



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

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

A report by the
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2005

ACKNOWLEDGEMENTS

The production of this report was truly a “team effort” and would not have been possible without the hard work and dedication of many people at the Children and Family Research Center.

Mary Lynn Fletcher, director of Foster Youth, Seen and Heard (FYSH), and April Curtis and Onie Riley, co-directors of the Young Researchers program, spent countless hours working with the foster youth members of their programs to produce the youth writings that are quoted throughout this report. Although we cannot name them specifically to preserve their anonymity, the youth writers provided invaluable knowledge and insight into the lives of foster children. Their stories provide a special perspective on the indicators and numbers reported in the following chapters.

Catherine Cutter assisted with the design and look of the report.

The Children and Family Research Center is an independent research organization created jointly by the University of Illinois at Urbana-Champaign and the Illinois Department of Children and Family Services to provide an independent evaluation of outcomes for children who are the responsibility of the Department. Funding for this work is provided by the Department of Children and Family Services. The views expressed herein should not be construed as representing the policy of the University of Illinois or the Department of Children and Family Services.

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ACCOUNTABILITY FOR CHILD WELFARE OUTCOMES

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

Child Protection and Placement in Illinois

Approximately 280,000 calls of alleged parental neglect and abuse are phoned in each year to the Illinois Department of Children and Family Services (the Department, DCFS). One out of five of these calls are determined to warrant further action and are referred for formal investigation by local offices. These approximately 60,000 reports of suspected abuse or neglect involving about 100,000 children set into motion a sequence of decisions by DCFS and the courts that commence with the question of **safety**: Is there credible evidence to find that a child has been maltreated as defined under the Illinois Abused and Neglected Child Reporting Act¹ (see Box I.1)? In slightly more than one out of four investigations of reported abuse and neglect, DCFS investigators find credible evidence to indicate approximately 25,000 children annually for maltreatment.

For children indicated for abuse or neglect, child protective services (CPS) investigators must next make a decision about **stability**: Can the child be safely left or served in the home, or must he or she be removed and taken into state protective custody? In approximately four out of ten cases of indicated child maltreatment, DCFS will refrain from any further involvement with the family. This can happen because the investigator determines that the children are no longer at substantial risk as a result

of changed circumstances. For example, an indicated perpetrator (such as a baby-sitter or ex-partner) may no longer be present in the home or be involved in the child's care. In the remaining 60 percent of indicated cases, if it is desirable that the indicated perpetrator (mostly birth parents) stay involved in the care of the children and if it is determined that it is safe for them to do so, DCFS will make "reasonable efforts" to prevent removal and instead supervise the children in the home as an "intact family" case. Each year approximately ten thousand family cases with 18,000 children are opened for intact family services by DCFS and private agencies.

Sometimes safety considerations necessitate that a child be removed from the home and taken into state protective custody. In recent years, investigators, police, and medical personnel make this decision annually on approximately 6,000 children. DCFS then has 48 hours to make its case before a juvenile court judge that there is an "urgent and immediate" necessity for retaining them longer in temporary state custody. In about ten percent of child removals, DCFS allows protective custody to lapse and the child is returned home. The remaining 5,400 are retained in foster care.

Disruption of regular parental care, even abusive and neglectful parenting, can be extremely stressful to children. To minimize the trauma, best practice favors making out-of-home placements decisions that conserve **continuity**: Can a suitable relative be found to care for the child and siblings, or if kin are not available, can the child and siblings be placed in a foster family in close proximity to their home of origin, school, and neighborhood? DCFS places approximately 40 percent or 2,000 of entering children with relatives who pass home safety standards and criminal background checks. The other 3,400 children are placed in family foster care, group homes and residential treatment facilities. Approximately one-third of all foster children in Illinois are placed within five miles of their parents' home, and 40 percent of children in sibling groups of all sizes are placed together in the same home.

¹ *Abused and Neglected Child Reporting Act, 325 ILCS § 5.*

Box I.1 **Definitions of Abused and Neglected Child^a**

“**Abused child**” means a child whose parent or immediate family member, or any person responsible for the child’s welfare, or any individual residing in the same home as the child, or a paramour of the child’s parent: inflicts, causes to be inflicted, or allows to be inflicted upon such child physical injury, by other than accidental means, which causes death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function; creates a substantial risk of physical injury to such child by other than accidental means which would be likely to cause death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function; commits or allows to be committed any sex offense against such child, as such sex offenses are defined in the Criminal Code of 1961, as amended, and extending those definitions of sex offenses to include children under 18 years of age; commits or allows to be committed an act or acts of torture upon such child; inflicts excessive corporal punishment; or commits or allows to be committed the offense of female genital mutilation against the child.

“**Neglected child**” means any child who is not receiving the proper or necessary nourishment or medically indicated treatment including food or care not provided solely on the basis of the present or anticipated mental or physical impairment as determined by a physician acting alone or in consultation with other physicians or otherwise is not receiving the proper or necessary support or medical or other remedial care recognized under State law as necessary for a child’s well-being, or other care necessary for his or her well-being, including adequate food, clothing and shelter; or who is abandoned by his or her parents or other person responsible for the child’s welfare without a proper plan of care; or who is a newborn infant whose blood, urine, or meconium contains any amount of a controlled substance as defined in subsection (f) of Section 102 of the Illinois Controlled Substances Act or a metabolite thereof, with the exception of a controlled substance or metabolite thereof whose presence in the newborn infant is the result of medical treatment administered to the mother or the newborn infant.

^a *Abused and Neglected Child Reporting Act, 325 ILCS 5.*

After removal, DCFS and the courts immediately begin deliberating the question of **permanence**: Can the circumstances that led to removal be successfully ameliorated so that the child may be returned home, or if family reunification is not possible, can alternative permanent homes be found with caring relatives, adoptive parents, or legal guardians? Since 1997, Illinois has answered this question by reunifying approximately 35 percent of children entering fostering care, discharging another 23 percent to the adoptive care or legal guardianship of relatives, and finding alternative permanent homes for another 22 percent with non-related adoptive parents or legal guardians, mostly former foster parents. The remaining 20 percent leave before 18 years or age out of foster care at 18 or a few years later.

For children under 18 awaiting permanence, DCFS as their public guardian has the obligation to address the question of their **well-being**: What measures can be taken to ensure that children’s developmental opportunities for leading a healthy and productive life aren’t unduly compromised by state intervention? The funneling down of 100,000 annual child investigations to 5,400 annual child removals means that the DCFS and the courts are looking after the most vulnerable of the vulnerable. The child well-being challenge is further heightened by the fact that the residual groups of foster children who are unlikely to attain family permanence constitute an increasingly older segment of public wards with special health, emotional, and educational needs.

Accountability for Outcomes

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

The Center has, each year since its inception, produced a report examining a multitude of factors and conditions affecting the welfare of children in or at risk of foster care in Illinois. The work of the Center is conducted within a framework of results-oriented, evidence-based accountability that builds on a common foundation of clinical practice and social administration and conceives of public oversight as progressing through successive stages of monitoring, data analysis, and evaluation. Outcomes monitoring begins with the question of whether the state is on target in achieving desired goals established by federal and state statutes, consent decrees, and other goal-setting processes. Where progress toward specific targets is being

achieved, the monitoring process continues another round of review. Where targeted goals are not being met, efforts are made to analyze the underlying conditions and trends that may need to be addressed to steer the system back on course. Wherever possible, we attempt to highlight promising practices and muster the best possible evidence showing whether current interventions are having their intended impact or not.

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

Safety: Children’s safety is the primary concern of all child welfare services, particularly the safety of children who have been identified as maltreatment victims.²

Stability: Children are entitled to a stable and lasting family life and should not be deprived of it except for urgent and compelling reasons.³

Continuity: Children should be placed in a safe setting that is the least restrictive (most family like) and in close proximity to the parents’ home.⁴

Permanence: Every child is entitled to a guardian of the person, either a natural guardian by birth or adoption or a legal guardian appointed by the court.⁵

Well-Being: Children should receive adequate services to meet their educational, physical and mental health needs.⁶

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

The good news is that there has been upward progress since 1998 in most areas as measured by statistical outcome indicators. Illinois shows continuing improvement, with only a few exceptions and warning signs. As a result, Illinois is now credited with having set a “gold standard” for child reform for

the rest of the country (see Box I.2). Reconciling this expert assessment of the Illinois system, however, with the results of the recently completed federal Child and Family Services Review (CFSR), which enumerated Illinois among sixteen states that did not meet any of the seven federal standards used to assess state child welfare performance, requires explanation. The major problem, as child welfare officials and researchers have amply documented,^{7 8} is that the statistical yardstick the federal government uses to benchmark and measure performance seriously distorts trend lines and hampers the ability to accurately track change. In Appendix B, we explain the limitations of the current federal standards and make a case for using longitudinal statistical indicators to track child outcomes prospectively from case entry to discharge as an alternative to the retrospective measures now used in the CFSRs.

Background on Child Welfare Reform in Illinois

The turnabout in Illinois’ performance can be linked to reforms initiated in 1995. At this time, the state registered the highest per-capita rate of out-of-home placement in the nation—17.1 per 1000 children under age 18. The problem largely arose from policies adopted in the late 1980s to address the protection and care of children living apart from their parents in the homes of relatives. Between 1985 and 1995, the number of children in state custody rose at an average annual rate of 13% from 13,850 to 49,000 children. The rapid build-up of children in “out-of-home care” reflected a peculiar bent in Illinois policy that permitted and encouraged the taking into public custody of children who were living informally with extended kin.

Many of these children had been left voluntarily in the custody of kin by birth parents who made private arrangements with extended family members to look after the children until the parents could get back on their feet. As these informal arrangements lengthened into months and sometimes years because of parental drug addiction

² U.S. Department of Health and Human Services. (2004). *Child Welfare Outcomes 2001: Annual Report. Safety, Permanency, Well-being*. Washington, DC: U.S. Government Printing Office.
³ First White House Conference on the Care of Dependent Children, January 25, 1909.
⁴ U.S. Social Security Act, Sec. 475. [42 U.S.C. 675].
⁵ U.S. Children’s Bureau (1961) Legislative guides for the termination of parental rights and responsibilities and the adoption of children, No. 394, Washington, DC: U.S. Department of Health, Education, and Welfare.
⁶ U.S. Department of Health and Human Services. (2003). *Child and Family Services Reviews Onsite Review, Instrument and Instructions*.
⁷ Martin Bishop, P., Grazian, L., McDonald, J., Testa, M., & Gatowski, S. (2002). The need for uniformity in national statistics and improvements in outcome indicators for Child and Family Services Reviews: Lessons learned from child welfare reform in Illinois. *Whittier Journal of Child & Family Advocacy*, 1, 1-36.
⁸ Courtney, M.E., Needell, B., & Wulczyn, F. (2004). Unintended consequences of the push for accountability: The case of national child welfare performance standards. *Children and Youth Services Review*, 26, 1141-1154.

Box I.2 **How Illinois Reformed a Broken System**

The following is excerpted from Tom Price, "Child Welfare Reform," *The CQ Researcher*, April 22, 2005, 11, 345-367:

Three times, the Illinois Children and Family Services Department took Joseph Wallace away from his mentally ill mother, and three times the youngster was returned to her. There was no fourth time, because on April 19, 1993, she tied an extension cord around the 3-year-old's neck and hanged him from a transom in their Chicago apartment. Early the next year, Chicago police discovered 19 children living in a squalid, two-bedroom apartment with a half-dozen adults. Again the department knew about six of the children but had left them with their mothers. Although the tragedies were only tiny tips of an enormous iceberg of bureaucratic failure, they shined a media spotlight on the Illinois child welfare system and outraged the public. In the end, they spurred dramatic reforms in the system, making it a font of successful innovation (p. 356).

"They've addressed preventing kids from coming into foster care in the first place, as well as strengthening reunification for children who return home safely and strengthening alternative forms of permanency through subsidized guardianship and adoption," says Sue Badeau, deputy director of the Pew Commission on Foster Care, who says the system is now the "gold standard" of child care (p. 356). The Illinois system was "sort of average" in the 1980s, became "a mess" by the mid-1990s and now is one of the best, says Jill Duerr Berrick, associate dean of the School of Social Welfare at the University of California, Berkeley. "We've seen tremendous innovation coming out of Illinois" (p. 356). "The Illinois system has not achieved perfection," Berrick says, "but it's certainly made a remarkable turnaround" (p. 357).

or continued absence, the relatives (mostly grandparents) eventually ran into legal difficulties when it came time to enroll the children in school or to obtain medical treatment. Because they lacked formal legal authority to consent on the children's behalf, many were counseled to seek assistance by phoning in an allegation of parental neglect to DCFS.

Because in most cases the legally responsible parent was absent from the home, DCFS investigators could indicate the child for lack of supervision (by the parent) under the definition of neglect in effect at the time. Once indicated, state attorneys could exercise their discretion to screen these children into state custody. In many of these so-called "grandmother cases," the child was retained in the custody of the relative who had made the "hotline" call. In

this way, most of this growth in foster care between 1985 and 1995 was accommodated by the placement of children with kin, which grew at an average annual rate of 22% from 3,690 to 27,070 children.

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

- 1) DCFS stopped taking into foster care those children in pre-existing kinship care arrangements where no safety concerns existed.⁹ Instead, it offered alternative Extended Family Support services to grandparents, aunts and uncles to help stabilize these informal kinship arrangements; and
- 2) DCFS implemented a single foster home licensing system in which relatives are eligible to participate if they apply and meet the standards. The Department continued to place children in non-licensed kinship care if the home passed basic safety and criminal checks. Children in these homes are supported at 100 percent of the IV-A (AFDC) "child only" standard of need.

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

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

⁹ The change in statute reads as follows: "A child shall not be considered neglected for the sole reason that the child's parent or other person responsible for his or her welfare has left the child in the care of an adult relative for any period of time."

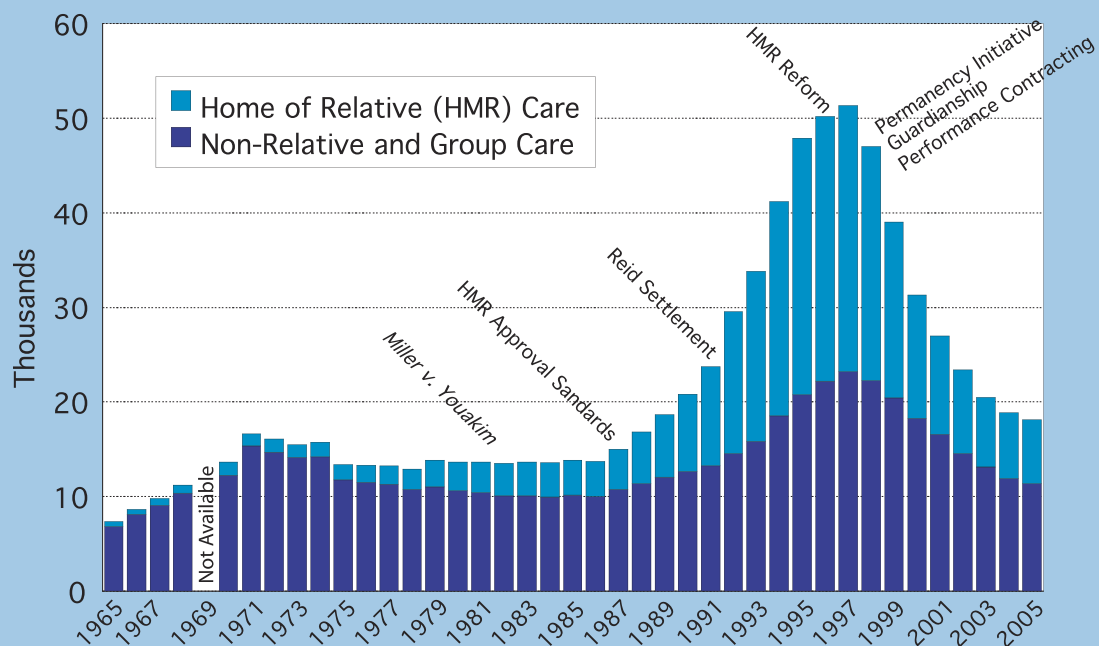
Turning stable placements into legally permanent homes was accomplished through a series of steps. First, state laws were changed so that undue hesitancy about terminating parental rights was removed as a barrier to adoption. In 1997, the Illinois General Assembly passed comprehensive legislation (“Permanency Initiative”) which anticipated the federal reforms of the Adoption and Safe Families Act (ASFA) and eliminated long term foster care as a permanency goal, reduced permanency planning time lines to one year, and directed the Department to engage in concurrent planning. Second, the state opened up a new pathway to permanence for children for whom adoption was not recommended. Illinois’ federally approved IV-E Subsidized Guardianship Waiver Demonstration was begun in 1997. It extended subsidies to families assuming private guardianship of children who otherwise would have remained in substitute care. Third, DCFS implemented performance contracting in 1998 for its largest caseload, the HMR program in Cook County. Under the arrangement,

performance contracting exchanged increased resources for improved results—providers received increased fees to purchase specific supports, but they had to more than triple their permanency rates. The majority of providers were able to meet these goals, and the result was the first significant decrease in kinship care caseloads, which were followed a year later by reductions downstate when performance contracting was extended statewide.

As a result of these three permanency initiatives, the substitute care caseload in Illinois declined from a peak of 52,000 children in 1997 to under 18,000 today (see Box I.3). Permanency rates jumped from 10 percent of children ever served in foster care in 1995 to 26 percent in 2000. The median duration of care for new entrants dropped from 46 months in 1994 to 24 months in 2003. In mid-2000, the number of children in state-supported adoption and guardianship surpassed 31,000 children, exceeding for the first time the number of children in substitute care. In 2002, this milestone was reached by the nation as a whole

Box I.3 Changes in End-of-Year DCFS Caseload

The history of kinship foster care in Illinois provides an important backdrop for understanding the changes in the number of children in publicly-supported foster care in Illinois. The U.S. Supreme Court ruling, *Miller v. Youakim*, stipulated in 1979 that relatives who met state licensing standards could not be denied federal foster care benefits. But it was not until Illinois established separate home approval standards for kin in 1986 that the size of the HMR program took off. In 1992, DCFS entered into the Reid Consent Decree that effectively closed off guardianship and kinship custody as discharge options. The implementation of HMR Reform in 1995 reduced the intake of children into kinship foster care but did not impact the large backlog of children in long-term state custody. Follow-up legislative changes (“Permanency Initiative”), the federal subsidized guardianship waiver demonstration, and performance contracting promoted the discharge of foster children to permanent homes. As a result, the number of foster children in state custody declined from a peak of 52,000 to under 18,000 today.



for children in federally-assisted foster care and adoption. There are currently 42,000 former foster children in publicly-assisted permanent homes in Illinois, compared to 18,000 children in state-funded foster care. By 2008, it is projected that nationally the number of children in federally-assisted adoptive homes will exceed the number in federally-funded foster homes by an order of 2 to 1.

Future Challenges

Meeting future challenges calls for innovative 21st century partnerships between states and the federal government, which can both fulfill traditional foster care obligations and support and strengthen newly formed families. Illinois' success in preventing child removal and moving thousands into permanent homes does not mean that follow-up work with the smaller number of remaining foster children grows simpler. The residual group in state custody comprises an increasingly older population of foster youth with complex developmental, educational, and mental health needs. Similarly, the shift from foster care to family permanence does not mean that the work of supporting and strengthening these new families necessarily ends. Even though regular casework and judicial oversight are no longer required, these homes still need occasional support to ensure child well-being and sometimes more intensive interventions to preserve family stability.

To meet the complex needs of the current foster youth, DCFS has unveiled a "lifetime" approach that commits the state to investing in the lives of each child under its custody as if the Department were going to be responsible for the child until he or she becomes a young adult. Even if a child's time in state custody is eventually shortened by family reunification, adoption or private guardianship, he or she cannot afford to miss critical developmental opportunities for social and emotional growth and educational progress, transitions which if neglected are difficult to make-up in later years. In addition, the challenges posed by the newer forms of adoptive kinship and legal guardianship will require additional investments in extended family support to grandparents raising grandchildren, post-permanency services to adoptive parents and legal guardians caring for adolescents, and innovative approaches to conserving the rights of association of siblings whose ties have been severed by termination of parental rights.

A major impediment to states' fulfilling traditional and new child welfare responsibilities is the inheritance of a 20th-century federal financing structure that is seriously out of alignment with the emerging post-permanency system of child protection and placement. The bulk of federal entitlement dollars and discretionary state funds are still restricted to children who come into foster care and remain in the legal custody of the state. Funding caps on preventative services for families of children at risk of removal seriously limit the ability of states to ameliorate underlying trauma and problems that compromise healthy growth and development, some of which are initiated before a child's birth (e.g. early parenthood and intrauterine drug exposure) and are located as well as in external community conditions (e.g. chronic joblessness, poor schools, and lack of neighborhood resources). The tendency of abused and neglected children to concentrate geographically in a common set of neighborhoods gives rise to a characteristic pattern in Illinois' largest county that is identifiable as far back as the early 1900s (see Box I.4).

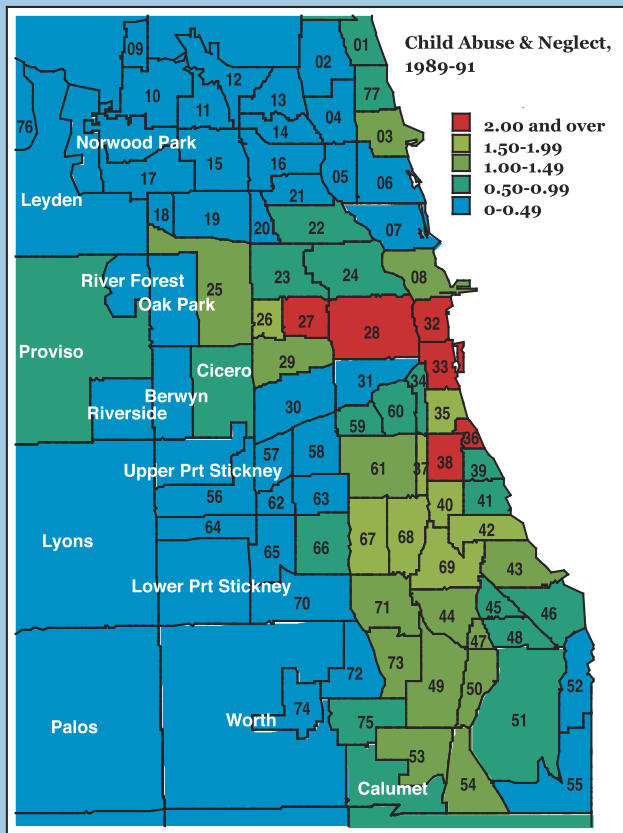
Lags in funding post-permanency services to children in kinship, adoptive and guardian homes threaten the long-term stability of these new living arrangements. Recently published federal regulations eliminate matching federal dollars for thousands of foster children living safely and stably with kin. The absence of a federal subsidized guardianship program continues to deprive foster children of the permanency opportunities piloted in Illinois of financially assisting relatives and foster parents who become legal guardians. The cut-off of federal independent living benefits to older youth taken into guardianship or adopted from foster care deprives them of an important safety-net just when they are beginning their transition to self-sufficient adulthood. Unless federal and state governments adapt existing funding mechanisms to the new realities of 21st century family life, Illinois is in danger of sacrificing many of the gains it achieved over the past decade in bringing safety and permanence to the lives of thousands of former foster children.

The future challenges of the child protection and placement system in a post-permanency world are only now coming into view. Illinois has a unique opportunity to shape national policy since the state is at the leading edge of many key changes and reforms. In the following chapters, we chart indicators of improvement and flag warning signs of potential problems.

What is often absent in statistical reports of child welfare performance, however, are the voices of those

Box I.4
Distressed Families and Disadvantaged Neighborhoods

One of the striking historical facts about the problem of child neglect and abuse is the tendency for at-risk children to concentrate geographically in a common set of neighborhoods. Social workers, sociologists, and psychologists have repeatedly identified this spatial pattern in Cook County for dependent, neglected and delinquent youth as far back as the early 1900s. The adjacent map updates the pattern with 1989-91 data on substantiated reports of child abuse and neglect in Cook County. The same neighborhoods have consistently ranked highest in terms of poverty, unemployment, family instability, crime and disease. The question that this pattern raised 100 years ago and its persistence raises today is the extent to which the production of neglect and abuse is not simply an attribute of the individuals and families who reside in these neighborhoods but also a systemic property of the neighborhoods in which these families reside.



Ratio of neighborhood to county-wide maltreatment rates arrayed from high (red) to low (blue).

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

who are the subjects of child protective intervention—the children themselves. For the last two years, the Children and Family Research Center has operated an educational program with funding from DCFS that hires, trains, and involves current and former foster youth in the development and conduct of the research of the Center. As part of the program, youth are encouraged to write stories and personal recollections of their experiences in foster care. Because their stories and memoirs have influenced both the Center’s research agenda and the way we think about potential solutions, we include a selection of their stories and recollections in the various chapters. To offer some insight into how the hard data, statistics, and counts that researchers typically tabulate line-up with real-life experiences of children and youth, this introduction concludes with a side-by-side comparison of the facts from administrative data with the recollections of a remarkable young person whose life we chronicle.

SANDRA’S STORY

Sandra is the fictional name of a real young woman. What follows below is a side-by-side comparison of the facts of her involvement in the Illinois child welfare system as recorded in administrative data and her own recollections of those experiences. Her story is written in her own words and comes entirely from her own memory. Case records and administrative data were gathered after the fact. The close agreement between the official record and her memories illustrate how key traumatic events become seared into the minds of foster children and youth. Her description of losses, hopes, disappointments, anger, setbacks, and eventual recovery, success, confidence, and plans for the future is a moving testament to the resilience of the human spirit and the restorative powers of human kindness. Sandra’s story is not necessarily representative of the experiences of all children who have entered foster care, but it helps sensitize us to the short-comings of the child welfare system as well as to the potentials for change and improvement.

Administrative Data			Personal Recollections
Age	Year	Placement	Milestones
0	1985 Dec.	Home of parent	“My Birthday:” On this cold New Year’s Eve, I was brought into this world to Ms. Patricia Green and Robert Walker. I was the youngest of two.
3.87	1989 Oct.	Foster home #1	“Disaster Strikes:” Disaster struck when we moved to Central, IL. We were taken by DCFS. This began my life as a ward of the state. It was hard finding a home for my sister, Brenda, and me until we arrived at the steps of Carol.
3.88	Nov.	Foster home #2 Foster home #3	After 3 years of abusive foster homes...
6.04	1992 Jan.	Relative home #1	<p>1991 Dec. “Rescue 911:” Grandma came to the Rescue. Back to Indiana we went until my mother got back on her feet. I was able to celebrate my first real Christmas.</p> <p>1993 Sep. “Motherless Child:” After getting situated in Indiana and things seemed to get better, my mother passed away from what I was told a drug overdose leaving two children motherless. So we stayed with Grandma.</p> <p>Dec. “Sisters Forever:” My sister didn’t know how to deal with the pain so she ran away from Grandma’s. But I remained because I was too young. This hurt me because we were all we had. We did everything together.</p> <p>1994 “Good Year:” Life was hard accepting the fact that my mother and sister weren’t coming back. Grandma was strict but she took good care of me. She let me be a kid.</p> <p>1996 Jun. “A Gift:” My niece Kimberly was born. I was excited to be an auntie. She brought the family a little closer.</p> <p>1998 Oct. “Worst Nightmare:” My Grandmother passed away from cancer. This left me devastated and angry with the world. I wish I could’ve been there like I was suppose’d to; Maybe she’d still be here.</p>
12.7	1998 Oct.	Foster home #4	I then moved in with my Godparents because no one else would or could take me.
13.1	1999 Feb.	Foster home #5	“Life’s Crazy:” Things at my Godparents wasn’t working. They didn’t know how to deal with a grieving child so they called DCFS to come and get me and to Central, IL I went to live in a foster home in the projects. This began my life as a foster child.
13.2	Mar.	Group home	
13.2	Apr.	Institution	
13.2	Apr.	Foster home #6	Rita’s house was crazy, so I requested to move with some Christian people. I thought they could help.

Administrative Data			Personal Recollections
Age	Year	Placement	Milestones
13.5	Jul.	Foster home #7	“New Placement:” It was hard adapting to a slower pace environment. It seemed as though the only excitement was trouble. I only did what I knew and saw which caused me to be kicked out of school and the Fisher’s.
13.8	Nov.	Foster home #6	Back to Rita’s I went. “Most Memorable Event:” I met my father and my other sister for the first time. I flew a plane by myself to Atlanta. I also reunited with Brenda and my niece. I only talked to my Dad on the phone and after all these years, he was willing to take me in and be the father I needed in my life. We had our first Christmas together. I was going to move with him.
14.0	2000 Jan.	Foster home #8	“New Placement:” Kicked out of Rita’s because of an altercation with her family members. I moved to Susan’s. It was a hard year trying to raise myself when no one else would. The streets was my life.
14.1	Feb.	Foster home #9	“New Placement:” Moved to Bertha’s hell hole. It was about 20 people living in one roof. Blind, Deaf, Handicap, her kids, brothers. It was horrible. I use to tell my caseworker about the conditions of this home, but she only made me stay.
14.1	Mar.	Juvenile detention	“Caught in the System:” I got caught on Agg. Bat. I went to YDC and sentenced to 1 yr. probation.
14.2	Apr.	Foster home #9	Kicked out of Bertha’s and shipped to Danville. I had to start all over again. I didn’t like Danville. It was even worse.
14.6	Aug.	Group home #2	
14.6	Aug.	Foster home #10	“Another Let Down:” My father passed away from heart problems.
14.8	Nov.	Specialized foster home #1	“New Placement:” Moved with Staci after being kicked out of Danville. Staci was 23 and didn’t know anything about raising no teenagers. She was a money hungry bitch. She was cool at first until she started giving me \$40 a month and keeping the other \$1,000 for herself.
15.6	2001 Aug	Foster home #11	“New Placement:” My father’s wife stepped up to try to raise me. I moved to Atlanta. I was excited, hoping that this was the end of foster care for me and I would finally have a family.
15.7	Sep.	Specialized foster home #2	“No One Loves Me:” Things in Atlanta wasn’t working. My stepmother was trying to make me something I wasn’t. So back to Central, IL I went. She had her brother drop me off at the bus station with trash bags and boxes and twenty dollars. That was the worst trip ever. Back to Staci’s

Administrative Data			Personal Recollections
Age	Year	Placement	Milestones
15.8	Nov.	Juvenile detention	<p>“What’s Wrong:” Staci’s didn’t last long. We got into an argument because she wouldn’t let me use the phone. She hit me and I left. She had me arrested and I spent 3 mos. in the Detention Center.</p>
15.9	Dec.	Specialized foster home #3	<p>2002 Feb. “Best Foster Home:” I met a lady name Cathy Jones while I was detained. It was weird because she knew my mother. She helped me get released and take me into her home because I had been placed in all DCFS foster homes. So I switched to Catholic Charities. Cathy was the best foster home I ever had. Her family actually treated me like family. I also got my first job.</p> <p>Mar “Looking 4 Love:” I met Terrance. He was my first boyfriend who I truly, truly loved and he loved me.</p> <p>April “First Car:” I bought my first car. It was a 86’ cutlass. “Okay Year:” I am now sixteen and things become more real to me. I had to grow up so fast that I just learned to deal with things and try to better myself. Many obstacles were put in my way but I managed to stay in school, not get pregnant and dream big.</p>
17.2	2003 Mar.	Independent living	<p>2003 Mar. “My First Apartment:” I entered the Independent Living Program when I was 17. They saw that I wasn’t the ordinary foster child. I had a good head on my shoulder. I was excited because I was finally able to have something to call mine. My own Apt. No more foster homes for me. I still had to abide by a little rules but I had freedom and it allowed me to realize I’m grown now.</p> <p>Dec. “Finally:” Who would ever believe I’d graduate early. I hated school. I had been expelled from every school up here, but by the grace of God I got my high school diploma. I accomplished something.</p> <p>2003 Jan. “Dreams Are Real:” Freshman year at Community U. Majored in business. I was excited to be a college student even though it wasn’t the U of I. Some people haven’t made it this far.</p> <p>2004, Jun. “My Time 2 Shine:” Began working with FYSH project. This has allowed me to try to help people who are like me as well as help myself. I am now able to share things I was never able to express with people and see what I can do to change the DCFS system.</p> <p>19.3 2005 Mar. “Fear of the Future:” After years of struggling and striving to get through this thing called life, I can look at my life and know that after all I have a future. Nobody can help me until I help myself. I’ve been running this race so long that I’m exhausted. I’m ready to finally get out into the world to see why my heart has suffered from so much pain and grief. I’ve suffered long enough and no matter what, I’m never gone give up even if I am alone. We came in this world alone and we die alone. Nothing or nobody will make me or break me.</p>

In each of the following chapters, we summarize key trends and conditions and illustrate how Sandra’s experience measures up against the outcome indicators used in this report. Despite the odds, Sandra by her account succeeded. Perhaps the continuity of her grandmother’s care during her formative years provided a secure base for recovery. Perhaps the kindness shown to her by a caring foster parent gave her the support and encouragement to mature into a confident and hopeful young woman. On the timeline she assembled, Sandra pasted a type-written quotation from a former foster child. It read:

“ If children’s advocates and policymakers don’t know what to do for children, I do: provide them with connectedness, continuity, dignity, and opportunity. These four powerful factors can nurture children and youth by giving them meaningful and caring relationships with adults, a positive legacy, respect and the possibility for a life filled with potential. These principles should be the international standard for making decisions for all children.¹⁰ ”

Holding our child protection and placement systems accountable to these principles is the least we can do to assure the safety, stability, continuity, permanence and well-being of the children who have come, briefly or long-term, under our public guardianship as citizens of Illinois. In the following chapters, Sandra’s individual experiences in foster care are tabulated along with the individual experiences of 104,000 other children to provide a composite statistical profile of key trends and conditions of children in and at risk of foster care in Illinois.

¹⁰ Seita, J. (1996, June 24). Who speaks for the kids? *Time*, 142.

CHILD SAFETY AT HOME AND IN SUBSTITUTE CARE

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

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

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

During the past two decades, two key pieces of federal child welfare legislation illustrate the challenges of striking a balance between the opposing extremes of this ideological continuum. Reacting to concerns about the dramatic increases in the number of children entering foster care in the mid-1980's, Congress established the Family Preservation and Family Support Services Program as part of the Omnibus Budget Reconciliation Act of 1993 (Public Law 103-66). This program provided flexible funding for community-based services to prevent the occurrence of child abuse and neglect and help families whose children

were at risk of being removed. A bit over a decade later, perceptions of the public child welfare system once again shifted over concerns that the system was biased toward parental rights at the expense of child safety and well-being. In response, Congress passed the Adoption and Safe Families Act of 1997 (Public Law 105-89) that made child safety the paramount concern in any child welfare decision.⁵

Child Protective Services in Illinois

In 2004, approximately 277,000 calls were made to the Illinois State Central Registry and screened for suspected abuse and neglect (see Figure 1.1). This is down from a peak of 377,000 in 1995. A little under one-fourth of these calls (23%) are determined to warrant further action and are referred for investigation by local DCFS offices. These approximately 60,000 reports of suspected abuse and neglect involve about 104,000 children or 1.8 percent of the state's population under 18 years of age.

In slightly more than one out of four investigations of reported abuse and neglect (26%), DCFS investigators find credible evidence that a child was maltreated. This is down from the mid-1990s when 36% of child maltreatment reports were indicated by DCFS investigators. In 2004, just under 24,000 children in Illinois were indicated for abuse or neglect compared to a peak of 45,500 in 1995.

Child Safety in Illinois

Prevalence of Child Maltreatment

Even when examined through the lens of the child welfare system, child safety exists in a variety of contexts. Thus, to obtain a comprehensive understanding of child safety in Illinois, several indicators must be examined. The first context is the safety of children under 18 years from child

¹ U.S. Department of Health and Human Services. (2004). *Child Welfare Outcomes 2001: Annual Report. Safety, Permanency, Well-being*. Washington, DC: U.S. Government Printing Office.

² Murray, K.O., & Gesirich, S. (n.d.). *A brief legislative history of the child welfare system*. Retrieved May 2, 2005, from <http://pewfostercare.org/research/docs/Legislative.pdf>

³ Helfer, R., & Kempe, C. (1968). *The battered child*. Oxford, England: University of Chicago Press.

⁴ Murray & Gesirich, *supra* note 2

⁵ *Ibid*

abuse and neglect, or the prevalence of maltreatment. Figure 1.2 displays the trend over time for this indicator.

Figure 1.2 reveals that the number of children without an indicated report of child abuse and/or neglect has slowly but steadily increased over the past seven years, from 990 per 1,000 children in 1998 to more than 993 per 1,000 in 2004 (see Appendix A, Indicator 1.A). When this data is examined by DCFS region, the rate of children without an indicated report was higher in Cook County and the Northern region than in the Central and Southern regions. Much of the overall improvement in this indicator has occurred in Cook County – rates have increased from 992 per 1,000 in 1998 to 996 per 1,000 in 2004. In addition, rates of non-maltreatment have significantly improved among African-American children – from 978 per 1,000 in 1998 to 986 per 1,000 in 2004. Despite this increase, rates of non-maltreatment among African-American children are considerably lower than those for children of other ethnicities (see Appendix A, Indicator 1.A).

National comparisons of the rate of child non-maltreatment are difficult; differences in state definitions of child abuse and neglect, investigation disposition categories (e.g., substantiated, indicated, unsubstantiated), and the level of evidence required for disposition decisions all influence the rate of substantiated child maltreatment. With this in mind, the most recent national data suggest that rates of child non-maltreatment

Figure 1.1
Child protective services caseload volume (1992-2004)

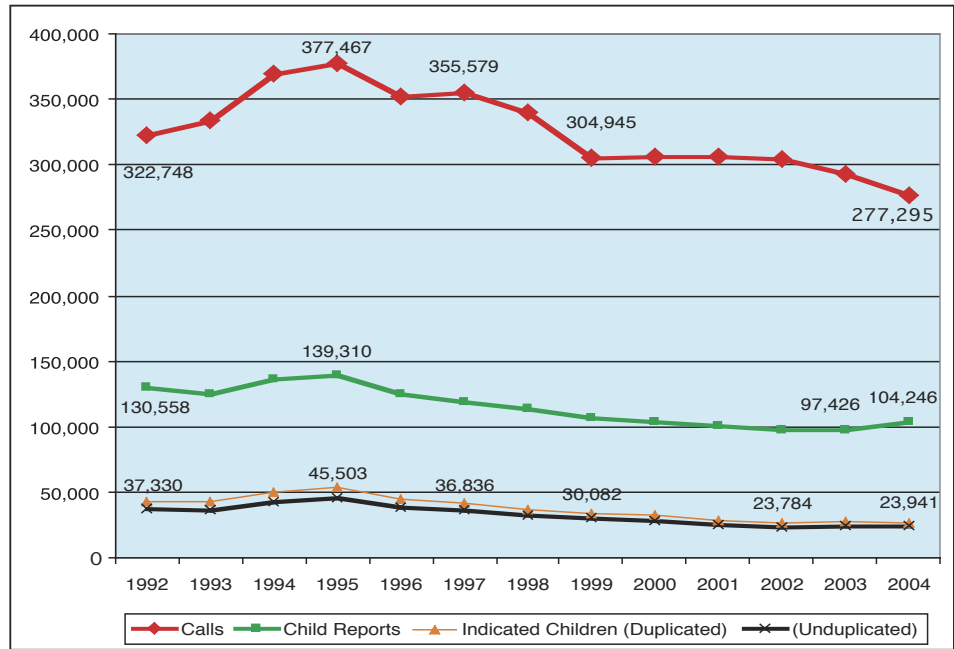
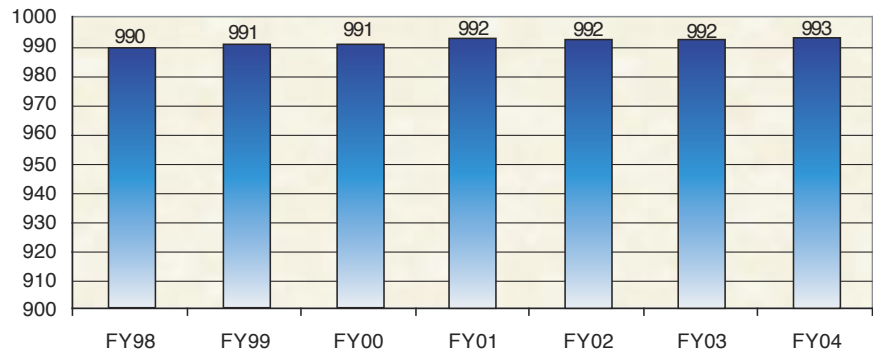


Figure 1.2
Number of children (per 1,000) without an indicated maltreatment report



SANDRA'S STORY

Sandra was indicated in 1989 for inadequate supervision at the age of four. Although Sandra experienced subsequent maltreatment reports following this initial report, she did not experience an “official” recurrence of abuse or neglect as defined by either the federal definition or that used in this chapter because the initial reports of substantial risk of harm and lack of supervision were unfounded. Sandra was never served at home in an intact family case. Although Sandra recalled some unpleasant experiences in foster homes, she never had a subsequent indicated report of maltreatment while in foster care.

CHILD SAFETY AT A GLANCE

We will know children are safer:

If more children are protected from abuse or neglect:



Of all children living in Illinois the proportion that did *not* have an indicated report of abuse or neglect increased from 992.1 per 1,000 in 2001 to 992.5 per 1,000 in 2004.

If more children are protected from repeated abuse or neglect:



Of all children with a substantiated report of abuse or neglect, the percentage that did *not* have another report within a year has improved from 85% in 2000 to 89% in 2003.

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



Of all children who were served at home in an intact family case, the percent that did *not* have another substantiated report within a 12-month period has increased from 88% in 2000 to 90% in 2003.

If more children remain safe from abuse and neglect while in foster care:



Of all children ever served in foster care during the year, the percentage that did not have a substantiated report during placement has remained constant at 98% over the past four years.

vary widely among states, from a high of 998.2 per 1,000 children in Pennsylvania to a low of 958.7 in Alaska.⁶ The non-maltreatment rate in Illinois in 2002 was 991.3 children per 1,000, ranking medium-high along with Minnesota and Wisconsin (see Map 1.1).

Maltreatment Recurrence

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

The most common definition of recurrence is a substantiated report following a prior substantiation that involves the same child or family.⁷ However, some studies have included all subsequent reports (sometimes called re-referrals) following an initial report, regardless of the substantiation status of the report.⁸ Another important dimension along which definitions vary is the length of time over which recurrence is monitored; common follow-up periods range

Map 1.1 National comparison: non-victims per 1000 child population, 2002

Illinois prevalence of children not indicated for abuse or neglect ranks in the medium high range along with Minnesota and Wisconsin.



⁶ U.S. Department of Health and Human Services, Administration on Children, Youth, and Families. (2004). *Child Maltreatment 2002*. Washington, DC: U.S. Government Printing Office.

⁷ Fluke, J.D., & Hollinshead, D.M. (2003). *Child maltreatment recurrence*. Duluth, GA: National Resource Center on Child Maltreatment.

⁸ English, D., Marshall, D., Brummel, S., & Orme, M. (1999). Characteristics of repeated referrals to child protective services in Washington State. *Child Maltreatment*, 4, 297-307.

Box 1.1

New Initiatives: “Strengthening Families” in Illinois

In January 2005, the Center for the Study of Social Policy (CSSP) announced that Illinois is one of seven states chosen to participate in a national pilot program aimed at reducing the number of children who are abused or neglected.⁹ The pilot program, “Strengthening Families” engages early child care and education settings in carrying out child abuse and neglect prevention strategies through:

- Integrating abuse and neglect prevention ideas into the State early care and education system, such as changes in licensing, credentialing, or other aspects of state support for quality early childhood programs;
- Making early care and education programs available to families at risk of having their children taken into foster care by using placement prevention resources in the child welfare department and providing new training and supervision for case workers to carry this out;
- Enhancing collaboration between child abuse and neglect prevention advocates and programs and early childhood professionals and programs; and
- Developing a research agenda to document the impact of the pilot.

According to Bryan Samuels, Director of the Illinois Department of Children and Family Services, “We are particularly excited about the Strengthening Families initiative and to focus our child abuse prevention efforts in existing child care settings. We believe that the children in our protection can greatly benefit from efforts to innovate and improve child care settings.”

⁹Center for the Study of Social Policy. (n.d.). *The Strengthening Families state pilot project*. Retrieved April 28, 2005, from http://www.cssp.org/doris_duke/pilots/index.html

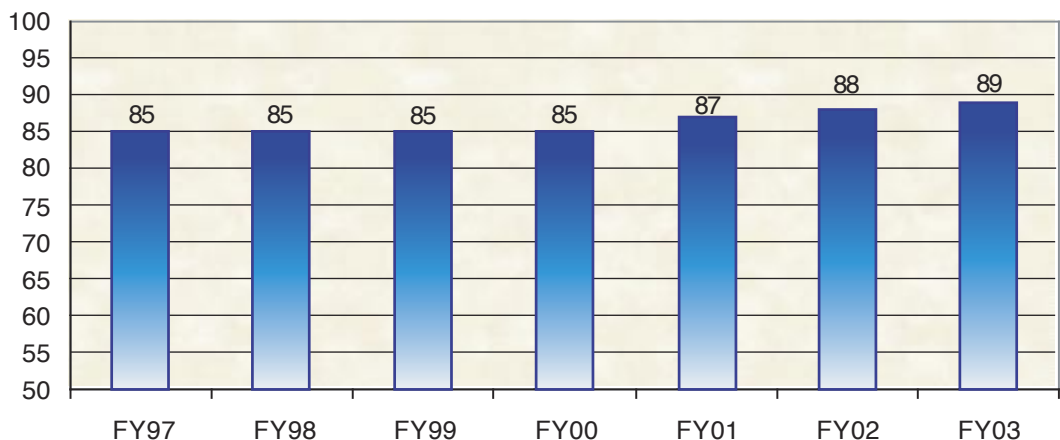
from 60-120 days (short-term recurrence), six months, 12 months, and 24 months.

The federal Child Welfare Outcomes Reports produced by the U.S. Department of Health and Human Services include a measure of maltreatment recurrence: For all children who were victims of substantiated or indicated child abuse and/or neglect during the first 6 months of the reporting period, what percentage had another substantiated or indicated report within a 6-month period?⁹ Initially, the federal indicator of maltreatment recurrence measured the percentage of children who had a subsequent indicated report within 12 months of an initial report, but the indicator was modified to allow measurement using a single year of data.

The indicator of maltreatment non-recurrence included in the current report examines the percentage of children with an indicated maltreatment report that did not have another indicated report within 12 months (Figure 1.3; see Appendix A, Indicator 1.B).

Figure 1.3 reveals that the number of children who do not experience maltreatment recurrence within 12 months of an initial substantiated report has increased slightly after several years at a constant level, from 85% in 1997 to 89% in 2003. This indicates that more children are safe from repeat maltreatment in 2003 than in 1997. Examination of 12-month maltreatment non-recurrence rates by region reveals that Cook County has the highest rate of non-recurrence, followed by the Northern region, Central region, and then Southern region. The Northern region has shown

Figure 1.3
Percent of children with a substantiated report that did not have another report within 12 months



⁹ U.S. Department of Health and Human Services, Administration for Children and Families. (2004). *Child Welfare Outcomes 2001: Annual Report*. Washington, DC: U.S. Printing Office.

the greatest improvement in 12-month maltreatment non-recurrence rates – the percentage of children who do not experience recurrence has increased from 84% in 1997 to 90% in 2003.

Maltreatment Recurrence Among Intact Family Cases

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

After an initial decline from 1997 to 1998, the safety of children served at home has improved over the past five years. In 1998, 86% of the children living at home in an intact family case did not experience a substantiated report within a year. This rate has steadily increased so that in 2003, 90% of the children served at home did not have a subsequent substantiated report within a year. Additional analysis reveals that African-American and Hispanic children in intact families have significantly higher rates of non-recurrence than Caucasian children. Rates of non-recurrence among intact families increase with child age – older children are less likely to experience recurrence than younger children (see Appendix A, Indicator 1.C).

Maltreatment Recurrence in Substitute Care

If children are taken from their home of origin and placed into substitute care for protective reasons, the expectation is that their new living arrangement will provide them with

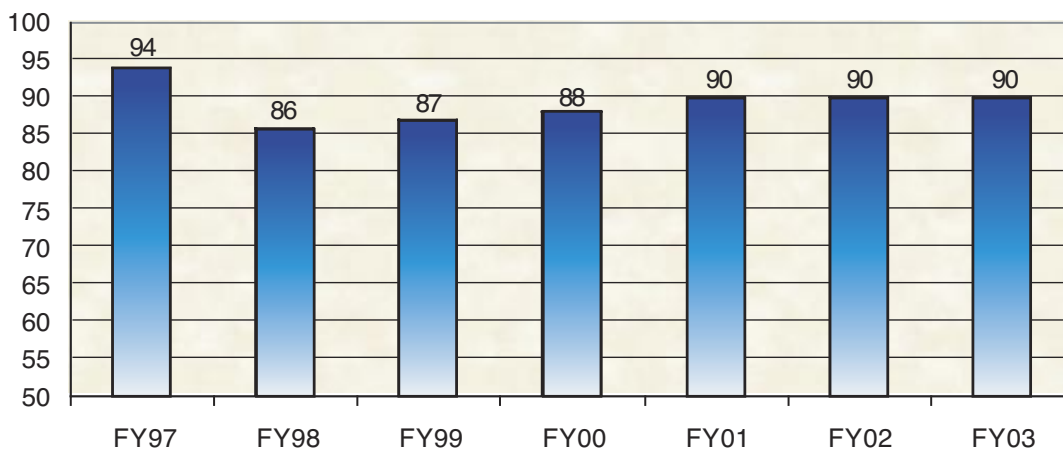
Youth Voices

Damen, 18 year old FYSH program participant, reflects on his early years: I can't really remember any of the happy sweet times from the age of one to nine. All I can remember is flash backs that still haunt me to this day. I remember my mother bringing home guys who would be drunk and sometimes strung off on drugs and she would think that this was the love of her life because he seemed like a nice person. But what she didn't know was how much it affected my life. There were times when I ran away from home and spent a few nights in the woods so I didn't have to see my mother beat up again. I also recall taking care of my brothers, being their father because she was not there for them. My birthdays used to be the worse day of my life. I would get scared when my day came around. Somebody would always say or do something that would anger my step father and he would then drink all night and then come home and beat me or my brothers up because he was ashamed of us.

safety from additional abuse or neglect. The following indicator examines the safety of children in substitute care, i.e., the number of children who do not experience a substantiated report of maltreatment during placement. The data were adjusted for the time a child spent in care, so that the length of time a child spent in foster care was factored into the calculation of the rate of recurrence.

The percentage of children living in substitute care who have not had a substantiated report of abuse or neglect while in placement has remained stable over the past several years at 98% (Figure 1.5; see Appendix A, Indicator 1.D). This consistency is notable in light of the significant reduction in the number of children served in substitute care from nearly 60,000 in 1998 to 26,000 in 2004.

Figure 1.4
Percent of children served in intact families, that did not have a substantiated report within 12 Months



Care should be given when interpreting the rates of recurrence (or non-recurrence) in substitute care, as 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 Center has revealed that use of the report date rather than the incident date results in an overestimation of abuse and neglect in substitute care.¹⁰ According to this research, a portion of the maltreatment that is reported while children are in substitute care actually occurred prior to a child’s entry into care, i.e., the incident occurred prior to entry but the report occurred during substitute care. Many of these “retrospective reporting” errors are reports of sexual abuse. Unfortunately, DCFS administrative data do not distinguish between report date and incident date, so the effects of retrospective reporting error must be estimated. In an attempt to remove the effects of “reporting error” from this indicator, the original analysis were repeated excluding recurrence reports of sexual abuse (the most common source of retrospective reporting error). Using this “correction,” the percent of children without another report of abuse or neglect in care increases between .3 and .5%, and has remained around 98.7% for the past several years (see Appendix A, Indicator 1.D).

**Preventing Maltreatment Recurrence:
The Role of Safety Assessment**

In 1997, the Adoption and Safe Families Act (ASFA) placed legislative emphasis on child safety by indicating that

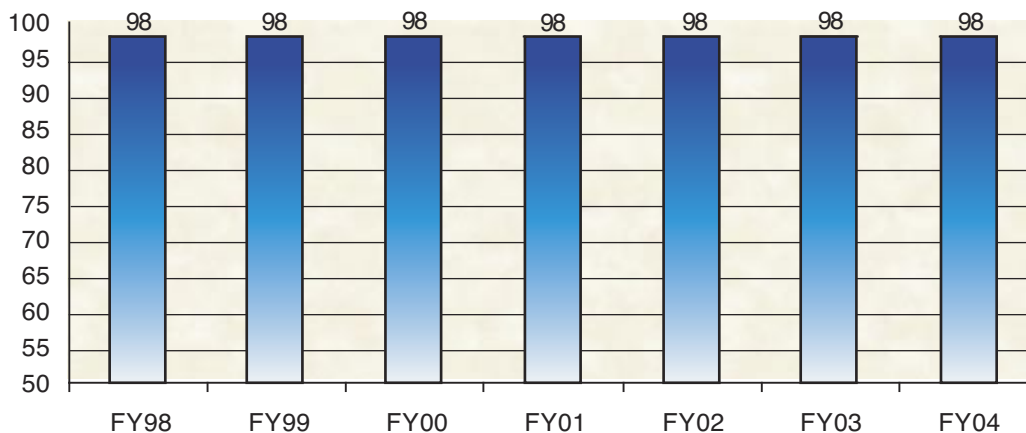
**Box 1.2
Which Intact Families Are Likely to Experience Maltreatment Recurrence?**

The Children and Family Research Center conducted a case control study of maltreatment recurrence among intact family cases,^a comparing 171 intact families who experienced an indicated report of maltreatment within 60 days of case opening to 179 intact families that did not experience recurrence. The two groups were compared on a variety of factors, including demographics, maltreatment type and history, safety and risk assessment characteristics, and service provision. Logistic regression analyses revealed that only four variables uniquely added to the prediction of maltreatment recurrence among intact families: safety assessment completion, prior indicated reports on the perpetrator, service provision during the first 60 days, and number of family problems (e.g., domestic violence, substance abuse, mental or physical health problems). Cases without a completed safety assessment protocol were four times more likely to experience maltreatment recurrence within 60 days of case opening than those with a safety assessment. This finding points to the continued importance of safety assessment throughout the life of a child welfare case.

^a Fuller, T.L., Wells, S.J., & Cotton, E.E. (2001). Predictors of maltreatment recurrence at two milestones in the life of a case. *Children and Youth Services Review, 23*, 49-78

safety takes precedence over other social policy interests such as family preservation. In response to this increased demand for accountability, child welfare agencies devoted considerable effort toward improving safety decision-making. Fundamental steps in this effort included the articulation of the concepts of safe and unsafe, their differentiation from the concept of risk, and the development of structured safety assessment protocols for use during initial family contact and investigation. To date, 42 states have implemented

**Figure 1.5
Percentage of children served in substitute care that did not have a substantiated report during placement**



¹⁰ Tittle, G., Poertner, J., and Garnier, P. (2001). *Child maltreatment in fostercare: A study of retrospective reporting*. Urbana, IL: Children and Family Research Center.

Youth Voices

Sara, with FYSH, reflects on the abuse she received from her parents: Before I was seven I had never lived with my biological parents, and so I didn't know what I was in for when I first went to live with them. Up to that point, I had experienced abuse from foster parents and other relatives. I will not share the details, but I regard the three years I lived with my biological parents to be the worst placement I ever had. I was taken back into foster care from their home when I was ten years old. To my surprise, numerous social workers and psychologists tried to tell me that whatever my parents had done that they were still my parents and could be forgiven. I guess it only mattered that they were family and not that they were abusive, neglectful addicts.

some form of structured safety assessment protocol into their practice.¹¹ However, only a handful of states have evaluated the implementation or impact of their safety assessment instrument on child safety.

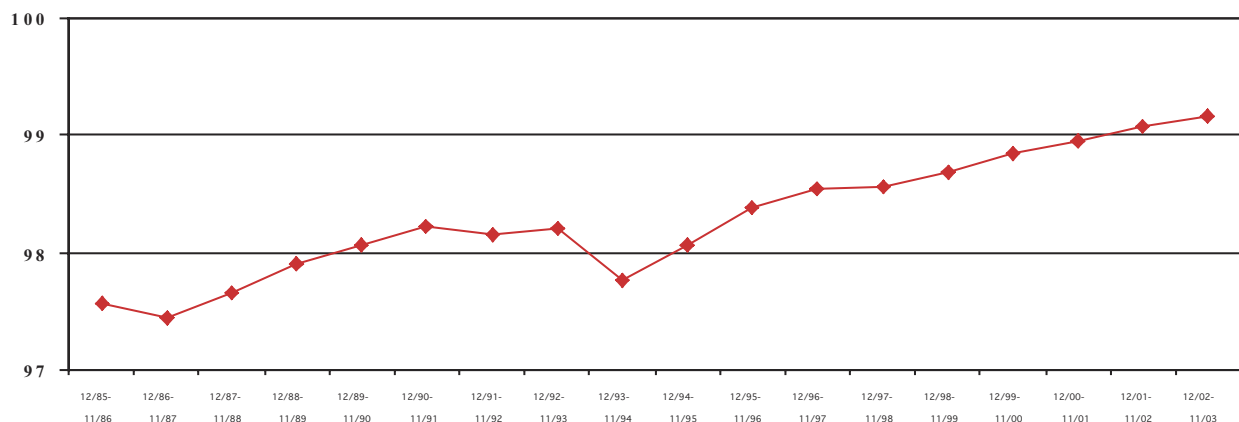
Evaluating the Impact of Safety Assessment in Illinois

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

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

The CERAP assesses child safety, defined in Illinois as the likelihood of **immediate harm of a moderate to severe nature**. Thus, the indicator of child safety in this context must reflect two important dimensions: 1) the threat of harm to the child must be “immediate” and 2) the potential harm to the child must be of a “moderate to severe nature.” Thus, child safety was defined in terms of the occurrence (i.e., recurrence) of an indicated report of moderate to severe maltreatment within 60 days of an initial report. Because DCFS policy does not include a specific definition of “moderate to severe harm,” three mutually exclusive groups were defined using allegation codes included in the Illinois Child Abuse and Neglect Tracking System (CANTS) database. *Moderate physical abuse* included allegations of cuts, welts, and bruises, human bites, and sprains/dislocations. *Severe physical abuse* included indicated allegations of brain damage/skull fracture, subdural hematoma, internal injuries, burns/scalding, poisoning, wounds, bone fractures, and torture. *Severe sexual abuse* included indicated allegations of sexually transmitted diseases, sexual penetration, sexual exploitation, and sexual molestation.

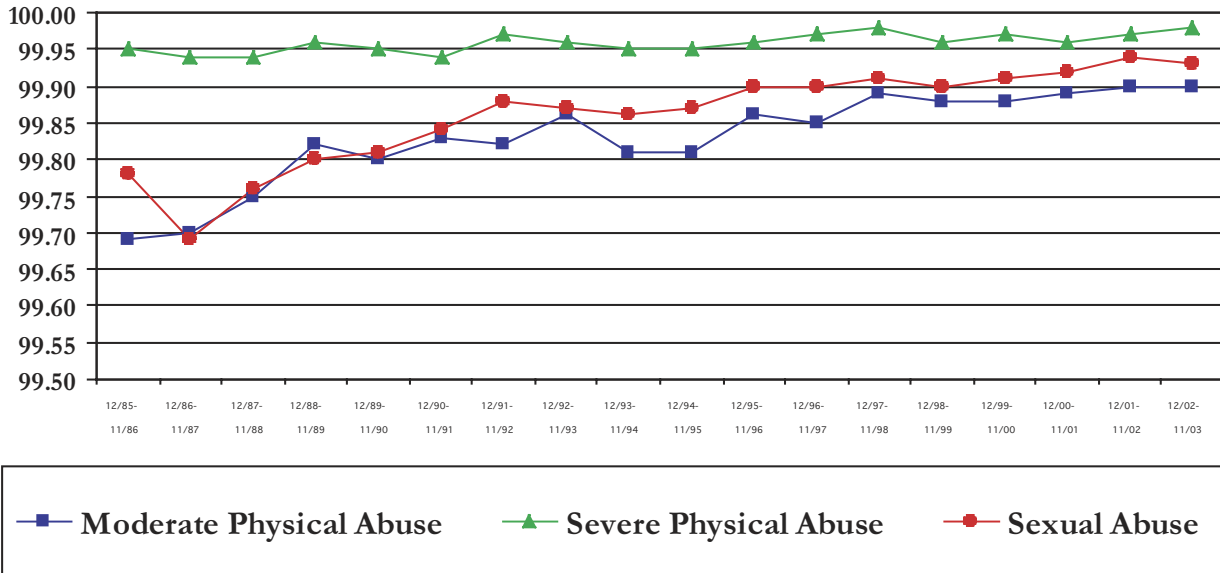
Figure 1.6
Percent of children safe from repeated maltreatment of any type within 60 days of an initial report (1986-2003)



¹¹ U.S. Department of Health and Human Services, Administration for Children, Youth, and Families. (2003). *National study of child protective services systems and reform efforts: Review of State CPS policy*. Washington, DC: U.S. Government Printing Office. Available online at: <http://aspe.hhs.gov/hsp/cps-status03/state-policy03/>

Figure 1.7

Percent of children safe from repeated maltreatment of moderate physical abuse, severe physical abuse, and sexual abuse within 60 days of an initial report (1986-2003)



The following analyses examine the number of children who did not experience maltreatment recurrence within 60 days of an initial maltreatment report (i.e., the number of children who remained safe during this period). Results of the analysis for all maltreatment types are shown in Figure 1.6 as a comparison, and the results for moderate physical abuse, severe physical abuse, and severe sexual abuse are presented in Figure 1.7. An examination of the two figures reveals that the number of children that remain safe from maltreatment recurrence within the first 60 days following an initial report has significantly increased from 1986 to 2003: rates for all maltreatment types increased from around 97.4% in 1986 to slightly more than 99% in 2003, while rates for moderate physical abuse and sexual abuse increased from approximately 99.7% in 1986 to 99.9% or more in 2003, and rates for severe physical abuse ranged from 99.94% in 1987 to 99.98% in 2003.

In general, the trend lines in both Figure 1.6 and 1.7 show that safety from repeated maltreatment for each of the groups has been consistently increasing across the period from 1986 – 2003, with the exception of a moderate decrease in 1994. The fact that safety rates increased the year following CERAP implementation and have continued to gradually increase each year post-implementation suggests that the implementation of the CERAP had a demonstrable impact on short-term safety. However, the trend analysis also reveals the increase in safety began

several years prior to CERAP implementation, suggesting an alternative interpretation that safety from repeated maltreatment would have continued to increase without the CERAP intervention. Unfortunately, the current analyses do not permit definitive conclusions about the impact of the CERAP safety intervention.

Risk of Maltreatment Recurrence

In addition to the secular trend analyses, which examined recurrence rates over time, multivariate logistic regression analyses were conducted to examine the relationships between specific child and maltreatment report characteristics with recurrence. The predictor variables examined in this analysis were limited to those reliably available in the DCFS administrative database, and included: 1) child gender, 2) child race, 3) child age group, 4) geographical region, 5) maltreatment allegation, and 6) maltreatment reporter. The dependent variable was substantiated maltreatment recurrence within 60 days of an initial maltreatment report. Please note that in the multivariate analysis on the risk of maltreatment recurrence, we deviate from the usual protocol in this report of displaying improvement over time as an “upward” movement on a graph (Table 1.2 and Figure 1.8).

Before computing the logistic regression model, the bivariate relationship between each predictor variable and

Box 1.3

Warning Signs: Do CERAP Safety Plans Prevent Maltreatment Recurrence?

The intended purpose of the Child Endangerment Risk Assessment Protocol is to provide CPS workers with a mechanism for quickly assessing the potential for moderate to severe harm in the immediate or near future and for taking quick action to protect children from harm. This action takes the form of a safety plan designed to control the safety factors placing the children at risk of immediate harm. In theory, a well-designed and implemented safety plan should mitigate the risks posed by the threats to child safety identified in the CERAP so that children in

“unsafe” households are no more likely to experience maltreatment recurrence than those in “safe” households.

To investigate this assumption, researchers at the Children and Family Research Center examined the relationship between the CERAP safety decision and subsequent maltreatment recurrence among households investigated between May 20, 2002 and May 19, 2004. The results of this analysis for all maltreatment types are presented in Table 1.1.

Table 1.1
60-Day Recurrence in Cases With Safe Versus Unsafe Safety Decisions

		Safe	Unsafe	Total
2003	Number Investigated	85,163	3,335	88,498
	Number Recurrent	821	94	915
	% Recurrent	1.0%	2.8%	1.0%
2004	Number Investigated	77,302	3,285	80,587
	Number Recurrent	654	84	738
	% Recurrent	.9%	2.6%	.9%

The results presented in Table 1.1 highlight several interesting findings. First, the number of children in Sequence A (first report of maltreatment) investigations given an “unsafe” CERAP determination is relatively small: 3,335 of 88,498 investigated children (3.8%) in 2003 and 3,285 of 77,302 investigated children (4.1%) in 2004. Although only a relatively small number of investigated cases are classified as unsafe, these cases are at higher risk for short-term maltreatment recurrence compared to cases classified as “safe.” Specifically, cases categorized as unsafe were

approximately 3 times more likely to experience maltreatment of any type than those categorized as safe.

Although additional information about the use of CERAP safety plans and is clearly needed, these results suggest that for some families, the safety plans developed by CPS workers are not protecting children from future maltreatment. Future research should involve a careful analysis of the content of CERAP safety plans in an effort to identify the elements of effective plans.

^a Fuller, T.L., & Nieto, M (2005). *Illinois Child Endangerment Risk Assessment Protocol: Impact on Recurrence of Moderate to Severe Maltreatment*. Urbana, IL: Children and Family Research Center.

maltreatment recurrence was explored, as well as several theoretically-meaningful interaction effects. The results of these preliminary analyses revealed that the relationship between child race and maltreatment recurrence interacted with several other variables – that is, the relationship between child race and recurrence was different depending on what region the child lived in, the type of maltreatment experienced by the child, and who reported the maltreatment to DCFS. Since these interactions can make the results of logistic regression analysis difficult to interpret, separate analyses were computed for African-American children and those of all other races combined (see Table 1.2).

Geographical Region: Geographical region was significantly related to maltreatment recurrence in the multivariate models – African-American children in Cook County were 10% less likely to experience recurrence than

those in the rest of the state, while children of other racial groups were 21% less likely to experience recurrence than those in non-Cook regions.

Maltreatment Type: This variable was significantly related to maltreatment recurrence in the multivariate model for both African-American children and children of other ethnicities. Compared to those who experienced sexual abuse, children who were indicated for lack of supervision were at increased risk of recurrence (+109% among African Americans, +68% among other racial groups), as were those who were indicated for environmental neglect (+67% and +73%, respectively), substantial risk of physical injury (+20% and +16%, respectively), and physical abuse (+19% and +15%, respectively).

Maltreatment Reporter: Risk of maltreatment recurrence was also related to the source of the initial

Table 1.2
Predicting 60-day Maltreatment Recurrence: Percent Difference in Rates

Variable	African American	Other Race/Ethnicity
Geographical Region		
Cook County	-10%	-21%
Comparison is non-Cook County		
Maltreatment Type		
Lack of Supervision	+109%	+68%
Environmental Neglect	+67%	+73%
Substantial Risk of Harm	+20%	+16%
Other Neglect	n.s.	n.s.
Substance-Exposed Birth	n.s.	n.s.
Physical Abuse	+19%	+15%
Comparison is sexual abuse		
Maltreatment Reporter		
Law Enforcement	-3%	+36%
Social Services	+45%	+44%
DCFS	n.s.	n.s.
Medical Personnel	n.s.	n.s.
School Personnel	n.s.	n.s.
Child Care	n.s.	n.s.
Comparison is family/friend		
Age at Initial Investigation		
Under 3	+95%	+114%
3 to 5 years	+51%	+58%
6 to 8 years	+52%	n.s.
9 to 11 years	n.s.	n.s.
12 to 14 years	n.s.	n.s.
Comparison is 15-18 year olds		
Note: This model controls for the year of the initial investigation.		

maltreatment report, although the effects of the reporter differed for African American and non-African-American children. African American children reported by law enforcement were 3% less likely to experience recurrence than those reported by family/friends, while non-African-American children reported by law enforcement were 36% more likely to experience recurrence than those reported by family/friends. Children reported by social service personnel were more likely to experience recurrence compared to those reported by family/friends (+45% African American, +44% other groups).

Child Age: Results of the multivariate analyses revealed that the risk of maltreatment recurrence decreases with age for both African-American children and those of other racial groups. African-American children age 0 – 3 were 95% more likely to experience recurrence than those between 15 and 18; non-African-American children in this group were 114% more likely to recur than those between 15 and 18 years. Children between 3 and 5 years in both groups were also at elevated risk – they were 51% to 58% more likely to experience recurrence than 15 – 18 year olds. The elevated risk of recurrence continued among African-American children through age 8.

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

Child Race: Figure 1.8 shows the relative risk of maltreatment recurrence for successive cohorts of African-American children and children of other ethnicities. The comparison group is white children and children of other races investigated in 1986 (arbitrarily anchored

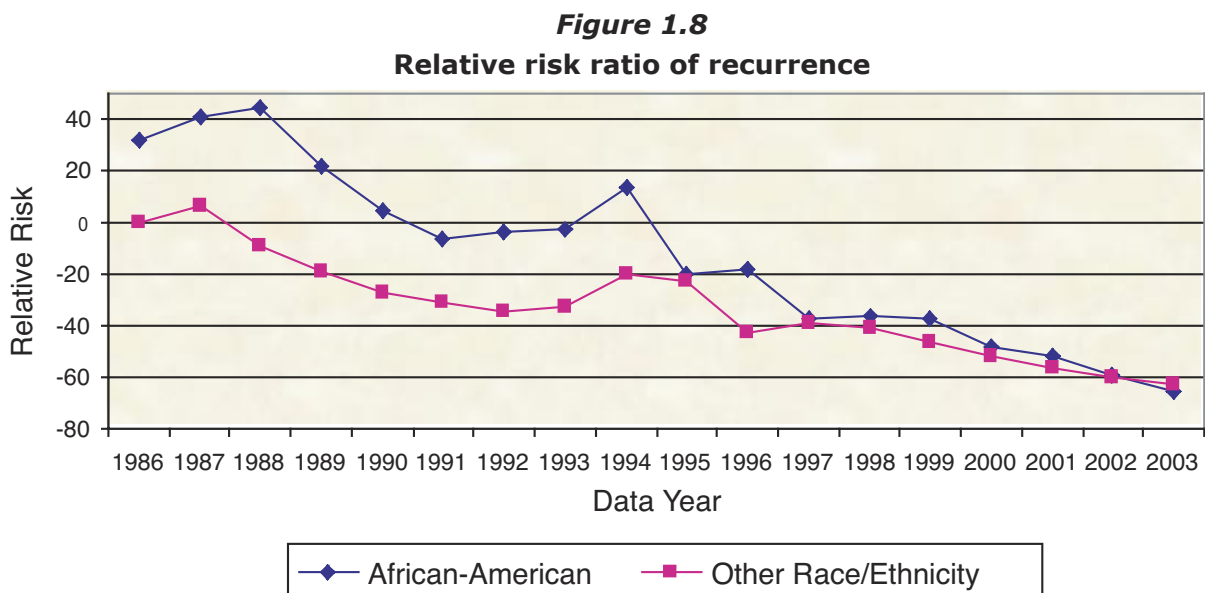
at zero). The risk of 60-day maltreatment recurrence for both African-American and other racial groups has been declining fairly consistently over the past 15 years. However, in earlier cohorts, African-American children were at a higher relative risk of recurrence compared to children of other racial backgrounds. Since 1997, the differences between the groups are negligible.

Observations on Child Safety in Illinois

Child safety is the paramount concern of child welfare services. By all accounts, children in Illinois are safer than ever before. The number of children investigated for potential abuse or neglect has decreased 25% in the past decade, and the number of children indicated for maltreatment has declined an even greater 47%. This trend is mirrored throughout the nation – most states are indicating fewer children today than in the past.

The true litmus test of child welfare performance, however, is the ability of the system to keep a child safe from additional maltreatment after he or she has had an indicated report of abuse or neglect. Illinois' performance in this area is consistently strong. The number of children that do not experience maltreatment recurrence has remained constant or increased on each of the three indicators examined in this report – all children with an indicated report, children served in intact families, and children living in substitute care.

Many have attributed the increased safety of children in Illinois to the implementation of a structured safety assessment protocol in December 1995. Indeed, annual evaluation of



this protocol (the Child Endangerment Risk Assessment Protocol) has indicated that short-term (e.g., within 60 days of an initial report) child safety has increased each year since 1995. The increase in short-term safety appears to have begun several years prior to CERAP implementation, however, which introduces the possibility that rates would have continued this increase without intervention.

The successes Illinois has experienced in the area of child safety should not breed complacency, however. Compelling evidence exists that the children most likely to experience maltreatment recurrence are those most unable to protect themselves – children under three years of age. In addition, children who experience an indicated report of neglect are around 100% more likely to experience recurrence than children who experience certain other types of maltreatment. Continued monitoring and innovation in the area are still needed to ensure that the successes achieved in this area are maintained and extended to all children in Illinois.

STABILITY OF FAMILY LIFE AT HOME AND IN SUBSTITUTE CARE

*Home life is the highest and finest product of civilization.
Children should not be deprived of it except for urgent and compelling reasons.¹*

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

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

Preserving the Stability of Family Life

Once a determination has been made by child protective services that intervention is necessary to safeguard the welfare of a child, the next choice that child welfare workers must make is whether the child can be safely served in the home or should be taken into protective custody and placed in foster care. The preference is to prevent removal and DCFS supports a system of intervention in which families can be referred for "intact family services" in lieu of placement into the foster care system.

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

A national comparison of child non-removal rates reveals that Illinois ranks among the highest in the country – more children remain at home and are not in foster care in Illinois than in most states (see Map 2.1). Illinois' rate of child non-removal is comparable to that among the southern states of Texas, Louisiana, Alabama, Nevada and North Carolina. Among the northern states, only New Hampshire and New Jersey rank as high as Illinois.

Keeping Families Intact

Another measure of how well the state is doing in preserving family stability is the number of children served in intact family cases that do not experience a substitute care placement within a year of their initial report (see Appendix A,

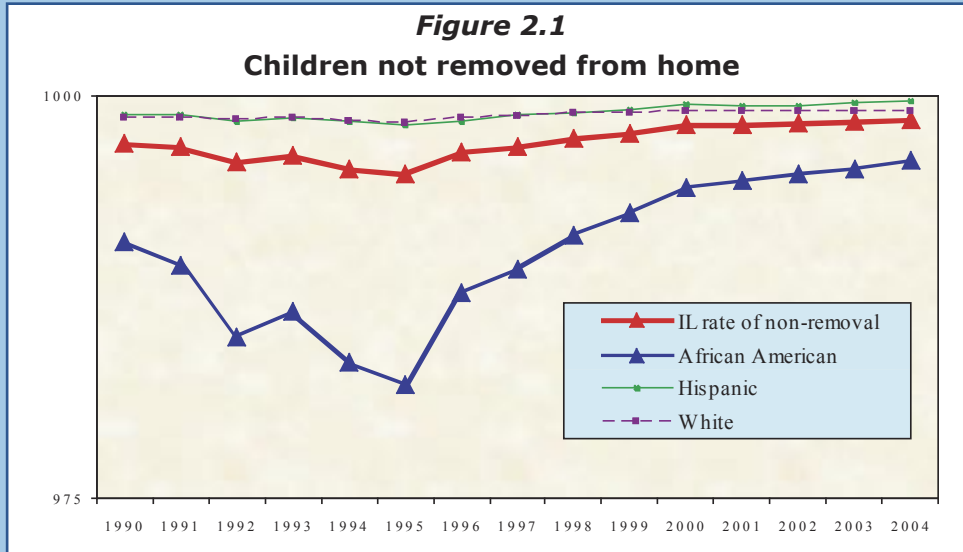
¹ First White House Conference on the Care of Dependent Children, January 25, 1909.

Box 2.1

The Overrepresentation of African-American Children in Foster Care

There have been notable changes in state intervention into the lives of African-American families in Illinois. These changes are directly related to the dramatic increases in the rate at which African-American children are kept in their own homes after child protective investigation. Although the rate of non-removal among African-American children has risen dramatically over the past decade, it is still substantially lower than that of any other group of children. In the mid 1990s, the rate of non-removal among African-American children was 982 per

1,000, compared to 998 per 1,000 among both Caucasian and Hispanic children. By 2004 the rate of non-intervention into African-American life had increased substantially. The gap has closed to 996 per 1,000 African-American youth versus 999 per 1,000 among children of other ethnicities. This has resulted in a decrease in overrepresentation of African-Americans but because the rate of non-removal among whites has also risen, African-American children remain over-represented in foster care.



“Welfare policies, poverty status, level of income, lack of resources, community of residence, and single parenthood all affect the risk of a family’s child welfare system involvement. The influence of these factors creates an environment in which African American children are placed at greater risk of entering the child welfare system because African American families represent a large percentage of the U.S. population that has these characteristics. At the same time, African American families often have a composition and qualities that are flexible and different from other cultures in the United States,

creating a home environment that can serve to protect children in these homes from maltreatment. Despite these mediating factors, African American children continue to be overrepresented in the child welfare system.”

The above is excerpted from a collection of essays edited by Dennette Derezotes, John Poertner, and Mark Testa (2005) *Race Matters in Child Welfare: The Overrepresentation of African American Children in the System*. Washington, DC: Child Welfare League of America.

SANDRA’S STORY

Sandra was not served in her own home and instead was removed from her mother’s custody and placed into foster care before her fourth birthday. She was one of 10,030 children who entered foster care in Illinois in fiscal year 1990. In Sandra’s first year of care, she resided in three separate foster homes, which exceeds the federal threshold for stable foster care. Sandra ran away once, at the age of 17, for 11 days.

FAMILY STABILITY AT A GLANCE

We will know children have more stability:

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



Of all children served in intact family cases, the percentage that did *not* experience an out-of-home placement within a 12-month period has steadily increased since 2000 from 94.1% to 94.7% in 2003.

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



Of all children entering foster care and staying at least one year, the percentage that had no more than two placements within 12 months from the date of entry into foster care increased from 77.1% in 2000 to 79.6% in 2003.

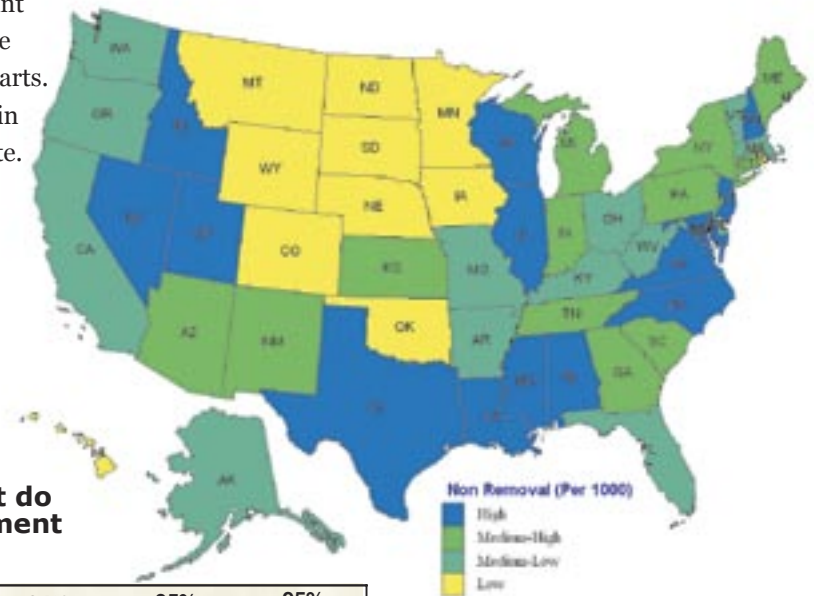
If more children do not run away while they are in foster care:



Of all children entering foster care at the age of 12 or older, the percentage that did *not* run away from a foster care placement within their first year in care has remained around 77% over the past four years.

Indicator 2.A). Examination of Figure 2.2 shows that the number not removed has increased slightly, from 93.8% 1997 to 94.7% in 2003. Additional analyses reveal that the age of the child at the time of intervention is important – older children are less likely to enter substitute care from intact family cases than their younger counterparts. The regional differences show a slight improvement in Cook, but no clear trends in the remainder of the state. While African-American children in intact families have experienced an increase in stability, Caucasian children have experienced a slight decrease, so that there is little difference between the two groups in the most recent years. There is virtually no gender difference in this indicator.

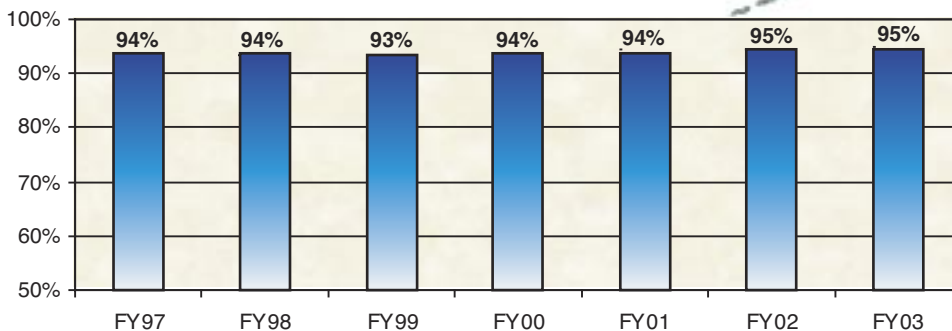
**Map 2.1
National comparison: rate of child non-Removal**



Illinois' incidence rate for children not removed from home ranks among Texas, Louisiana, Alabama, Nevada, North Carolina, New Hampshire and New Jersey.

Figure 2.2

Children served in intact families that do not experience an out-of-home placement within a year



Stability in Substitute Care

Research on child development upholds the importance of stable parental care and attachments in children's lives. Recent research reveals the damage that multiple foster homes inflict on a child's sense of well-being and capacity to form trusting and emotionally satisfying relationships. A CFRC study of youth involved in the subsidized guardianship program found that frequently-moved children are significantly more likely to convey depressive attitudes, express less happiness with their current home, and feel a weaker sense of belonging than children with fewer movements. In addition, frequently-moved children are more likely to have their current placement disrupt and are less likely to be adopted or taken into private guardianship.² Specifically, a child who experiences four separate homes within the first year of foster care (10% of newly placed youth) is only 60 percent as likely to be adopted or taken into guardianship as a child with only one placement. After eight separate placements, the chances of adoption or guardianship fall to less than a third of those children with only one placement.

Measuring Placement Stability

While the notion that stability of family, school, and neighborhood is important to children's successful development is uncontested, there is tremendous variation in how stability is defined operationally. Measurements of placement stability often focus on the *number of placements* that a child experiences while in care. However, there is no uniformly agreed upon number of placements used to indicate placement instability. Several studies count three moves, or four placements, as the threshold for placement instability.^{3,4} The federal government measures placement stability as "two or fewer placements within a year,"⁵ which implies placement *instability* once the child experiences three placements. While the ideal may be to have a child experience only one placement, the threshold of two placements acknowledges the reality of initial emergency or diagnostic homes when the child first is taken into state protective custody. A few studies do define stability as one placement and any movement as placement instability.⁶

Box 2.2 Race Matters Consortium

During the last several years, the Children and Family Research Center has served as the administrative home of the Race Matters Consortium. The Consortium is a diverse group of child welfare experts representing research, policy, administration, practice, and advocacy, who first joined together in 1999 to systematically examine disproportional representation of individuals of different races and ethnic groups in the child welfare system. The Center remains committed to participating in the mission of the Consortium to critically examine the issues related to racial and ethnic disparities and influence policy and practice through education and consultation. (For more information, see <http://www.racemattersconsortium.org>).

Box 2.3 Are Non-Removal Rates in Illinois Too High?

The very high rate of child non-removal in Illinois begs the question: After a child welfare investigation, are children left in homes where they are not safe because workers are not removing children when they should? If the answer to this question is affirmative, then Illinois families that are investigated by child welfare staff and are not removed should experience subsequent reports of maltreatment and subsequent entries into foster care. In fact, just the opposite has occurred in Illinois. This report looks at both the number of subsequent reports for families served as 'intact families' (see chapter one on safety) and subsequent entries into foster care from intact families (see Figure 2.2). These indicators reveal that safety among children served in intact families is increasing, and the number of children able to remain at home and not enter foster care from intact families is also increasing. Thus, it appears as if the relatively high non-removal rate in Illinois has not had an adverse effect on child safety among intact families.

However, one unexpected consequence of Illinois' relatively high rate of non-removal is that the children that are removed often take longer to reunify, or find alternative permanence, due to the nature of the issues that brought the child to the attention of the Department in the first place. While other states might be more inclined to remove a child and quickly reunite that family, Illinois is more apt to leave a child at home with the necessary services, and not remove that child from his or her home. This is discussed in more detail in Chapter 4 – Permanence.

² Testa, M.F., Cohen, L., & Smith, G. (2003). Illinois subsidized guardianship waiver demonstration: Final evaluation report. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

³ Hartnett, M.A., Leathers, S., Falconnier, L., & Testa, M. (1999). *Placement stability study*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

⁴ Webster, D., Barth, R., & Needell, B. (2000). Placement stability for children in out-of-home care: A longitudinal analysis. *Child Welfare*, 79, 614-632.

⁵ U.S. Department of Health and Human Services. (2004). *Child Welfare Outcomes 2001: Annual Report. Safety, Permanency, Well-being*. Washington, DC: U.S. Government Printing Office.

⁶ Barber, J.G., Delfabbro, P. H., & Cooper, L. (2001). Predictors of the unsuccessful transition to foster care. *Journal of Child Psychology and Child Psychiatry*, 42, 785-790.

Youth Voices

Randy, age 20 and a Young Researcher, has had several out of home placements: *The first foster home I went to was horrible. My foster ma treated me different than her own child. My foster ma wouldn't give me keys to the house which was supposed to my house as well. She made me stay outside until she came home. I joined school activities to keep busy. She wouldn't give me my allowance when it was due. So at that point I started to complain and my foster ma gave me a 14 day notice. When I got the 14 day notice there was no place for me to go so my caseworker placed me in a shelter. I stayed there until my caseworker found me some where else to go. I ended up in a group home that was definitely unsafe. Kids in the group home would plot to jump on me on the night shift. The staff would go to sleep on the job which would leave children like me in danger. I got tired of my situation so I ran away. In fact I went back to live with my grandma in another state and attend school. After a year I contacted my case worker to let her know where I was. When I notified her she placed me with my aunt who was never home. She would leave me there while she ran the streets. There was no food in the house. She also had a crazy man staying there and she would leave me home alone with him. This would cause me to feel unsafe. I notified my case worker and told her everything that was going on. She came and took me away from my aunt's house and placed me with another aunt that was supposed to be temporary, but I've been there ever since. It's pretty nice staying there because we have an agreement worked out. I go to school and keep my grades up and stay out of trouble. It's not perfect, but it is the best situation I have been in. I keep in close contact with my sister and my mom.*

In addition, the *definition of placement* or type of placements included in definitions of stability varies from source to source, as does the timeframe under examination. These variations can make a substantial difference in the analysis of placement stability data. The CFRC, in conjunction with the Child Welfare League of America, produced a discussion paper that details the specific types of placements that may be counted or not in defining placement or placement move.⁷ State policies regarding placement in emergency or assessment shelters, for instance, varies greatly across the country; some jurisdictions view this as a necessary first step prior to a true foster care placement in which a child can be evaluated and the best placement found for him/her, while other states rarely use emergency placements and instead place a child immediately into a foster care setting. There is also great variation in the use of trial home visits, where a child may be returned home for a period of time, but under custody or supervision of the child welfare agency. Detention, incarceration and institutional settings are used differently by child welfare agencies across the country and may or may not be included among the types of placement moves included in definitions of instability.

While measuring the aggregate number of placements for a particular child provides useful information, others suggest that the more critical element is the manner in which children move through care: from restrictive to less-restrictive placements, and the timing and duration of the longest placement in care. This research categorized spells in foster care into early or later stability.⁸

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

Current Status of Placement Stability in Illinois

When a child is removed from home and placed in substitute care, it is incumbent upon the state to provide a stable environment for that child. In this report, stability in substitute care was defined using the AFCARS standard of “no more than two placements.” Unlike AFCARS, however, the definition was changed to follow only children that have been in care for at least one year, excluding children in care only a few days or months. It also excludes detentions from the count of placement changes. Similar to the AFCARS

⁷ Child Welfare League of America and Children and Family Research Center (2004). Instability in foster care. Urbana, IL: University of Illinois at Urbana-Champaign.

⁸ James, S., Landsverk, J., & Slymen, D. J. (2004). Placement movement in out-of-home care: Patterns and predictors. *Children and Youth Services Review*, 26, 185-206.

definition, the following types of placements were also excluded from the calculation of placement stability: run away, respite care (defined as a placement of less than 30 days where the child returns to the same placement), hospital stays, and placements coded as “unknown whereabouts.”

Results of this analysis are presented in Figure 2.3, and reveal that placement stability in substitute care has increased slightly over the past several years (Appendix A, Indicator 2.B). In 1997, 77.5% of the children had two or fewer placements in their first year of care. This has increased to 79.6% in 2003. Examination of trends in specific subgroups of children reveals that the increases observed in placement stability have occurred primarily among Caucasian children, whose rate of stability has increased from 74% in 1997 to 81% in 2003. Stability among African-American children has remained relatively constant. A similar pattern holds true for geographical region: stability rates in Cook County have remained constant while other regions have seen increases in stability. In addition, the data shows that children under 12 years of age experience greater placement stability than teens. There is little difference in placement stability by gender.

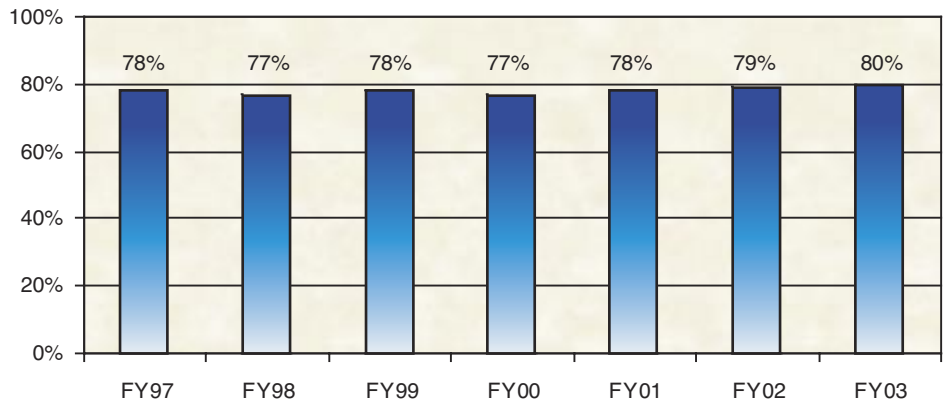
Kinship Care and Placement Stability

CFRC’s program of research on kinship foster care shows that placement with kin, after appropriate safety checks, is the most stable form of substitute care available to children who are removed from parental custody.^{9,10}

This finding has been confirmed by researchers in California who found that children in kinship care had greater stability than those placed with non-kin.¹¹ Placement with grandparents, aunts and uncles helps reduce the trauma of separation that accompanies child

⁹ Garnier, P.C., & Poertner, J. (2000). Using administrative data to assess child safety in out-of-home care. *Child Welfare*, 79, 597-613.
¹⁰ Testa, M. (2002). Kinship care and permanency. *Journal of Social Service Research*, 28, 25-43.
¹¹ Webster, D., Barth, R.P., & Needell, B. (2000). Placement stability for children in out-of-home care: A longitudinal analysis. *Child Welfare*, 79, 614-632.

Figure 2.3
Children in substitute care for at least one year who experience no more than two placements within a year of removal

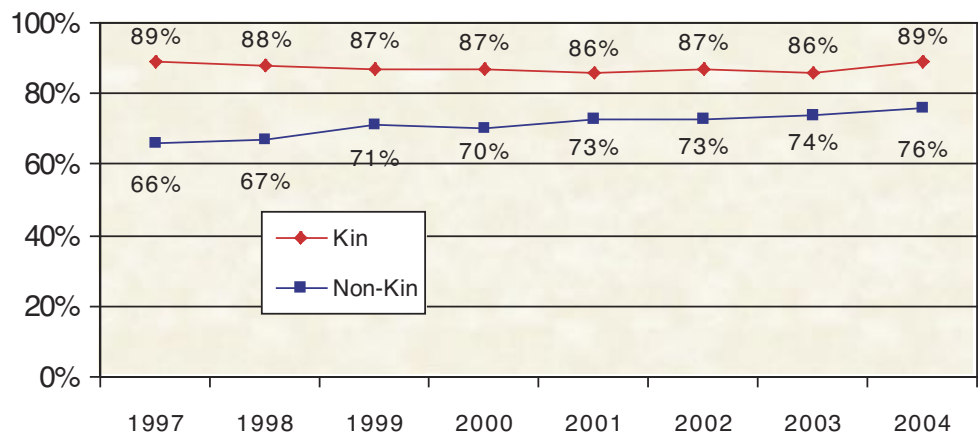


Box 2.4
New DCFS Initiatives to Address Instability in Foster Care

The Department has two new initiatives that are designed to increase stability in foster care: Integrated Assessment (IA) and Child and Youth Investment Teams (CAYIT).^a Effective February 2005, Integrated Assessment is designed to provide a clinical assessment for all children entering care and target timely and relevant service intervention to support their placements. Once in the system, the Child and Youth Investment Team is designed to provide additional supports or placement types as the child’s needs change over time. CAYIT, effective late spring 2005, will provide a multi-disciplinary planning and follow-up process for children stepping up to more restrictive forms of care or who have experienced their second placement disruption in 18 months.

^aDCFS Memo, April, 2005.

Figure 2.4
Percent of children with no more than two placements during their first year in care by first placement type



removal from the home and preserves important connections to siblings, family, and local community. Figure 2.4 (previous page) shows that children initially placed with kin are much more likely to experience placement stability than those placed with non-kin. It also indicates that the improvement seen in placement stability in Illinois has occurred primarily among children placed with non-kin.

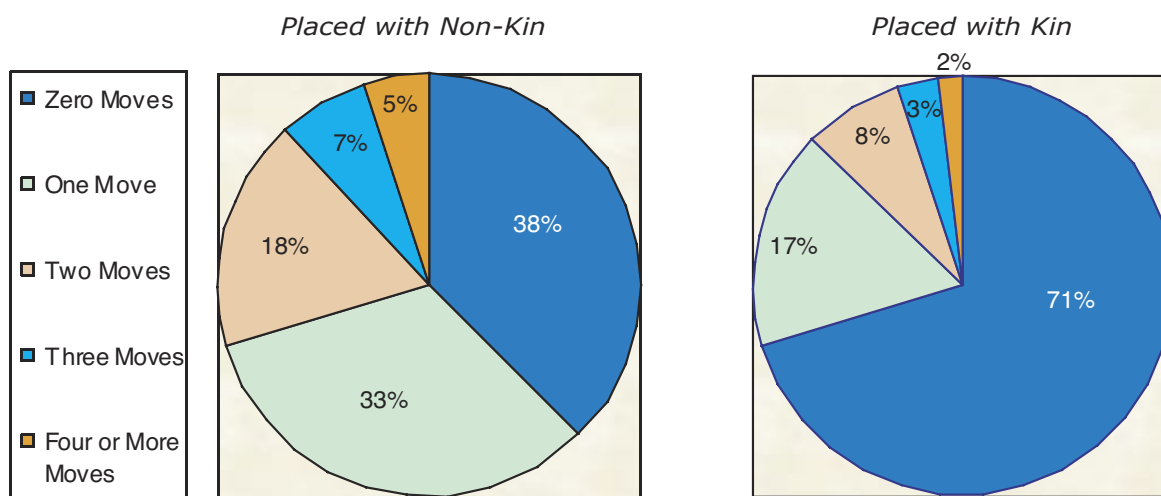
A study of placement stability funded by the CFRC found that unmet child behavioral need was the most important reason for placement changes in non-kin foster homes.¹² Forty-five percent of foster parents and nearly forty percent of caseworkers reported that the foster home's inability to deal with the child's behavioral problems, such as physical aggression, property destruction, disobedience, and police involvement, was either the first or second most important reason for a placement ending. A comparison of stable with disrupted placements suggested that specialized foster care, receipt of therapy, and foster parent empathy and tolerance were important predictors of stability in non-kin foster homes.

Research indicates that the timing of the first placement change can predict the likelihood of multiple moves for children in care. Illinois data show that of the children that do move, 80% of those placed with non-kin experience their first move within the first 90 days of entry into substitute care compared with 50% of children placed with kin. This suggests that not only do children initially placed with kin experience greater overall stability than those placed with non-kin (see Figure 2.5), they are more likely to experience at least 90 days of stability when first placed into care.

Youth Voices

Ahmed, age 19 and a Young Researcher, reflects on being placed with kin: *I entered foster care at the age of 3 because of my mother's drug addiction. Since that day my life has been incomplete. Being in foster care wasn't a big difference for me because I am still with family just now I feel safer, more comfortable, at ease and most of all loved. I never really knew what it felt like to be that way. My first placement was with Granny, who had raised her own 9 children, but still had love and patience for her three grandbabies -- me and my two siblings. Things were different going with Granny because now we were definitely guaranteed that love, nutrition and comfortable mother I never had experience my self because I had to play that role towards my siblings. Experience living with Granny was dandy okay. As I grew older and started understanding things I really started to think about what it was that made my life incomplete. Well, I have an older brother and sister who were never in foster care, and they lived with my aunt. We never lived together, but we saw each other every day. As time passed, Granny's health got bad so we moved in with my aunt where my older siblings lived. My aunt had already raised her own 5 kids. I never understood why she worked so hard at keeping my sisters and me within the family but I do know it was a loving thing.*

Figure 2.5
Number of moves within one year

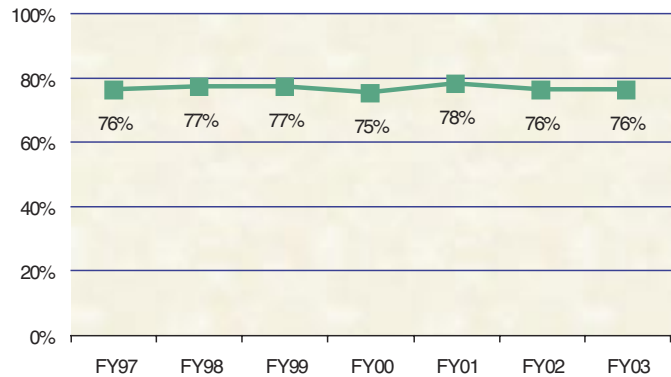


¹² Hartnett, M.A., Leathers, S., Falconnier, L., & Testa, M. (1999). Placement stability study. Urbana, IL: Children and Family Research Center.

Youth Who Run Away From Substitute Care

Another way to measure stability in substitute care is to look at the number of children who run away from their foster home. In an effort to examine the population of foster children most likely to run away from placement, this indicator examines only those children who enter care at the age of 12 or older (see Appendix A, Indicator 2.C). Figure 2.6 displays the number of children 12 or older who did not run away from substitute care during the first year of placement, and reveals that this outcome has fluctuated between 75% and 78% over the past seven years. The age group most likely to run is children that enter care at age 15 or older. The number of African-American children that do not run away from foster care had begun to decrease in recent years — from 77% in 1997 to 73% in 2002. The trend for Caucasian children increased from 78% not running away in 1997 to 87% in 2003. Children residing in Cook County are much more likely to run away than children in the remainder of the state, and teen girls run away more frequently than their male counterparts (see Appendix A, Indicator 2.C).

Figure 2.6
Percent of children 12 or older who did not run away during the year following entry



A comprehensive evaluation of youth who run away from substitute care was recently conducted by the Chapin Hall Center for Children.¹³ This research suggests that youth with placement instability are more likely to run than youth that experience placement stability. In addition, youth who have run away from at least one placement are more likely to run again, particularly during the period immediately after their return to care. Children placed with kin and children placed with siblings in care were less likely to run away than those placed in unrelated homes or placed separately from siblings in care.

Box 2.5 Placement Stability and Number of Children in a Foster Home

CFRC analyzed the relationship between foster placement stability and the number of children placed in the same foster home, examining the cumulative number of placement changes from the date of initial case opening.^a Results of the study revealed that:

- Children in foster care experience progressively higher rates of instability when placed with unrelated children in the same home.
- Children are 39% less likely to move from a relative's home than a non-kin foster home.
- Children placed in specialized foster care are 20% more stable than children in regular foster care. Placement change for large sibling groups in specialized foster care is considerably lower than in regular foster care.
- Children who are older when placed are increasingly more likely to change placement than younger children, with a leveling off of the risk after age 12 to 15 years old.

These results are consistent with concerns that "crowding" of children into foster homes is compromising the ability of some foster families to deliver stable and adequate substitute care. The risks appear to be higher for unrelated children residing in the same foster home and adolescents over the age of 11 who are residing in non-kin foster homes with three or more other unrelated foster children.

^aThe choice of initial case opening rather than last case opening was made on clinical and theoretical grounds that it is the cumulative number of placement changes during the child's lifetime of involvement with the child welfare system rather than the time since the last case opening, which is relevant for modeling the risks of placement instability. The conclusions are based on statistical analyses of random samples (ranging in size from 25,000 to 50,000 records) of foster placements made during calendar years 1998 to 2000 and tracked through June 30, 2003.

¹³ Courtney, M.E., Skyles, A., Miranda, G., Zinn, A., Howard, E., & Goerge, R.M. (2005) *Youth who run away from out-of-home care*. Chicago, IL: Chapin Hall Center for Children.

Observations on Stability in Illinois

The rate of child non-removal from the home of origin into substitute care has increased substantially since the mid-1990's, particularly among African-American children. Although the rate of non-removal among African-American children has risen dramatically over the past decade, it is still substantially lower than that of any other group of children. This racial disproportionality in removal rates is a cause for concern. In response to this concern, the Children and Family Research Center, with funding from Casey Family Programs, has launched a "Race Matters" website (see box 2.2) that examines the issue of racial disproportionality in the child welfare system. Additional attention and resources are needed to adequately address these issues.

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

Measurements of placement stability vary greatly – reaching a common definition that provides both useful and reliable data is imperative. Using a modified AFCARS definition of stability, Illinois has seen improvement in the number of substitute care placements a child experiences within the first year of care. Previous studies, as well as the current findings, show that placement with kin is the most stable form of substitute care available to children. However, as the proportion of foster children living with kin in Illinois decreases, there may be associated increases in placement instability.

CONTINUITY KINSHIP, COMMUNITY, AND SIBLING TIES

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

When substitute care is necessary to foster or protect children, federal and state policy favor placement in settings that conserve children’s existing kinship, community, and sibling ties. The Adoption Assistance and Child Welfare Act of 1980 promulgated this preference under its “least restrictive” clause that prioritized foster family care over group homes, institutions, and other forms of congregate care. At the time, most foster families recruited by the state were unrelated to the children taken into custody. Only in the late-1980s did formal placement with kin become a prominent feature of the foster care system after states passed “kinship preference” laws that encouraged placement with relatives over non-relatives. Federal law subsequently incorporated this preference in 1996 when Congress amended IV-E state plan requirements to provide that states “shall consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child, provided that the relative caregiver meets all relevant state child protection standards.”² As of 2002, data reported to the federal government showed that kinship foster care accounted for 24 percent of all substitute care in the United states.

The emphasis on keeping foster children in close proximity to their parents’ home was initially intended to facilitate regular visitation between parents and children, which research suggested was conducive to family reunification.³ Out-of-state placement was discouraged unless the state could demonstrate that it was in the child’s best interests. As attention turned to the emotional well-being and educational attainment of foster children, greater emphasis was put on preserving the continuity of children’s connections to school, local neighborhood, and other social institutions familiar to the child.

Relationships with siblings are frequently the longest lasting and most dependable source of support that people

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

Least Restrictive Care

Historians of the Illinois juvenile court record that its founders considered institutional commitment to be a viable dispositional option although they saw little reason for committing most dependent, neglected, and delinquent children, especially first-timers.⁴ As an alternative, they developed family-based services, such as probation, mothers’ pensions, and foster family care, to avoid institutional care if possible. Most child welfare professionals at the time looked upon institutional care, especially large congregate-care facilities, as a somewhat disreputable last resort. After World War II, however, professional attitudes shifted, and social workers began to accept institutional care as a specialized service appropriate for some groups of children as part of a continuum of care.⁵

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

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

³ Fanshel, D., & Shinn, E. (1978). *Children in foster care: A longitudinal investigation*.

New York: Columbia University Press.

⁴ Schlossman, S. L. (1977). *Love and the American delinquent: The theory and practice of ‘progressive’ juvenile justice, 1825-1920*. Chicago: The University of Chicago Press.

⁵ Kadushin, A. (1967). *Child welfare services*. London: Macmillan.

Government commissions called for the expansion of residential treatment programs to treat incorrigible, “acting-out,” and emotionally disturbed youth. Voluntary child welfare agencies took the lead. At the time of the incorporation of the child welfare functions of the Cook County Public Aid Department into DCFS in 1969, almost half (47%) of the foster children served by voluntary agencies and 16 percent under public supervision were housed in residential facilities.⁶ After the consolidation, approximately 30 percent or 4,130 children in publicly supported substitute care in Illinois were in child-care institutions or group homes.⁷ Plans that were underway to expand the use of institutions from placements of “last resort” to “therapeutic options of choice,”⁸ however, were overtaken by a revitalized deinstitutionalization movement that spilled over from mental health and corrections into child welfare.

Between May of 1973 and June of the following year, the number of institutionalized children in publicly supported substitute care in Illinois dropped by one-third from 3,160 residents to 2,067 residents.⁹ The drop coincided with the policies inaugurated by DCFS director Jerome Miller (1973-74), which commenced with the return of some 500 wards from out-of-state residential placements in the summer of 1973. Most of the returned children were not re-institutionalized but instead placed in foster homes, independent living, or released back to the custody of their parents. Similar restrictions on institutionalization were also extended to children referred to in-state voluntary agencies and resulted in the closing or size-reduction of several large custodial facilities. While Miller’s anti-institutional stance brought him into conflict with the state’s child welfare establishment and hastened his resignation, his policy of deinstitutionalization persisted after his departure. Between 1974 and 1980, the number

of children in publicly-supported institutions and group homes in Illinois further declined from 3,286 to 2,195.¹⁰ During this period, professional interest in extracting institutional care from a hierarchy of placement preferences also waned, and federal law enshrined the preference for family care over institutional care in the least-restrictive-care clause of the Adoption Assistance and Child Welfare Act of 1980.

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

Even though institutional care was targeted at older children who had exhausted less restrictive options, research conducted in the mid-1990s suggested nonetheless that many institutionalized children could be stepped back down to less restrictive settings.¹¹ In response, DCFS implemented a series of gate keeping policies to restrict entries into residential care and to step youth down to non-residential placements, which produced a 58 percent reduction in the size of institutional population from 4,015 to 1,683 residents at the end of 2003.¹²

SANDRA’S STORY

Sandra was not placed with kin initially, although she lived with her grandmother for six years until age 12 when her grandmother passed away from cancer. Sandra lived with her older sister until age 6 when her sister ran away from their grandmother’s home. Although they remained in contact, they resided in separate homes during the remainder of their stay in care. Sandra’s first placement was in central Illinois, but she also moved to several additional cities within Illinois as well as two other states. Sandra lived in a group home at the ages of 14 and 15.

⁶ Illinois Department of Children and Family Services. (1970). *Statistical Handbook: Available Data—1949 through 1969*. Springfield, IL: State Printing Office.

⁷ Testa, M., & Lawler, E. (1985). *The state of the child: 1985*. Chicago, IL: Chapin Hall Center for Children.

⁸ Bush, M. (1980). Institutions for dependent and neglected children: A therapeutic option of choice or a last resort? *American Journal of Orthopsychiatry*, 50, 239-255.

⁹ Testa, M. (1983). *Child placement, deinstitutionalization, and social change*. Chicago, IL: Department of Sociology, University of Chicago.

¹⁰ Testa & Lawlor, *supra note 7*.

¹¹ Lyons, J. S., Libman-Mintzer, L. N., Kisiel, C. L., & Shallcross, H. (1998). Understanding the mental health needs of children and adolescents in residential care. *Professional Psychology: Research and Practice*, 29, 582-587.

¹² Budde, S., Courtney, M., Goerge, R., Dworsky, A., & Zinn, A. (2004). *Residential care in Illinois: Trends and alternatives interim report. Descriptive findings from analysis of DCFS administrative data*. Chicago: Chapin Hall Center for Children.

CONTINUITY AT A GLANCE

We will know if continuity is preserved:

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



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

If more children are placed with kin:



Of all children entering foster care, the percentage placed with kin in their first placement increased from 36% in 2001 to 43% in 2004, after falling from 41% in 1998 to 34% in 2000.



Of all children in substitute care, the percentage living with kin at the end of the year has decreased from 39% in 2001 to 37% in 2004.

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



Of all children living in institutions or group homes at the end of the year, the percentage that is placed within the state has increased from 98.8% in 2001 to 99.4% in 2004.

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



Of all children entering foster care, the percentage placed within five miles of their home of origin decreased from 25% in 2001 to 18% in 2004 for children in traditional foster care, and



has remained constant around 36% for the past four years for children in kinship foster care.

If more children are placed with their siblings:

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



increased for sibling groups of 2 to 3 in traditional foster care, from 47% in 2001 to 55% in 2004, and;



increased for sibling groups of 2 to 3 in kinship foster care, from 62% in 2001 to 65% in 2004.



increased for sibling groups of 4 or more in traditional foster care, from 8% in 2001 to 15% in 2004, and;

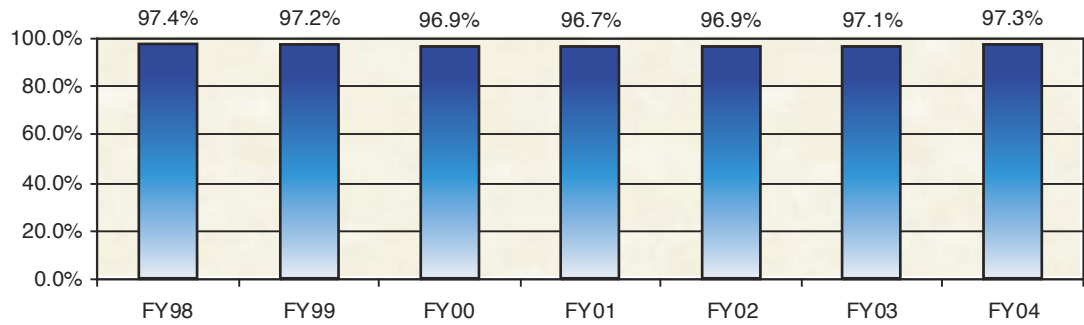


decreased for sibling groups of 4 or more in kinship foster care, from 32% in 2001 to 29% in 2004.

Although best practice recognizes a need for residential treatment for a residual segment of older wards that cannot be appropriately served in a family setting, there is general consensus that the institutionalization of young children interferes with normal developmental growth. Illinois made concerted efforts in the 1990s to prevent the institutionalization of young children. The percentage of foster children under the age of 12 years old that is not

placed in a group home or institution has not fallen below 96 percent since 1998 (see Figure 3.1 and Appendix A, Indicator 3.A). Whether further increases in the proportion of young children served in less restrictive settings are possible will depend on the availability of trained foster parents as well as “wrap-around” services to children in kinship foster care.

Figure 3.1
Percent of children under 12 not living in institutions or group homes at year end



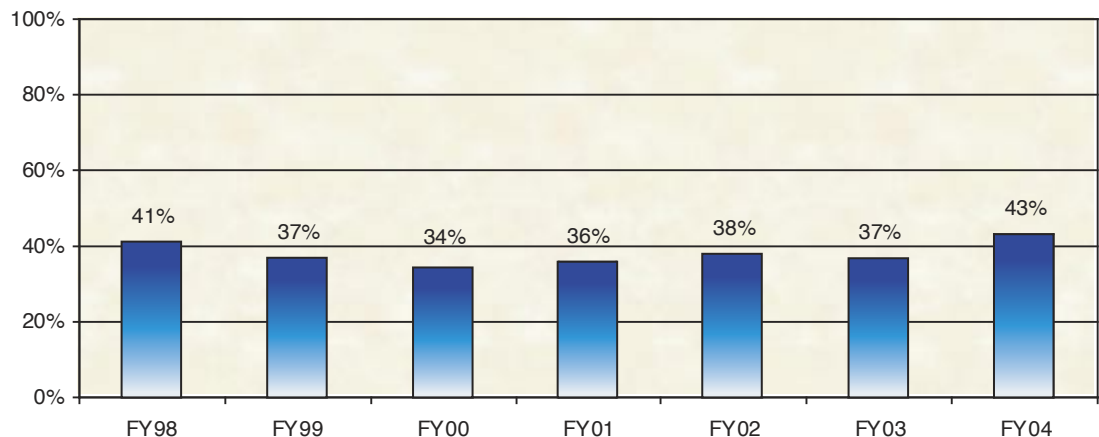
Kinship Foster Care

In 1996, Illinois registered the highest per-capita rate of kinship foster care in the nation at nine per 1,000 children in the population. New York was a distant second at 3.5 per 1,000 children and the median rate stood at one per 1,000 children for the nation as a whole. The atypically high involvement of kin in the Illinois formal foster care system arose from both a statutory preference for kinship foster care and an overly broad definition of neglect that labeled children living apart from their parents as neglected even if they were safely residing with relatives. The Illinois General Assembly amended state law in 1995 to exclude such children from the definition of neglect and instead fund a package of extended family support services to help relatives with financial, medical, or legal problems they had in looking after their younger family members. As a result, thousands of children who previously would have entered the foster care system were instead diverted and supported in the informal custody of relatives. Children who needed to be removed from family custody for reasons of abuse or neglect could still be placed with kin who met basic safety standards or became licensed foster parents.

As a result of these changes in 1995, both the numbers of children taken into foster care and the percentage initially placed with kin dropped immediately. The number placed with kin declined to its lowest level in 2000 before rebounding slightly (Appendix A, Indicator 3.B.1). Because the total number of children taken into foster care continued to drop after 2000, the percentage placed with relatives as their first placement rose from 34% in 2000 to 43% in 2004 (see Figure 3.2).

Prior to 1995, there were distinct differences in the levels of regional reliance on relatives as foster parents. The fraction placed with kin was highest in Cook County and lowest in the Southern Region (see Appendix A, Indicator 3.B.1). After 2000, these differences narrowed and later reversed so that in 2004, Cook County and Central region registered the lowest fraction with kin at 43% and the Southern Region registered the highest at 48%. The regional convergence in reliance on relatives as foster parents most likely reflects continued public outreach to relatives to become temporary caregivers of their minor kin as well as a statewide drop in the supply of non-related homes available to become licensed foster homes.

Figure 3.2
Percent of children entering care and initially placed with kin



Box 3.1

Warning Signs: Is Institutionalization as a Last Resort Detrimental to the Best Interests of the Child?

In 1982, the National Research Council published a study of deinstitutionalization in Illinois which raised questions about the desirability of strict adherence to the principle of institutionalization as a last resort.^a The analysis of the placement experiences of children institutionalized for the first time in fiscal year 1974 found that immediate institutionalization after removal increased the likelihood of a child's planned release from institutional care, which in turn was associated with stable reunifications and placements in foster homes. Children institutionalized after a failed foster placement were less likely to have a planned release and a stable aftercare placement.

A recent study by the Chapin Hall Center for Children^b re-asks the question about whether placement failures and associated trauma prior to institutional entry adversely influences subsequent placement and clinical outcomes. The study

found that repeated placement failures before entering residential care increased the likelihood of subsequent negative discharges from residential care (to detention, corrections, hospitalization, and running away) and, for youth stepped down to foster care, increased the likelihood of stepping back up into residential care. The study also reported the average number of prior placements for youth first entering institutional placements rose from 4.8 in 1995 to 9.3 in 2003. The consistency of findings over past 30 years calls for a rigorous examination of whether the least restrictive principle actually protects children against unnecessary confinement or needlessly exposes them to further discontinuity.

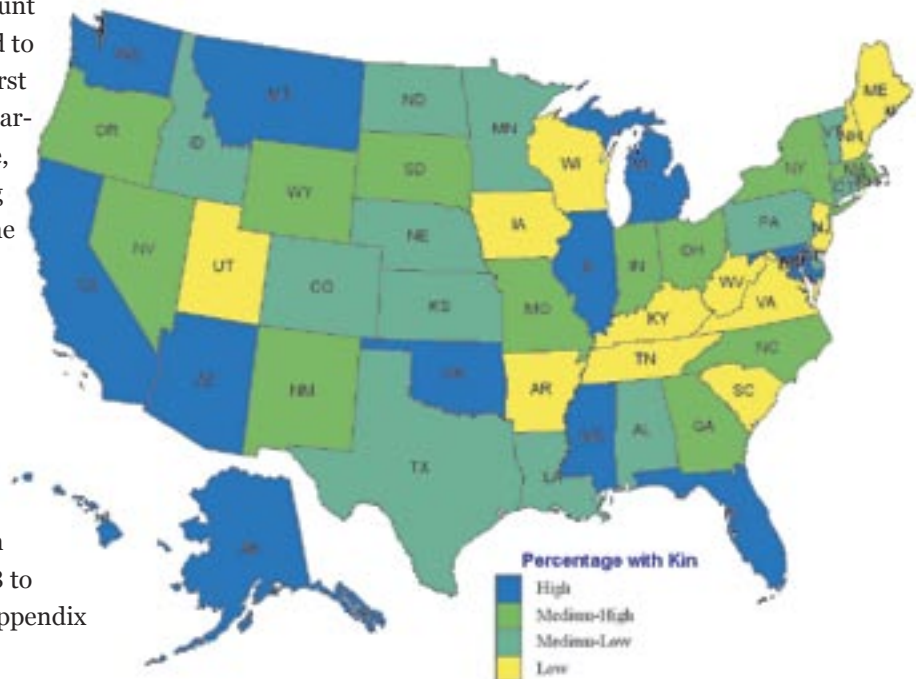
^a Testa, M. (1982). Child placement and deinstitutionalization: A case study of social reform in Illinois. In J.F. Handler, & J. Zatz (Eds.), *Neither angels nor thieves: Studies in deinstitutionalization of status offenders* (pp. 825-871). Washington, DC: National Academy Press.

^b Budde, S., Courtney, M., Goerge, R., Dworsky, A., & Zinn, A. (2004). *Residential care in Illinois: Trends and alternatives. Interim report: Descriptive findings from analysis of DCFS administrative data*. Chicago, IL: Chapin Hall Center for Children.

The percentage of children in substitute care who were living with kin declined from a peak of 57% at year-end in 1995 when 27,071 children were in kinship foster care to a low of 36% at year-end in 2003 when 7,283 children were in kinship foster care (see Figure 3.3 and Appendix A, Indicator 3.B.2). Although the year-end count of children in kinship foster care continued to decline to 6,843 in 2004, the rebound in first placements with kin helped push up the year-end proportion to 37%. Despite the decline, Illinois' percentage of foster children living with kin still ranks among the highest in the nation (see Map 3.1).

The same regional convergence reported for initial placements with kin also holds for the year-end proportions. In 1998, Cook County ranked highest at 58% of all foster children living with kin and Southern Region lowest at 30%. In 2004, the proportions for Cook County, Southern and Northern Regions clustered around 38 to 39% with Central Region lowest at 34% (Appendix A, Indicator 3.B.2).

Map 3.1
National comparison: percentage of children in substitute care living with kin (1999-2001)

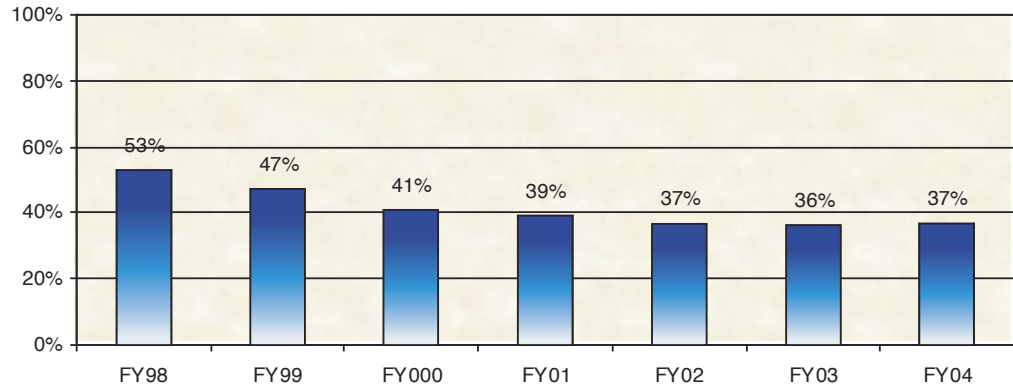


Illinois' percentage of foster children living with kin ranks high along with Alaska, California, Florida, Hawaii, Maryland, Michigan, Mississippi, Montana, and Washington.

The sharpest decline in the year-end proportion residing with kin occurred among African-American children (Appendix A, Indicator 3.B.2). In 1998, 58% of all African-American foster children were looked after in the homes of relatives. In 2004, 39% of all African-American foster children were living with kin. This change should not be interpreted as a tilt away from kinship care. Rather it reflects Illinois' success in converting long-term kinship foster homes among African Americans into legally permanent homes (see Box 3.2: The Changing Significance of Race for Length of Stay in Foster Care).

Figure 3.3

Percent of children living in kinship foster care at year end



Whether the proportion of children cared for by relatives ever will rise again to the levels of the mid-1990s will depend on how well DCFS makes concerted efforts to locate and assess relatives as potential placement resources. The Child and Family Services Review that the federal government conducted in 2003 rated this as an area in need

Box 3.2**The Changing Significance of Race for Length of Stay in Foster Care**

Illinois' permanency initiatives in late 1990s helped to revise conventional thinking about the reasons for the over-representation of African-American children in the foster care system. A consensus had previously emerged in federal policymaking circles that defined over-representation in terms of an under-supply of African-American homes interested in adoption and the persistence of barriers to trans-racial adoption that prevented tapping into the large numbers of homes that were presumably willing to adopt. This thinking led to the passage of the Multiethnic Placement Act of 1994 (MEPA), which prohibits the use of race, color, or national origin to delay or deny children's placement in racially or ethnically diverse foster and adoptive homes.

Race alone should never stand as an impediment to adoption. But what the proponents of MEPA overlooked was that African-American families were already adopting children at record levels. The major difference was that much of this was done informally and many involved children who were already related by blood or marriage. Illinois helped to throw a spotlight on this willingness by promoting permanency policies that built on the cultural traditions of informal adoption and kinship care among African Americans.

Research commissioned by DCFS in 1994 had already shown that far more African-American families were willing to adopt than conventional recruitment procedures deemed likely or suitable. For those families unwilling to adopt, most still expressed a desire to raise the child to adulthood.

Their objection was not to permanence but rather to the procedures of adoption that severed the rights of biological parents and substituted the nuclear family role of parent for the extended family roles of grandparents, aunts and uncles. The introduction of subsidized guardianship satisfied many of these concerns and opened up a new pathway out of long-term foster care into permanent homes.

A recently published study shows that children who entered kinship foster care in the early 1990s in Illinois were 43 percent less likely than children in non-related foster care to find permanent homes with their caregivers. But by the late 1990s, this all had changed.^a Children who entered kinship foster care in 1997 were 57 percent more likely to be adopted or taken into private guardianship by their caregivers. Over this same period, the overall differences by race diminished from a -50 percent permanency disadvantage for African Americans compared to whites to a statistically insubstantial 16 percent disadvantage. The dwindling significance of race and kinship for the length of time children stayed in care coincided with the implementation of the three permanency initiatives that Illinois launched in the late 1990s. As a result, the disparity in the median length of time African-American children remained in care compared to whites shrank from a 5 to 1 disparity for children entering in fiscal year 1993 down to 2 to 1 for children entering in fiscal year 1999.

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

of improvement, particularly in regards to the location and assessment of paternal relatives.

Illinois' continued ability to involve kin from either the maternal and paternal side in the care of children may be hampered by rules recently proposed by the USDHHS.¹³ Prior practice permitted states to claim federal reimbursement for administrative costs for children in non-licensed kinship foster care, which covers the costs of casework as well as paperwork. Under the amended rules, states would no longer be permitted to claim these costs except for children in relative care while the state agency is in the process of licensing the home.

The Home of Relative Reform that Illinois implemented in 1995 gives families who meet safety standards the choice between providing care as an extended family member or becoming a licensed foster home. Even though there is higher reimbursement available to relatives who operate a licensed facility, over 70% of families elect to receive the slightly lower reimbursement as a non-licensed relative caregiver. One of the reasons for the proposed federal rule is to motivate states to license relative homes. This assumes that licensing improves the quality of care provided foster children. Not only is the assumption untested, but the risk is that requiring all relatives to abide by the same room-size, training, and assorted standards required of non-relatives will hamper the state's ability to involve kin in the foster care of their family members. Illinois applied for a federal IV-E waiver in 2002 to test the advantages of licensed versus non-licensed kinship care but was turned down.

Youth Voices

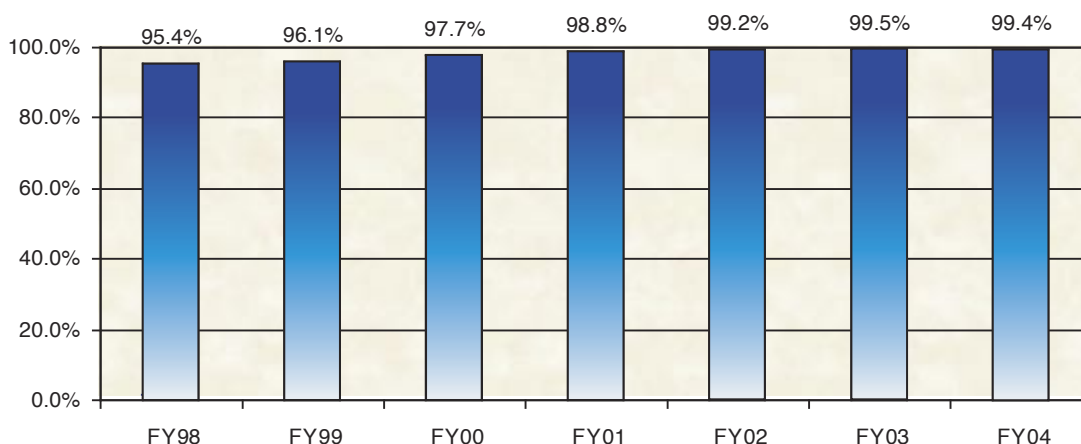
***'Winks' thanks her Grandmother:** What do you say to someone that gave you your reason for living? That made such a difference in your life? In most of my childhood, I felt that I was surrounded by liars, people who called themselves adults but really weren't, but not you. You were my grandmother, the person who I trusted and respected, and listened to; you gave me guidance. I use to feel so special when I would sit on your lap, and you would call me 'Winks'. You would tell me that I was your favorite. That was one of the few times in my life that I felt a real sense of family. My favorite place to go was always your house.*

Preservation of Community Connections

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

Illinois' record of out-of-state residential placements is in accord with the CFSR's assessment. The percentage of children in group homes or institutions that are located within Illinois has risen from 95.4 percent in 1998 to 99.4 percent in 2004 (see Figure 3.4 and Appendix A, Indicator 3.C).

Figure 3.4
Percent of children living in institutions or group homes at year end placed within Illinois



¹³ Federal Register, Vol. 70, No. 19 / Monday, January 31, 2005 / Proposed Rules.

The results are mixed, however, for children in less restrictive settings. Between 1998 and 2004, the proportion placed in regular foster homes within five miles of their home of origin dipped from 26 percent in 1998 to 18 percent in 2004. While children placed with kin are more likely to live closer to the home of their parents, the proportion within five miles has also dropped from 46 percent in 1998 to 36 percent in 2004 (see Figure 3.5 and Appendix A, Indicator 3.D).

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

Conservation of Sibling Ties

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

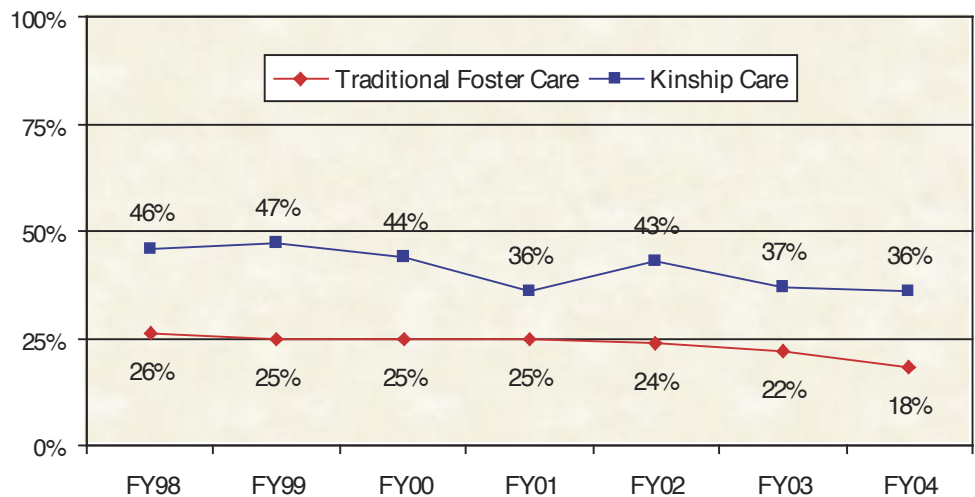
Youth Voices

Latisha, age 20, with FYSH program, shares her experiences with kinship placements:

Because the courts and my agency bore witness to the many unwise and harmful decisions made by my family, they decided that I would instead be placed with no family members what so ever. This may have looked like a good conclusion, but it ultimately wasn't.... When I was 13 I chose to go to Chicago and live with my cousin. My cousin worked very hard to convince the judge that she was suitable to take care of my brother and me. The courts had already decided against her before they met her. In the end she was successful, but only after submitting to a psychological exam. I believe it was good for the courts to give her a hard time because in my experience, my family proved to be unsuitable. It's ironic that they gave my cousin such a hard time and not my other family members who turned out to be so abusive...Family should not be a term defined by blood. Family should be a term defined by a person's capability and willingness to give kindness and love, and show true character.

Guardianship of the person and property of children removed from parental custody is more complicated in today's modern world than in the past. Authorities can no longer be held accountable solely for meeting the physical needs of the child. Instead they must also be charged with the responsibility of securing foster youths' future development by providing them with sufficient educational opportunity and holding their financial and social assets in trust so that these investments are available to them when they become adults. Economists call these three sorts of assets, human, financial, and social capital respectively, because

Figure 3.5
Children placed within five miles of their home of origin



Box 3.3

Family-to-Family Program Fosters Continuity of Ties

The Illinois DCFS is partnering with the Annie E. Casey Foundation to provide an array of services to foster continuity of ties through the Family-to-Family program. Currently, Family-to-Family services are available in Peoria, Rock Island and the Humboldt Park area in Chicago, with an additional site in Chicago’s southern suburbs to be added. Paramount to this initiative is the collaboration of community partners and extended family members to assist families at risk of child removal. To accomplish this, the family is invited to attend a meeting at which the decision will be made about the need to place their children in substitute care. The family is invited to involve their support network (i.e., family, friends, and service providers). In addition, the Family-to-Family staff invites other community members that

may be of assistance to that family. At the meeting, the case is discussed and a decision is made either to keep the child(ren) at home with the assistance of the meeting participants – including family, friends and service providers, or to remove the child from the family and establish a reunification plan. When children enter care, every effort is made to keep the children close to home and to work closely with the biological family to reunite that family as soon as possible. Family-to-Family staff in Peoria has been providing these services since June, 2003. Despite the increase in the number of indicated reports in Peoria since 2003, the number of children entering care has decreased by about one-third – from 273 in FY03 to 194 in FY04. For the children that have entered care, more are placed closer to home than in previous years.

they can be conceived as inputs to a young person’s future economic productivity and social well-being.

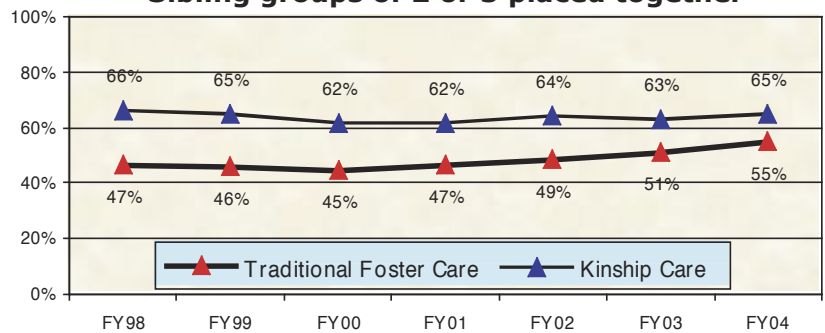
Although the procedures for safeguarding a public ward’s financial assets have been around for decades, the procedures for safeguarding the human and social capital of foster youth are only now being developed. An important but until recently overlooked source of social capital are the resources that arise from sibling bonds. Research shows that sibling relationships play a major role in how children develop and learn to interact with other people.¹⁴ Sibling bonds, just like parent-child bonds, influence children’s developing sense of attachment.¹⁵ Siblings are an important source of emotional comfort during childhood, and in adulthood, siblings can also become a vital source of material and financial assistance.¹⁶

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

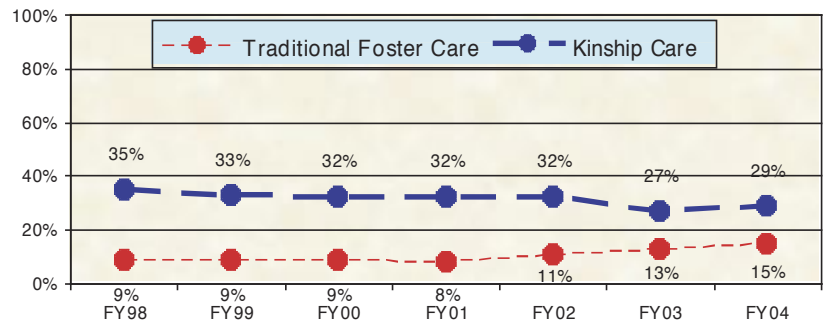
The opportunities for sibling association while in foster care are related to the type of care into which children are placed (see Appendix A, Indicator 3.E). Figure 3.6 shows that sibling groups of varying sizes are more likely to be placed together when they are living with relatives than

Figure 3.6

Sibling groups of 2 or 3 placed together



Sibling groups of 4 or more



when they are in unrelated foster care. This pattern holds for the latest year, but it is important to note that the proportion placed together has remained level or declined for kinship care while it has improved significantly in unrelated foster care for sibling groups of all sizes. While the increase in the proportions of siblings placed together in foster homes is to be applauded, the drop off in sibling placements among kin also needs to be understood. The extent to which it is an artifact of the aging of the residual population still in care, the placement of newborns in

¹⁴ Begun, A.L. (1995). Sibling relationships and foster care placements for young children. *Early Child Development & Care*, 106, 237-250.
¹⁵ Hegar, R. (1988). Sibling relationships and separations: Implications for child placement. *Social Service Review*, 62, 446-467.
¹⁶ Cicirelli, V.G. (1991). Sibling relationships in adulthood. *Marriage & Family Review*, 16, 291-310.

other homes, or a decreased willingness by kin to accept all siblings into their home requires further investigation. The impact of adoption and guardianship on patterns of sibling association also deserves scrutiny.

One of the more vexing issues raised by the permanency initiatives of the late 1990s is: What are the effects on the sibling association rights of foster children whose younger siblings have been adopted out of foster care? Termination of parental rights turns biological siblings into legal strangers unless they are adopted into the same home. Although some adoptive parents may permit ongoing contact between adopted children and their unadopted biological siblings, there is no legal recourse for siblings who are denied such opportunity. The recently appointed Sibling Post-Adoption Continuing Contact Governor's Joint Task Force is charged with making recommendations about the rights of sibling association after termination of parental rights and post-adoption. The options range from leaving the decision of post-adoption contact solely to the discretion of the adoptive parents, to developing a sibling registry that permits contact after children reach adulthood, to permitting continued sibling visitation, contact via telephone, letters, or e-mail.

Observations on Continuity in Illinois

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

Illinois' reliance on kin foster placements ranks it among the highest percentage of children in substitute care living with kin in the nation. Research in Illinois has well-documented the fact that children fare better when placed with kin. This report shows that children placed with kin are much more likely to be placed close to home, and therefore increasing the likelihood of parental visits. In addition, children placed with kin are more likely to be placed with all their siblings in care. Relationships

Box 3.4

Conservation of Sibling Bonds Through Professional Foster Care

An evaluation of a professional foster care program sponsored by the Jane Addams Hull House Association, Neighbor to Neighbor, found that it is possible to attain similar levels of sibling placement in foster care as kinship care when foster parents are recruited, trained, and hired as professionals.^a Neighbor to Neighbor, which is designed to accommodate the needs of large sibling groups, recruits and trains prospective foster parents from the local community, helps them become licensed, and finally hires them as employees of Hull House. This employee feature is what distinguishes Neighbor to Neighbor from traditional foster care programs that rely primarily on volunteer foster parents.

To compare how well Neighbor to Neighbor does in maintaining sibling placements, the researchers drew a matched sample of sibling groups of similar number, race, gender, and length of time in care that were placed in unrelated foster care in Chicago. The matched sample was constrained to have the same sibling group distribution as the Neighbor to Neighbor program, which had a median sibling size of 3 children. When the two samples were compared, it was found that the Hull House program was substantially more successful in placing siblings together compared to a matched sample of Chicago foster homes. The difference was largest for sibling groups of four: 63% were placed together in Neighbor to Neighbor compared to 40% in the matched sample. While the study found no differences in rates of reunification between the two samples, there was a higher rate of adoption in the matched sample of children placed in fiscal years 1993-96. This difference may reflect the easier adoption of separated siblings or the challenges of converting professional foster homes into permanent adoptive or guardianship homes when reunification is not possible. Despite these challenges, disruption rates were lower in Neighbor to Neighbor than in the matched sample of Chicago foster homes.

^a Rolock, N., & Testa, M. (2003). *The conservation of sibling ties in foster care: An evaluation of the Jane Addams Hull House Association's Neighbor-to-Neighbor program*. Urbana, IL: School of Social Work, University of Illinois at Urbana-Champaign.

with siblings are frequently the longest lasting and most dependable source of support that people can draw on throughout their lives, and it is incumbent upon the state to foster this whenever possible. Kinship has also proved to be a previously untapped source of family permanence through adoption and guardianship. By building on the cultural traditions of informal adoption and kinship care among African Americans, Illinois was able to transform placement with kin from a permanency barrier to a permanency asset.

With the current focus at the Department on older wards, we would be remiss to not pay close attention to siblings and kin ties that can provide the foundation for support for youth aging out of the system long after they leave foster care. Although the procedures for safeguarding a public ward's financial assets have been around for decades, the procedures for safeguarding the human and social capital of foster youth are only now being developed. Attention should be given to preserving these bonds while children are in foster care, so that as adults, former foster youth have family to rely upon.

At the same time, it is important not to treat "least restrictive care" as a panacea. Research indicates that some children initially placed into an institution and later released into foster care are more likely to have stable reunifications and placement histories when compared to children that experience several failed foster care placements prior to an institutional setting. These findings, documented in 1982 and again in 2004, need to be examined further to ascertain whether the least restrictive principle actually protects children against unnecessary confinement or needlessly exposes them to further discontinuity.

LEGAL PERMANENCE REUNIFICATION, ADOPTION AND GUARDIANSHIP

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

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

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

A decade after the passage of AACWA, however, optimism over its potential for bringing stability and security to the lives of foster children began to wane. Despite early gains made in reducing the numbers of children in out of home care after the law’s passage, by the late 1980s foster care caseloads were once again on the rise. In the early 1990s, more than 500,000 children were in foster care nationwide – the highest number recorded up

to that time. To address this surge in foster care caseloads, Congress passed the Adoption and Safe Families Act (ASFA) of 1997. The legislation endorsed adoption as the primary solution for the backlog of children in foster care who could not or should not return home. It also narrowed the criteria for making “reasonable efforts” to reunify families in circumstances of aggravated abuse and neglect (e.g. torture, prior child death, and previously terminated parental rights).

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

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

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

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

Legal Permanence in Illinois

Statistics show that large numbers of children moved into permanent homes after Illinois implemented its package of permanency reforms in 1997. Between 1998 and 2002, approximately 33,000 children were adopted or taken into private guardianship—twice as many children as were discharged to adoption or guardianship during the entire decade from 1987 to 1997. Although these increases in adoption and guardianship have earned Illinois national recognition, concerns linger that the permanency push negatively impacted children’s chances for reunification. To address this concern, it is important to track results from the time children enter foster care (entry cohorts) to the point they exit care (exit cohorts). Tracking children prospectively in this manner offers a complete view of what happens to children after they enter foster care in a given year, subsequently exit through reunification, adoption or guardianship, or else remain in care until they age out. This longitudinal approach is endorsed by the Pew Commission on Children in Foster Care and in the recommendations of the committee charged by the Administration for Children and Families to review the CFSR process.⁴

Longitudinal data show that the reunification rate at the 12-month milestone for children who entered foster care in Illinois has increased from 14% to 20% between 1995 and 2003 (see Figure 4.1 and Appendix A, Indicator 4.A).⁵ Reunification rates at the 24-month milestone have also shown improvement, increasing from 21% for the 1996 entry cohort to 27% for the 2002 entry cohort. At the 36-month milestone, reunification rates have improved from 24% in 1995 to 32% in 2001.

Research suggests that race is a strong predictor of the length of time to reunification. A recent study of reunification in Illinois⁶ found that African-American children take longer to reunify than other children and that the slower reunification times are correlated with living in Cook County. That is to say, African-American children in Cook County are slower to reunify than other children in the state, including African-American children from non-Cook counties.

⁴ Child and Family Services Review Workgroup. (2004). *Summary of recommendations*. Unpublished manuscript.

⁵ These numbers exclude children who entered substitute care and stayed less than 7 days.

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

⁷ At the 24-month milestone, reunification and adoption are the two permanency options available to children in substitute care.

⁸ At the 36-month milestone, three permanency options are available to children in substitute care – reunification, adoption, and subsidized guardianship.

These findings are corroborated in the current report (see Appendix A, Indicator 4.A). Twelve-month reunification rates in Cook County (12% in 2003) are much lower than those in the Northern, Central, and Southern regions of the state (22%, 26%, and 32% in 2003, respectively). In addition, African-American children are much less likely to be reunified within 12 months (14% in 2003) than either Caucasian children (27%) or Hispanic children (24%).

While reunification accounts for the majority of permanencies within 36 months in Illinois, the post-ASFA push on adoptions and the introduction of subsidized guardianship in 1997 widened the permanency pathway for children. As a result, overall rates of permanence have risen steeply. At the 24-month milestone, the rate of permanence⁷ increased from 21% in 1995 to 35% in 2002 (see Figure 4.1 and Appendix A, Indicator 4.B). At the 36-month milestone,⁸ the permanency rate increased from 30% in 1995 to 54% in 2001 (see Figure 4.1 and Appendix A, Indicator 4.C).

Although the trends show that permanency rates have increased for all forms of permanence since Illinois implemented its permanency reforms in 1997, the common perception is that *reunification* rates were adversely affected by this initiative. This impression perhaps arises from familiarity with the history of reunification in Illinois. As illustrated in Figure 4.2, 40% to 45% of children who entered care in the late 1980s were reunified within three years of entry, compared to around 30% of children in recent years. Although recent reunification rates are lower than those of the late 1980’s, rates were at their lowest in the early 1990’s and have *improved* considerably since the implementation of performance contracting, subsidized guardianship and the Permanency Initiative.

SANDRA’S STORY

Sandra’s mother passed away when Sandra was 6 and at age 14 her father passed away before plans to reunite them could be realized. Although Sandra stayed at her step-mother’s home after her father’s death, the placement lasted less than two months. Sandra was never placed for adoption or private guardianship and instead aged-out of the public guardianship of DCFS.

LEGAL PERMANENCE AT A GLANCE

We will know if children have permanent homes:

If children are reunified with their parents more quickly:



Of all children who entered substitute care during the year and stayed at least 7 days, the percentage reunified within 12 months from the date of entry into care increased from 18.2% in 2000 to 19.9% in 2003.

If children who can't be reunified by 12 months find a permanent home in a timely fashion:



Of all children who entered substitute care during the year and stayed for longer than 7 days, the percentage attaining permanence through reunification or adoption within 24 months from the date of entry into foster care has increased from 33% in 1999 to 35% in 2002.



Of all children who entered substitute care during the year and stayed for longer than 7 days, the percentage attaining permanence through reunification, adoption, or subsidized guardianship within 36 months from the date of entry into foster care has increased from 49% in 1998 to 54% in 2001.

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



Of all children who attained permanence during the year (excluding placements of less than 8 days) the percentage that did *not* experience a rupture in permanence within two years has decreased from 93% in 1999 to 91% in 2002.

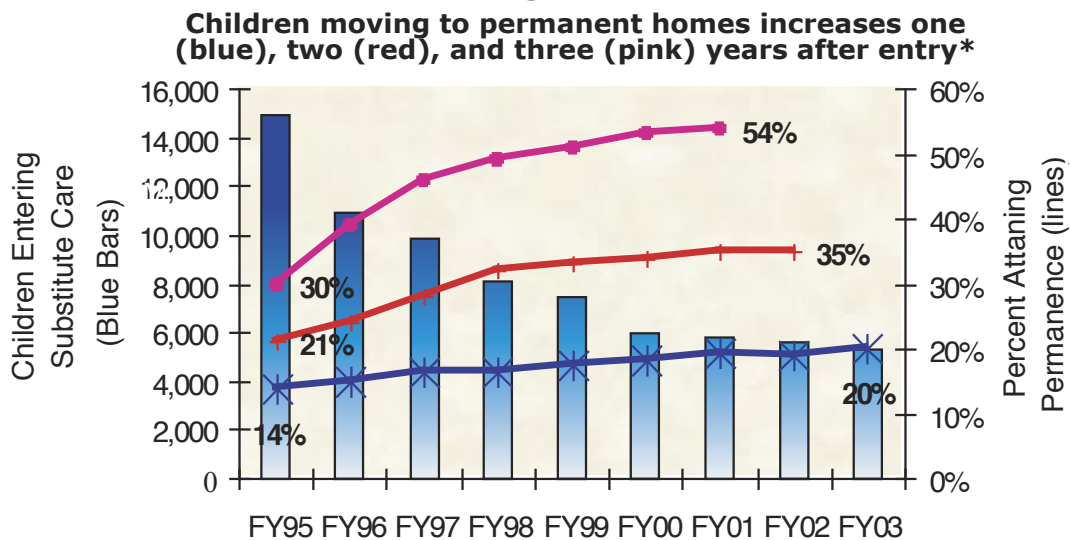


Of all children who attained permanence during the year (excluding placements of less than 8 days) the percentage that did *not* experience a rupture in permanence within five years has increased from 80% in 1996 to 89% in 1999.



Of all children who attained permanence during the year (excluding placements of less than 8 days) the percentage that did *not* experience a rupture in permanence within ten years has increased from 75% in 1991 to 88% in 1994.

Figure 4.1



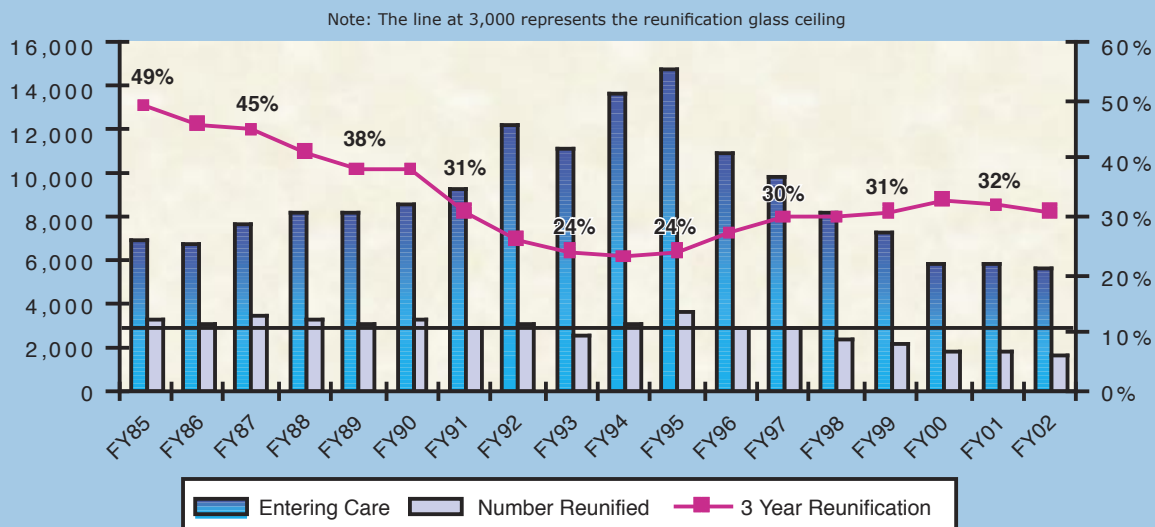
*Note: permanency at one year is reunification only, at two years reunification and adoption and at three years reunification, adoption and subsidized guardianship

Box 4.1
Is There a Glass Ceiling on Reunification?

The number of children who enter substitute care and go home within three years has been approximately 3,000 since 1985. In 1985, when 6,900 children entered care, approximately 3,400 (49%) reunified within three years; in 1995, when almost 15,000 children entered care, approximately 3,600 (or 24%) reunified within three years. Figure 4.2 shows the number of children that entered substitute care (blue bars) and the percentage of those children who were reunified within three years (pink line). When entry

cohorts peaked –1992 through 1995 – there was a decline in the percentage of reunifications, but the raw number of children returned home has remained constant. Is there are reason that the State does not reunify more children from any given entry cohort? Is it a capacity issue with the courts? The fact that this trend persists through almost two decades suggests that this is an issue that warrants additional research.

Figure 4.2
Children reunified within three years of entering foster care



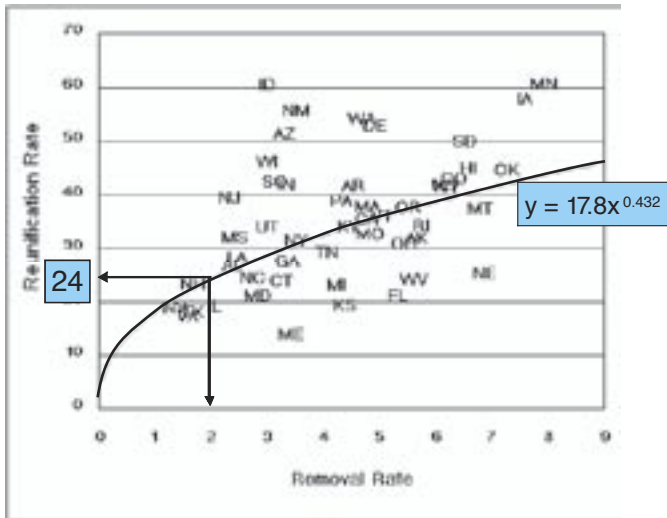
Another reason for the impression that reunifications are declining despite the rebound in rates after 1995 is that they now account for a smaller proportion of the overall number of children attaining legal permanence. With increased adoptions and guardianships, reunifications have shrunk as a percentage of the total number of children attaining permanence from 87% in 1990 to 71% in 1995 and currently to 40% in 2004. The greater success in moving children to adoption and guardianship obscures the more modest success in moving children to reunification.

The question remains whether reunification rates will ever rise again to levels that were once the norm in the 1980s. Perhaps with better drug addiction treatment and social services to birth parents, reunifications will increase (see Box 4.2). Or maybe the decline in reunification rates is a permanent outgrowth of improvements in safety assessment and intact-family services which now bring fewer numbers of low-risk cases into state custody in Illinois.

Comparing Illinois to other states offers some insight into whether the current “ceiling” on reunifications in Illinois can be shattered. As shown in Map 4.1, Illinois’ standing in reunifications ranks among the lowest in the nation. This suggests room for improvement. On the other hand, the classification of states by reunification rate closely resembles the classification of states by child removal (placement) rates (see Map 2.1). In fact, the correlation between state removal rates and reunification rates is .46.

Figure 4.3 illustrates this correlation by plotting a state’s removal rate (children taken into care per 1,000 child population) against its reunification rate (percentage of children reunified within one year of entry). States that remove comparatively few children on a per capita basis, such as Illinois, Nevada, New Hampshire, Texas, and Virginia typically reunify a smaller percentage of children within a year compared to states that remove a larger proportion of children, such as Iowa, Oklahoma, and Minnesota.

Figure 4.3
Scatterplot: removal rate
by reunification rate



One possible explanation is that states with low removal rates restrict foster care to more difficult cases that cannot be safely served in the home, which reduces the number that can be reunified quickly. States with high removal rates may bring less problematic cases into care, which increases the number that can be returned quickly to the home. Using the best-fitting regression line ($y = 17.8x^{0.432}$) to predict reunification rates from removal rates suggests that states with removal rates as low as Illinois seldom return more than 24% of children within one year of removal. Although there is definite room for improvement in Illinois' 18% reunification rate at 12 months, it may be impossible for Illinois to achieve the very high rates seen in states that remove a significantly larger proportion of children from their homes.

The Changing Significance of Kinship for Permanence

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

Box 4.2
Innovative Practices: Recovery Coaches and the AODA IV-E Waiver

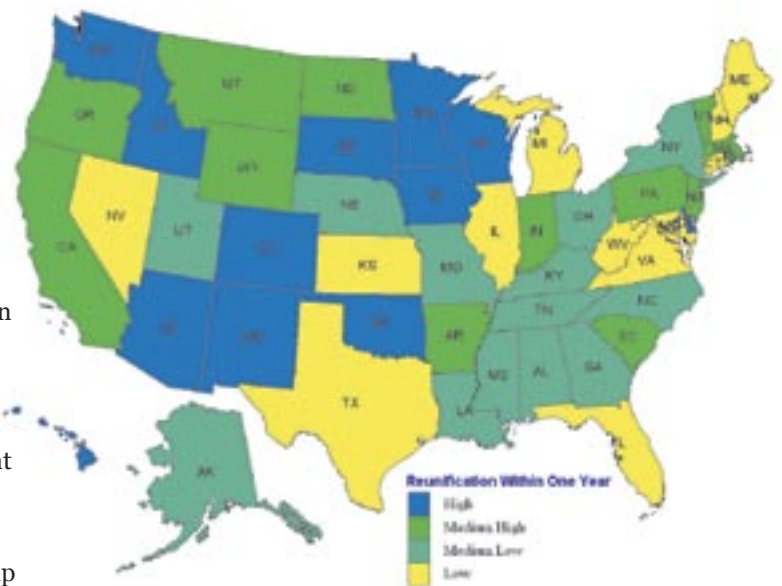
The AODA Waiver was designed to improve child welfare outcomes by providing enhanced alcohol and other drug abuse (AODA) treatment services to substance affected families served by IDCFS. At the time of their temporary custody hearing, Cook County substance-affected families were assessed and randomly assigned to either the demonstration group, which received the services of a recovery coach, or a control group, which received the substance abuse treatment services available to them prior to the demonstration. The recovery coach worked with the parent, child welfare caseworker, and AODA treatment agency to remove barriers to treatment, engage the parent in treatment, provide outreach to re-engage the parent if necessary, and provide ongoing support to the parent and family through the duration of the child welfare case.

The CFRC evaluation^a of the AODA Waiver found that families with a recovery coach:

- were more likely to access substance abuse services,
- accessed services faster than those in the control group, and
- were more likely to be reunified.

^a Testa, M.F., Ryan, J.P., Louderman, D., Sullivan, J.A., Gillespie, S., Gianforte, R., Preuter, J., & Quasius, D. (2003). *Illinois AODA IV-E waiver demonstration: Interim evaluation report*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

Map 4.1
National comparison: reunification within one year



Illinois' average rate (1999-2001) of reunification within one year of removal ranks among the lowest in the nation, along with Maine, Virginia, Texas, Kansas, and Nevada.

In the past, growing up in the foster homes of kin meant joining the backlog of children in long-term foster care. Few foster children were adopted by kin, and practice wisdom held that kinship and permanence were incompatible. It was said that relatives were opposed to adoption, first, because they felt that they were already connected by blood ties and, second, because they were reluctant to participate in the termination of the parental rights of close relatives.^{9 10} To accommodate these concerns, Illinois and other states have pursued legal guardianship as a supplementary permanency option that is less disruptive of customary kinship norms than adoption.

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

When Illinois implemented its subsidized guardianship waiver in 1997, an unexpected discovery was that many relatives chose adoption over guardianship when both options were put on the table. In fact, a large share of the explosive burst in adoptions in Illinois occurred as a result of the conversion of kinship foster homes into adoptive homes.

Figure 4.4 illustrates the growth in permanencies from kin and non-kin homes. In the late 1990's, the growth of permanencies from kinship homes was far steeper than that from non-kin homes.¹¹ Permanencies from kin homes spiked in 1999, due in large part to the adoption of children that had been in foster care for many years, and have since

⁹ Thornton, J. (1991). Permanency planning for children in kinship foster homes. *Child Welfare*, 70, 593-601.

¹⁰ Burnette, D. (1997). Grandparents raising grandchildren in the inner city. *Families in Society*, 78, 489-499.

¹¹ The kin vs. non-kin distinction is made based on the child's last placement type.

¹² The percent of permanencies from kinship homes was 92% in 1998, and was down to 75% in 2003. Historically, the percent of DCFS caseload placed with kin was about half – at 40% in 1990, up to almost 60% in the mid-90s and currently just under 40%. Perhaps this decrease in kinship caseload can be explained in part by the fact that in recent years over half the children exiting to permanent homes have been from kinship homes.

¹³ Testa, M. F. (2001). Kinship care and permanency. *Journal of Social Service Research*, 28, 25-43.

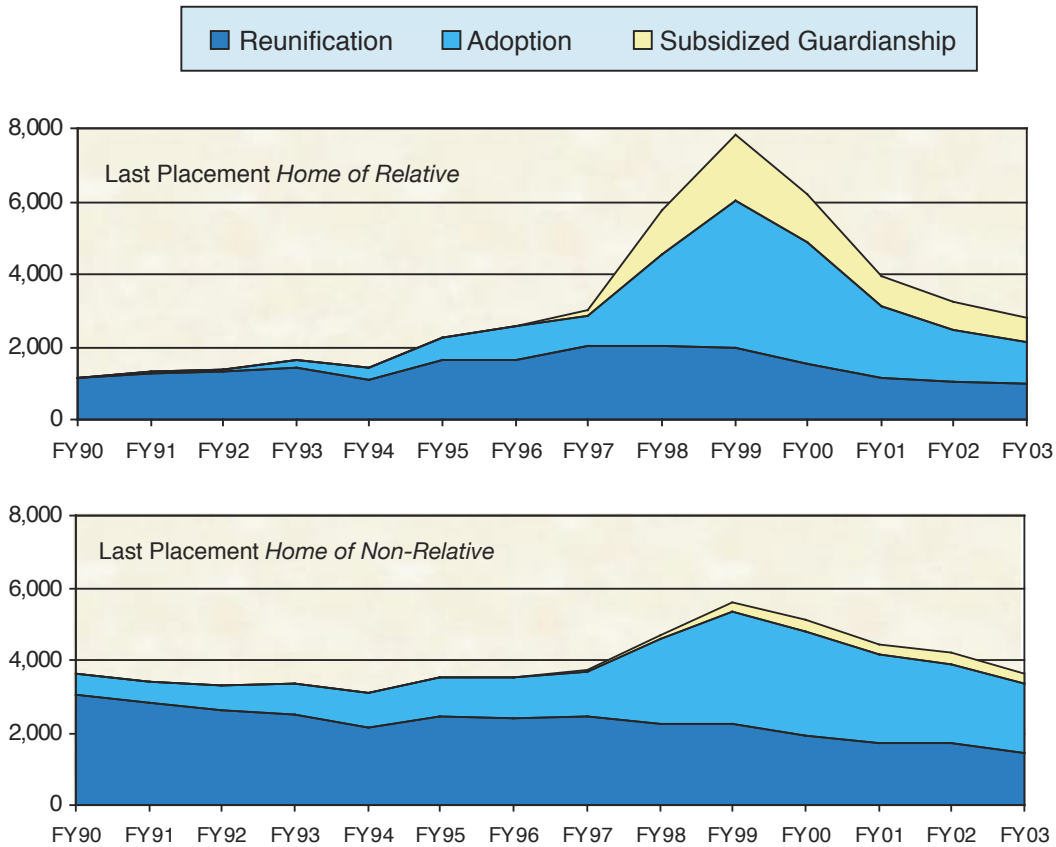
Youth Voices

Amanda, age 19, and a Young Researcher, reflects on her time in foster care: *I have 7 other siblings who are in foster care and I haven't seen them in 11 years. Hopefully I will find them soon and we can be a family again. The advice I would give to foster/ adoptive/relative foster parents would be: treat kids who come into the system as your own because you want to bond with that child because not bonding with that child can impact that child's future. When I found out I was adopted I felt good and relieved because this woman comes from out of nowhere and takes me in. It felt like a prize because once she took me in it was like heaven. I had a hard time trying to figure out why my younger sister and brothers weren't with me. After I was taken, then they were taken to another family, and it hurt my heart when I didn't have any contact with them for months, then months became years. I talked to my mom when I was about 9, then we couldn't talk anymore because my adoptive mom wasn't going to accept any more of her collect phone calls. It was so hard letting go of my younger sister and brothers, then my mom not trying to find another way to call us. It was good that my adoptive mom kept me, my sister and older brother together because I would have been lost and even more hurt without them.*

decreased as a proportion of permanencies. The number of children reunified from non-kin homes has steadily decreased since 1990, while the adoptions from non-kin homes began to increase in 1998 and have remained a solid percent of permanencies.¹²

In retrospect, the perception that kinship foster care was a barrier to adoption appears to have been largely a self-fulfilling prophecy: workers acted on the belief that relatives were opposed to adoption and hence did not ask. But when the permanency question was broached, it turned out that far more relatives were willing to consider adoption than the field generally deemed likely. In a study of permanency trends in Illinois,¹³ Testa concluded that by restructuring permanency options in ways that built on the strengths of extended families and the cultural traditions of "informal adoption" among African Americans, Illinois was able to transform kinship care from a barrier into a positive asset for the timely achievement of permanence through adoption and guardianship.

Figure 4.4
Number of children attaining permanence from kin and non-kin homes

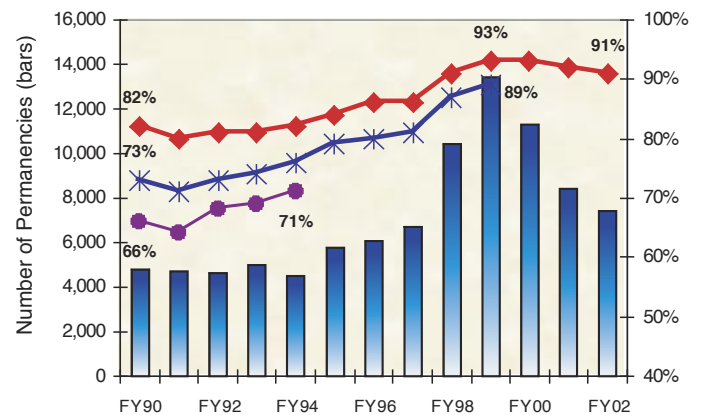


Stability of Permanence

The importance of permanent attachments and lasting family relationships for healthy child development is a central tenet of modern child welfare practice. However, the concern has been raised that the post-ASFA push for permanence may have forced families into making ill-considered commitments that will cause future placement ruptures.¹⁴ Fortunately, the best available evidence to date shows that ruptures of adoptive and guardianship placements are rare, particularly when compared to re-entries from reunification and the instability that children experience when they remain in care. At the same time, there are warning signs that recent cohorts of children discharged to legal guardianship are re-entering care at a faster rate than the original cohorts that were discharged at the start of the Illinois subsidized guardianship waiver demonstration.

Figure 4.5 illustrates the trend in the stability of permanent homes in Illinois. For the purpose of this analysis, rates for all types of permanent placements

Figure 4.5
Post-permanence stability at two (red), five (blue), and ten (purple) years post-discharge



– reunification, adoption and subsidized guardianship – are grouped together. The data demonstrate that post-permanence stability has improved at two, five and ten years post-discharge. At the 2-year milestone, the percentage of children that remain at home *without interruption* has increased from 82% in 1990 to 91% in 2002 (see Appendix A, Indicator 4.D). At the 5-year milestone, the percentage of children who remain at home *without interruption* has increased from 73% in 1990 to 89% in 1999 (see Appendix A, Indicator 4.E), and at the

¹⁴ The term rupture will be used in this chapter to refer to a placement that does not last – a reunification, adoption or subsidized guardianship. Prior literature uses such terms as displacement, disruption or dissolution; the term “ruptured placement” is used to encompass all these types of changes in a permanent home

10-year milestone, the rate of post-permanence stability has increased from 66% in 1990 to 71% in 1994 (see Appendix A, Indicator 4.F). Much of this increased stability can be attributed to children moving to adoptive homes and finding long-lasting permanence there. It is noteworthy that the majority of permanency ruptures occur within the first two years post-discharge.

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

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

Figure 4.6

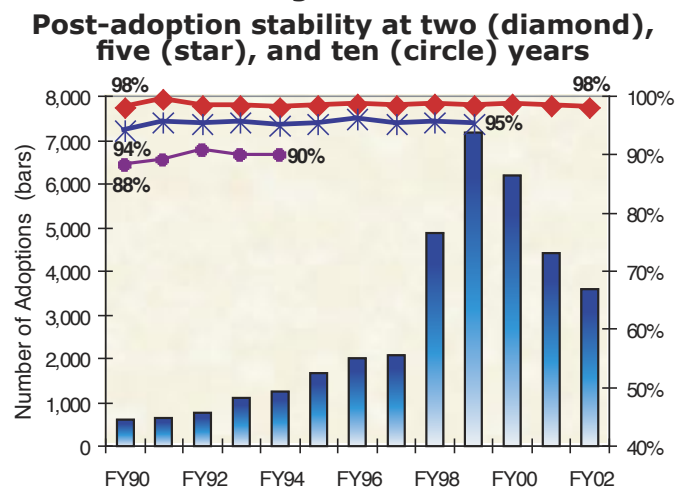
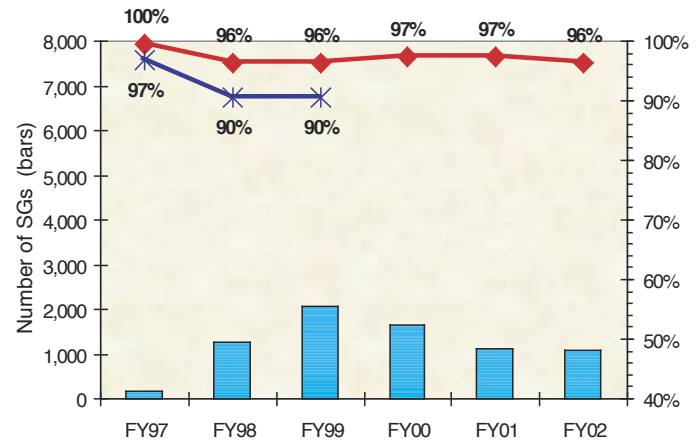


Figure 4.7

Post-guardianship stability at two (diamond) and five (star) years



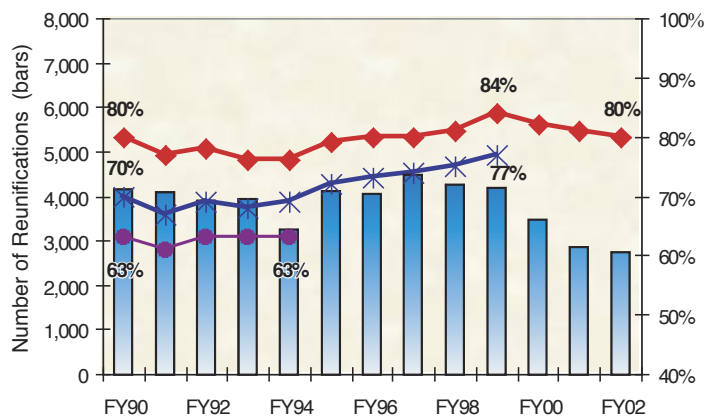
Subsidized Guardianship: Despite the relatively short follow-up period for observing ruptures in subsidized guardianships, the post-guardianship stability rate has remained fairly constant (Figure 4.7). At two years post-discharge, 96% to 97% of the children discharged to legal guardians are still in the same homes, and at 5 years post-discharge, approximately 90-91% of these children remain in permanent homes. While these percentages are quite high, they are slightly lower than the comparable rates among adopted children. Additional analysis reveals that guardianships are less stable now than in the early years of the subsidized guardianship program. This is a warning sign that needs to be followed closely and will be discussed later in this chapter (see Box 4.4).

Reunification: When compared to adoption and subsidized guardianship, children reunified with their parents experience significantly less post-discharge stability. However, this comparison should not obscure the improvements that have occurred on this measure as well (Figure 4.8). Although two-year post-reunification stability rates are at the same levels in recent years as those in the early 1990s, improvement has occurred at five years post-reunification – rates have risen from 70% to 77%. At ten years post-reunification, with only five cohorts of complete follow-up data, 63% of children remain at home. This rate is lower than that reported in a study of reunification outcome data from across twelve states, including Illinois, which found a 72% post-reunification stability rate after 10 years.¹⁵

¹⁵ Wulczyn, F. (2004). Family reunification. *The Future of Children*, 14, 95-113.

Figure 4.8

Post-reunification stability at two (diamond), five (star), and ten (circle) years



Risk of Rupture

Although trend lines point to improvements in the stability of permanence over the past decade, it is difficult to discern from these graphs whether the improvement is due to better practices or simply to the changing demographic composition of the children entering care or the families providing foster care. To better understand how different characteristics, such as a child’s race and age, urban or rural location, and placement with kin influence the likelihood of rupture, multivariate statistical analysis can be applied to the data to identify the unique impact of each factor after controlling the influence of all other factors in the model. The results of the multivariate analysis are presented in Table 4.1 and discussed in the following sections. Please

Box 4.3

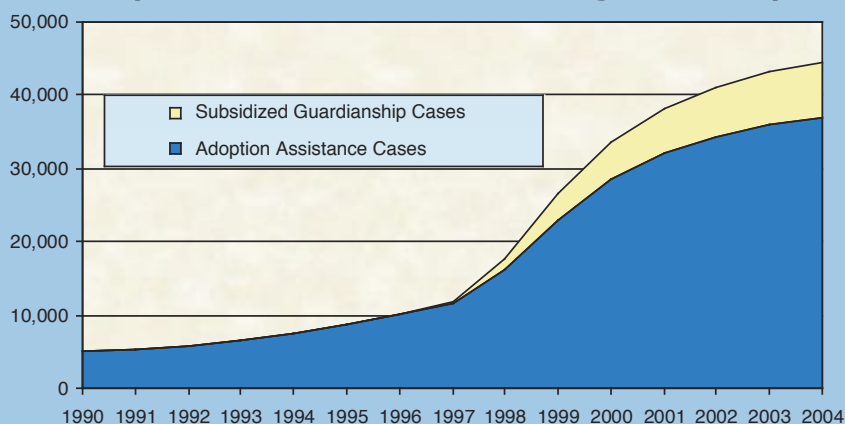
The Rising Demand for Post-Permanency Services

Illinois has reached an important milestone – the number of children in state-assisted permanent homes with adoptive parents and legal guardians surpasses the number of children in state-funded foster care. With this milestone comes a challenge for the future: the rising number of families seeking post-permanency services. Even though these former state wards no longer need the regular casework and judicial oversight that foster care supervision provides, their homes still need family support and sometimes more intensive interventions to preserve family stability.

Does the increasing number of permanency ruptures signal poor system performance? The raw number of ruptures from adoptive placements increased three-fold from between 1990 and 2003. For some, this increase creates a perception that adoptions and guardianships are not permanent, stable homes for children. However, when interpreting this increase, it is vital to remember that these ruptures are occurring among a vastly larger pool of completed adoptions and subsidized guardianships (see Figure 4.9).

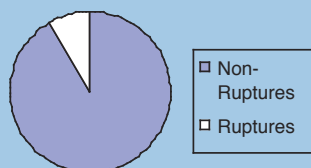
Figure 4.9

Active adoption assistance or subsidized guardianship cases



In fact, the incidence rate of rupture from adoption and subsidized guardianship homes is rare. Of the nearly 8,000 children in subsidized guardianship homes, 91.5% have not ruptured and of the 37,000 children ever adopted, 94.5% have never ruptured.

Percent of Children in SG that Never Ruptured



Percent of Children Adopted that Never Ruptured

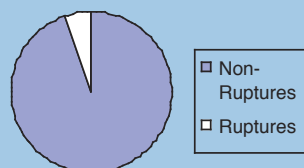


Table 4.1— Predicting Ruptures: Percent Difference in Rates

Variable	Adoption	Guardianship	Reunification	Censoring death of caretaker COOK ONLY	
				Adoption	Guardianship
RACE					
African-American	+51%	+12%	+21%	+83%	-46%
Comparison is Not African-American					
PRIOR PLACEMENT					
With Kin	-36%	-35%	-34%	-50%	-27%
Comparison is prior placement with non-kin					
AGE					
Under 3	-54%	-36%	+9%	-60%	-67%
3 to 5 years	-35%	-16%	+3%	-36%	-25%
Comparison is 6 to 8 year olds					
9 to 11 years	+39%	+28%	+7%	+35%	+19%
12 to 14 years	+104%	+211%	+56%	+85%	+246%
15 to 17 years	+95%	+612%	+93%	+105%	+558%
Note: This model controls for the year of permanence and the Cook/Non-Cook variable.					

note that in the analysis on ruptures from permanence (Table 4.1 and Figure 4.10), we deviate from the usual protocol in this report of displaying improvement over time as an “upward” movement on a graph.

Child Race: Race and ethnicity play a large role in predicting ruptures from permanent homes. When African-American children are compared to all other foster children, they are 51% more likely to experience adoption rupture, 12% more likely to experience rupture from a subsidized guardianship, and 21% more likely to experience rupture following reunification.

Further examination of ruptures from adoptive or subsidized guardianship homes reveals that a significant number are due to the death of a caretaker (see Box 4.4). In an effort to better understand ruptures that were not a result of the caretaker’s death, the regression analysis was re-run excluding those ruptures that were due to a caretaker death.¹⁶ Censoring these ruptures increases the effect of

race: African-American children in guardianship homes are 46% less likely to experience a rupture than other children, while adopted African-American children are 83% more likely to experience a rupture than children of other ethnicities.

Prior Placement With Kin: Children who find permanence after living with kin are less likely to experience a rupture than children previously living with non-kin. This effect is strongest with children who have been adopted from a kinship home: these children are 36% less likely to experience a rupture than children adopted from non-kin placements. Children who enter subsidized guardianships from kinship homes are 35% less likely to experience a later rupture than those from non-kin homes, and children that are reunified from kin homes are 34% less likely to experience a rupture than those reunified from non-kin homes. Thus, it appears as if children who live in kinship placements experience greater stability both when they are in foster care and once they have achieved permanence.

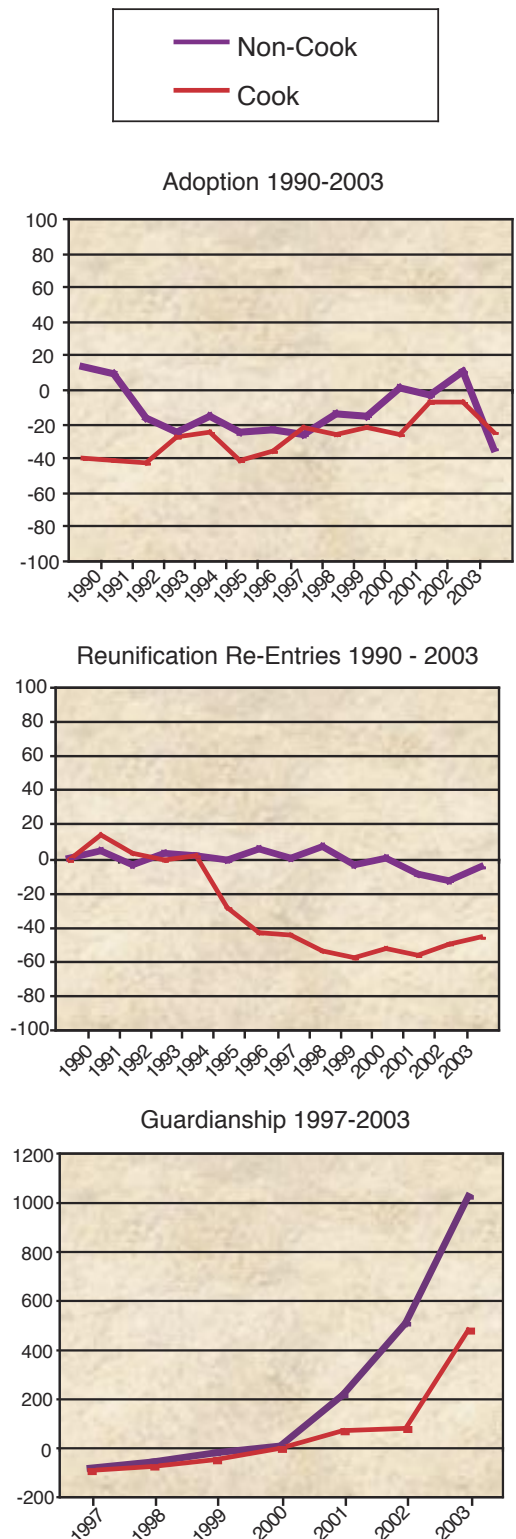
¹⁶ Data on ruptures due to caretaker deaths are only available in Cook County; the multivariate analysis that censors these ruptures is therefore limited to children in Cook County.

Youth Voices

Harold, age 18 and part of the FYSH program, reflects on life after adoption: *My auntie and her husband adopted my five siblings and me from foster care when I was four years old. By the time I reached the age of nine, my adoptive father had passed on and my adoptive mother was seriously hooked on “crack.” We didn’t live in an apartment more than a year because she wouldn’t pay the rent or they didn’t like her using drugs. I think this is why I’m not used to staying at one place for too long. If we weren’t in an apartment, we lived in a shelter or a sleazy hotel room. In fact, I lived in a hotel or shelter about half of my life after my father died. My adoptive mother was also very abusive of my sister. They had so many fist fights. I have lost count. The last fight they had, I called the police and we wound up back in foster care. At the age of fourteen, my older sister and I had returned to foster care because our mother was out of control and abusive. I was around sixteen when I was placed into a foster home with a foster parent who used “hard drugs.” I believe that if you are going to take someone out of their home then you should replace that home with a better one. I have had a lot of disturbing experiences in foster care, but there were good things as well. When you finally get to the family that treats you with love, kindness and respect, it is a wonderful feeling. It’s just finding that family. Though I have had tough times, I have gained a lot of benefits from foster care. I have learned a lot of values that I was unable to learn while living with my mother.*

Age at Permanence: The age at which a child attains permanence impacts the likelihood of experiencing a rupture. In general, the older the child is at the time permanence is achieved, the more likely he or she is to experience a rupture. Children who attain permanence at twelve years and older are especially vulnerable to experiencing a rupture: a 12 to 14 year old child is 104% more likely to experience rupture from an adoptive home, 211% more likely to experience rupture from a guardianship, and 56% more likely to experience a reunification rupture than a child between 6 and 8 years; a 15 to 17 year old child is 95% more likely to experience rupture from an adoptive home, 612% more likely to experience rupture from a guardianship, and 93% more likely to experience a reunification rupture than a child between 6 and 8 years. Censoring ruptures due to caretaker death does not significantly change the impact of child age on the likelihood of adoption and guardianship ruptures in Cook County.

Figure 4.10
Likelihood of rupture



Cook / Non-Cook Region: Because the year children were discharged to permanent homes interacts with region, the following charts plot separate trend lines for Cook County and non-Cook regions. Figure 4.10 shows the relative risk of rupture for successive cohorts of children who attained permanence. The first graph is for children adopted out of foster care in Illinois. The comparison

group is children adopted outside of Cook County in 2000 (arbitrarily anchored at zero). The trend lines show only slight changes in the underlying risk of adoption ruptures over time. While adoptions outside of Cook were more likely to rupture compared to this anchor point, the difference narrowed by the mid-1990s. Today the Cook versus non-Cook differences in adoption ruptures are negligible.

The same method was applied to children who were reunified with their biological parents. Unlike adoption, the rate of reunification rupture changes over time. In particular, the stability of reunifications improved significantly in Cook County while it remained constant for reunifications outside of Cook. This demonstrates that the overall improvement in the stability of reunifications shown in Figure 4.8 is actually attributable to the steep decline in re-entries after reunification in Cook County.

The third chart in Figure 4.10 examines the relative risk of guardianship ruptures in Cook and non-Cook counties over time. Although the risk of rupture has significantly increased for both groups in the past several years, non-Cook guardianships are much more likely to rupture than Cook guardianships. This increasing risk of rupture suggests the need to closely monitor the services available to children post-subsidized guardianship (see Box 4.4 – Warning Signs for Subsidized Guardianship).

Observations on Permanence in Illinois

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

With the increase in children moving to permanent homes, concern was raised that perhaps these arrangements were made in haste and that the children moved to permanent homes would end up back in state

Box 4.4 Warning Signs for Post-Guardianship Preservation Services

The Children and Family Research Center maintains a database on families that contact the post-guardianship office for services. This database documents the reason for the contact, services provided, and outcomes. It is the most comprehensive set of data on post-guardianship services available, but primarily contains information on Cook County cases. The CFRC database shows that of the 327 ruptures in Cook County,

- 46% ruptured because the caretaker died.
- 54% of the ruptured guardianships were dissolved. Most of these children were returned to state guardianship, about one-quarter were returned to their biological parent(s), and the remaining had a new private guardian assigned.

The fact that almost half of the ruptures in Cook County were because of the guardian's death emphasizes the importance of successor guardianships being established at the time of placement with a subsidized guardian, and the need to emphasize the importance of this plan, particularly when placing children with older guardians.

While less than 5% of the more than 8,000 children discharged to subsidized guardianship in Illinois have experienced an interruption of care due to behavioral or emotional difficulties, the rupture rate is rising rapidly for recent groups of children discharged to subsidized guardianship. Future policy and practice decisions should consider the following questions: Could these ruptures be prevented if grandparents, aunts, and uncles participated in family support groups with other relative caregivers confronting similar challenges? Are newly hired child welfare workers adequately trained in family support and adolescent development to prepare relatives for their different roles and responsibilities as permanent guardians? What sorts of policies and post-guardianship services are in place both downstate and in Cook County to ensure children a lasting family life in adoptive and guardianship homes?

custody. This report tracks children for two, five and ten years after permanence and has found that the vast majority of children that were adopted or living with a subsidized guardian remain in these permanent homes at least until they are eighteen years old. In addition, the rate at which children are reunified and remain at home has also increased so that, despite the fact that reunifications rupture more often than either adoptions or subsidized guardianships, these ruptures are happening less frequently than in previous years.

Box 4.5**New DCFS Initiatives to Address Permanence for Older Wards**

The Enhanced Subsidized Guardianship and Adoption Program (Phase II of the Illinois guardianship demonstration) allows for the continuation of Phase I activities (also known as the “standard program”), plus an “enhanced program” component that includes strategies for pursuing permanence for older wards (youth ages 14 or older). The goal of the Program is to evaluate the impact of specific transition programs on permanency outcomes for older wards.

A number of transition programs are available to support youth as they transition from foster care to adulthood. These services are only available to youth who exit the child welfare system without a permanent and legal relationship with a family. These programs are a significant resource for eligible youth and provide a range of support including a monthly stipend, medical card and other services for wards. Casework staff and court personnel often counsel youth (as well as their caregivers) to remain in care in order to access transition programs and other resources. This creates a perception that the availability of these services is inherently more valuable than permanence and that the loss of access to certain transition programs is too great a cost compared to the benefits of permanence. The extension of the current waiver will enable the State to offer a series of transition programs to youth who are adopted or for whom guardianship is transferred at age 14 or older that support, rather than compete with, the achievement of permanence. The programs include: education and training vouchers without federal restrictions; Youth in College; Youth in Employment; Life Skills; and housing cash assistance.

However, the findings presented in this chapter also raise the caution that success in finding permanent, long-lasting homes for children is not a guarantee. Illinois has reached a milestone – the number of children living in state-assisted permanent homes with adoptive parents or legal guardians exceeds the number of children living in state-funded foster care. With this milestone comes a challenge for the future: the rising demand in the number of families seeking post-permanency services. Without a clear focus on, and resources for, services to these families, children are at risk for re-entering the system. This warning flag is already being raised in the subsidized guardianship population. Recent cohorts of children in subsidized guardianship are less stable than the earlier cohorts. This is particularly evident in cases in downstate Illinois where post-guardianship services are lacking. The need to support the grandparents, aunts and uncles that are caring for these children is of utmost importance if we want to preserve family stability after foster care.

WELL-BEING CHILDREN IN OUT-OF-HOME CARE

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

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

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

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

relationship to these other institutions as does a parent or private guardian and therefore has an affirmative obligation to advocate and act on behalf of the well-being of each child while he or she remains under state custody.

The purpose of the B.H. Consent Decree is to assure that the Illinois DCFS treats children in its custody in conformity with the following standards of well-being in addition to safety and physical support:

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

The Illinois DCFS recently unveiled its "lifetime" approach to assuring child well-being, which commits the Department to investing in the lives of each child under its custody *as if* the Department were going to be responsible for the child until he or she becomes a young adult. Even if a child's time in state custody is eventually shortened by family reunification, adoption or private guardianship, the Department reasons that while a child remains under its guardianship he or she cannot afford to miss critical developmental opportunities for social and emotional growth and educational progress, transitions which if neglected are difficult to make-up in later years.

Most children who enter foster care have already been exposed to adverse conditions in the home and surrounding community that severely compromise their chances for healthy emotional and social growth and educational progress. Chronic conditions and traumatic incidents early

¹ U.S. Department of Health and Human Services. (2003). *Child and Family Services Reviews Onsite Review, Instrument and Instructions*. U.S. Social Security Act, Sec. 475. [42 U.S.C. 675].

² American Bar Association (Center on Children and the Law), National Center for State Courts, & National Council of Juvenile and Family Court Judges. (2004). *Building a better court: Measuring and improving court performance and judicial workload in child abuse and neglect cases*. Los Altos, CA: The David and Lucile Packard Foundation.

in life, such as illness, disability, accidents, abuse and neglect, insinuate themselves in the development of the child and, if ignored, can lead to truancy, aggressiveness, delinquency, early pregnancy, and school drop-out in later life.³ To avoid losing critical time, the Department has promised to devote clinical resources to completing a comprehensive “integrated assessment” of each child within three weeks of his or her first entering DCFS custody. In addition, the Department is channeling dollars to provide treatment to reduce the negative consequences associated with childhood trauma from abuse and neglect. It is also redesigning its independent living programs to provide a seamless continuum of services to youth transitioning to young adulthood.

Child Well-Being in Illinois

The information on the well-being of children in foster care in Illinois reported in the following sections was gathered as part of the *Illinois Child Well-Being Study*. This comprehensive study involves three phases of data collection on over 350 children in care who were randomly selected from across the state. Children in the sample were in currently open placement cases. The study made use of multiple data sources covering several domains of well-being, including physical and mental health, education and development, social functioning, and readiness for adulthood. Data sources included health and educational record abstractions, standardized assessments of children, and interviews with children over the age of six, caregivers (including foster parents, group home supervisors, and residential care staff), and caseworkers.

Developmental Delay

The term developmental delay usually refers to children under six years of age who do not reach developmental milestones before or within an expected time frame. The federal definition of developmental disability extends this condition to any disability that is attributable to

a mental or physical impairment, which a person manifests before age 22 and is likely to continue indefinitely. The federal definition further identifies a developmental disability as contributing to substantial functional limitation in three or more areas of life activity that creates a need for specialized services.

Several sources of data gathered for the Child Well-Being Study address the topics of developmental delay and disability. Caseworkers were asked, “Is (child) developmentally delayed?” In the Nurse Audit, nurses identified the number of children under the age of 6 who had been screened for developmental delays and the number diagnosed with developmental delays. During case record reviews, the nurses also identified the number of children diagnosed with mental retardation (using the ICD-09 diagnostic criteria). Additional information on developmental delay came from the Early Childhood Unit (ECU) at DCFS, which provided information concerning the developmental status of every child in the Child Well-Being sample who entered care after 1998 in Cook County (before three years of age). All of these children were screened for potential developmental delays by the ECU using the Ages and Stages Questionnaire.

Caseworkers indicated that 21 percent of the sampled children of all ages had developmental delays. Of children under 6

SANDRA'S STORY

Sandra's well-being was seriously compromised by her multiple losses and placements. By her 16th birthday, she was diagnosed with post-traumatic stress disorder, reactive attachment disorder, intermittent explosive disorder, and depression. There were no known physical health problems. Sandra was arrested three times and spent time in detention at the ages of 14 and again at 16. Although she was repeatedly suspended or expelled from school for behavior problems, teachers acknowledged her scholastic aptitude. Sandra avoided becoming pregnant while in foster care, an accomplishment of which she is proud. In spite of her troubles in school and with the law, Sandra graduated from high school and will soon earn a college degree.

³ Testa, M. & Furstenberg, F. (2002). The social ecology of child endangerment. In M. Rosenheim, M.F. Zimring, D.S. Tanenhaus, & B. Dohrn (Eds.), *A Century of Juvenile Justice*. (pp. 237-263). Chicago: University of Chicago Press

CHILD WELL-BEING AT A GLANCE

We know if the well-being of children in foster care has improved:

If children that need emotional or mental health services receive it:

Of the 46% of children identified by caregivers as having emotional or mental problems, caregivers reported that 68% received some form of mental health services.

If children in need of physical health care receive it:

Of the 42% of children identified by caregivers as having some type of health problem, caregivers reported that 83% were receiving services for the condition.

If children score at or above educational norms:

59% of wards in the child well-being study were in the appropriate grade for their chronological age.

Children in Chicago Public Schools who eventually entered DCFS custody were already 15 percentage points below their classmates in reading scores two years prior to entering foster care. After placement, their scores rose along with their non-DCFS peers but the performance gap remained.

If children earn a high-school diploma or are currently attending school:



Children with a foster care history had a graduation rate of 37% to 39% from Chicago Public Schools during school years 2001 to 2003.



Children with a foster care history who did *not* drop out from Chicago Public Schools rose from 51% to 54%.

If children do not become pregnant while in foster care:

The percentage of girls aged 11 to 17 yrs. old who reported ever being pregnant ranges between 7 and 9 percent.

If children are not named in a juvenile delinquency petition:



The percentage of DCFS wards that have *not* been named in a juvenile delinquency petition has improved over time from 95.2% in 1995 to 97.3% in 2000.

for whom a nurse audit was available, 54 percent had been screened for developmental delays. Of these, 22 percent were diagnosed with a developmental delay. In addition, nurses reported that mental retardation was diagnosed in the case records of 6 children. Of children eligible for ECU screening at entry into substitute care, 58 percent exhibited a high likelihood of having developmental delays and were referred for full evaluations. Given this wide range of estimates for developmental delay (21% to 58%), the importance of conducting comprehensive assessments of all children within several weeks of entering care takes on added significance.

Learning Disability

Although learning disabilities can stem from the same etiological conditions as developmental delays, the diagnostic criteria are quite different. The Diagnostic and Statistical Manual (DSM-IV) identifies four types of learning disability: reading disorder, mathematics disorder, disorder of written expression, and learning disorder not otherwise specified. Testing for a learning disability should be conducted by trained personnel and based on aptitude and achievement tests and tests of information processing (long term memory, short term memory, sequential memory, and auditory and visual processing). Although it

was not possible to test for learning disabilities in the Child Well-Being sample, caseworkers indicated that 27 percent of the sampled children had a learning disability.

Mental Health

Unlike the tests available for diagnosing developmental delays and learning disabilities, there is no straightforward way of obtaining a complete and accurate picture of the mental health status of children in out-of-home care. However, data from several sources was collected and compared to report on the mental health of children in the sample. When information gathered from the Child Well-Being Survey from caregivers, caseworkers, and nurses was combined, 60 percent of children in out-of-home care were identified by at least one source as having some type of mental health condition. Considered separately, each source identified between 42 and 46 percent as having a mental health condition.

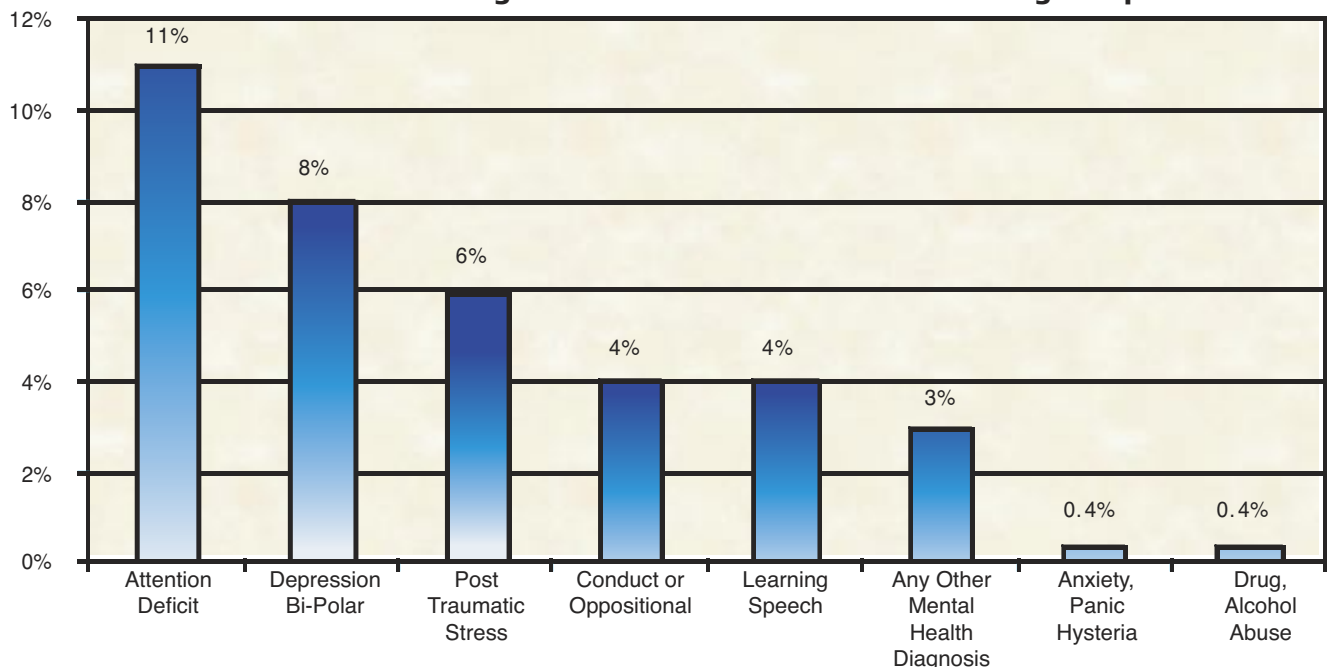
Caseworkers were asked to report on specific mental health diagnoses (made by a mental health professional) and whether they judged the child as having serious behavior problems (N=255 cases). DCFS nurses also abstracted mental health diagnoses (made by a mental health professional) from case records and reported ICD-

09⁴ diagnostic codes (N=255 cases). The results in Figure 5.1 show that attention deficit disorders were the most frequent mental health diagnoses for children in care (11%), followed by depression (8%), post-traumatic stress (6%), conduct or oppositional disorder (4%), and learning or speech disorder (4%).

Children in out-of-home care will sometimes receive a diagnostic label to qualify for intensive services or specialized care. To cross-validate the accuracy of case records, caregivers were asked to complete the Child Behavior Checklist (CBCL), a widely used instrument to assess children’s behavioral and emotional problems. Caregiver ratings on the CBCL placed 45 percent of children in the clinical or borderline range. Caseworker reports of behavior problems were largely validated by the Child Behavior Checklist (CBCL) scores. Only 13 percent of children who had CBCL scores in the clinical or borderline range were not identified by caseworkers.

Caregivers reported that 46% of the children surveyed had emotional or mental problems. Of these children, caregivers reported that 68 percent were receiving some form of mental health services (including medication). Psychotherapy was received by 49 percent of children. Of

Figure 5.1
Mental health diagnoses of children in child well-being sample



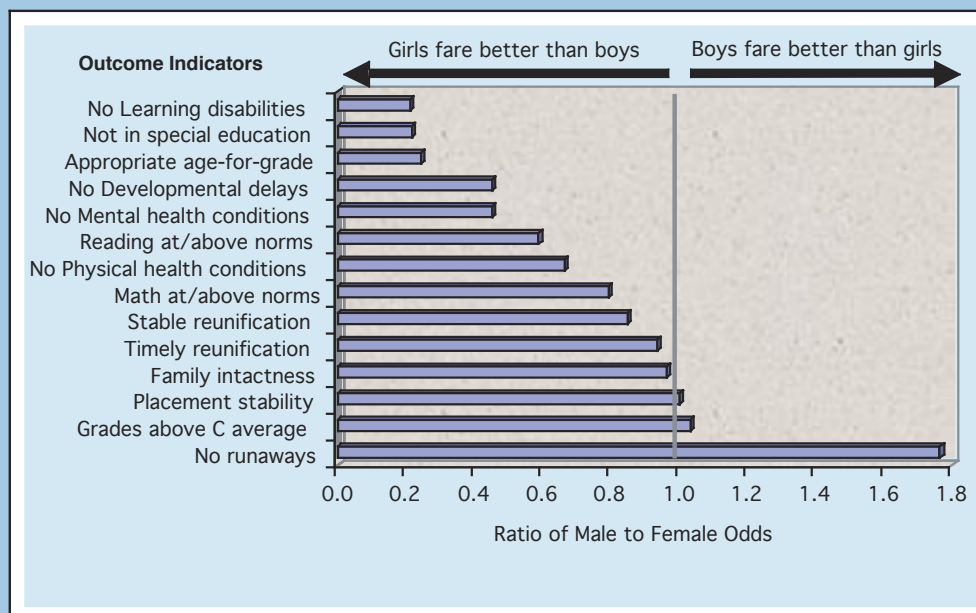
⁴ International Classification of Diseases, 9th revision

Box 5.1

What Explains the Large Gender Disproportionality in Child Well-Being Indicators?

On most measures of child well-being, boys in out-of-home care appear to fare far worse than girls. Yet this gender disproportionality in child well-being indicators does not extend to child safety and permanency indicators. The chart below ranks from low to high the different odds ratios for boys compared to girls on many of the outcome indicators presented in this report. Ratios below 1.0 indicate that boys fare worse than girls; ratios that cluster around 1.0 indicate no difference, and ratios above 1.0 indicate boys fare better than girls. Most striking is the large gender disproportionality in learning abilities, education, and mental health and its relative absence in reunification, intact family, and placement stability. Gender disproportionality is not unique to child welfare. The same disproportionality in special education classes has been observed for years.^a Critics blame the tests and measures used

to identify students for failing to capture problems relating to many internalizing disorders, such as depression and suicidal ideation, which are common manifestations of underlying difficulties among girls. The result of “myopic” assessment procedures is female underidentification, which leads to more boys than girls being diagnosed as developmentally delayed and mentally disordered. The fact that girls are far more likely to runaway from placements than boys suggests that girls in out-of-home care are not necessarily faring better than boys. Rather girls’ internalized manifestations of underlying trauma and problems may more likely be overlooked than the externalized manifestations by boys, which leads to female under-representation in special education classes, developmental delay screenings, and diagnoses of mental disorder.



^a Coutinho, M.J., & Oswald, D.P. (2005). State variation in gender disproportionality in special education. *Remedial and Special Education, 26*, 7-15.

all children who received mental health therapy, 56% were also receiving psychotropic medication. Only 1 child in the sample was receiving psychotropic medication and no other form of mental health treatment.

All children with mental health conditions living in institutions and group homes were reported to be receiving services to treat the condition, compared to 57 percent of children living in specialized foster care who have identified mental health conditions. When asked what mental health services foster parents felt the child needed and were not being provided, 95 percent said counseling and the remaining 5 percent said [psychological] evaluation.

Physical Health

Half of the children in the Child Well-Being sample living in out-of-home care were identified as having a physical health condition by at least one informant. Caregivers reported the highest percentage (42%); caseworkers identified a condition for 39 percent of the children, and the nurse audit of case records indicated that 24 percent of children had a physical health diagnosis.

The nurse audit abstracted information from children’s case records. Records were obtained on-site at DCFS offices and private agency offices. Nurses recorded each physical health diagnosis made by a physician that was documented in the case file. The ICD-09 system of coding and classifying diseases was used to record and analyze

children's physical health conditions. The two most common health conditions identified by nurse abstractions were respiratory illnesses (12%, over half of which were asthma diagnoses) and substance-affected infants (10%). Disease of the musculoskeletal system was the diagnosis for 8 percent of children and disorders of the nervous system, including cerebral palsy and epilepsy, was diagnosed for 7 percent of children. A variety of other illnesses, including congenital abnormalities, eye disorders, and failure to thrive, affected smaller percentages of children in the sample.

The B.H. Consent Decree stipulates that all children in out-of-home care be provided regular health, dental, vision and hearing screenings in accordance with accepted medical practice. The extent to which the Illinois DCFS is fulfilling its health oversight responsibilities cannot be determined entirely from case records. Surveys of caregivers suggest that case records are incomplete repositories of children's medical history. For example, whereas 97 percent of caregivers report that children have up-to-date immunizations, only 80 percent case records contain evidence of complete immunizations. Similarly, 75 percent of caregivers report that children have received a comprehensive health assessment, whereas 60 percent of case records contain documentation of such an assessment. With these caveats in mind, case records for children contain documentation of a current dental exam for 46 percent of children, a current hearing exam for 40 percent of children, and a current vision exam for only 13 percent of children. Even though copies of a child's Health Passport were found in only 26 percent of case records, the nurse audits found the name of a primary care physician in 70 percent of the files and evidence of the child's enrollment in Healthworks in 77 percent of the files.

Another source of information about the state of foster children's health is the children themselves. As part of the Child Well-Being study, 45 children aged 8 to 21 were interviewed using the novel technology of audio computer-assisted survey interviewing (ACASI). Out of ear-shot of caseworkers and foster parents, children confidentially answered standardized questions that a lap-top computer "read" to them through head-phones. When asked to describe their physical health, 20 percent said they had significant health problems, 20 percent had moderate

Box 5.2 **Warning Signs: Gaps in Dental Care Treatment**

In debriefings, DCFS nurses reported that it can be difficult to find dentists who are willing to take the Medicaid payment rate for orthodontic treatment and/or to find providers who are willing to treat special needs children who need to be sedated in order to tolerate dental treatment. These perceptions were reinforced in the Child Well-Being Survey by caregivers who reported that of the 8 percent of children who had a dental health problem, 28 percent were not receiving services for these conditions. They also reported that of the 96 children who are age-eligible, 23 percent needed braces but 70 percent had not received them. Adequate dental care is an important developmental asset that children cannot afford to lose. Children in out-of-home care should never be deprived of regular dental care and necessary treatment solely because of problems with reimbursement.

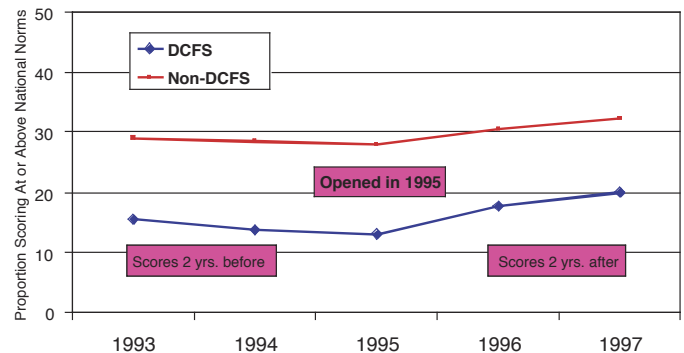
health problems, and 60 percent had few or no problems. This roughly agrees with the distribution gleaned from other reporting sources, which ranged from 24 percent in case records to 39 percent reported by caseworkers to 42 percent from caregivers, leaving very close to 60 percent of children with no reported health problems. When asked to recall the last time he or she went to the doctor, 91 percent said he or she had gone within the last 12 months. This suggests that most children in out-of-home care are receiving at least an annual check-up. Dental visits, however, are recalled with less regularity—only 79 percent said they have visited the dentist within the last 12 months. This suggests that a sizeable fraction of foster children may not be receiving regular dental care at the recommended 6 month intervals (see Box 5.2).

Educational Progress

Much like developmental delays, learning disabilities, and mental disorders, the factors that impede the educational progress of children in out-of-home care are often traceable back to events and conditions that preceded their entry into state custody. Educational underachievement can be another manifestation of the same sequence of underlying trauma and problems, sometimes initiated before birth (e.g. early parenthood and intrauterine drug exposure) and located in community conditions (e.g. chronic joblessness, poor schools, and lack of neighborhood resources), which compromise overall healthy growth and development.

Figure 5.2

Proportion of DCFS wards scoring at or above national reading norms two years before and after case opening compared to children never in DCFS custody, Chicago public schools, grades one to eight.



The magnitude of the challenge in education can be seen by comparing the academic achievement of foster children two years *before* they entered foster care to their classmates at the time that never entered state custody. The comparison reveals that children in Chicago Public Schools who eventually entered DCFS custody in 1995 were already averaging 15 percentage points below their classmates two years prior to entering foster care (see Figure 5.2). After entering DCFS custody, their average reading scores rose but so did the scores of their non-DCFS classmates. Chicago school reform appeared to “lift all boats,” but while the achievement gap narrowed, it still remained sizeable two years after DCFS wards’ removal from the home. With these comparisons in mind, the educational findings from the Child Well-Being Study can be put into context.

Over-Age in Grade

Starting school late or being retained results in a child’s being “over-age-in-grade,” which indicates that a child is chronologically older than most of his or her classmates. A student’s grade level relative to his or her chronological age is one of the most important factors in predicting school dropout.⁵ While exact estimates of the impact of retention vary, one study reported that students who were retained in one grade were 40 to 50% more likely to drop out of school, and students who were retained in two grades were 90% more likely to drop out of school than those who had not been retained.⁶ Educational record reviews carried out by the Center for Child Welfare and Education (CCWE) at Northern Illinois University indicate that 41% of children in the Child Well-Being sample were not in the grade that would be expected based on their chronological age.

Grade Averages

Grade score averages were calculated by taking the number of classes in which a student was receiving a grade below ‘C’ and dividing it by the total number of classes the student was taking. This was done because there is great variation in the number of classes students were taking. For example, failing one class out of a total of two classes has a different magnitude that failing two classes out of ten. Students were receiving, on average, a grade below a ‘C’ in 26% of his or her classes.

Youth Voices

Tanya, age 19, Young Researcher, reflects on school: *My mother had a drug problem that was so bad that I was placed in DCFS care for two years, from age 4 to six. My family, which consisted of me, my younger brother, and my mother, stayed in the projects and the neighborhood school was located behind our building. Since I was angry about my mother’s drug use I would act out at school. I would fight every day and get suspended almost every week. Even though I fought a lot I was also smart so the school put me in an accelerated program. My grades were high but my self-esteem low which is why I was violent to others. The school got tired of my behavior and labeled me. They soon put me in special education class to ‘help’ me but that only made things worse. I was embarrassed that I was in the class for kids that were slow or retarded. Other students made fun of me so I’d fight them.*

Test Scores

Test scores were not locatable in the educational files of every child in the sample. Test scores were present for only 61% of children aged 6 years old and older, and 67% of children aged 8 years old and older. Test scores that were located came from 13 different instruments and test forms. The comparability of these tests can be questioned, but given that each test is meant to be a reliable measure of achievement relative to grade level, the grade equivalent or stanine scores generated by each test can be used to compute a comparable metric for each child. The metric indicates whether a child is performing above grade level,

⁵ Jimmerson, S.R., Anderson, G.E., & Whipple, A.D. (2002). Winning the battle and losing the war: Examining the relation between grade retention and dropping out of high school. *Psychology in the Schools, 39*, 441-457.

⁶ Mann, D. (1987). Can we help dropouts? Thinking about the undoable. In G. Natriello (Ed.), *School dropouts: Patterns and policies* (pp. 3-19). New York: Teachers College Press

at grade level, or below grade level. Based on the test scores found in the school files, 33% of sampled students were performing at or above grade level in math, and 42% were performing at or above grade level in reading.

Transfers and Attendance

A positive learning environment in which students can make optimal educational gains is one in which there is continuity of teachers, curriculum, friendships and support resources and constancy in attendance. Educational systems are designed around sequentially based curriculum where concepts and skills build one upon the other from lesson to lesson. Newer, progressive elementary level curricula are structured with interdependencies between math, science, English, and social studies so that, for example, spelling lessons reflect words in the science lesson and math skills are related to the current science module. Disruptions from one learning environment to another, particularly mid-year, and lapses in attendance create gaps in students’ knowledge and skills. These gaps can spiral into serious lapses in educational gains when they are not identified and remedied.

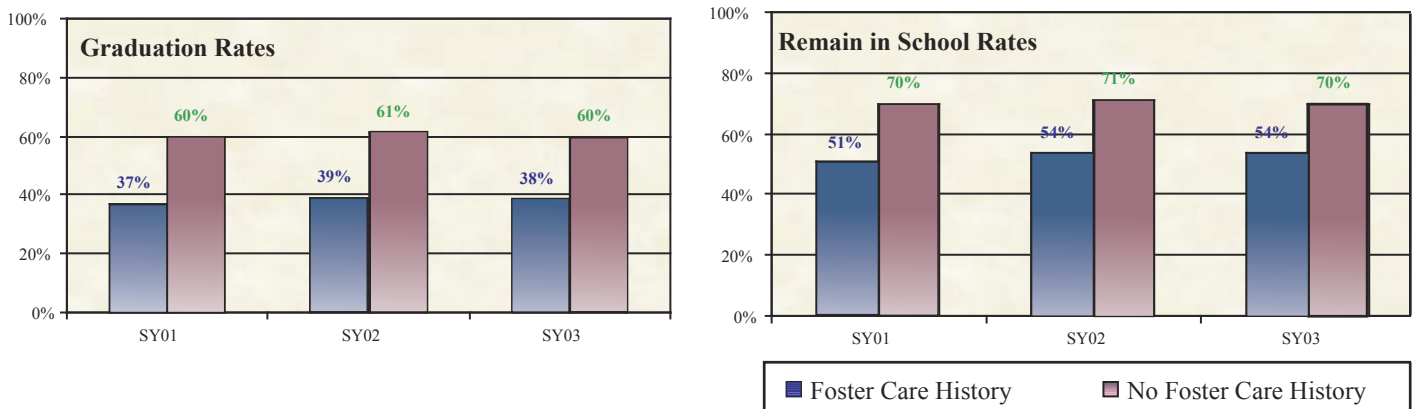
Overall, 60% of children in the study had experienced at least one school transfer within the past two years. In addition, students in the sample missed an average of 3.1 days per quarter; youth ages 14 and older miss an average of 6.4 days per quarter. These absences for foster children may be due to higher incidences of physical and mental health conditions and placement moves that bump a child out of his or her current school.

Graduation and Dropout

Figure 5.3 demonstrates that some children who experience out-of-home care are less likely to graduate and less likely to remain in school than children with no history of foster care. To calculate outcomes for each year, a cohort of children who were 15 years old five years prior to the beginning of the school year (SY) were selected. For example, children in SY 2003 were 15 years old by September of 1998. Even though the percentages indicate slight improvement among foster youth, as is the case with test scores, children who experience out-of-home care consistently manifest poorer outcomes than peers who did not experience out-of-home care.

Figure 5.3

Graduation rate and rate at which children remain enrolled in Chicago Public Schools (students with and without foster care histories)

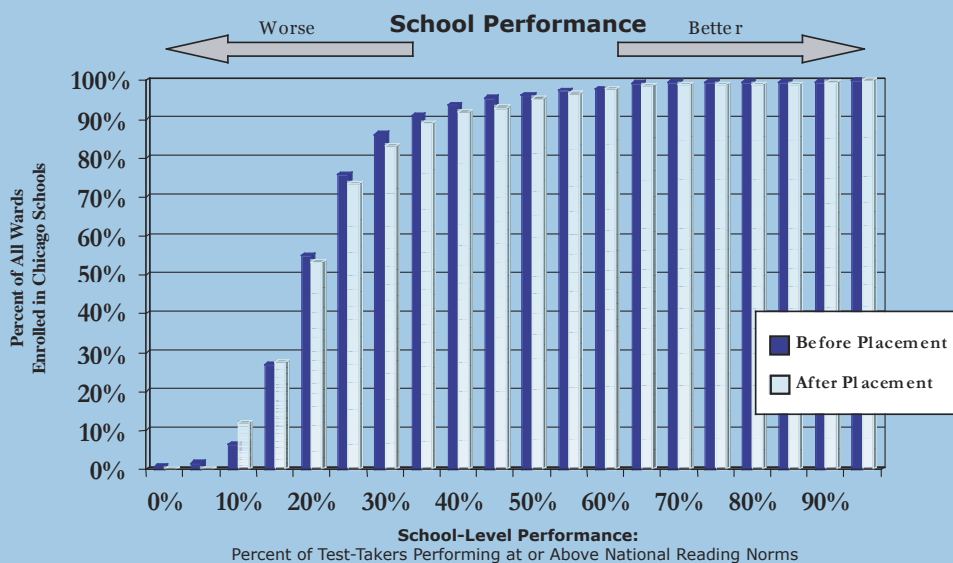


Box 5.3

Does Out-of-Home Placement Further Concentrate DCFS Wards in the Worst Performing Schools?

A few years ago the Chicago Reporter raised the disquieting possibility that DCFS' own placement policies may inadvertently be contributing to the educational underachievement of state wards by concentrating them in the worst performing Chicago public schools. The argument was that by placing children in close proximity to their homes of origin, the state was further concentrating foster children in neighborhoods with the poorest educational opportunities. To examine how foster placement affects the distribution of children in lower and higher performing public schools, the enrollments of foster children placed in 2000 were compared to their school enrollments in 1998, two years prior to placement. The results indicate that there may have been some truth to the Reporter's assertion for a small fraction of wards, but overall it appears that out-of-home care does not further concentrate DCFS wards in the worst performing schools. As displayed below, a higher proportion of foster children (12%) were enrolled after placement in schools in which

10% or fewer of the student body scored at or above national reading norms compared to where the children were enrolled two years prior to placement (6%). But the cumulative difference narrows and then reverses above the threshold where 20% or fewer of the student body scored at or above national reading norms. At this point, 53 percent of children were enrolled after placement in lower performing schools compared to 55 percent two year's prior to placement. The smaller proportion of children enrolled in lower performing schools after placement than prior to placement holds as higher performing schools are successively brought into the comparison. Overall, the before-and-after distributions indicate that foster care does not further concentrate children in the worst Chicago public schools. Whether foster children deserve to be enrolled in higher performing schools is a policy choice that raises fundamental questions of equity and fairness.



Pregnancy and Parenthood

Foster youth, especially children with a past history of sexual abuse, run a higher than usual risk of becoming pregnant or impregnating a girl during adolescence.⁷ Many of these youth will themselves become parents before their 18th birthday. To assess the magnitude of the risk, two sources of data were examined: 1) self-reports by youth to the Illinois Family Survey collected in 1998 for Round I of the Illinois Subsidized Guardianship

Waiver Demonstration and 2) self-reports from the Youth Survey collected in 2003 for Round II the Child Well-Being Study.⁸ A total of 831 youth aged 11 to 17 completed the former and 109 completed the latter. Results are compared in Table 5.1.

⁷ Hollander, D. (2002) "Sexual risks are increased for women who were ever in foster or kinship care." *Perspectives on sexual and reproductive health*, Vol. 34, No. 1
⁸ The Youth Survey instrument developed by Westat for the Illinois Subsidized Guardianship Study was used in the current study.

Box 5.4
Effects of Placement Instability on School Drop-Out

A recent CFRC study examined the relationships between placement stability^a and school drop-out among two birth cohorts of foster children who attended high school in the Chicago Public School system. Children included in the sample were born between January 1, 1983 and December 31, 1984 and experienced at least one indicated report of maltreatment before the age of 14.

In addition to placement stability, the relationships between several additional variable and school drop-out were included in the analyses: child age at placement, type of maltreatment, and maltreatment recurrence. Due to concerns regarding interactions between gender and educational outcomes, analyses were performed separately for male and female students.

Results revealed that the risk of dropout among maltreated youth is quite high for both males (64%) and females (52%). For males, age at entry into first placement was predictive of school dropout, with children placed at an older age at higher risk. For females, race was predictive of school dropout, with African Americans significantly less likely to drop out than Whites. Placement instability was significantly related to dropout for both males and females in substitute care; youth with four or more placement moves were at significantly higher risk (approximately 2.3 times more likely) for dropout than those with more stable placements.

^a Placement stability was defined as the number of distinct placements experienced prior to the age of fourteen: one placement, two placements, three placements, and four or more placements.

Table 5.1
Percentage of foster youth ages 11 to 17 who have been pregnant or impregnated someone

Pregnant and Parenting Status	Illinois Family Survey (1998) (n=831 youth) Ages 11-17	Illinois CWB Round II Data (2003) (n=109 youth) Ages 11-17
Girls (<i>been pregnant</i>)	19 (6.6%)*	4 (9.4%)*
11 to 14 yrs. old	4 (0.6%)	—
15 to 17 yrs. old	15 (24.6%)	—
Girls (<i>have children</i>)	14 (3.1%)	3 (4.8%)
11 to 14 yrs. old	2 (0.3%)	—
15 to 17 yrs. old	12 (23.4%)	—
Boys (<i>impregnated someone</i>)	9 (1.8%)	1 (5.9%)
Boys (<i>have children</i>)	4 (0.9%)	1 (5.9%)

*Percentages are weighted; number of cases shown is the unweighted number of respondents.
 — Too few cases

The results suggest that between 7 and 9 percent of girls aged 11 to 17 report ever being pregnant and between 3 and 5 percent report having children. The differences between the two surveys are not statistically significant because of the small number of cases in the well-being sample. The sample of the Illinois Family Survey is adequately sized to break down pregnant and parenting responses further by

ages of the girls. It shows that the risks of pregnancy and parenthood rise swiftly after age 14. It is estimated that one out of four foster girls aged 15 to 17 years old have been pregnant or had children. The number of foster boys who reported ever impregnating a girl was between 2 and 6 percent.

Youth Voices

Frank, age 20, Young Researcher, provides educational advice to foster youth: *Your education can determine where you'll be in many years or what you will make. Don't give up on your education because it is your life and future. The achievements that I have made are receiving a high school diploma and making it through high school without dropping out. My goal is to have a Master's degree. My strengths are that I work hard and stay focused. I am inspired by my mother to overcome obstacles and succeed.*

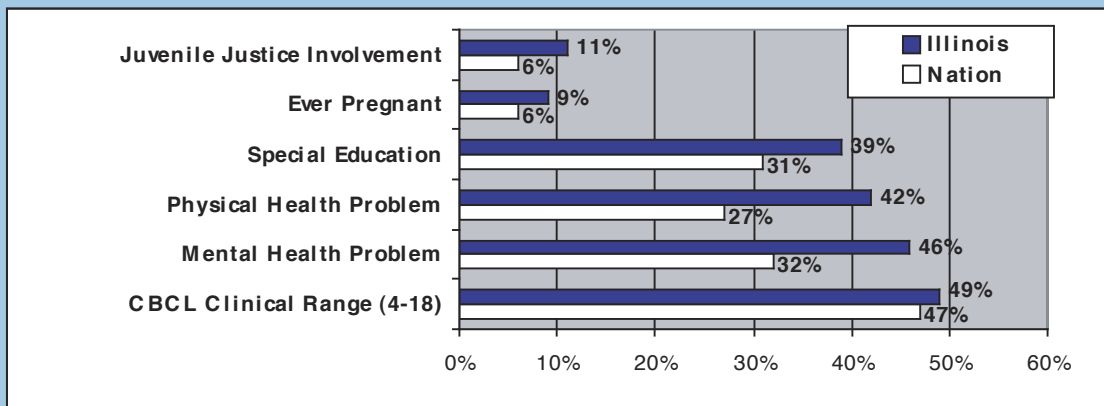
Delinquency

The occurrence of a child or youth being named in a juvenile delinquency petition is an inverse measure of child well-being. It is safe to assume that children who are allegedly breaking the law are in need of some sort of attention, re-direction and guidance from adults who care about their welfare and who have the maturity and integrity to act as a role model for them. The percentage of DCFS wards that have *not* been named in a juvenile delinquency petition has improved over time from 95.2 in FY95 to 97.3 in FY00 (see Figure 5.4).⁹ In spite of this improvement, non-wards consistently show higher rates of non-involvement in juvenile delinquency petitions.

Box 5.5 National Comparison: Child Well-Being Indicators

In the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, Congress directed the Secretary of the Department of Health and Human Services to conduct a national study of children who are at risk of abuse or neglect or are in the child welfare system. Congress directed that the study include a longitudinal component that follows cases for a period of several years, collect data on the types of abuse or neglect involved, agency

contacts and services, and out-of-home placements, and yield reliable state-level data for as many states as feasible. In response, the Administration on Children, Youth, and Families has undertaken the National Survey of Child and Adolescent Well-Being (NSCAW). Below are some comparisons between NSCAW data for children in foster care and Illinois data from the Child Well-Being Survey.



Notes: The questions asked in the Illinois study and the National study varied slightly in some of the areas. The areas where the questions differ significantly are listed below. *Juvenile Justice:* National survey asks the caregiver "Has the child ever been to court for misbehaving?" Illinois asks the caseworker "Has the child been in trouble with the police?" *Physical Health:* National survey asks the caregiver "Does the child have a chronic health problem?"; the Illinois survey asks the caregiver if the child has an eye or vision problem, physical development problem, gynecological problem or other special medical problem. *Mental Health:* National study asks the caseworker "Does the child have a behavioral problem or a special need (developmental disability)?" the Illinois study asks the caseworker "Does the child have a diagnosed behavioral problem?" or "Is the child developmentally delayed?"

⁹ Ryan, J.P., & Testa, M.F. (2005). Child maltreatment and juvenile delinquency: Investigating the role of placement and placement instability. *Children and Youth Services Review, 27*, 227-249.

Youth Voices

Joy, age 17, Young Researcher and parent: I have been in care almost my whole life. I have a two year old son that I am close with in addition to my two sisters, some cousins and a foster mother. I have lived in two foster homes with two different family members in kinship care. I stayed with my grandmother until her death, and then I moved in with my aunt. We had a falling out over my pregnancy, so I went to a foster home with a loving and caring foster mother. I am now in an independent living program.

I feel as if my life is a success. I owe my success to my ambition and ability to work hard, my faith in God, and my understanding and supportive foster mother. I moved in with her when I was 15 years old and my son was 9 months old. My aunt and I were fighting all the time over how I was raising my son. At times she treated me as if my son was my brother and I wasn't a parent. I know I am a child with a child but I am also a parent who needs to learn how to raise her child instead of arguing and fighting. I like living with my foster mother because she is different than my aunt.

I have many positive people and things in my life that inspire me to keep going on in life, but the main person who is always there to give me that extra push is my foster mother. She has shown me the who's what's when's and how's of life. With patience and care my foster mother taught me the basics of raising my son. Most people would not have taken the time to show me how to take care of my son instead of telling me what to do. She encouraged me to make my own decisions and did her best to support me even when we had our disagreements. She helped me keep my head up through it all and helped me make tough decisions about my life.

Box 5.6 Instability and Juvenile Delinquency in Cook County

A CFRC study of placement instability and juvenile delinquency^a in Cook County shows that victims of child abuse and neglect are more likely to engage in juvenile delinquency when compared to children in the general population. Reviewing data on groups of children with substantiated reports of abuse or neglect, the researchers found that placement into substitute care increases the risk of delinquency for all children -- boys and girls. Furthermore, the study found that placement instability increases the risk of delinquency for boys, but not girls. The increased risk of delinquency for boys was most noticeable after three or more substitute care placements.

^a Ryan, J.P., & Testa, M.F. (2005). Child maltreatment and juvenile delinquency: Investigating the role of placement and placement instability. *Children and Youth Services Review, 27*, 227-249.

Observations on Child Well Being in Illinois

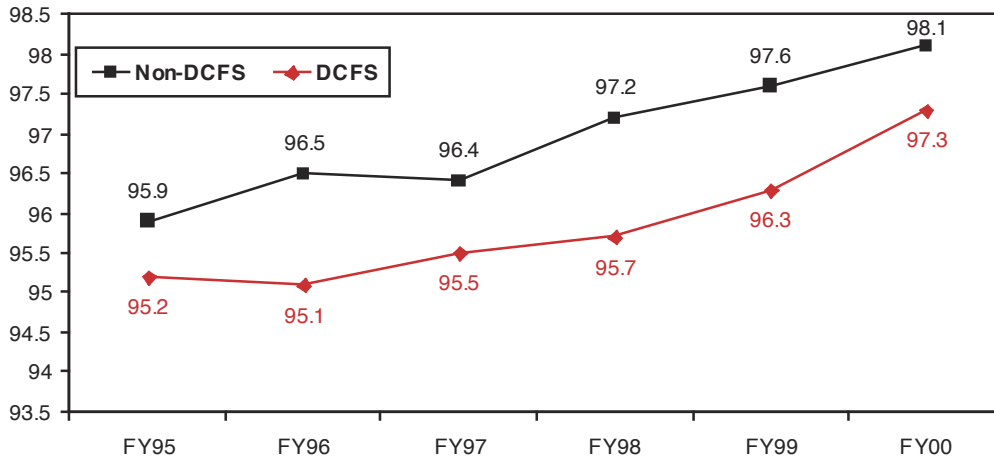
A half-century of research demonstrates that children's emotional well-being, educational success, and capacity for leading healthy and productive lives build upon first meeting their basic human needs for safety, trust, and permanence with loving and caring adults. For this reason, it is vital that when primary family relationships are disrupted, the state should take active steps to ensure that a child's developmental opportunities for health, education, emotional, and economic well-being are not unduly compromised by out-of-home placement.

Foster children are already at educational disadvantage when they enter care. Children in Chicago Public Schools who eventually entered DCFS custody averaged 15 percentage points below their classmates two years prior to entering foster care. After entering DCFS custody, their average reading scores rose but so did the scores of their non-DCFS classmates. The Center's Child Well-Being Survey found that 33% of sampled students were performing at or above grade level in math, and 42% were performing at or above grade level in reading.

Of the 46% of children identified by caregivers as having emotional or mental problems, the finding that 68 percent received some form of mental health services raises questions about the barriers to mental health services.

Foster girls, especially children with a past history of sexual abuse, run a higher than usual risk of becoming

Figure 5.4
The percent of foster children not named in a delinquency petition in Cook county has increased



pregnant. This risk rises quickly after age 14. Special efforts need to be made to prevent unintended pregnancies and early parenthood.

The results that boys fare much worse than girls on several well-being indicators: learning abilities, education and mental health identification requires additional research. Other measures in this report (permanence, stability, etc.) either find no gender differences or, as in the case of children who run, find that girls are more likely to run than boys – the opposite of what is found in these well-being indicators. Additional resources should be devoted to understanding this gender difference.



APPENDIX A

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

Please note that all of the tables and figures in this report present data in such a way that positive changes or improvements over time are characterized by increasing numbers and trend lines

¹ This data was generated by the Children and Family Research C
Due to missing data on some variables, the sum of demographic bre
for each child; therefore, t

**APPENDIX A CHAPTER 1:
CHILD SAFETY**

Prevalence of Child Abuse and/or Neglect														
Indicator 1.A.	Of all children under age 18, what number and rate per 1,000 did not have an indicated report of child abuse and/or neglect?													
	1998	1999	2000	2001	2002	2003	2004							
<i>Illinois</i>														
Children Under 18	3,179,834	3,212,475	3,245,451	3,278,766	3,312,423	3,346,425	3,380,776							
No Indicated Reports	3,147,384	3,182,404	3,216,462	3,252,890	3,287,370	3,320,978	3,355,354							
Rate	989.8	990.6	991.1	992.1	992.4	992.4	992.5							
	N	rate	N	rate	N	rate	N	rate	N	rate	N	rate	N	rate
Illinois	3,147,384	989.8	3,182,404	990.6	3,216,462	991.1	3,252,890	992.1	3,287,370	992.4	3,320,978	992.4	3,355,354	992.5
Central	542,456	989.0	541,454	989.1	540,337	989.0	539,931	990.1	538,989	990.3	538,065	990.6	536,316	989.3
Cook	1,361,812	991.5	1,375,542	992.8	1,388,773	993.5	1,402,055	994.2	1,414,960	994.5	1,427,720	994.6	1,441,728	995.5
Northern	953,951	994.5	975,703	994.8	998,001	995.1	1,021,225	995.8	1,044,317	995.9	1,067,840	995.9	1,091,903	995.9
Southern	293,415	989.2	294,286	989.2	295,043	988.9	296,189	989.9	297,376	991.0	298,239	991.1	299,085	991.0
African-American	583,049	977.5	590,243	980.2	596,260	980.9	603,741	983.8	610,185	984.9	616,261	985.2	622,806	986.3
Hispanic	493,888	994.2	521,044	994.7	549,677	995.2	579,802	995.6	611,543	995.9	645,365	996.8	680,594	996.9
Other	345,235	997.3	357,094	997.7	369,156	997.6	381,717	997.8	394,784	998.1	408,302	998.4	422,053	998.2
White	2,145,393	992.9	2,149,894	993.3	2,154,526	993.6	2,159,758	994.2	2,163,736	994.3	2,166,561	993.8	2,170,031	993.6

Safety From Maltreatment Recurrence at 12 Months

Indicator 1.B.	Of all children with a substantiated report, what percentage did not have another substantiated report within 12 months?													
	1997		1998		1999		2000		2001		2002		2003	
<i>Illinois</i>														
Children with Substantiated Report	36,827		32,450		30,071		28,989		25,876		25,053		25,447	
Children without Substantiated Recurrence within 12 Months	31,316		27,430		25,692		24,747		22,470		22,165		22,618	
Percent	85%		85%		85%		85%		87%		88%		89%	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	31,316	85%	27,430	85%	25,692	85%	24,747	85%	22,470	87%	22,165	88%	22,618	89%
Central	7,098	83%	6,585	82%	6,498	83%	6,564	84%	5,921	85%	5,810	86%	5,764	85%
Cook	13,545	88%	11,076	88%	9,729	89%	8,590	87%	7,840	88%	7,788	91%	7,621	91%
Northern	5,787	84%	5,344	84%	5,267	85%	5,206	86%	4,621	89%	4,713	90%	4,913	90%
Southern	3,867	82%	3,557	82%	3,396	81%	3,511	82%	3,281	84%	2,974	84%	3,051	86%
Female	16,058	85%	14,312	85%	13,264	86%	12,989	86%	11,585	87%	11,530	89%	11,698	89%
Male	15,108	85%	13,031	84%	12,354	85%	11,680	85%	10,803	86%	10,531	88%	10,795	88%
Under 3	8,584	86%	7,383	85%	6,890	86%	6,606	86%	6,066	87%	6,041	88%	6,159	89%
3 to 5	6,388	83%	5,401	84%	4,943	84%	4,670	83%	4,125	84%	4,141	86%	4,266	88%
6 to 8	5,689	83%	5,067	82%	4,872	84%	4,523	83%	3,994	86%	3,839	87%	3,904	88%
9 to 11	4,399	84%	4,069	84%	3,869	85%	3,779	85%	3,581	87%	3,509	89%	3,483	89%
12 to 14	3,809	87%	3,283	86%	3,123	87%	3,045	87%	2,783	89%	2,834	90%	2,925	90%
15 to 17	2,396	90%	2,173	90%	1,928	90%	2,037	91%	1,842	92%	1,717	94%	1,803	93%
African-American	13,780	86%	11,573	86%	10,327	87%	9,924	85%	8,710	87%	8,438	90%	8,304	90%
Hispanic	2,869	89%	2,514	87%	2,499	90%	2,387	91%	2,317	90%	2,293	91%	1,904	91%
Other	947	87%	821	88%	711	88%	771	88%	757	88%	709	94%	602	93%
White	13,720	83%	12,522	82%	12,155	83%	11,665	84%	10,686	86%	10,725	86%	11,808	88%

**APPENDIX A CHAPTER 1:
CHILD SAFETY**

Safety From 12-Month Maltreatment Recurrence Among Intact Family Cases														
Indicator 1.C.	Of all children served at home in an intact family case, what percentage did not experience a substantiated report within a 12-month period?													
	1997	1998	1999	2000	2001	2002	2003							
<i>Illinois</i>														
Number of Children in Intact Families	27,591	20,713	19,346	21,489	23,405	20,916	19,842							
Children without Substantiated Recurrence	25,871	17,906	16,881	19,003	21,036	18,858	17,749							
Percent	94%	86%	87%	88%	90%	90%	90%							
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	25,871	94%	17,906	86%	16,881	87%	19,003	88%	21,036	90%	18,858	90%	17,749	90%
Central	6,456	92%	5,702	86%	5,935	87%	6,452	88%	6,586	88%	5,989	88%	5,356	86%
Cook	12,425	95%	6,859	88%	5,833	91%	6,961	91%	8,261	93%	7,313	93%	7,616	93%
Northern	3,332	93%	2,436	86%	2,298	86%	2,552	88%	2,800	90%	2,314	90%	2,429	90%
Southern	3,011	93%	2,333	83%	2,363	82%	2,203	84%	2,799	88%	2,268	86%	1,914	84%
Female	12,908	94%	9,032	87%	8,286	88%	9,427	89%	10,376	90%	9,422	90%	8,867	89%
Male	12,887	94%	8,857	86%	8,585	87%	9,568	88%	10,648	90%	9,428	90%	8,871	90%
Under 3	5,904	92%	4,040	83%	3,730	84%	4,163	85%	4,492	86%	4,156	87%	3,946	85%
3 to 5	5,240	93%	3,576	84%	3,159	84%	3,515	87%	3,833	88%	3,410	88%	3,153	88%
6 to 8	4,839	94%	3,284	85%	3,148	87%	3,566	87%	3,909	90%	3,314	90%	3,100	89%
9 to 11	3,844	94%	2,735	87%	2,706	89%	3,012	89%	3,401	91%	3,102	90%	2,881	91%
12 to 14	3,295	95%	2,262	90%	2,145	90%	2,420	91%	2,762	91%	2,522	93%	2,477	92%
15 to 17	2,090	97%	1,434	94%	1,421	95%	1,632	95%	1,836	95%	1,587	97%	1,522	95%
African-American	12,476	95%	8,383	88%	7,494	90%	8,864	90%	9,409	92%	8,387	92%	7,760	92%
Hispanic	2,306	96%	1,251	87%	1,209	89%	1,492	90%	1,914	92%	1,888	92%	2,014	94%
Other	595	92%	378	85%	433	85%	575	89%	620	89%	566	88%	390	89%
White	10,494	92%	7,894	85%	7,745	85%	8,072	86%	9,093	88%	8,017	88%	7,585	86%

Safety From Maltreatment Recurrence in Substitute Care

Indicator 1.D.	Of all children ever served in substitute care during the year, what percentage did not have a substantiated report during placement?													
	1998		1999		2000		2001		2002		2003		2004	
<i>Illinois</i>														
Children Living in Substitute Care*	59,072		53,621		44,006		36,796		32,365		29,069		26,319	
Children without Substantiated Reports	58,007		52,763		43,235		36,192		31,870		28,576		25,902	
Percent	98.2%		98.4%		98.2%		98.4%		98.5%		98.3%		98.4%	
Percent excluding sexual abuse	98.5%		98.5%		98.7%		98.7%		98.8%		98.7%		98.7%	
Percent adjusted for time in care	97.8%		98.0%		97.8%		97.9%		98.0%		97.8%		97.9%	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	58,007	98.2%	52,763	98.4%	43,235	98.2%	36,192	98.4%	31,870	98.5%	28,576	98.3%	25,902	98.4%
Central	6,370	97.1%	6,209	97.2%	5,952	97.3%	5,600	97.9%	5,181	98.1%	4,937	97.9%	4,560	97.2%
Cook	38,520	98.3%	34,672	98.6%	27,389	98.7%	21,909	98.6%	18,708	98.9%	16,125	98.6%	13,591	99.1%
Northern	4,727	97.9%	4,450	98.2%	3,991	97.1%	3,625	97.5%	3,357	97.6%	3,095	97.8%	2,778	98.3%
Southern	2,441	97.8%	2,353	97.8%	2,076	96.4%	2,042	97.8%	2,010	97.6%	2,024	96.9%	1,991	98.6%
Female	28,527	98.1%	25,749	98.2%	20,982	98.0%	17,315	98.2%	15,094	98.1%	13,504	98.2%	12,193	98.4%
Male	29,426	98.2%	26,967	98.6%	22,214	98.5%	18,852	98.5%	16,756	98.8%	15,050	98.4%	13,666	98.7%
Under 3 at removal	23,744	98.5%	21,594	98.6%	17,300	98.7%	13,876	98.8%	11,926	98.5%	10,537	98.6%	9,402	98.7%
3 to 5	11,616	97.7%	10,476	97.8%	8,377	97.7%	6,778	97.8%	5,871	98.1%	5,189	98.0%	4,557	98.2%
6 to 8	8,990	97.7%	8,358	98.2%	6,979	97.5%	5,933	97.7%	5,285	98.5%	4,676	97.8%	4,205	98.4%
9 to 11	6,798	98.2%	6,321	98.6%	5,400	98.2%	4,832	98.5%	4,367	98.6%	3,985	98.2%	3,574	98.6%
12 to 14	5,048	98.6%	4,510	98.8%	3,932	98.6%	3,562	98.4%	3,279	98.6%	3,029	98.2%	2,930	98.7%
15 to 17	1,795	99.1%	1,491	99.3%	1,230	99.1%	1,190	99.1%	1,130	98.9%	1,139	99.0%	1,188	99.3%
African-American	44,437	98.4%	39,922	98.5%	32,045	98.6%	25,928	98.6%	22,068	98.7%	19,220	98.6%	16,828	98.9%
Hispanic	2,819	98.2%	2,598	98.6%	2,172	98.3%	1,869	98.5%	1,735	98.5%	1,588	98.0%	1,387	98.4%
Other	883	98.7%	863	98.9%	779	98.2%	750	97.7%	718	97.6%	684	96.3%	560	97.4%
White	9,869	97.1%	9,380	97.7%	8,239	97.0%	7,644	97.7%	7,350	97.9%	7,079	97.5%	7,099	98.0%

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

Stability in Intact Family Homes														
Indicator 2.A.	Of all children served in intact family cases, what percentage did not experience a substitute care placement within a 12-month period?													
	1997	1998	1999	2000	2001	2002	2003							
<i>Illinois</i>														
Children in Intact Families	27,591	20,713	19,346	21,489	23,405	20,916	19,842							
No Substitute Care Placement	25,893	19,361	18,050	20,224	22,089	19,791	18,789							
Percent	93.8%	93.5%	93.3%	94.1%	94.4%	94.6%	94.7%							
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	25,893	93.8%	19,361	93.5%	18,050	93.3%	20,224	94.1%	22,089	94.4%	19,791	94.6%	18,789	94.7%
Central	6,642	95.1%	6,327	94.9%	6,443	94.0%	6,917	94.4%	7,096	94.2%	6,440	94.9%	5,821	93.8%
Cook	12,163	92.9%	7,117	91.5%	5,956	92.5%	7,243	94.1%	8,430	94.5%	7,465	94.9%	7,833	95.9%
Northern	3,333	92.8%	2,632	93.1%	2,494	93.2%	2,687	92.4%	2,966	94.9%	2,419	94.0%	2,548	94.3%
Southern	3,127	96.2%	2,676	95.6%	2,688	93.4%	2,496	94.9%	2,993	94.0%	2,470	93.3%	2,125	92.8%
Female	12,914	93.8%	9,762	93.6%	8,838	93.3%	10,027	94.2%	10,895	94.7%	9,869	94.6%	9,418	94.9%
Male	12,904	93.9%	9,583	93.3%	9,202	93.3%	10,186	94.0%	11,182	94.1%	9,912	94.6%	9,359	94.5%
Under 3	5,917	92.1%	4,412	90.7%	4,018	90.4%	4,516	91.8%	4,777	91.8%	4,417	92.0%	4,265	91.9%
3 to 5	5,290	93.7%	3,968	93.7%	3,491	93.1%	3,798	93.9%	4,092	94.4%	3,674	94.5%	3,395	94.8%
6 to 8	4,863	94.1%	3,590	92.9%	3,403	93.5%	3,877	95.1%	4,118	94.8%	3,492	95.1%	3,304	95.2%
9 to 11	3,835	93.9%	2,946	94.2%	2,875	94.2%	3,192	94.5%	3,561	94.9%	3,259	94.8%	3,040	95.6%
12 to 14	3,251	94.0%	2,384	94.4%	2,253	94.2%	2,485	93.4%	2,855	94.2%	2,579	95.2%	2,565	94.9%
15 to 17	2,078	96.5%	1,484	97.6%	1,438	96.1%	1,662	96.6%	1,883	97.5%	1,602	97.5%	1,550	97.1%
African-American	12,193	92.5%	8,723	91.9%	7,740	92.5%	9,201	93.5%	9,684	94.2%	8,603	94.8%	7,979	94.9%
Hispanic	2,271	94.7%	1,347	93.9%	1,290	95.0%	1,595	96.2%	1,989	95.4%	1,954	95.1%	2,093	97.3%
Other	620	95.4%	415	93.7%	473	93.3%	595	92.4%	647	92.7%	586	91.1%	413	94.1%
White	10,809	95.2%	8,876	95.0%	8,547	93.8%	8,833	94.5%	9,769	94.5%	8,648	94.6%	8,304	93.9%

Stability in Substitute Care

Indicator 2.B.	Of all children entering substitute care and staying for at least one year, what percentage had no more than two placements within a year of removal?													
	1997		1998		1999		2000		2001		2002		2003	
<i>Illinois</i>														
Entering and staying one year	6,692		5,742		5,392		4,411		4,164		4,160		3,882	
No more than two placements	5,189		4,437		4,203		3,399		3,262		3,283		3,088	
Percent	77.5%		77.3%		78.0%		77.1%		78.3%		78.9%		79.6%	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	5,189	77.5%	4,437	77.3%	4,203	78.0%	3,399	77.1%	3,262	78.3%	3,283	78.9%	3,088	79.6%
Central	800	73%	760	74%	871	75%	886	75%	797	79%	806	82%	930	79%
Cook	3,246	80%	2,708	80%	2,318	80%	1,539	78%	1,523	80%	1,536	77%	1,179	78%
Northern	598	75%	553	75%	535	79%	550	79%	453	77%	503	81%	459	83%
Southern	334	73%	244	70%	319	76%	287	73%	350	73%	321	77%	383	81%
Female	2,586	78%	2,254	78%	2,097	78%	1,708	77%	1,617	80%	1,644	79%	1,494	79%
Male	2,591	77%	2,181	77%	2,106	78%	1,690	77%	1,644	77%	1,637	79%	1,594	80%
Under 3 at removal	2,348	81%	2,122	83%	2,003	84%	1,638	85%	1,515	86%	1,534	87%	1,489	87%
3 to 5	898	75%	668	72%	680	76%	539	78%	511	76%	528	79%	449	76%
6 to 8	719	74%	610	75%	565	72%	435	73%	402	79%	413	77%	386	78%
9 to 11	520	76%	480	75%	434	72%	352	70%	362	72%	351	73%	337	77%
12 to 14	457	73%	379	68%	341	70%	295	64%	299	65%	299	64%	266	66%
15 to 17	241	76%	177	72%	175	76%	134	63%	150	63%	150	65%	157	67%
African-American	3,655	80%	2,978	78%	2,680	80%	2,103	79%	1,904	79%	1,821	79%	1,655	80%
Hispanic	244	71%	293	73%	245	75%	148	73%	178	74%	213	72%	133	69%
Other	114	74%	107	84%	107	76%	103	80%	117	81%	92	76%	102	78%
White	1,176	74%	1,059	75%	1,171	75%	1,045	74%	1,063	77%	1,157	80%	1,198	81%

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

Youth Who Do Not Run Away From Substitute Care														
Indicator 2.C.	Of all children entering care at the age of 12 or older, what percentage did not runaway from a foster care placement during the year?													
	1997		1998		1999		2000		2001		2002		2003	
<i>Illinois</i>														
Entered Substitute Care at 12 or older	1,936		1,568		1,397		1,234		1,255		1,217		1,141	
Did Not Run Away During the Year	1,472		1,206		1,071		919		977		926		870	
Percent	76%		77%		77%		75%		78%		76%		76%	
<i>Illinois</i>														
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	1,472	76%	1,206	77%	1,071	77%	919	75%	977	78%	926	76%	870	76%
Central	310	75%	310	78%	331	81%	290	78%	259	79%	232	78%	247	79%
Cook	678	75%	458	74%	360	73%	261	69%	313	74%	308	69%	238	65%
Northern	224	74%	212	78%	173	73%	176	73%	170	79%	176	82%	153	79%
Southern	142	81%	132	80%	122	82%	115	80%	134	81%	115	81%	117	84%
Female	745	74%	607	73%	546	75%	464	70%	493	76%	485	76%	428	74%
Male	725	78%	599	82%	525	79%	455	80%	483	80%	441	77%	442	78%
Age at case opening														
12 to 14	915	81%	773	83%	675	82%	615	82%	635	84%	607	82%	570	84%
15 or older	557	69%	433	68%	396	69%	304	63%	342	69%	319	67%	300	65%
African-American	772	78%	592	76.9%	475	71.6%	422	70.7%	459	75.1%	437	72.8%	412	71.8%
Hispanic	95	74%	77	71.3%	71	80.7%	41	74.5%	44	71.0%	52	74.3%	35	72.9%
Other	32	74%	24	80.0%	29	87.9%	21	70.0%	32	84.2%	31	75.6%	17	73.9%
White	573	74%	513	77.7%	496	80.9%	435	78.8%	442	81.3%	406	80.2%	406	81.9%

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

Least Restrictive Setting														
Indicator 3.A. Of all the children in out-of-home care at the end of the fiscal year who were under the age of 12 at the start of the placement, what percent were not placed in a group home or institution?														
	1998		1999		2000		2001		2002		2003		2004	
<i>Illinois</i>														
Children Under 12	36,668		29,017		22,205		18,250		15,296		13,400		12,655	
Not Placed in Institution or Group Home	35,701		28,198		21,509		17,643		14,828		13,007		12,116	
Percent	97%		97%		97%		97%		97%		97%		97%	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	35,701	97.4%	28,198	97.2%	21,509	96.9%	17,643	96.7%	14,828	96.9%	13,007	97.1%	12,309	97.3%
Central	3,385	97.7%	3,124	97.9%	2,845	97.7%	2,622	97.9%	2,357	98.7%	2,374	98.6%	2,497	98.5%
Cook	25,103	97.3%	19,334	97.1%	14,107	96.7%	11,087	96.3%	8,894	96.5%	7,386	96.4%	6,352	96.5%
Northern	2,681	97.5%	2,347	97.6%	2,032	98.0%	1,760	97.8%	1,590	97.4%	1,376	97.5%	1,436	97.7%
Southern	1,205	96.2%	1,080	95.7%	953	96.0%	949	97.3%	986	97.8%	993	98.4%	1,081	98.5%
Female	17,542	98.2%	28,198	97.2%	10,429	98.0%	8,524	97.8%	7,148	98.0%	6,259	98.1%	5,689	98.2%
Male	18,116	96.5%	13,806	98.2%	11,060	95.8%	9,107	95.6%	7,668	95.9%	6,740	96.2%	6,467	96.5%
Under 3 at removal	13,608	99.3%	10,491	99.2%	7,863	99.3%	6,553	99.1%	5,638	99.2%	5,205	99.0%	5,010	99.0%
3 to 5	8,984	99.3%	6,755	99.2%	4,896	99.2%	3,879	99.0%	3,265	99.1%	2,718	99.0%	2,585	99.1%
6 to 8	7,616	97.1%	6,200	97.1%	4,783	96.6%	3,812	96.4%	3,080	96.9%	2,599	97.2%	2,383	97.4%
9 to 11	5,493	90.4%	4,752	90.5%	3,967	90.1%	3,399	90.3%	2,845	90.7%	2,485	91.2%	2,188	91.5%
African-American	28,580	97.8%	22,043	97.5%	16,295	97.2%	12,857	96.9%	10,298	97.0%	8,701	97.0%	7,724	97.0%
Hispanic	1,681	95.9%	1,424	96.2%	1,106	95.4%	959	95.3%	858	96.3%	768	96.7%	728	97.6%
Other	521	96.5%	502	98.2%	428	98.2%	421	98.1%	403	97.1%	361	98.4%	318	98.1%
White	4,919	95.7%	4,229	95.6%	3,680	95.9%	3,406	96.2%	3,269	96.8%	3,177	97.1%	3,436	97.7%

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

Placing Children With Relatives – First Placements														
Indicator 3.B.1	Of all children entering substitute care, what percentage is placed with kin in their first placement?													
	1998	1999	2000	2001	2002	2003	2004							
<i>Illinois</i>														
Entering Substitute Care	8,193	7,432	5,972	5,828	5,637	5,299	5,033							
Placed with Kin	3,373	2,720	2,045	2,108	2,161	1,956	2,156							
Percent	41%	37%	34%	36%	38%	37%	43%							
Placed with Kin														
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	3,373	41%	2,720	37%	2,045	34%	2,108	36%	2,161	38%	1,956	37%	2,156	43%
Central	527	32%	524	31%	536	32%	497	33%	500	36%	604	39%	642	43%
Cook	2,189	49%	1,614	44%	961	39%	991	40%	1,067	44%	711	36%	700	43%
Northern	412	38%	340	34%	335	36%	337	39%	315	37%	345	46%	375	45%
Southern	136	23%	166	25%	138	24%	204	31%	223	35%	242	37%	356	48%
Female	1,717	42%	1,428	39%	1,049	35%	1,056	38%	1,095	40%	975	38%	1,017	43%
Male	1,655	40%	1,292	35%	995	34%	1,051	35%	1,063	37%	981	36%	1,135	43%
Under 3 at removal	1,303	41%	1,041	35%	785	34%	783	36%	792	37%	783	38%	808	43%
3 to 5	582	44%	509	43%	343	37%	349	38%	397	46%	338	42%	378	50%
6 to 8	559	48%	430	42%	323	41%	330	44%	332	46%	288	43%	308	48%
9 to 11	449	47%	370	43%	265	38%	301	41%	282	41%	226	35%	273	47%
12 to 14	316	34%	227	28%	219	29%	220	29%	225	30%	207	30%	260	38%
15 to 17	160	26%	136	24%	104	23%	123	25%	127	27%	110	25%	125	27%
African-American	2,340	45%	1,738	40%	1,255	36%	1,256	38%	1,240	41%	1,008	36%	1,046	42%
Hispanic	217	38%	175	40%	102	35%	111	34%	120	32%	88	31%	95	41%
Other	66	35%	51	25%	51	28%	68	31%	52	27%	60	34%	39	43%
White	750	33%	756	32%	637	31%	673	33%	749	36%	800	40%	976	44%

Placing Children With Relatives

Indicator 3.B.2	Of all children in substitute care at the end of the year, what percentage is living with kin?													
	1998		1999		2000		2001		2002		2003		2004	
<i>Illinois</i>														
In Substitute Care	46,240		38,107		30,682		26,353		22,882		20,150		18,492	
Living with Kin	24,307		17,960		12,563		10,170		8,537		7,283		6,843	
Percent	53%		47%		41%		39%		37%		36%		37%	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	24,307	53%	17,960	47%	12,563	41%	10,170	39%	8,537	37%	7,283	36%	6,843	37%
Central	1,456	31%	1,339	30%	1,099	26%	1,081	27%	1,047	30%	1,078	31%	1,192	34%
Cook	19,871	58%	14,302	53%	9,607	46%	7,437	43%	5,934	41%	4,680	38%	3,980	38%
Northern	1,417	40%	1,185	37%	1,007	35%	875	33%	841	36%	792	37%	841	39%
Southern	540	30%	461	29%	418	28%	428	29%	433	30%	471	32%	587	38%
Female	12,309	55%	9,177	50%	6,408	44%	5,198	42%	4,329	40%	3,700	39%	3,396	40%
Male	11,974	51%	8,770	45%	6,146	38%	4,964	36%	4,196	35%	3,576	33%	3,440	34%
Under 3 at removal	9,679	51%	7,085	46%	4,796	40%	3,749	38%	3,151	37%	2,813	37%	2,663	38%
3 to 5	5,251	55%	3,766	49%	2,481	41%	1,925	38%	1,585	36%	1,324	35%	1,286	37%
6 to 8	4,096	55%	3,063	48%	2,186	42%	1,781	40%	1,517	39%	1,264	37%	1,136	38%
9 to 11	2,985	55%	2,316	49%	1,750	43%	1,484	41%	1,255	40%	1,030	38%	891	37%
12 to 14	1,808	50%	1,388	44%	1,064	39%	957	38%	793	36%	632	32%	623	33%
15 to 17	477	47%	335	41%	276	38%	268	37%	232	34%	220	35%	242	37%
African-American	20,789	58%	15,039	52%	10,295	45%	8,059	43%	6,488	41%	5,321	39%	4,673	39%
Hispanic	951	43%	778	41%	522	34%	439	32%	391	31%	338	30%	336	32%
Other	289	43%	252	40%	163	30%	167	31%	170	32%	144	31%	131	33%
White	2,278	31%	1,891	29%	1,583	27%	1,505	27%	1,488	29%	1,480	30%	1,703	34%

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

In-State Placements														
Indicator 3.C.	Of all children placed in a group home or institution as of June 30th, what percentage is placed in Illinois?													
	1998	1999	2000	2001	2002	2003	2004							
<i>Illinois</i>														
Placed in a Group Home or Institution	3,781	3,617	3,368	3,036	2,759	2,396	2,150							
Placed in Illinois	3,607	3,475	3,290	2,999	2,737	2,383	2,138							
Percent	95.4%	96.1%	97.7%	98.8%	99.2%	99.5%	99.4%							
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	3,607	95.4%	3,475	96.1%	3,290	97.7%	2,999	98.8%	2,737	99.2%	2,383	99.5%	2,138	99.4%
Central	507	99.6%	522	99.8%	528	99.6%	420	99.5%	326	100.0%	282	99.6%	277	99.6%
Cook	2,192	95.5%	2,065	96.2%	1,922	97.9%	1,833	99.1%	1,724	99.4%	1,467	99.4%	1,233	99.4%
Northern	306	96.8%	301	96.5%	299	97.4%	280	98.9%	239	100.0%	233	99.6%	218	99.1%
Southern	217	91.9%	220	92.4%	191	93.2%	168	96.6%	152	98.1%	150	100.0%	134	100.0%
Female	1,223	96.4%	1,105	96.6%	1,014	97.6%	906	97.8%	839	98.5%	709	98.9%	648	99.1%
Male	2,383	94.9%	2,369	95.8%	2,276	97.7%	2,091	99.2%	1,896	99.5%	1,673	99.7%	1,489	99.6%
Under 3 at time of placement	93	100.0%	88	100.0%	57	100.0%	57	100.0%	44	95.7%	50	100.0%	50	98.0%
3 to 5	65	98.5%	52	100.0%	38	100.0%	40	100.0%	31	100.0%	28	100.0%	22	100.0%
6 to 8	223	98.7%	181	99.5%	165	99.4%	142	99.3%	99	99.0%	73	98.6%	65	98.5%
9 to 11	564	96.9%	482	97.0%	424	97.5%	361	98.4%	288	99.0%	239	99.2%	206	99.5%
12 to 14	1,245	95.5%	1,109	97.1%	1,017	98.0%	888	99.4%	811	99.3%	695	99.7%	579	99.5%
15 to 17	1,264	94.2%	1,370	94.7%	1,356	97.3%	1,204	98.2%	1,108	99.1%	965	99.4%	901	99.6%
African-American	2,369	95.1%	2,315	96.0%	2,175	97.8%	2,032	99.2%	1,846	99.4%	1,639	99.5%	1,433	99.4%
Hispanic	217	95.2%	184	94.8%	180	96.8%	160	96.4%	158	97.5%	129	99.2%	105	98.1%
Other	58	96.7%	41	91.1%	46	95.8%	43	97.7%	46	100.0%	43	100.0%	33	100.0%
White	963	96.0%	935	96.8%	889	97.7%	764	98.3%	687	99.1%	572	99.3%	567	99.6%

Keeping Children Close to Home							
Indicator 3.D.	Of all children entering substitute care, what percentage is placed within five miles of their home of origin?						
	1998	1999	2000	2001	2002	2003	2004
Traditional Foster Care							
Children Entering Foster Care	3,315	2,915	3,022	2,496	2,475	2,412	2,390
Placed within Five Miles	853	727	768	614	585	520	432
Percent	26%	25%	25%	25%	24%	22%	18%
Kinship Care							
Children Entering Kinship Care	4,356	3,613	2,872	2,216	2,186	2,266	2,066
Placed within Five Miles	1,998	1,688	1,264	803	941	834	744
Percent	46%	47%	44%	36%	43%	37%	36%

Preserving Sibling Bonds							
Indicator 3.E.	Of all children living in foster care at the end of the year, what percentage is placed with all of their siblings? (Children with no siblings in foster care are excluded from the analysis.)						
	1998	1999	2000	2001	2002	2003	2004
Traditional Foster Care							
2-3 Siblings							
Children with 2-3 Siblings	4,617	4,438	4,043	4,033	3,561	3,403	3,147
Placed with All Siblings	2,164	2,024	1,819	1,878	1,728	1,742	1,716
Percent	47%	46%	45%	47%	49%	51%	55%
Kinship Care							
2-3 Siblings							
Children with 2-3 Siblings	9,519	7,358	5,302	4,459	3,754	3,297	3,171
Placed with All Siblings	6,261	4,770	3,292	2,749	2,387	2,073	2,054
Percent	66%	65%	62%	62%	64%	63%	65%
Traditional Foster Care							
4 or more Siblings							
Children with Four or More Siblings	4,750	3,993	2,977	2,677	2,125	1,891	1,761
Placed with All Siblings	423	364	266	222	241	255	272
Percent	9%	9%	9%	8%	11%	13%	15%
Kinship Care							
4 or more Siblings							
Children with Four or More Siblings	10,810	7,203	4,274	3,006	2,415	1,942	1,793
Placed with All Siblings	3,754	2,395	1,366	968	772	532	526
Percent	35%	33%	32%	32%	32%	27%	29%

**APPENDIX A CHAPTER 4:
LEGAL PERMANENCE**

Permanence at 12 Months: Reunification														
Indicator 4.A.	Of all children who entered substitute care during the year and stayed for longer than 7 days, what percentage was reunified with their parents within 12 months from the date of entry into foster care?													
	1997	1998	1999	2000	2001	2002	2003							
<i>Illinois</i>														
Entering Substitute Care	9,919	8,193	7,432	5,972	5,828	5,637	5,299							
In a Permanent Home at 12 Months	1,609	1,337	1,295	1,088	1,133	1,059	1,055							
12 Month Permanency Percent	16.2%	16.3%	17.4%	18.2%	19.4%	18.8%	19.9%							
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	1,609	16.2%	1,337	16.3%	1,295	17.4%	1,088	18.2%	1,133	19.4%	1,059	18.8%	1,055	19.9%
Central	482	27%	433	26%	449	26%	452	27%	438	30%	375	27%	406	26%
Cook	543	9%	439	10%	346	9%	211	9%	225	9%	201	8%	233	12%
Northern	284	23%	236	22%	223	22%	218	23%	229	26%	199	23%	165	22%
Southern	222	29%	192	32%	228	34%	171	29%	204	31%	226	35%	208	32%
Female	829	17%	694	17%	661	18%	569	19%	559	20%	517	19%	497	20%
Male	779	15%	643	16%	634	17%	519	18%	574	19%	542	19%	557	20%
Under 3 at removal	452	12%	383	12%	392	13%	340	15%	326	15%	338	16%	349	17%
3 to 5	318	19%	236	18%	229	19%	201	22%	194	21%	184	21%	193	24%
6 to 8	250	18%	196	17%	207	20%	179	22%	172	23%	146	20%	146	22%
9 to 11	204	19%	218	23%	199	23%	142	20%	171	23%	149	22%	132	21%
12 to 14	199	18%	168	18%	146	18%	144	19%	149	20%	138	19%	144	21%
15 to 17	183	23%	135	22%	119	21%	80	17%	121	25%	102	22%	91	20%
African-American	749	12%	574	11%	508	12%	439	13%	426	13%	377	13%	402	14%
Hispanic	101	17%	98	17%	85	19%	65	22%	53	16%	65	17%	68	24%
Other	41	17%	52	27%	38	19%	31	17%	52	24%	53	27%	48	27%
White	718	26%	613	27%	664	28%	553	27%	602	30%	564	27%	537	27%

Permanence at 24 Months: Reunification + Adoption

Indicator 4.B.	Of all children who entered substitute care during the year and stayed for longer than 7 days, what percentage attained permanence (through reunification or adoption) within 24 months from the date of entry into foster care?													
	1996		1997		1998		1999		2000		2001		2002	
<i>Illinois</i>														
Entering Substitute Care	10,970		9,919		8,193		7,432		5,972		5,828		5,637	
In a Permanent Home at 24 Months	2,599		2,788		2,627		2,436		2,013		2,046		1,974	
24 Month Permanency Rate	24%		28%		32%		33%		34%		35%		35%	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	2,599	24%	2,788	28%	2,627	32%	2,436	33%	2,013	34%	2,046	35%	1,974	35%
Central	752	41%	749	43%	704	43%	775	45%	783	46%	727	49%	642	46%
Cook	983	15%	1,079	19%	1,069	24%	848	23%	554	22%	526	21%	518	21%
Northern	411	34%	473	38%	417	39%	358	36%	351	38%	382	44%	361	42%
Southern	306	41%	330	44%	311	52%	335	50%	238	41%	287	43%	319	50%
Female	1,347	25%	1,409	29%	1,346	33%	1,232	33%	1,031	34%	985	35%	973	35%
Male	1,251	23%	1,375	27%	1,279	31%	1,203	32%	982	33%	1,061	35%	1,001	35%
Under 3 at removal	936	22%	1,053	28%	1,040	33%	985	33%	803	34%	759	35%	758	35%
3 to 5	459	24%	510	30%	436	33%	421	35%	332	36%	332	36%	329	38%
6 to 8	340	24%	392	28%	373	32%	334	32%	293	37%	293	39%	260	36%
9 to 11	284	24%	300	28%	323	34%	298	35%	217	31%	275	38%	264	38%
12 to 14	330	27%	283	25%	273	29%	227	28%	238	32%	235	31%	226	31%
15 to 17	248	28%	247	31%	181	29%	165	29%	127	27%	152	31%	135	29%
African-American	1,260	18%	1,407	22%	1,349	26%	1,123	26%	943	27%	912	28%	846	28%
Hispanic	147	21%	192	33%	178	32%	140	32%	111	38%	101	31%	122	33%
Other	57	26%	72	30%	78	41%	90	44%	75	42%	83	38%	78	40%
White	1,135	39%	1,117	41%	1,022	45%	1,083	45%	884	43%	950	47%	928	45%

**APPENDIX A CHAPTER 4:
LEGAL PERMANENCE**

Permanence at 36 Months: Reunification + Adoption + Guardianship														
Indicator 4.C.	Of all children who entered substitute care during the year and stayed for longer than 7 days, what percentage attained permanence (through reunification, adoption or subsidized guardianship) within 36 months from the date of entry into foster care?													
	1995		1996		1997		1998		1999		2000		2001	
<i>Illinois</i>														
Entering Substitute Care	14,948		10,970		9,919		8,193		7,432		5,972		5,828	
In a Permanent Home at 36 Months	4,527		4,240		4,548		4,031		3,801		3,146		3,147	
36 Month Permanency Rate	30%		39%		46%		49%		51%		53%		54%	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	4,527	30%	4,240	39%	4,548	46%	4,031	49%	3,801	51%	3,146	53%	3,147	54%
Central	1,128	50%	1,000	55%	1,029	59%	976	60%	1,098	64%	1,090	64%	967	65%
Cook	1,971	21%	2,016	30%	2,181	38%	1,877	42%	1,565	42%	1,072	43%	1,059	42%
Northern	727	45%	590	49%	679	55%	601	56%	560	56%	546	59%	538	62%
Southern	435	52%	414	55%	451	60%	393	66%	395	59%	316	54%	410	62%
Female	2,267	30%	2,141	39%	2,281	47%	2,023	49%	1,924	52%	1,609	53%	1,539	55%
Male	2,256	30%	2,098	38%	2,257	45%	2,005	49%	1,876	50%	1,536	52%	1,608	53%
Under 3 at removal	1,559	29%	1,755	41%	1,921	50%	1,745	55%	1,666	56%	1,390	60%	1,267	58%
3 to 5	898	32%	773	41%	837	49%	669	51%	671	56%	501	55%	529	58%
6 to 8	625	31%	550	38%	674	49%	589	51%	527	51%	433	54%	433	57%
9 to 11	526	31%	455	38%	460	43%	457	48%	429	50%	334	48%	411	56%
12 to 14	554	31%	424	34%	391	35%	368	39%	320	39%	331	44%	338	45%
15 to 17	362	29%	281	31%	262	33%	202	32%	182	33%	154	33%	169	35%
African-American	2,498	24%	2,329	33%	1,407	22%	2,274	44%	1,999	46%	1,646	48%	1,563	48%
Hispanic	239	32%	269	38%	192	33%	255	45%	216	49%	161	56%	157	48%
Other	94	39%	103	47%	72	30%	114	60%	118	58%	105	59%	139	64%
White	1,696	47%	1,539	53%	1,117	41%	1,388	61%	1,468	61%	1,234	60%	1,288	64%

Stability of Permanence at Two Years

Indicator 4.D.	Of all children who attained permanence during the year (excluding placements of less than 8 days), what percent remain with their families after two years?													
	1996		1997		1998		1999		2000		2001		2002	
<i>Illinois</i>														
Attained Permanency	6,077		6,750		10,415		13,431		11,303		8,396		7,427	
Stable Placements (two years)	5,217		5,821		9,508		12,543		10,538		7,750		6,772	
Percent	86%		86%		91%		93%		93%		92%		91%	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	5,217	86%	5,821	86%	9,508	91%	12,543	93%	10,538	93%	7,750	92%	6,772	91%
Central	1,317	80%	1,324	81%	1,401	81%	1,569	86%	1,546	86%	1,425	86%	1,450	86%
Cook	2,540	92%	3,115	92%	6,450	95%	9,130	96%	7,392	96%	4,819	96%	3,981	95%
Northern	809	82%	846	81%	1,080	87%	1,162	88%	1,039	88%	1,002	90%	868	87%
Southern	547	81%	535	80%	573	86%	680	88%	559	85%	504	82%	473	83%
Female	2,633	87%	2,930	87%	4,818	91%	6,323	94%	5,332	94%	3,791	92%	3,292	92%
Male	2,582	85%	2,890	85%	4,685	91%	6,218	93%	5,200	93%	3,958	92%	3,480	90%
Under 3 at permanency	715	81%	675	79%	947	85%	1,079	87%	980	87%	868	90%	962	89%
3 to 5	1,263	89%	1,399	87%	2,354	93%	3,058	96%	2,564	95%	1,787	93%	1,476	93%
6 to 8	1,094	89%	1,284	90%	2,275	94%	3,038	95%	2,517	95%	1,648	94%	1,294	93%
9 to 11	807	89%	970	91%	1,848	94%	2,569	95%	2,158	94%	1,541	94%	1,310	93%
12 to 14	677	83%	775	85%	1,264	89%	1,751	91%	1,487	92%	1,170	92%	1,026	89%
15 to 17	557	79%	599	78%	736	86%	950	88%	755	89%	634	86%	635	88%
African-American	3,107	89%	3,654	88%	6,902	93%	9,449	95%	7,866	95%	5,477	94%	4,512	93%
Hispanic	290	88%	337	92%	536	95%	614	95%	541	96%	392	96%	400	94%
Other	83	82%	104	88%	138	86%	163	88%	162	85%	174	87%	182	87%
White	1,737	81%	1,726	81%	1,932	84%	2,317	87%	1,969	88%	1,707	86%	1,678	86%

**APPENDIX A CHAPTER 4:
LEGAL PERMANENCE**

Stability of Permanence at Five Years														
Indicator 4.E.	Of all children who attained permanence during the year (excluding placements of less than 8 days), what percent remain with their families after five years?													
	1993		1994		1995		1996		1997		1998		1999	
<i>Illinois</i>														
Attained Permanency	5,017		4,494		5,774		6,077		6,750		10,415		13,431	
Stable Placements (five years)	3,705		3,415		4,543		4,876		5,488		9,025		11,935	
Percent	74%		76%		79%		80%		81%		87%		89%	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Illinois	3,705	74%	3,415	76%	4,543	79%	4,876	80%	5,488	81%	9,025	87%	11,935	89%
Central	1,193	72%	1,154	74%	1,284	73%	1,211	74%	1,214	74%	1,284	74%	1,452	80%
Cook	1,387	76%	1,255	80%	2,037	85%	2,439	88%	2,980	88%	6,189	91%	8,762	92%
Northern	678	74%	590	74%	716	77%	733	74%	796	76%	1,018	82%	1,085	82%
Southern	445	72%	412	71%	504	74%	489	73%	497	74%	530	79%	634	82%
Female	1,874	75%	1,694	76%	2,274	79%	2,468	81%	2,755	82%	4,588	87%	6,028	89%
Male	1,831	73%	1,720	76%	2,265	78%	2,406	79%	2,732	81%	4,432	86%	5,905	88%
Under 3 at permanency	680	71%	619	72%	747	75%	659	74%	626	74%	905	81%	1,035	84%
3 to 5	836	75%	866	81%	1,003	82%	1,185	83%	1,331	83%	2,271	89%	2,946	92%
6 to 8	731	82%	635	81%	905	84%	1,029	84%	1,229	86%	2,171	90%	2,906	91%
9 to 11	554	78%	476	81%	737	86%	741	82%	906	85%	1,742	88%	2,396	88%
12 to 14	422	64%	393	64%	543	69%	619	76%	693	76%	1,134	80%	1,614	84%
15 to 17	415	67%	360	71%	505	71%	539	76%	584	76%	718	84%	940	87%
African-American	1,775	72%	1,648	76%	2,487	80%	2,928	84%	3,469	84%	6,567	89%	9,019	91%
Hispanic	217	82%	217	83%	234	83%	276	84%	322	88%	515	91%	583	90%
Other	64	76%	54	73%	73	74%	75	74%	88	75%	125	78%	146	79%
White	1,649	75%	1,496	75%	1,749	76%	1,597	74%	1,609	75%	1,818	79%	2,187	82%

Stability of Permanence at Ten Years

Indicator 4.F.	Of all children who attained permanence during the year (excluding placements of less than 8 days), what percent remain with their families after ten years?									
	1990		1991		1992		1993		1994	
Illinois										
Attained Permanency	4,772		4,727		4,666		5,017		4,494	
Stable Placements (ten years)	3,148		3,041		3,157		3,465		3,169	
Percent	66%		64%		68%		69%		71%	
	N	%	N	%	N	%	N	%	N	%
Illinois	3,148	66%	3,041	64%	3,157	68%	3,465	69%	3,169	71%
Central	859	63%	879	63%	958	66%	1,094	66%	1,064	68%
Cook	1,316	68%	1,148	63%	1,123	68%	1,314	72%	1,182	76%
Northern	539	67%	542	64%	616	69%	631	69%	548	69%
Southern	433	64%	466	70%	459	68%	424	69%	371	64%
Female	1,597	67%	1,543	66%	1,662	69%	1,766	70%	1,584	71%
Male	1,551	65%	1,495	63%	1,495	66%	1,699	68%	1,584	70%
Under 3 at permanency	639	60%	588	59%	653	66%	646	68%	578	67%
3 to 5	679	69%	677	68%	675	70%	772	69%	795	75%
6 to 8	592	70%	576	69%	497	70%	667	75%	571	73%
9 to 11	386	61%	426	64%	457	65%	489	69%	421	72%
12 to 14	368	61%	348	58%	422	63%	409	62%	380	62%
15 to 17	428	73%	358	65%	394	69%	415	67%	358	70%
African-American	1,380	64%	1,332	60%	1,388	63%	1,628	66%	1,510	69%
Hispanic	204	73%	152	68%	215	78%	207	78%	206	79%
Other	52	61%	60	71%	46	64%	64	76%	51	69%
White	1,512	67%	1,497	68%	1,508	71%	1,566	71%	1,402	71%

MEASUREMENT PROBLEMS IN THE CFRS

The Child and Family Services Reviews (CFRS) are designed to enable the federal government to ensure that state child welfare systems are in substantial conformity with national performance standards. States found to be falling short are subject to some withholding of federal funds. Last year, the U.S. Department of Health and Human Services (HHS) completed its reviews of all 50 states. Not a single state passed muster on the federal exam. Illinois was one of 16 states that did not meet any of the seven federal child welfare standards used to evaluate state performance. How does Illinois' flunking the federal exam square with the widely held expert assessment of the state as setting a "gold standard" for child welfare reform?¹

There is little doubt of the need for continuous reform and quality improvement of the Illinois system. But there is widespread recognition that the statistical yardstick the federal government uses to benchmark and measure performance is seriously flawed.^{2,3} The problem is that the CFRS relies on data submitted to the federal Adoption and Foster Care Analysis and Reporting System (AFCARS), which is limited to cross-sectional snapshots of child welfare data at six-month intervals. While this point-in-time method provides statistical descriptions that are far superior to the aggregate counts previously reported by the states, AFCARS' inability to track children prospectively from foster care entry to exit severely truncates the measurement of critical case outcomes and seriously distorts the assessment of performance trends. Saddled with a data collection system that allows only point-in-time description and retrospective reporting of outcomes, HHS did its best to make do with the available data.

In 1999, HHS promulgated a set of indicators that were based on cases that had either exited the foster care system (exit cohorts) or else remained active at the end of the reporting period (cross-sectional snapshots). The difficulty with this quick-fix is that it throws away important chunks of information. Not only are children discharged from care unlikely to be representative of all children who enter foster care, but statistical snapshots of active cases are slanted toward the experiences of children with the least satisfactory outcomes. Generalizability is sacrificed, and the use of

truncated measures and selected samples of data can seriously distort the assessment of trends and performance.

The problem can be illustrated with the three samples of data that are generated by the stocks and flows of cases in and out of foster care: 1) cross-sectional snapshots (stocks), 2) entry cohorts (inflow), and 3) exit cohorts (outflow). Figure B.1 graphs the annual caseload changes that are produced by these case flow dynamics for the Illinois system from fiscal year 1992 to 2000.

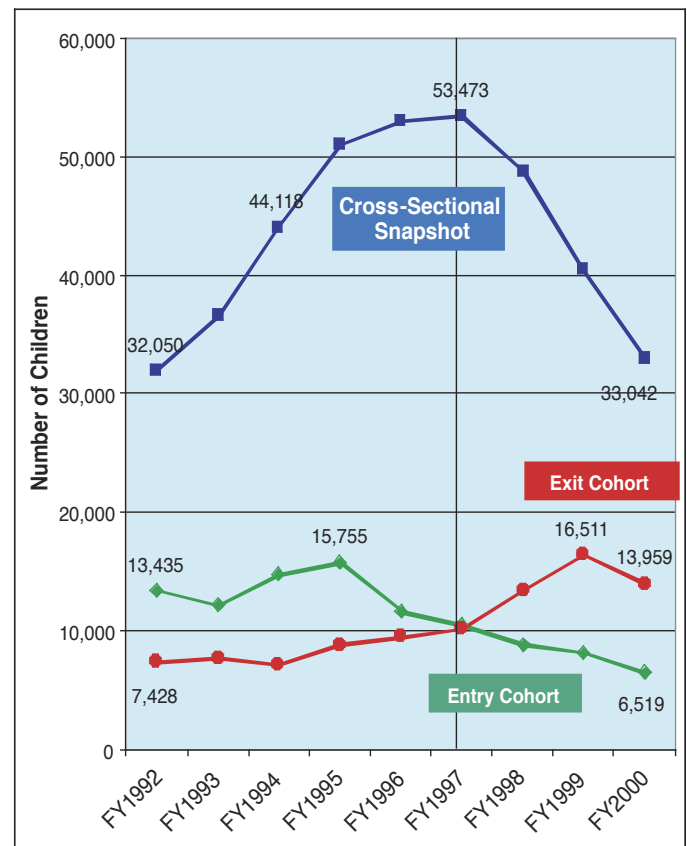


Figure B.1
Components of caseload change

¹ Price, T. (April 22, 2005). Child Welfare Reform. *The CQ Researcher*, 11, 345-367
² Martin Bishop, P., Grazian, L., McDonald, J., Testa, M., & Gatowski, S. (2002). The need for uniformity in national statistics and improvements in outcome indicators for Child and Family Services Reviews: Lessons learned from child welfare reform in Illinois. *Whittier Journal of Child & Family Advocacy*, 1, 1-36.
³ Courtney, M.E., Needell, B., & Wulczyn, F. (2004). Unintended consequences of the push for accountability: The case of national child welfare performance standards. *Children and Youth Services Review*, 26, 1141-1154.

The cross-sectional snapshots of children in foster care at the end of a fiscal year are the result of the count of children in care at the start of the fiscal year plus the number of children who enter care minus the number of children who exit care. The graph shows that the end-of-year (June 30) count of active substitute care cases (blue line) rose from 32,050 children in 1992 to a peak of 53,473 children in 1997 and then declined to 33,042 in 2000. As of March 30, 2005 there were fewer than 19,000 children in active substitute care cases in Illinois. As illustrated in the graph, the end-of-year caseload snapshot rises when the number of entries into foster care exceeds the number of exits from the system and declines when the number of exits exceeds the number of entries. These counts are higher than the numbers typically reported by DCFS because AFCARS counts children in independent living programs and on trial home visits as still in foster care.

To illustrate the distortions that can arise from calculating statistics with AFCARS cross-sectional data and exit cohorts, Figure B.2 charts three different ways of calculating median length of stay from cross-sectional (end-of-year) data, entry cohorts, and exit cohorts. The calculations for the cross-sectional caseload and exit cohorts measure the cumulative amount of time that one-half of the children have spent in foster care as of June 30 (cross-sectional snapshot) or at the point of discharge from care (exit cohorts). The calculation for entry cohorts measure the cumulative length of stay that one-half of the children spend in care before discharge. Although the three measures sound similar, they yield widely differing estimates. As pictured in Figure B.2, both the cross-sectional and exit cohort estimates show increasing median time in care between fiscal years 1992 and 2000, while the entry cohort estimate shows a decreasing median length of stay. The differences arise because cross-sectional data disproportionately exclude children who have achieved timely permanence, and exit cohorts exclude children who are in the process of attaining permanence. Only the calculations for entry cohorts capture the experiences of all children entering foster care, and only entry cohorts yield valid estimates of the length of time children are expected to stay in care. Exit cohorts provide particularly misleading estimates in Illinois because of the push in the late 1990s to discharge children from long-term foster care to permanent homes with relatives, adoptive parents, and legal guardians.

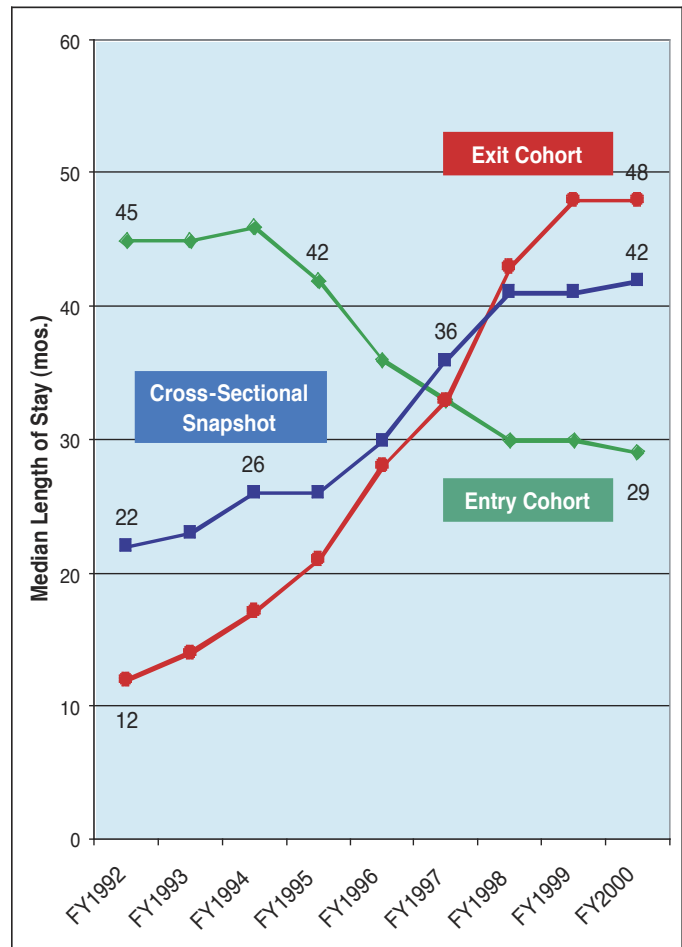


Figure B.2
Alternative measures of median length of stay

Judging the performance of the Illinois system from only cross-sectional data or exit cohorts (as is done in the CFSR) is potentially misleading. If conducted in the 1990s, the CFSR would have concluded that length of stay was increasing in Illinois whereas by correctly tracking children prospectively from entry to exit, median length of stay was actually decreasing. These distortions carry over to the standards that HHS uses to assess state performance (see Table B.1). To illustrate the problems with the existing national standards, Figures B.3 – B.4 compare the trend lines obtained with the retrospective measures currently used in the CFSR and the alternative trend lines obtained with the prospective measures used in this report.

Adoption

A state passes the national adoption standard if 32 percent or more the children adopted from foster care are adopted

Table B.1
Six National Standards for Child Welfare

Standard	Description	Benchmark
Recurrence of Maltreatment	Of all children who were victims of substantiated or indicated child abuse and/or neglect during the first six months of the period under review, the percent that had another substantiated or indicated report within six months.	A state passes if 6.1 percent or fewer of children who were victims of abuse or neglect experience another incident of abuse or neglect within 6 months.
Incidence of Child Abuse and/or Neglect in Foster Care	Of all children in foster care in the state during the period under review, the percentage that were the subject of substantiated or indicated maltreatment by a foster parent or facility staff.	A state passes if 0.57 percent or fewer children in foster care experience maltreatment by a foster parent or facility staff.
Foster Care Re-entries	Of all the children entering care during the year under review, the percent of those children entering foster care within 12 months of a prior foster care episode.	A state passes if 8.6 percent or fewer children entering care during a year under review are children entering foster care within 12 months of a previous foster care episode.
Stability of Foster Care Placements	Of all those children who have been in foster care less than 12 months from the time of the latest removal, the percent of children experiencing no more than two placement settings.	A state passes if 86.7 percent or more of children in foster care less than 12 months experience no more than two placement settings.
Length of Time to Achieve Reunification	Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, the percent reunified within less than 12 months of the time of the latest removal from the home.	A state passes if 76.2 percent or more children reunified with parents are reunified within 12 months of their latest removal from the home.
Length of Time to Achieve Adoptions	Of all the children exiting foster care to adoption during the year under review, the percent of children exiting care in less than 24 months from the time of the latest removal from the home.	A state passes if 32 percent or more the children adopted from foster care are adopted within 24 months of their latest removal.

within 24 months of their latest removal. Because the federal measure looks only at exits to adoption to measure performance, Illinois' permanency initiatives in the late 1990s lowered the State's standing on this measure because children previously backlogged in long-term kinship care were finally being adopted. Now that the backlog in Illinois has been reduced, more recent adoptions include proportionately fewer of the long-term cases. On the federal retrospective measure, this gives the illusion of improving performance from 8.3% to 12.5% when in actuality the alternative prospective measure shows that performance within 24 months of entry has remained approximately constant (see Figure B.3). The reason for the different views is that the national standard selectively includes only adopted children (exit cohorts) in the comparison while the

alternative prospective measure tracks the experiences of all children entering foster care (entry cohorts). Selectively dropping observations from annual comparisons can distort performance trends and under certain circumstances could potentially reward bad practice as can be illustrated with the following example on reunification.

Reunification

A state passes the national reunification standard if 76.2 percent or more children reunified with parents are reunified within 12 months of their latest removal from the home. Like the adoption standard, only exits are factored into the measurement of performance. Ignoring children who don't go home not only exaggerates the appearance of improvement, as shown in Figure B.4, but could also mask

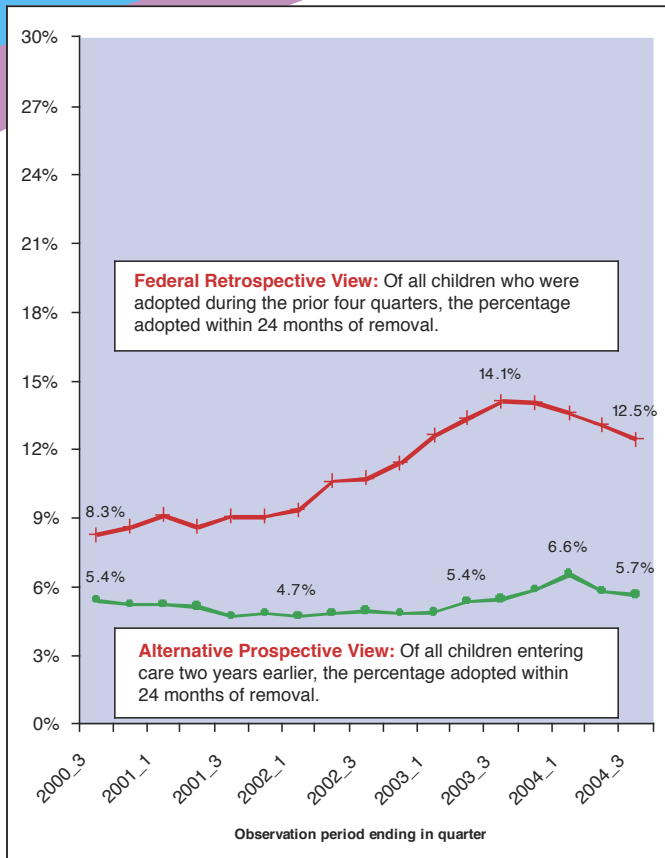


Figure B.3

Federal retrospective and alternative prospective views of adoptions within 24 months

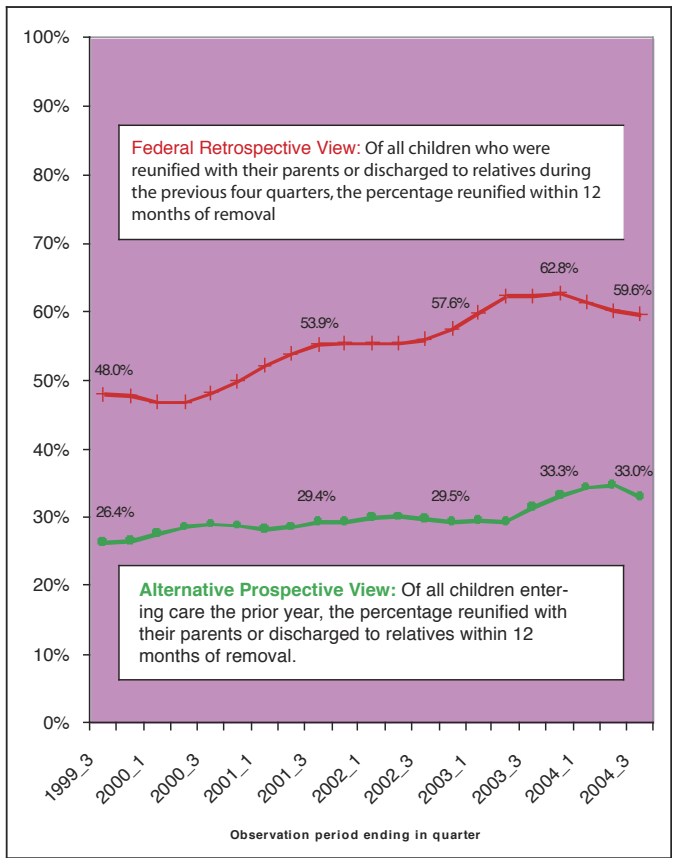


Figure B.4

Federal retrospective and alternative prospective views of reunifications within 12 months

bad practice. For example, states that stop reunification efforts after children have been in care in excess of 12 months will always look better than states that continue reunification after a year has elapsed. The alternative prospective measure follows all children entering care for a full year and identifies the fraction reunified within 12 months. It shows much greater consistency than the federal retrospective measure, but still picks up some improvement after June 2003. Measures of reunification based on AFCARS data are higher than the measures reported elsewhere in this report because AFCARS includes lapsed protective custodys, i.e. lasting less than one week, which confounds emergency removals with planned reunifications.

Alternatives to the Federal Standards

Aside from the biases inherent in retrospective measures of adoption and reunification, the federal standards also impose arbitrary national time limits on adoption and reunification, which may not be sensitive to local conditions. An alternative that is used in this report is to track prospectively all three forms of permanence—reunification, adoption,

and guardianship—and identify the fraction achieving permanence of any type within one, two, or three years. Using this alternate view, states like Illinois that exhaust in-home options prior to removal would not be penalized for taking longer to reunify troubled families or to place children in alternative permanent homes. States should be encouraged to achieve timely permanence for children and performance measures should be aligned with this outcome whether the result is reunification, adoption, or guardianship.

Placement Stability

A state passes the national placement stability standard if 86.7 percent or more of children in foster care less than 12 months experience no more than two placement settings. By this definition, children who experience a *third placement within 12 months of removal* have unstable placements. The calculation of the federal measure of placement stability operates on three types of data:

- 1) *truncated* data in which the occurrence of a third placement is observed for a cross-sectional sample of children still in care at the end of the reporting

period. All that is known about the time to the event is that it is less than the cumulative time spent in care;

- 2) *censored* data in which the non-occurrence of a third placement is observed for a cross sectional sample of children still in care at the end of the reporting period. All that is known about the time to the event is that it is greater than the cumulative time spent in care; and
- 3) *selected* data in which the occurrence or non-occurrence of a third placement is observed for a sample of children discharged from foster care. All that is known about the time to the event is that it is less than or greater than the time to discharge.

The major problem with the federal measure of placement stability is that it treats all three types of data as if they were uncensored, that is, as if the time to the third placement was known exactly. Large biases can be introduced if the calculation of a proportion or rate treats truncated or censored data as if they were uncensored. For example, a cross-sectional sample of children still in care, who experiences two or fewer placements before the end of the reporting period, provides incomplete information on placement stability. That is because the federal measure does not track the children for a full 12 months. Instead, the observation period can vary from one day (for children placed at the end of the federal fiscal year) to almost 12 months (for children placed at the start of the federal fiscal year). Unless special methods are used to adjust for the varying exposure times to the risk of movement, treating censored data as if they were complete can seriously bias the measurement of placement stability.

Figure B.5 illustrates the application of special longitudinal methods to AFCARS data to generate alternative prospective estimates of the cumulative percentage of children who experience fewer than three placements within 12 months of entry. The percentages are much lower for the alternative prospective measure because it follows all children for 12 months. The federal retrospective measure, on the other hand, truncates the measurement at the end of the reporting period whether the child has been in care for several days or a full 12 months. In this case, the retrospective trend line is less seriously distorted by truncated measurement when compared to the prospective trend line. Both suggest improving placement stability, with the exception of the last quarterly retrospective measurement that suggests worsening performance. Even small discrepancies

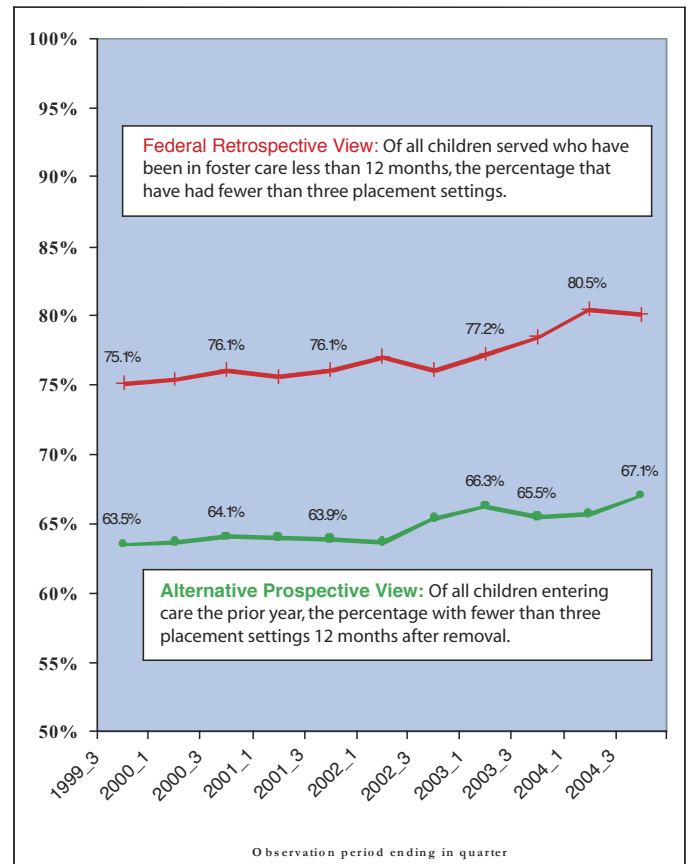


Figure B.5
Federal retrospective and alternative prospective views of percentage with fewer than 3 placements within 12 months

of this magnitude can send misleading signals to managers so it is important that federal measures be supplemented with alternative prospective measures. Prospective estimates of stability based on longitudinal AFCARS data yield lower proportions than reported elsewhere in this report because stability measures are imputed for children who have been in care less than a full year.

Re-Entries to Care

A state passes the national re-entry standard if 8.6 percent or fewer children entering care during a year under review are children entering foster care within 12 months of a previous foster care episode. This is one of the few federal standards based on entry cohorts but the defect is that it measures re-entry retrospectively rather than following children discharged from care prospectively and identifying those who re-enter within 12 months. Looking at re-entry retrospectively the way the federal measure does is analogous to pre-judging students by whether they failed a previous course rather than assessing their current performance by their final class grade. A prior removal just like a bad

past grade is a marker for future difficulties but still a far cry from a measure of outcome. Furthermore, a retrospective measure of re-entry is highly sensitive to fluctuations in the numbers exiting and entering care. Consider the situation where a constant 5 percent of children discharged from care re-enter within 12 months. If exit volume remains high but entry volume declines, as occurred in Illinois and many other states in the late 1990s, a larger fraction of entrants each year will show up as having previously been in care even though the actual re-entry rate remained constant. This would give the illusion of worsening performance when in actuality performance remained unchanged. The convergence in the numbers of entries and exits in recent years in Illinois reduces the magnitude of the distortion, but the trend line can still be misleading.

Figure B.6 shows that retrospective and prospective measures give conflicting information about re-entries during federal fiscal year 2004. The prospective look suggests that re-entries are increasing, while the retrospective look suggests the opposite.

Longitudinal AFCARS Database of Record

Although longitudinal data can better track and monitor agency performance than the current AFCARS, for better or worse, HHS will still be using AFCARS to measure DCFS progress in achieving its Program Improvement Plan (PIP). Given this reality, it makes sense to develop a uniform, longitudinal AFCARS database that can be consistently used for both PIP and other monitoring activities, such as BH reporting and performance contracting. Such uniformity would allow IDCFS to develop better longitudinal performance measures and also track the federal AFCARS measures using the same underlying programming logic and definitions of outcomes.

The CFRC has looked into this matter, and we believe that the current AFCARS reporting format can be turned into a longitudinal “database of record” with only minimal changes to existing programming routines. For example, AFCARS currently reports only the last foster care placement for a child during a six-month reporting period ending in September or March of the federal fiscal year. This practice drops out valuable information on intervening placements that makes it difficult to track placement

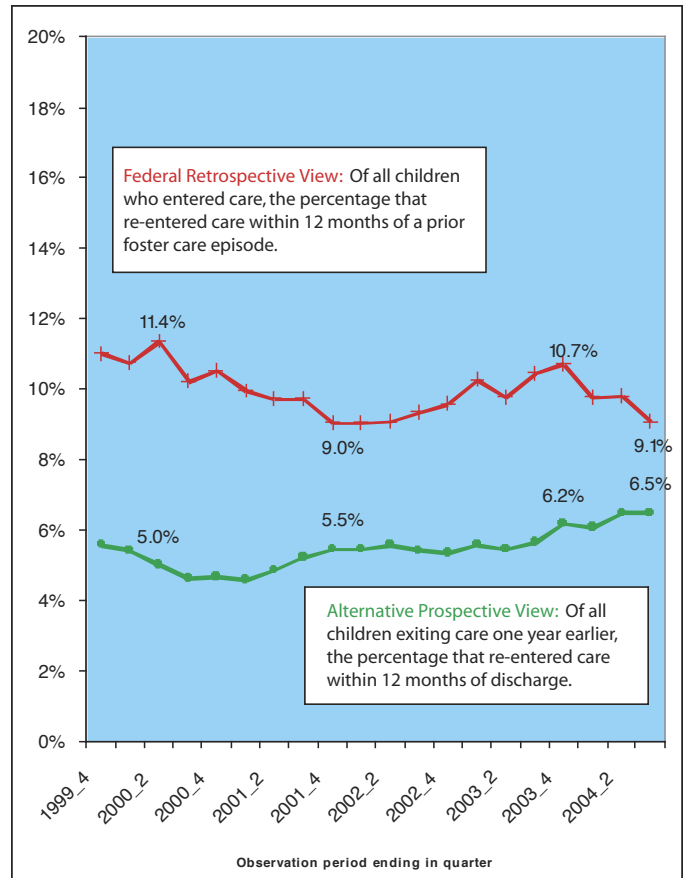
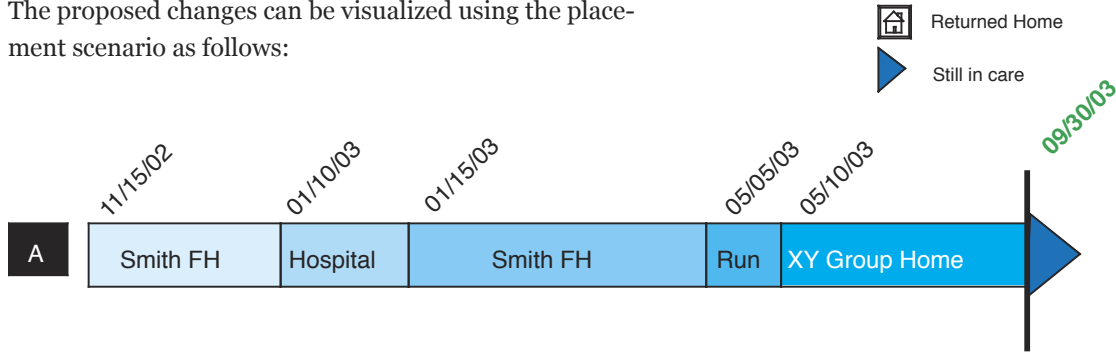


Figure B.6
Federal retrospective and alternative prospective views of re-entries within 12 months

changes accurately. As an alternative, we suggest generating a record for every foster care setting during the reporting period, substituting for AFCARS data element #20 (date child was discharged from last foster care spell) information on the date the child was removed from the last foster care setting. Instead of data element #24 (number of foster care settings), we suggest the number of movements such as runaways, hospitalizations, etc.

The proposed changes can be visualized using the placement scenario as follows:



Under the AFCARS (cross-sectional) design, DCFS currently reports information on child A as follows:

#4 Record ID	#20 Date of discharge from last foster care spell	#23 Date of placement in current foster care setting	#24 Number of placement settings	#41 Current placement setting
A		05/10/03	2	Group home

Under the proposed AFCARS (longitudinal) design, the database would look as follows:

#4 Record ID	#20 Date of discharge from last foster care setting	#23 Date of placement in current foster care setting	#24 Number of movements	#41 Current placement setting
A		11/15/02	1	Foster home
A	05/05/03	05/10/03	5	Group home

Implementing the proposed alternative would require only minimal programming changes to the existing AFCARS routines and would enable the state to accurately count placement changes and movements and prospectively track other outcomes, such as time to reunification and re-entry into foster care. Developing a longitudinal AFCARS database of record would greatly enhance the state's ability to meet its monitoring and reporting responsibilities under the CFSR, BH and other federal programs and court orders.

