

Child Development of Children in DCFS Care: Findings from 2017 Illinois Child Well-Being Study

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Child development underlies physical, mental and emotional health, and is necessary for learning, educational progress and the development of family and peer relationships. The development of young children is a particularly important topic for the Illinois Department of Children and Family Services (DCFS), given that 39.7% of children in DCFS care in 2017 were five years old or younger. Early childhood is a sensitive period for developing a range of capabilities in life – one critical ability focused on age zero to two is the ability to form attachments.¹

National research indicates that children in out-of-home care because of abuse or neglect are at significant risk for developmental difficulties. The One Year in Foster Care study (a project of the National Survey of Child and Adolescent Well-Being, NSCAW) used standardized measures administered by research interviewers to study the development of young children who had been in foster care for 12 months. On the Bayley Neurodevelopmental Screener, 78% of children aged 13 to 24 months scored in a range indicating medium to high developmental risk. On the Battelle Developmental Inventory, 28% of children aged three and younger scored in a range indicating a need for developmental intervention. The authors reported, “...the vast majority of children who have spent one year in out-of-home care have substantial social and cognitive impairment.”² Other studies have produced similar findings: a 2016 meta-analysis of 31 studies found that children in foster care had significantly greater difficulties on cognitive adaptive and behavioral functioning than children in general, though not different from children at risk who remained in the home.³

It is essential that we identify children who have developmental problems and provide them with the appropriate services to promote development and learning. Early intervention (EI) services can facilitate the development of young children who lag behind and can position children with enduring problems to receive special education services. An important step is the development of an Individualized Family Services Plan (IFSP), a formal document committing service providers to provide early intervention services or monitoring that are tailored to a

¹ Smyke, A. T., Zeanah, C. H., Fox, N. A., Nelson, C. A., & Guthrie, D. (2010). Placement in foster care enhances attachment among young children in institutions. *Child Development*, 81, 212–223.

² U.S. Department of Health and Human Services, 2001, *ibid.*, p. 20

³ Goemans, A., van Geel, M., van Beem, M., & Vedder, P. (2016). Developmental outcomes of foster children: A meta-analytic comparison with children from the general population and children at risk who remained at home. *Child Maltreatment*, 21,198-217.

child's needs. However, multiple NSCAW studies have found that many young children involved with child welfare nationally do not receive the EI services they need. An early NSCAW analysis found that 35.2% of children aged 0 to 3 needed early intervention (EI) services, but only 12.7% had received an IFSP including those services. Later NSCAW analyses found that the percentage of children aged 0 to 5 with developmental need who received an IFSP or an Individualized Education Plan (IEP) was only 17.7%. Moreover, only 53% of children in NSCAW referred for EI services actually received them.

The developmental risk for children and the imperative to provide developmental services when needed suggests the value of exploring the development of young Illinois children in out-of-home care. This research brief reports on the development of young Illinois children in out-of-home care who are being served by the Illinois Department of Children and Family Services (DCFS) and its private agency partners. The brief is one in a series that presents capsule summaries of results from the 2017 Illinois Child Well-Being Study in different domains of well-being.

2017 Illinois Study of Child Well-Being

The 2017 Illinois Study of Child Well-Being is a study of the well-being of children and youths in the care of the Illinois Department of Children and Family Services (DCFS) in 2017. The study sampled 700 children who were listed as 'in care in DCFS' SACWIS client information system on October 23, 2017 and interviewed caseworkers, caregivers and children (age seven and older) themselves.

The Children and Family Research Center (CFRC) drew a stratified random sample for the study from the population of children and youth in DCFS care in October 2017. The Survey Research Laboratory of the University of Illinois at Chicago conducted the interviews for this study from December 2017 to July 2018. The 2017 Illinois Child Well-Being Study is in most ways a replication of the Second Illinois Child Wellbeing Study (IL-CWB) conducted in 2004 and the Third Illinois Child Well-Being Study conducted in 2005. This enabled the research team, which had limited time and funds, to field the study more quickly by adapting interview protocols and other methods from the previous studies. It also makes it easier to compare results from the current study to results from the previous studies. Questions about child development were included in the caseworker, caregiver and child interviews.

Findings on Child Development from the 2017 Illinois Child Well-Being Study

Indicators of Child Development

Most children ages 0 to 5 did not show signs of having developmental difficulties on the Ages and Stages Questionnaire (ASQ), a standardized measure of children's capabilities that caregivers complete. However, on the Communications, Gross Motor, and Fine Motor domains of the ASQ, more than one-fifth of young children had scores that indicated possible developmental delay or a level of developmental risk that needed to be monitored. Over a

quarter (26.5%) of caregivers of children aged 0 to 5 reported being told their child had a learning problem. Over a quarter (25.8%) of caregivers also reported that their child had been classified as needing special education. 18.5% of children aged 0 to 5 had an Individualized Family Services Plan (IFSP), a comprehensive plan to provide services to address children's special needs. Caseworkers identified one or more special needs for 29.2% of the overall sample; this was similar in every age group: 26.0% of children age 0 to 3, 19.5% of children aged 3 to 5, 22.2% of children aged 5 to 9, and 32.3% of youths aged 9 to 17.

Developmental Interventions

Almost half (48.4%) of caregivers of children aged 0 to 5 reported that their child received some sort of developmental intervention. Developmental interventions for this age group included education or therapeutic services in the home (24.9%), therapeutic or educational daycare (17.8%), and educational and therapeutic services at a center (10.2%). However, 42.3% of children who scored in the delay/monitoring range in at least one of the five domains of the ASQ were not receiving developmental interventions. The majority of caregivers of children aged 3 to 5 (80.8%) reported that their child received some form of preschool or Head Start, and 15.7% of children this age were enrolled in special education preschool

Group Differences

Younger children aged 0 to 3 (56.8%) were more likely than older children aged 4 to 5 (34.8%) to receive a developmental intervention. Children aged 0 to 5 in Cook County (73.8%) and in the Northern region (58.3%) were more likely to receive a developmental intervention than those in the Southern region (38.5%) and Central region (25.0%).

Caseworkers reported special needs more commonly for children in specialized foster care (57.8%) and group homes and residential treatments (52.0%) compared to children in kinship care (26.9%) and traditional foster care (21.0%). Children aged 0 through 5 were more likely to receive a developmental intervention in specialized foster care (71.4%) or traditional foster care (55.6%) than in kinship care (37.5%).

Discussion

Most young Illinois children in out-of-home care did not show evidence of developmental difficulties on the ASQ. However, substantial percentages of young children either had evidence on the ASQ of developmental delays or were at such risk that their development should be monitored. A number of children were identified with learning problems or needs for special education or had service plans related to development. Caseworkers reported special needs for a substantial percentage of young children.

Anywhere from one-fifth to one-quarter of young children faced developmental difficulties across the observed indicators. These may be underestimates, since the 2017 Illinois Child Well-Being included no formal developmental assessments or screening measures

administered by interviewers. Caregivers and caseworkers may not be aware of all signs of developmental difficulty for children. Much higher proportions of children with developmental difficulties have emerged in studies with formal developmental evaluations such as the Early Childhood Unit assessments in the first Illinois Child Well-Being Study⁴, and studies that have used standardized screening measurements implemented by interviewers (e.g., the Bayley and Battelle measures used in NSCAW).

It is promising that more than half of caregivers reported that children aged 0 to 3 received at least some kind of developmental intervention. The most common developmental interventions for children aged 0 to 3 were those provided in the home. However, we lack information on the nature and quality of these developmental interventions. We should also be concerned that many children with ASQ results suggesting developmental delay or risk were not receiving developmental interventions. Research needs to explore how out-of-home caregivers connect with developmental services, what specific developmental interventions children receive, and how these interventions affect development.

Research also needs to explore group differences in receiving developmental interventions. We need to understand why young children are more likely to receive a developmental intervention in Cook County and the Northern region compared to their peers in the Central and Southern Regions. The lower rate of developmental interventions for children in kinship care also needs more study. Given the enormous contribution of child development to the quality of one's entire life, inequity in providing developmental interventions raises important questions about social justice.

Consistent with previous findings from the Children and Family Research Center,⁵ the majority of children aged 3 to 5 were in some form of preschool (80.8%), often regular preschool or Head Start. Although this is promising, there is still a need for improvement as DCFS policy is for all children those ages to receive some form of early childhood education.⁶

Much of our data on child development focuses on children aged 0 to 5, but it is important to remember that developmental issues are relevant throughout the age range of children in out-of-home. Caseworkers identified over a quarter of the sample as having special needs, and the percentage was substantial in each child age group. One of the most important lessons of the 2017 Illinois Child Well-Being is the need to be aware of and respond to the developmental challenges and special needs that children bring when they enter out-of-home care.

⁴ Hartnett, M.A. & Bruhn, C. (2006). *The Illinois Child Well-Being Study. Year One Report*. Urbana, IL: Children and Family Research Center.

⁵ See Cross, T.P. & Helton, J. (2010). *Enrollment in early childhood education programs for young children involved with child welfare*. Research brief. Urbana, IL: Children and Family Research Center. University of Illinois at Urbana-Champaign.

⁶ Illinois Department of Children and Family Services. (March 2015). *Educational Services*. Springfield, IL: DCFS.

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