

Another Look at the Resilience of Children and Youth in DCFS Care: New Findings from the 2017 Illinois Child Well-Being Study

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The 2017 Illinois Child Well-Being Study found that many children and youth in out-of-home care in the state have significant developmental, physical, emotional, behavioral and/or educational challenges.^a However, some children in the study were resilient, functioning well at home and school, despite the trauma of abuse and neglect and the difficulties of living in out-of-home care.

In another research brief from the 2017 Illinois Child Well-Being Study, we presented results illustrating the resilience of Illinois children and youth in out-of-home care.^b Majorities of children reported being active in sports, hobbies, and after-school jobs or chores. Almost half of youth aged 11 to 17 (47.5%) reported that they had one to three close friends, and almost half said they had four or more close friends. On the Ansell Casey Life Skills-Daily Living measure, most of the young people reported having different skills needed for independent living in today's society. Most children and youth reported satisfaction with their lives. Over 90% of youth age ten and older anticipated graduating from high school and 84.1% thought they would have a good job by age 30. The positive news in these answers is worth celebrating. It may be surprising, however, given the maltreatment and disconnection from their families these children had endured. The good news also contrasts with other results from the study, which found that substantial proportions of children and youth in out-of-home care had health, mental health, and educational problems. Perhaps their history of maltreatment and out-of-home placement led them to have reduced expectations from others. Their ability to think well of their life and their future while experiencing challenges may be a strength.

The current brief provides another perspective on resilience. We adapted a method of assessing resilience used by Walsh and colleagues in their analysis of national data on children

^a Cross, T.P., Tran, S., Hernandez, A., & Rhodes, E. (2019). The 2017 Illinois Child Well-Being Study: Initial Report. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign. https://cfrc.illinois.edu/pubs/rp_20190619_2017IllinoisChildWell-BeingStudy.pdf . See also various research briefs on study findings at <https://www.cfrc.illinois.edu/publications.php>

^b Cross, T.P., Hernandez, A. & Tran, S. (2020). *Resilience of children in DCFS care: Findings from the 2017 Illinois Child Well-Being Study* Research brief. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign. https://cfrc.illinois.edu/pubs/bf_20200313_ResilienceofChildreninDCFSCare:Findingsfrom2017IllinoisChildWell-BeingStudy.pdf . See also Chapter 9 of Cross et al., (2019), *ibid.*

involved with child protective services.^c We used measures from the 2017 Illinois Child Well-Being Study to examine how frequently children and youth functioned well across multiple measures. Instead of relying solely on the child's self-report, this analysis uses validated measures of the child's functioning from different people: the child, the child's caregiver, and the caseworker. Using multiple measures from different perspective increases the reliability and validity of the assessment. Below, we provide background information on the 2017 Illinois Child Well-Being Study, explain our methods, and present results on the percentages of children and youth who are resilient in different domains of functioning.

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 themselves (age seven and older). Each interview featured questions about the child's behavioral, emotional, and educational functioning, including standardized measures such as the Child Behavior Checklist (CBCL),^d the Children's Depression Inventory,^e and the Trauma Symptom Checklist for Children.^f For more information about study methods and results, see the final report of the study (cited below). The current brief presents new results from the study that were not presented in the final report.

How We Analyzed Resilience

Because the measures of functioning differed by age group, we conducted the analysis separately for school age children aged 8 to 10 and youth aged 11 to 17. For each age group, we analyzed resilience in the following domains: behavioral functioning, emotional functioning, and educational functioning. We identified all the measures of each domain across the caregiver, child, and caseworker interviews (see Tables 1 and 2). The number of measures involved in measuring resilience ranged from 2 (for behavioral resilience for children aged 8 to 10) to 17 (for educational resilience for youth aged 11 to 17). Then we computed the number of measures on which children and youth scored in the competent range for each domain. For continuous standardized measures, this was defined as **not** having a score in the range identified by the scale developer as indicating a problem. For example, on the CBCL, this involved having a score that fell **below** the cut off scores that indicate children who need mental health interventions (clinical range) or may need them (borderline clinical range). For a

^c Walsh, W. A., Dawson, J., & Mattingly, M. J. (2010). How are we measuring resilience following childhood maltreatment? Is the research adequate and consistent? What is the impact on research, practice, and policy? *Trauma, Violence, & Abuse, 11*(1), 27-41.

^d Achenbach, T. M., & Rescorla, L. A. (2001). *Manual for the ASEBA School-Age Forms & Profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families.

^e Kovacs, M. (1985). The Children's Depression Inventory. *Psychopharmacology Bulletin, 21*, 995-998.

^f Briere, J. (1996). *Trauma Symptom Checklist for Children: Professional Manual*. Odessa, FL: Psychological Assessment Resources, Inc.

number of variables, being competent involved having a zero score (e.g., on the number of school detentions a child had in the past year) or 'no' score (e.g., on whether a child was held back a year in school). Tables 1 and 2 reports what percentages of children and youth were competent on all measures in a domain and for decreasing numbers of those measures. Our assumption is that the more measures children and youth were competent on, the more resilient they were.

Results

Children Aged 8 to 10

Table 1 presents the results on resilience for early school age children, aged 8 to 10.

Behavioral Resilience. More than a third of these children (34.1%) scored in the competent range on both of the two behavioral problem measures and thus showed no indication of a serious behavioral problem. One of the two measures used to assess behavioral resilience was the CBCL. This measure presents caregivers with 118 specific problematic behaviors (examples include “gets in many fights” and “bragging, boasting”) and caregivers check off whether each one is 0 = not true, 1 = somewhat or sometimes true, or 2 = very true or often true. The relevant time period is the last six months. Scale scores for Total Problems, Internalizing Problems, and Externalizing Problems and other scales are calculated from combining the scores to individual items. More than half of children (54.1%) did not show signs of serious behavioral problems on the CBCL.

The other measure in this domain is a list of child diagnoses (e.g. Attention Deficit Disorder) and other large categories of problems (e.g., conduct or behavior problems). Caregivers were asked if the child currently has the diagnosis or problem, but there was no instruction about how much of a problem the child is having with the diagnosis and how it impacts their life now. Note that some diagnoses like Attention Deficit Disorder may be checked off even if they are well-managed. Only about one-third (34.1%) of children aged 8 to 10 did not have a diagnosis or problem from this list.

Emotional Resilience. A smaller percentage of early school age children (16%) scored in the competent range on four measures of emotional resilience and showed no signs of an emotional problem. These measures included the CBCL and caregiver child diagnosis and problem list mentioned above, and two measures completed by children themselves: the Children’s Depression Inventory and the Trauma Symptom Checklist for Children. Because we had only a small sample (N=20) with data on all four measures for this analysis, we also did analysis of just the two caregiver measures of emotional resilience [N=51] and found that 30.5% of youth showed no sign of a serious emotional problem on these measures. More than half of children (62.4%) did not demonstrate an emotional problem on the CBCL, but only 34.1% were not checked off as having a diagnosis or similar problem from the list presented to caregivers.

Educational Resilience. Just over four in ten (40.6%) children aged 8 to 10 had no evidence of problems across 13 measures of educational functioning, though again the sample size is fairly small (N=28). But 80.2% were competent on 12 out of the 13 measures of educational

Table 1. Resilience among early school age children (aged 8-10 years)

	Source	%	% Competent by Number of Indicators
Behavioral resilience			
Scores in the nonclinical range on the CBCL Externalizing scale ^a	Caregiver	53.3% (7.1) (N=50)	≥1, 54.1%
Caregiver reports no behavioral diagnoses or problems ^b		34.2% (6.7) [N=51]	2, 34.1% [N=50]
Emotional resilience			
Scores in the nonclinical range on the CBCL Internalizing Scale ^c	Caregiver	62.4% (6.9) [N=51]	≥1, 93.3%
Caregiver reports no emotional problems ^c		34.1% (6.7) [N=51]	≥2, 93.3%
Scores in the nonclinical range on Children's Depression Inventory	Child	90.2% (4.4) [N=47]	≥3, 44.9%
Scores in the nonclinical range on the Trauma Symptom Checklist for Children		81.2% (6.1) [N=42]	4, 16.0% [N=20]
Educational resilience			
No detentions in one year	Caseworker	95.2% (3.0) [N=52]	≥ 8, 100%
No in-school suspensions in one year		95.6% (2.8) [N=53]	≥10, 96.1%
No out-of-school suspensions in one year		95.1% (3.0) [N=53]	≥11, 87.9%
No expulsions in one year		100% (0.0) [N=57]	≥12, 80.2%
No other disciplinary actions in one year		83.1% (5.1) [N=54]	13, 40.6%
No days missed in past 30 days		68.9% (6.1) [N=59]	[N = 28]
Caregiver reports grades on recent report card all "C" or higher	Caregiver	82.4% (5.9) [N=43]	
Child reports has grades all "C" or higher	Child	84.5% (5.2) [N=50]	
Child has NOT been held back a grade/repeated a grade		84.8% (5.1) [N=51]	
Has NOT missed school last month because he or she would not go		97.9% (2.1) [N=50]	
Has NOT missed school because of suspension		95.3% (3.0) [N=49]	
Has NOT been expelled from school in the past 2 years		95.6% (2.8) [N=53]	
Scores in the engaged/adaptive range on the school engagement items		67.2% (6.4) [N=55]	

Note. ^aScores not in the clinical or borderline clinical range. ^bItems asked caregivers if their child had the following behavior problems: attention deficit disorder, conduct or behavioral problems, oppositional or defiant behavior, eating disorders, sexually aggressive behaviors, alcohol/substance abuse ^c Items asked caregivers if their child had the following emotional problems: depression, bipolar or extreme mood swings, extreme stress from abuse/neglect, attachment problems, other emotional/mental health problems

functioning, a much higher percentage for what is still a very good “score”. Looking at the specific questions contributing to the educational resilience score (see the third column of table 1), most measures had large percentage of children who were competent. The only measures on which somewhat smaller percentages of children were competent were *not missing school in the past 30 days* (68.9% achieved this) and *scoring in the engaged/adaptive range on a school engagement scale* (67.2% achieved this).

Youth Aged 11 to 17

Table 2 presents the results on resilience for adolescents aged 14 to 17.

Behavioral Resilience. Just over one quarter (26.1%) of these youth scored in the competent range on all behavioral problem measures and showed no indication of a serious behavioral problem. More than two thirds of youth (67.4%) did not show evidence of a behavioral problem on the CBCL, but only 39.3% were not identified with a behavioral diagnosis or other behavioral problem on the caregiver list of diagnoses and problems.

Emotional Resilience. Just over four in ten adolescents (43.5%) scored in the competent range on four measures of emotional resilience and showed no signs of emotional problems. The number looks much better when we just look at the CBCL – 69.7% of youth did not show signs of a serious emotional problem on the CBCL. Only 37.1% of youth did not have an emotional diagnosis or emotional problem on the caregiver list of diagnoses and problems.

Educational Resilience. Just under one-third of youth aged 11 to 17 (32.1%) were competent across 17 measures of educational functioning. But this jumps to over half of youth (52.2%) for 16 out 17 measures of educational functioning – again, a very good score. The item that hurts many youth’s educational resilience score is *No days missed in past 30 days* – only 48.3% of youth reported that was true.

Discussion

We found that many Illinois children and youth in out-of-home care demonstrated behavioral, emotional and educational resilience across multiple measures of functioning. Even though children and youth in out-of-home care are at much greater risk than their peers for impairments in these domains, many are doing well despite the difficulties they have faced in their lives.

Our results may underestimate resilience. Caregivers were asked if their child currently had a series of different diagnoses and other behavioral and emotional problems (e.g., attention deficit disorder, depression, extreme stress from past experience of abuse or neglect).

Caregivers answered yes or no for their child on each. A majority of children were identified with at least one of these diagnoses and problems. Yet many of the children identified with a diagnosis or problem did not score in a range indicating problematic behavior on the CBCL, a well-researched and validated measure. This suggests that caregivers may have identified diagnoses and problems that their child had experienced, but some of these were not causing substantial problems in children and youth's lives. Another reason why we may have underestimated resilience is that many children and youth only had difficulty with one of the 17 indicators of educational resilience. We can summarize key findings as follows:

- For children aged 8 to 10...
 - 34.1% showed no evidence of behavior problems
 - 16.0% showed no evidence of emotional problems
 - 40.6% showed no evidence of educational problems
- For youth aged 11 to 17...
 - 26.1% showed no evidence of behavior problems
 - 43.5% showed no evidence of emotional problems
 - 31.1% showed no evidence of educational problems
- These numbers are likely to be underestimates of resilience, because a number of children and youth only showed difficulties on one measure of functioning within these domains

The difference between the CBCL and the caregiver child problem category measures was thought-provoking. Why were caregivers more likely to identify a behavioral or emotional problem category for their child than to check off specific behaviors that led to a behavior problem score on the CBCL? Do children's problem labels persist even when their day-to-day behaviors are not so problematic?

Even though children in foster care are at high risk for educational problems, most of these students were getting grades of C or higher and staying out of trouble at school. This is a testament to their strength. It suggests that some of these children and youth are managing in school despite the behavioral and emotional problems they have. The educational indicator they had the hardest time with was attendance – perhaps this reflects the time that these children and youth need to spend in court or other settings because of being in out-of-home care, or the distances they need to travel to stay in a school when their placement has changed. It is difficult to assess their missing days without knowing about the attendance of other children in their schools. One study found no difference in attendance between children in out-of-home care and other children,^g and another study found that children in out-of-home care had better attendance than a matched sample of at-risk children.^h More data should be collected on school attendance for Illinois children and youth in out-home care.

^g Dubowitz, H., & Sawyer, R. J. (1994). School behavior of children in kinship care. *Child Abuse & Neglect*, 18, 899–911.

^h Maclean, M. J., Taylor, C. L., & O'Donnell, M. (2018). Out-of-home care and the educational achievement, attendance, and suspensions of maltreated children: A propensity-matched study. *The Journal of Pediatrics*, 198, 287-293.

Child welfare practice needs to take into account children and youth’s resilience and build on their strengths. The presence of these strengths suggests that targeting interventions at specific challenges while building on their strengths may be effective for many children and youth in out-of-home care.

Table 2. Resilience among adolescents (aged 11-17)

	Source	%	% Competent by Number of Indicators
Behavioral resilience			
Scores in the nonclinical range on CBCL externalizing scale ^d	Caregiver	67.4% (4.5) [N=108]	≥1, 93.6%
Caregiver reports no behavioral problems ^e		39.3% (4.7) [N=110]	≥2, 87.1%
Scores in the nonclinical, nonborderline clinical range on YSR externalizing scale	Youth	80.1% (4.7) [N=72]	≥3, 75.3%
Youth reports no drug use ^f		66.4% (5.3) [N=81]	≥4, 62.9%
Youth either does not have sex or has sex and always uses protection and has NOT been pregnant or gotten someone pregnant		68.3 (5.2) [N=81]	≥5, 48.8%
Youth reports zero delinquent acts in the past six months		60.8% (5.4) [N=83]	6, 26.0% [N=63]
Emotional resilience			
Scores in the nonclinical range on CBCL Internalizing Scale	Caregiver	69.7% (4.4) [N=110]	≥1, 97.1%
Caregiver reports no emotional problems ^g		37.1% (4.6) [N=110]	≥2, 91.9%
Scores in the nonclinical range on Children’s Depression Inventory	Youth	91.5% (3.3) [N=74]	≥3, 77.2%
Scores in the nonclinical range on Trauma Symptom Checklist for Children		96.1% (3.9) [N=71]	4, 43.5% [N=54]
Educational resilience			
No detentions in one year	Caseworker	73.9% (4.1) [N=114]	≥10, 100.0%
No in-school suspensions in one year		81.3% (3.6) [N=120]	≥11, 95.1%
No out-of-school suspensions in one year		87.8% (2.9) [N=127]	≥12, 91.0%
No expulsions in one year		98.6% (1.0) [N=137]	≥13, 86.5%
No other disciplinary actions in one year		89.4% (2.7) [N=125]	≥14, 75.5%
No days missed in past 30 days		48.3% (4.2) [N=145]	≥15, 64.2%

Caregiver reports grades on recent report card all "C" or higher	Caregiver	73.7% (4.4) [N=100]	≥16, 52.2% 17, 32.1% [N=43]
Child reports has grades all "C" or higher	Youth	71.6% (5.0) [N=82]	
Child has NOT been held back a grade/repeated a grade		81.4% (4.3) [N=83]	
Has NOT missed school last month because he or she would not go		95.8% (2.2) [N=82]	
Has NOT missed school because of suspension		96.3% (2.1) [N=82]	
Has NOT been expelled from school in the past 2 years		91.2% (3.1) [N=83]	
Is NOT failing or below average in language arts		87.2% (3.7) [N=82]	
Is NOT failing or below average in history		95.1% (2.5) [N=75]	
Is NOT failing or below average in math		84.3% (4.1) [N=81]	
Is NOT failing or below average in science		96.6% (2.0) [N=82]	
Scores in the engaged/adaptive range on the school engagement items		74.4% (4.8) [N=85]	

Note. ^dScores not in the clinical or borderline clinical range. ^eItems asked caregivers if their child had the following behavior diagnoses or problems: attention deficit disorder, conduct or behavioral problems, oppositional or defiant behavior, eating disorders, sexually aggressive behaviors, alcohol/substance abuse. ^falcohol, marijuana, glue, hard drugs, illicit use of prescription drugs (tobacco use allowed). ^gItems asked caregivers if their child had the following emotional diagnoses or problems: depression, bipolar or extreme mood swings, extreme stress from abuse/neglect, attachment problems, other emotional/mental health problems.

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