1,072	83.8%	1,747	84.8%	1,406	86.0%	924	81.4%	915	84.8%
Cook	0	-	160	93.0%	868	85.5%	1,419	86.0%	1,077	86.5%	707	81.8%	707	86.8%
Northern	0	-	2	100.0%	118	77.1%	175	77.0%	162	83.5%	77	72.6%	77	76.2%
Central	0	-	2	100.0%	56	73.6%	116	85.2%	130	85.5%	105	84.0%	122	79.2%
Southern	0	-	7	77.7%	30	85.7%	37	80.4%	37	86.0%	35	87.5%	9	90.0%

Female	0	-	69	94.5%	535	82.9%	880	85.4%	743	85.6%	441	80.4%	449	84.8%
Male	0	-	102	91.0%	535	84.6%	867	84.2%	661	86.4%	483	82.2%	466	84.7%

Under 3	0	-	2	100.0%	14	77.7%	16	84.2%	21	100.0%	11	84.6%	16	72.7%
3 to 5	0	-	18	85.7%	143	83.1%	225	83.9%	145	83.8%	95	74.8%	116	85.2%
6 to 8	0	-	42	89.3%	208	79.3%	370	80.7%	265	78.8%	138	70.4%	140	83.3%
9 to 11	0	-	41	93.1%	260	81.5%	429	81.0%	339	83.7%	203	77.7%	194	79.1%
12 to 14	0	-	40	93.0%	266	83.9%	425	86.7%	392	88.6%	290	84.5%	259	84.6%
15 and Older	0	-	28	100.0%	181	94.7%	282	95.5%	244	94.9%	187	95.8%	190	94.0%

African American	0	-	150	92.0%	972	84.0%	1,537	85.3%	1,179	86.5%	725	80.1%	731	84.6%
Hispanic	0	-	1	100.0%	7	70.0%	22	64.7%	32	82.0%	37	92.5%	39	100.0%
White	0	-	19	100.0%	87	82.8%	186	83.7%	184	83.6%	153	85.4%	129	82.6%
Other Ethnicity	0	-	1	50.0%	6	75.0%	2	100.0%	11	84.6%	9	75.0%	16	80.0%

B

Stability of Permanence at Ten Years: Reunification + Adoption + Subsidized Guardianship

Indicator 3.F.4	Of all children who attained permanence during the year, what percentage remained with their families at ten years?						
IN ILLINOIS	1996	1997	1998	1999	2000	2001	2002
Children attaining permanence	6,077	6,784	10,450	13,442	11,325	8,396	7,439
Children stable at ten years	4,604	5,269	8,608	11,387	9,539	6,991	6,180
Percent	75.7%	77.6%	82.3%	84.7%	84.2%	83.2%	83.0%



APPENDIX C

Outcome Data by Sub-Region

Appendix C provides a more comprehensive look at the select outcome indicators used in the following chapters of this report:

Chapter 1 - Child Safety

Chapter 2 - Children in Substitute Care: Safety, Continuity, and Stability

Chapter 3 - Legal Permanence: Reunification, Adoption, and Guardianship

The data used in these indicators come from the September 30, 2012 data extract of the Illinois Department of Children and Family Services Integrated Database. The indicators show Illinois totals and breakdowns by sub-regions over a seven year period and only indicators that were analyzed by sub-region are included in this appendix. The State Fiscal Year is used throughout this data. All indicator data are available on-line at: <http://www.cfr Illinois.edu/outcomeindicators.php>.

Maltreatment Recurrence Within 12 Months

Indicator 1.A	Of all children with a substantiated report, what percentage had another substantiated report within 12 months?							
	IN ILLINOIS	2005	2006	2007	2008	2009	2010	2011
Children with substantiated reports		26,030	24,944	26,629	27,973	27,473	26,959	26,099
Children with another substantiated report within 12 months		2,973	2,861	3,067	3,249	3,043	2,922	2,824
Percent		11.4%	11.5%	11.5%	11.6%	11.1%	10.8%	10.8%

SUB-REGION	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook North	169	8.1%	164	8.2%	146	7.4%	191	9.2%	199	9.1%	194	8.4%	220	11.1%
Cook Central	222	8.2%	275	9.6%	290	9.0%	266	9.2%	185	7.1%	204	8.1%	186	7.3%
Cook South	250	8.7%	204	8.0%	180	7.4%	228	7.9%	245	9.2%	251	9.8%	225	8.6%
Aurora	345	8.8%	388	9.4%	420	9.2%	496	9.2%	448	8.5%	419	8.4%	435	8.9%
Rockford	270	12.7%	270	13.4%	281	12.4%	368	15.0%	330	12.5%	238	10.0%	208	9.5%
Champaign	327	11.8%	314	11.8%	365	12.2%	369	12.4%	392	13.3%	354	11.8%	368	13.0%
Peoria	394	12.6%	391	12.6%	422	13.2%	399	12.5%	439	13.4%	394	11.8%	341	11.0%
Springfield	374	15.8%	292	14.8%	376	17.8%	343	15.5%	253	11.6%	277	13.9%	289	13.6%
East St Louis	194	11.2%	205	13.8%	237	13.3%	177	10.2%	167	10.4%	208	12.1%	160	10.5%
Marion	428	17.6%	358	15.7%	350	15.6%	412	17.9%	385	17.6%	383	16.6%	392	16.1%

Maltreatment Recurrence Among Children in Intact Family Cases

Indicator 1.B	Of all children served at home in intact family cases, what percentage had a substantiated report within 12 months?						
	2005	2006	2007	2008	2009	2010	2011
IN ILLINOIS							
Children in intact family cases	19,582	17,438	16,703	15,707	15,971	14,649	14,873
Children with substantiated reports	2,099	1,895	1,957	1,892	1,745	1,715	1,491
Percent	10.7%	10.9%	11.7%	12.0%	10.9%	11.7%	10.0%

SUB-REGION	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook North	131	9.0%	91	7.6%	119	9.0%	121	9.8%	118	8.3%	112	10.0%	132	11.4%
Cook Central	239	5.6%	203	6.0%	219	5.8%	202	6.4%	160	5.2%	164	5.3%	147	4.9%
Cook South	126	6.1%	121	5.8%	191	8.5%	171	8.5%	176	7.7%	164	8.5%	178	8.0%
Aurora	183	12.0%	178	12.6%	200	12.5%	248	13.2%	228	10.4%	235	12.1%	242	11.1%
Rockford	154	14.1%	162	14.9%	114	13.2%	222	18.5%	128	12.2%	108	12.8%	74	8.3%
Champaign	293	13.1%	264	13.6%	261	15.5%	190	13.7%	211	15.5%	199	16.5%	154	12.3%
Peoria	342	12.1%	338	12.3%	254	13.8%	222	13.4%	204	13.8%	197	13.6%	155	12.8%
Springfield	266	17.5%	205	16.2%	198	17.6%	125	14.7%	159	17.4%	135	15.2%	102	12.9%
East St Louis	174	11.8%	136	11.3%	187	15.1%	162	12.9%	145	12.6%	191	16.0%	85	9.7%
Marion	191	15.3%	197	16.6%	214	19.0%	229	20.1%	216	19.5%	210	19.9%	222	16.2%

Maltreatment in Substitute Care

Indicator 2.A	Of all children ever served in substitute care during the year, what percentage had a substantiated report during placement?						
	IN ILLINOIS	2006	2007	2008	2009	2010	2011
Children ever in substitute care	23,615	22,667	22,315	21,945	21,768	21,412	21,454
Children with substantiated reports	260	304	339	350	304	373	377
Percent	1.1%	1.3%	1.5%	1.6%	1.4%	1.7%	1.8%

SUB-REGION	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook North	31	0.9%	18	0.6%	16	0.6%	27	1.1%	14	0.6%	18	0.9%	20	1.0%
Cook Central	32	0.7%	28	0.6%	29	0.7%	28	0.7%	21	0.6%	21	0.6%	31	0.9%
Cook South	31	0.7%	47	1.3%	33	0.9%	36	1.1%	26	0.8%	36	1.2%	56	1.8%
Aurora	20	0.9%	21	0.9%	34	1.5%	36	1.5%	20	0.8%	33	1.4%	37	1.6%
Rockford	25	1.8%	32	2.3%	41	3.0%	50	3.2%	38	2.2%	42	2.3%	40	2.1%
Champaign	19	1.0%	39	1.9%	44	2.0%	50	2.2%	46	2.0%	57	2.6%	39	1.8%
Peoria	38	1.3%	43	1.4%	47	1.6%	55	2.1%	50	1.9%	76	2.9%	51	2.0%
Springfield	16	1.4%	23	2.0%	18	1.5%	21	1.7%	24	1.9%	35	2.7%	18	1.3%
East St Louis	29	2.0%	32	2.2%	37	2.6%	22	1.5%	19	1.2%	23	1.3%	33	2.0%
Marion	19	1.6%	20	1.6%	40	3.0%	25	1.8%	46	3.1%	32	2.0%	52	3.0%

Stability in Substitute Care

Indicator 2.F	Of all children entering substitute care and staying for at least one year, what percentage had two or fewer placements within their first year of removal?							
	IN ILLINOIS	2005	2006	2007	2008	2009	2010	2011
Children entering substitute care and staying one year		3,983	3,551	3,562	4,122	3,679	3,794	3,391
Children with two or fewer placements in first year		3,230	2,840	2,842	3,258	2,945	3,046	2,770
Percent		81.1%	80.0%	79.8%	79.0%	80.0%	80.3%	81.7%

SUB-REGION	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook North	313	81.7%	152	72.0%	162	73.9%	227	69.8%	112	73.2%	165	80.4%	133	81.5%
Cook Central	385	79.0%	275	79.7%	240	77.1%	257	75.1%	228	78.8%	248	77.2%	216	77.9%
Cook South	453	80.6%	268	79.0%	236	75.3%	311	67.1%	235	69.7%	286	78.7%	213	70.0%
Aurora	365	82.9%	355	78.3%	326	81.9%	420	84.3%	390	84.7%	339	82.6%	305	83.1%
Rockford	250	79.8%	276	79.7%	187	80.6%	278	78.5%	340	78.5%	305	78.2%	260	80.2%
Champaign	371	84.8%	377	83.4%	485	86.2%	533	88.5%	437	81.9%	432	81.6%	355	86.3%
Peoria	448	85.4%	474	85.5%	484	82.8%	478	82.1%	433	82.9%	486	85.7%	522	86.8%
Springfield	199	78.9%	203	79.6%	202	79.2%	235	76.2%	234	80.6%	212	80.6%	200	84.0%
East St Louis	225	74.2%	227	75.6%	273	72.8%	238	79.3%	253	80.8%	311	82.7%	281	80.7%
Marion	221	78.3%	233	78.7%	237	78.2%	270	80.1%	277	80.7%	256	70.3%	285	79.6%

Permanence Within 36 Months: Reunification

Indicator 3.C.1	Of all children who entered substitute care during the year and stayed for 7 days or longer, what percentage was reunified with their parents within 36 months from the date of entry into substitute care?						
	IN ILLINOIS	2003	2004	2005	2006	2007	2008
Children entering substitute care	5,317	5,049	5,306	4,777	4,576	5,268	4,861
Children reunified within 36 months	1,952	1,800	1,890	1,697	1,751	1,989	2,066
Percent	36.7%	35.7%	35.6%	35.5%	38.3%	37.8%	42.5%

SUB-REGION	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook North	171	25.0%	111	22.8%	105	21.2%	70	22.6%	55	21.2%	88	23.5%	70	28.5%
Cook Central	119	15.6%	99	14.4%	118	15.8%	85	14.0%	74	14.0%	105	19.1%	120	25.0%
Cook South	161	23.2%	119	21.1%	126	18.6%	96	20.9%	111	27.4%	145	24.9%	117	24.4%
Aurora	218	41.7%	192	37.5%	237	42.8%	210	36.8%	193	38.6%	286	43.4%	304	49.1%
Rockford	147	45.0%	159	39.3%	171	44.0%	187	44.6%	114	36.5%	155	37.9%	237	45.5%
Champaign	342	54.3%	284	47.4%	239	42.2%	246	43.3%	339	48.1%	337	45.6%	321	47.0%
Peoria	317	43.1%	253	39.4%	255	39.9%	249	38.3%	293	43.9%	326	45.3%	298	47.4%
Springfield	138	49.8%	146	41.3%	194	52.1%	142	42.5%	144	45.5%	146	39.6%	154	44.8%
East St Louis	149	44.7%	207	50.2%	196	46.1%	202	44.5%	204	45.4%	178	44.3%	193	48.8%
Marion	190	51.9%	230	57.9%	248	55.1%	210	50.6%	189	47.9%	205	45.4%	246	53.4%

Permanence within 36 Months: Adoption

Indicator 3.C.2	Of all children who entered substitute care during the year and stayed for 7 days or longer, what percentage was adopted within 36 months from the date of entry into substitute care?							
	IN ILLINOIS	2003	2004	2005	2006	2007	2008	2009
Children entering substitute care		5,317	5,049	5,306	4,777	4,576	5,268	4,861
Children adopted within 36 months		764	737	719	691	599	518	458
Percent		14.4%	14.6%	13.6%	14.5%	13.1%	9.8%	9.4%

SUB-REGION	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook North	87	12.7%	52	10.7%	51	10.3%	24	7.7%	22	8.4%	23	6.1%	16	6.5%
Cook Central	116	15.3%	92	13.4%	71	9.5%	104	17.1%	67	12.7%	32	5.8%	38	7.9%
Cook South	71	10.2%	47	8.3%	57	8.4%	43	9.3%	26	6.4%	28	4.8%	19	3.9%
Aurora	69	13.2%	70	13.6%	49	8.8%	63	11.0%	68	13.6%	61	9.2%	38	6.1%
Rockford	56	17.1%	93	23.0%	78	20.1%	55	13.1%	41	13.1%	36	8.8%	39	7.5%
Champaign	117	18.6%	111	18.5%	135	23.8%	129	22.7%	162	23.0%	142	19.2%	121	17.7%
Peoria	104	14.1%	112	17.4%	97	15.2%	108	16.6%	83	12.4%	74	10.2%	69	10.9%
Springfield	43	15.5%	71	20.1%	72	19.3%	59	17.6%	51	16.1%	55	14.9%	50	14.5%
East St Louis	60	18.0%	54	13.1%	68	16.0%	48	10.5%	42	9.3%	21	5.2%	26	6.5%
Marion	41	11.2%	35	8.8%	41	9.1%	58	13.9%	37	9.3%	46	10.1%	42	9.1%

Permanence Within 36 Months: Subsidized Guardianship

Indicator 3.C.3	Of all children who entered substitute care during the year and stayed for 7 days or longer, what percentage attained subsidized guardianship within 36 months from the date of entry into substitute care?						
	IN ILLINOIS	2003	2004	2005	2006	2007	2008
Children entering substitute care	5,317	5,049	5,306	4,777	4,576	5,268	4,861
Children attaining subsidized guardianship within 36 months	183	233	225	175	180	176	118
Percent	3.4%	4.6%	4.2%	3.7%	3.9%	3.3%	2.4%

SUB-REGION	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook North	22	3.2%	10	2.0%	17	3.4%	3	0.9%	9	3.4%	4	1.0%	1	0.4%
Cook Central	46	6.0%	74	10.8%	59	7.9%	38	6.2%	49	9.2%	40	7.3%	48	10.0%
Cook South	25	3.6%	22	3.9%	40	5.9%	12	2.6%	10	2.4%	28	4.8%	15	3.1%
Aurora	19	3.6%	21	4.1%	16	2.8%	33	5.7%	23	4.6%	30	4.5%	20	3.2%
Rockford	15	4.6%	12	2.9%	5	1.2%	5	1.1%	14	4.4%	7	1.7%	2	0.3%
Champaign	5	0.7%	17	2.8%	17	3.0%	32	5.6%	18	2.5%	18	2.4%	6	0.8%
Peoria	18	2.4%	42	6.5%	42	6.5%	31	4.7%	35	5.2%	29	4.0%	18	2.8%
Springfield	2	0.7%	3	0.8%	10	2.6%	3	0.8%	4	1.2%	6	1.6%	2	0.5%
East St Louis	6	1.8%	9	2.1%	4	0.9%	1	0.2%	2	0.4%	2	0.4%	0	0.0%
Marion	24	6.5%	23	5.7%	15	3.3%	17	4.0%	16	4.0%	12	2.6%	6	1.3%



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