

CHILDREN AND FAMILY RESEARCH CENTER

Report on  
Child Safety and  
Permanency in Illinois  
for Fiscal Year 2000

APRIL 2, 2001

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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, under a cooperative agreement detailing the independent reporting responsibilities of the Center.

Published by:

The Children and Family Research Center  
School of Social Work  
University of Illinois at Urbana-Champaign  
1207 West Oregon Street  
Urbana, IL 61801

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## TABLE OF CONTENTS

<b>Executive Summary</b>	<b>E-1</b>
<b>Chapter 1 – The Legislative Context: The Outcome Reporting Requirements of the Adoption and Safe Families Act</b>	<b>1-1</b>
<b>Chapter 2 – Ecology of Child Abuse and Neglect</b>	<b>2-1</b>
<b>Chapter 3 – Child Safety Outcomes</b>	<b>3-1</b>
<b>Chapter 4 – Permanency of Family Relations Outcomes</b>	<b>4-1</b>
<b>Chapter 5 - Child Well-Being Outcomes</b>	<b>5-1</b>
<b>References, Appendix</b>	<b>R-1, A-1</b>

## EXECUTIVE SUMMARY

This annual report on child safety, permanency and well-being for children who are the responsibility of the Illinois Department of Children and Family Services is a product of the Children and Family Research Center. Containing outcome information through Fiscal Year 00 (July 1, 1999 through June 30, 2000) this is the fourth outcome report.

The Department is the state agency that responds to reports of child abuse and neglect and assures that children who come to its attention are safe and have a permanent family. To understand the Department's performance in these areas it is important to be cognizant of its legal and social context.

Throughout the 1990s, state and federal laws underwent substantial change, with a stronger emphasis on achieving permanent homes for vulnerable children while maintaining their safety. The Adoption and Safe Families Act (ASFA) of 1997 and Illinois permanency legislation are likely to have a dramatic impact on public child welfare. ASFA requires the United States Department of Health and Human Services (DHHS) to develop a set of outcome measures and a system for rating the performance of states.

This system is now in place. DHHS has issued its first report that includes outcome results for the states. Unfortunately, many of the indicators were poorly designed and little can be learned about the performance of Illinois in comparison to other states (Chapter 1). Some comparisons can be made to other large states and show that:

- \* Illinois performs less well than comparison states on reunification of children with their parents.
- \* Illinois performs as well as Pennsylvania and California in the percentage of children entering care who reentered within 12 months of their prior foster care episode and less well than New York, Texas and Florida.

- \* Like New York and Pennsylvania children who are adopted through the Department are in care at least four years. While over 60% of children adopted in Texas, California and Florida are in care between two and three years.

The 1990s were also a period of great change in Department policies, court decisions, and social conditions which have had a profound impact on the number of children and families for which the Department is responsible. Families and communities vary widely in the degree to which they are affected by such social problems as child abuse and neglect as well as the related problems of poverty and drug and alcohol abuse. Court decisions and Department policies regarding children placed with relatives (kinship care) have had an impact on Department responsibilities. The following data demonstrate a pattern of increasing caseloads through FY 95 with subsequent decreases in demand for services (Chapter 2).

- \* In FY 90, 103,421 children were reported as suspected victims of abuse and neglect. This number increased to an all-time high of 139,718 in FY 95. Between FY 95 and FY 00 these reports have decreased to 103,513 which is almost identical to the FY 90 level.
- \* In FY 90, investigations found 38,207 children to be victims of abuse or neglect. This number increased by 40% to 53,272 in FY 95 and has subsequently declined by 38% to 32,857 in FY 00.
- \* Between FY 90 and FY 95 the number of children in substitute care increased 130%. Between FY 95 and FY 00, the number of children in substitute care decreased by 35% to 31,316.

The outcome data in this report comes from the Integrated Administrative Database, which is compiled from the Department's administrative information systems. This database contains information on reports of child abuse and neglect (with the exception of records deleted according to state law), all children placed out of the home, and all families for which a case was opened. Data on reports of abuse and neglect are available for the last 5 years. Data

on children and families for which there was an open case are available for the fiscal years 1990 through 2000.

These databases were originally designed to assure a timely and consistent response to reports of abuse and neglect, keep track of children in care, assure timely and accurate payment for services, and comply with federal reporting requirements. While these databases include detailed data at the case level, they were not designed to report on child outcomes. As a result, safety indicators are restricted to findings of abuse and neglect subsequent to Department involvement. Other important dimensions of child safety cannot be determined from these data. Similarly, measures of permanence of family relations are restricted to case status indicators that rely on movement of children between placements. Child well-being indicators are nonexistent in this database. In addition, information about children who are served by other systems such as education, mental health, or juvenile justice is not included.

From a management point of view, it is important to have standards for comparison of current outcome performance. These standards, or benchmarks, are normally derived from an organization's past performance or from the performance of comparable organizations. While the results included in this report are compared, where possible, with prior years and other systems, these are not intended as comparisons against standards for at least two reasons. First, comparisons between child welfare systems are difficult because of differences in state laws. Second, it is not the role of the Center to establish performance standards for the Department.

## **CHILD SAFETY**

Safety is measured by indicated reports of abuse or neglect for children who come to the attention of the Department.<sup>1</sup> While it is unacceptable to have any child who is the responsibility of the Department abused or neglected, a 100% standard of safety is difficult to

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<sup>1</sup> Much of the background material that supports the selection of outcome indicators provided in the first report is not included here. The outcome indicators were selected based upon the child welfare literature in collaboration with a wide range of constituent groups in Illinois. Readers are referred to the first report for this material.

guarantee. Community and family environments, are ever-changing and include unpredictable risks of physical and psychological harm.

For workers charged with the responsibility for making decisions about child safety, the placement decision is one of the most difficult. Workers know they are risking child safety when deciding to remove a child from the home. Accurately predicting abuse events is nearly impossible given the changing composition of families and communities. The child who is left at home may be nurtured by familiar and important family members or may suffer unpredictable abuse or neglect. The child who is placed into substitute care may be freed from a dangerous and oppressive situation and learn and grow or be troubled by the loss of family and familiar surroundings and begin a cycle of disruptive behavior and failed placements.

Since FY 95 children who are involved with the Department are increasingly safe (Chapter 3).

- \* Since FY 95 the rate of abuse and neglect of children served in family cases has declined. In FY 95, the abuse rate for children in family cases was 19 per 100 children in care for 1 year. This rate was 11 in FY 00.
- \* The category of children in family cases is made up of two subgroups: children in intact family cases where no children are placed out of the home and children in non-intact family cases where some children are placed and some remain in the home. Both of these groups had decreasing rates of abuse between FY 95 and FY 00, with children in intact family cases experiencing slightly higher rates of abuse. For FY 00, 12 children in intact family cases per 100 in care for 1 year experience an indicated report of abuse or neglect. This rate was 9 for children in non-intact family cases.
- \* For every 100 children in out-of-home care for 1 year in FY 00, 2 had an indicated report of abuse or neglect. This rate was 4 in FY 95.



Children in substitute care are placed in a variety of out-of-home placements. Currently, the most frequent such placements in Illinois are home-of-relative, family foster care, specialized foster care, and institutions.

- \* For every 100 children in care and living in the home of a relative for 1 year in FY 00, 1 had an indicated report of abuse or neglect. In FY 95 this rate was 3.
- \* The rate of abuse and neglect of children living in family foster care in FY 00, was 3 per 100 children in care for one year. From FY 95 through FY 97 this rate was stable at 4.
- \* For every 100 children living in specialized foster care for 1 year in FY 00, 2 had an indicated report of abuse or neglect. This rate for FY 95 was 3.
- \* Between FY 95 and FY 96 the rate of abuse and neglect of children in institutional placements was stable. For every 100 children living in institutional care for 1 year during this time period, the rate of indicated reports of abuse or neglect averaged 3 children. This rate spiked to 4 in FY 97 and has since decreased to 2 for FY 00.

#### **PERMANENCY OF FAMILY RELATIONS**

Permanency refers to maintaining children at home or assuring timely movement to a permanent family arrangement when a placement out of the home is necessary. Results in this area indicate substantial increases in the adoption of children and the transfer of guardianship to a private person. However, large numbers of children still remain in substitute care for extended periods of time (Chapter 4).

- \* In FY 00 the rate at which children were maintained at home in family cases was 90 per 100 children in care for 1 year. This is an increase from 85 children per 100 in care for 1 year in FY 94.
- \* Placement rates between intact and non-intact family cases differ. In FY 00, 91 children per 100 in care for 1 year were maintained in intact families and 81 per 100 were maintained in non-intact family cases.

- \* The percent of children returned home within 12 months of entering substitute care declined from 29% in FY 92 to 22% in FY 96. This rate increased to 28% in FY 99.
- \* The percent of children who reenter substitute care within 12 months of family reunification was 16% in FY 99. This rate was 21% in FY 94.
- \* The rate at which children are adopted has increased. In FY 00, 18 children per 100 children in substitute care for 1 year were adopted. In FY 92 this rate was 3.
- \* The rate at which children have their guardianship transferred to a private person has also increased. Five out of every 100 children in substitute care for 1 year in FY 00 achieved permanency through guardianship.<sup>2</sup> This rate was near zero from FY 92 through FY 96.
- \* More than 20% of the children entering the care of the Department from FY 91 through FY 94 remain in care.

When the permanency outcomes are examined by age, race, and Department region responsible for the case, differences are found. For children served in family cases, those from Cook County regions, those who are African American and children under the age of 3 all experience higher placement rates.

- \* For every 100 African American children in family cases for one year in FY 00, 12 were placed out-of-home. This compares to a rate of 5 for Hispanic children and 8 for White children.
- \* For every 100 children under the age of 3 who were in family cases for 1 year in FY 00, 10 were placed out-of-home.

Examining differences between groups for other permanency outcomes is best done by examining exits from care for children who entered care in the same fiscal year.

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<sup>2</sup> While children must be in care for at least two years before guardianship be transferred to a private person, this is an annual rate so that comparisons can be made across years.

- \* African American children exit care more frequently through adoption or guardianship while White children exit most frequently through being reunified with their families. For those African American children entering care from FY 92 through FY 96, 30% to 40% exited care through adoption or guardianship while about 20% returned home (Table 4.32). During these same years 20% of White children exited care through adoption or guardianship and 40% returned home.
- \* Since it takes more than two years for most adoptions or guardianship to occur, a higher percentage of African American children compared to White children remain in care for FY 98 through FY00. 63% of African American children entering care in FY 98 were still in care at the end of FY 00. This compares to 43% for White children.

### **Child Well-Being**

Two special well-being studies were conducted on groups of older youth under the care of the Department (Chapter 5). One study focused on adolescents in substitute care and the second interviewed youth who were between the ages of 16 and 17. While these were not outcome studies because the results could not account for the youth's situation upon entering care, they do provide useful information about the health and education about adolescents and older youth in care.

- \* Some of these youth reported doing very well. Many reported being generally satisfied with their health and had few limitations of activities. More than 25% of the youth who are about to exit care by reaching the age of majority reported graduating from high school or passing a high school equivalence examination, 20% reported being on the honor roll in the last two years and 20% demonstrated a reading level at the 12<sup>th</sup> grade or higher.
- \* At the same time many of these youth reported having significant problems. Youth living in group homes and institutions reported high levels of risk behaviors. Across placement types, adolescents in substitute care reported a low level of work involvement. Many youth reported having medical disorders at a higher rate than non-

child welfare youth. More than a third of the youth about to exit care because of age demonstrated a reading level below the sixth grade. Nearly a third reported receiving special education services and nearly half reported being suspended from school in the last two years.

## Chapter 1

### **THE LEGISLATIVE CONTEXT: THE OUTCOME REPORTING REQUIREMENTS OF THE ADOPTION AND SAFE FAMILIES ACT<sup>3</sup>**

The results of the Illinois Department of Children and Family Services' efforts on behalf of vulnerable children are best understood in multiple contexts. These contexts include legislative mandates; court decisions; the ecology of child abuse and neglect, which includes the communities in which these children live; the difficulties that children and families bring to the Department; and the Department's interventions. The Children and Family Research Center reports annually on outcomes for children who are the responsibility of the Department. The Center's report for FY 97 described the legislative and legal contexts, demonstrating how the state legislature and the federal congress have a major influence on the Department. The report for FY 98, briefly summarized two 1997 legislative actions that greatly influence the context for Department operations. This report like the last one focuses on new federal outcome reporting requirements that were mandated by the Adoption and Safe Families Act of 1997 (PL 105-89) (ASFA).

#### **ADOPTION AND SAFE FAMILIES ACT OF 1997**

Section 479A of PL 105-89 specifies that the Secretary of the United States Department of Health and Human Services (DHHS) shall work with state and local officials to:

- \* develop a set of outcome measures,
- \* base these measures on data available from the Adoption and Foster Care Analysis and Reporting System (AFCARS),

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<sup>3</sup> Allison Herndon was a major contributor to this chapter.

- \* develop a system for rating the performance of states,
- \* prescribe regulations that will assure that states will provide the needed data,
- \* report annually to the Congress beginning May 1, 1999, and
- \* develop a performance-based incentive system.

This is an important change in the federal and state child welfare partnership. As with most major changes in public policy, this has positive and negative consequences. On the positive side, this provision recognizes that the purpose of public child welfare is to produce positive results for children. Consistent with the child welfare literature, the Administration for Children and Families has defined the desired outcomes for children under the ASFA as safety, permanency, and well-being. A clear consensus has developed that these are the primary categories of public child welfare outcomes.

However, the specific provisions of the Act and the final list of DHHS child welfare outcomes have major flaws. First, some of the measures specified by the ASFA are process measures rather than outcome measures. The Act directs the development of a set of outcome measures and specifies the inclusion of length of stay in foster care, number of foster care placements, and number of adoptions (42 USC 1305). While the number of adoptions is clearly an outcome, the number of foster care placements is not. The number of placements that a child experiences in foster care is very important to that child and is an important performance measure for a child welfare system. However, it is not an outcome.

A second difficulty with the reporting provision of ASFA is the specification that the outcome measures be developed as much as possible from existing data such as AFCARS. This system was established by Congress in 1986 and asks states to supply data to DHHS on children in foster care and those adopted. The specific data elements were identified and published in the Federal Register in 1993. The final list of outcome measures is limited to data elements currently available in AFCARS and the National Child Abuse and Neglect Data System (NCANDS). This results in two types of problems. One, some measures are defined in a manner that they do not produce an accurate picture of the performance of the system.

Second, some key outcome measures cannot be included in the report because the data is not available. Measures of child well-being are one example. Third, there is no provision for policy differences between states. Consequently, results on a federally determined outcome indicator may make it appear that one state is performing better than another state when it is merely a reflection of state policy.

### **A COMPARISON OF ASFA OUTCOME RESULTS FOR SELECTED STATES**

According to ASFA one of the purposes of the outcome reporting requirement is to judge the performance of each state. This type of requirement can create positive incentives to enhance performance. However, there are at least three requirements for this to occur. First, the measures need to accurately reflect the performance of states. Second, the measures must reflect like policies between states. Third, outcome reporting must be used in ways that do not result in states changing policy or practice to improve their standing while inadvertently harming children and families.

To explore the promise and problems of the current reporting system, this chapter includes a comparison of the outcome results contained in the 1998 DHHS report for 8 large states; Michigan, California, Florida, New York, Ohio, Illinois, Texas, Pennsylvania. The number of children in these states ranges from 2.6 to 8.9 million children in 1998 (CWLA, 2001). Collectively they account for more than 69 million children. This is nearly 50% of the children in this country.

The 1998 DHHS report is primarily based upon data from the NCANDS and AFCARS systems. The NCANDS data used in this report are for the 1997 federal fiscal year. The AFCARS data are for the 1998 federal fiscal year. The outcome results in the 1998 DHHS report differ substantially from those reported by the Children and Family Research Center. Those differences are primarily because of problems with the DHHS indicators as identified in the chapter and incomplete data available to DHHS.

Unfortunately, Michigan “did not report most of the data elements to the sources used for this report for several reasons” (DHHS, 1998). According to the DHHS (1998),

“participation in the DCDC of NCANDS is voluntary, and Michigan had other more critical automation priorities including Y2K.” Although electronic adoption and foster care data were supplied by Michigan for their 1998 AFCARS report, the State failed to report on the remaining AFCARS data. Unfortunately, inclusion of State AFCAR information in the first report was contingent on complete AFCARS data, and therefore none of Michigan’s data were reported.

### **CHILD SAFETY OUTCOMES**

There are two child safety outcome measures in the DHHS list. Each of these outcomes has an associated measure.

- \* Child Welfare Outcome 1: Reduce recurrence of child abuse and/or neglect.
- \* Child Welfare Outcome 2: Reduce the incidence of child abuse and/or neglect in foster care

**Measure 1.1:** Of all children who were victims of substantiated or indicated child abuse and/or neglect during the reporting period, what percentage had another substantiated or indicated report within a 12-month period?

**Measure 2.1:** Of all children who were in foster care during the reporting period, what percentage was the subject of substantiated or indicated maltreatment by a foster parent or facility staff?

The first DHHS report includes results for the first measure but not the second. The second safety measure will be reported in 2001. For reduce recurrence of child abuse and/or neglect—only three states, Illinois, Florida and Pennsylvania, reported data (Table 1.1). The DHHS report indicates that Illinois and Florida had similar rates. These rates were 12% and 13% respectively of the children experienced one or more recurrences within 12 months.



Pennsylvania reported that 2% of children experienced one or more recurrences within 12 months.

On the surface, this data suggest that children in Illinois are 6 times less safe than those in Pennsylvania. Before one can make that judgment the following questions must be answered.

**Table 1.1 DHHS Outcome Measure 1.1: Of All Children Who were Victims of Substantiated or Indicated Child Abuse an/or Neglect during the Reporting Period, What Percentage had another Substantiated or Indicated Report within a 12-month Period? (Federal Fiscal Year 1997)**

	None (within 12 mos.)	One or More (within 12 mos.)	Number
Illinois	88%	12%	31,825
New York	–	–	–
Michigan	–	–	–
Pennsylvania	98%	2%	4,987
Texas	–	–	–
California	–	–	–
Florida	87%	13%	66,676
Ohio	–	–	–

- \* Do the states have the same definition of child abuse and neglect?
- \* Do the states have the same rate of child abuse reporting?
- \* Do the states have the same criteria for substantiation or indicating a report of child abuse or neglect?

It is likely that the answer to all of the questions is no. In fact, Pennsylvania has a very narrow definition of child neglect. Pennsylvania law only recognizes serious physical neglect which endangers a child's life or development or impairs the child's functioning (<http://ndas.cwla.org/StNotes.asp>). In the Illinois Child Abuse and Neglect Reporting Act the definition of neglect begins by stating "Neglected child means any child who is not receiving the proper care or necessary nourishment or..." (Illinois Compiled Statutes, Abused and Neglected Child Reporting Act. 325 ILCS 5/3). This broader definition of neglect results in more children being the responsibility of the state in Illinois than in Pennsylvania.

These states also differ in child abuse reporting rates. The Child Welfare League indicates that only 7.9 children per 1,000 in the general population are reported for child abuse or neglect while 36.3 per 1,000 are reported in Illinois (CWLA, 2001). Similarly Pennsylvania is reported as having a 25% rate for substantiating or indicating reports of abuse or neglect while the rate in Illinois is 34% and 43% in Florida. Differences in state laws, policies and practices come together to explain most of the difference between the recurrence rates between Pennsylvania, Illinois and Florida.

The purpose of this critique is not to argue against the inclusion of child safety measures in a national report. Rather this suggests that the current system is inadequate for the intended purpose. At this point in the development of child safety outcome measures, it is likely that comparisons between states are unrealistic. This will only change when all state child abuse and neglect response systems operate under the same policy structure. In lieu of this standardization, an approach that reports safety for selected groups of children within a state over time and between placement types may be a more useful approach. For example, the

Center reports on recurrence for children in several different types of placements over the last five years (Chapter 3).

### **PERMANENCY OF FAMILY RELATIONS OUTCOMES**

There are five measures identified with increasing permanency for children in foster care on the DHHS list. For purposes of illustration only some of the data for a few of these measures are presented (Tables 1.2–1.4) and discussed.

**Measure 3.1:** For all children who exited foster care, what percentage left either to reunification, adoption or legal guardianship?

**Measure 3.2:** For children who exited foster care and were identified as having a diagnosed disability, what percentage left either to reunification, adoption, or legal guardianship?

**Measure 3.3:** For children who exited foster care and were age 12 or older at the time of their most recent entry into care, what percentage left either to reunification, adoption, or legal guardianship?

**Measure 3.4:** For all children who exited foster care, what percentage by racial/ethnic category left either to reunification, adoption, or legal guardianship?

**Measure 3.5:** Of all children exiting foster care to emancipation, what percentage was age 12 or younger at the time of entry into care?

All of these measures focus on children exiting care. For Measure 3.1, exits from foster care were divided into several categories. The data for Illinois shows that of those children exiting care, 27% exited through adoption, 0% through guardianship, 45% through reunification, 5% exited by some other means (Table 1.2). The Illinois adoption percent is the highest among the states reporting. New York was next with 24%. Texas and California had the smallest adoption percentages at 1% and 6% respectively.

The percentages of children exiting through reunification indicate that Texas, Florida and Pennsylvania lead this group of states with rates exceeding 70%. The percentage for Illinois is the lowest among these states at 45% with California the next lowest at 47%.

**Table 1.2 DHHS Outcome Indicator 3.1: For All Children Who Exited Foster Care, What Percentage Left Either to Reunification, Adoption or Legal Guardianship? (Federal Fiscal Year 1998)\***

	<b>Adoption</b>	<b>Guardianship</b>	<b>Reunification</b>	<b>Other</b>	<b>Number</b>
Illinois	27%	0%	45%	5%	12,627
New York	24%	0%	59%	13%	20,324
Michigan	–	–	–	–	–
Pennsylvania	12%	1%	71%	15%	10,933
Texas	1%	0%	72%	11%	3,760
California	6%	3%	47%	9%	50,049
Florida	16%	0%	72%	13%	7,934
Ohio	–	–	–	–	–

\* This table does not include a column from the DHHS report labeled missing.

**Table 1.3 DHHS Outcome Measure 3.3: For Children Who Exited Foster Care and were Age 12 or Older at the Time of Their Most Recent Entry into Care, What Percentage Left Either to Reunification, Adoption, or Legal Guardianship? (Federal Fiscal Year 1998)\***

	<b>Adoption</b>	<b>Guardianship</b>	<b>Reunification</b>	<b>Other</b>	<b>Number</b>
Illinois	1%	0%	33%	17%	2,711
New York	1%	0%	65%	28%	6,705
Michigan	–	–	–	–	–
Pennsylvania	0%	1%	76%	22%	5,166
Texas	0%	0%	47%	28%	1,015
California	0%	1%	48%	20%	15,145
Florida	4%	0%	57%	39%	1,728
Ohio	–	–	–	–	–

\* This table does not include a column from the DHHS report labeled missing.

**Table 1.4 DHHS Outcome Measure 3.5: Of All Children Exiting Foster Care to Emancipation, What Percentage was Age 12 or Younger at the Time of Entry into Care? (Federal Fiscal Year 1998)**

	<b>Children at 12 or Younger at Entry</b>	<b>Children Older than 12 at Entry</b>	<b>Number</b>
Illinois	28%	72%	516
New York	47%	52%	1,491
Michigan	–	–	–
Pennsylvania	34%	66%	634
Texas	43%	57%	347
California	36%	64%	2,739
Florida	28%	72%	684
Ohio	–	–	–

Two DHHS measures focus on exits by children age 12 or older upon entry to care. This is thought to be an important age because older children entering care tend to have more behavioral problems and are thought to be more difficult to reunify with their parents or to be placed for adoption. In Illinois, of the children age 12 or older at entry who exited the foster care system, 34% were reunified or adopted. This is the lowest among the six of eight states reporting this data. Pennsylvania had the highest percentage (76%). For youth exiting care through emancipation who were age 12 or older at age of entry, Illinois and Florida had the highest rates (72%) and New York the lowest at 52%.

In addition to reporting exits from foster care by type of exit, DHHS has broken down this information into “exits by race/ethnicity,” (Table 1.5). To make the results easier to interpret this table only includes data on children identified as Black, Hispanic, White and unknown. It also includes just adoption and reunification. New York and Illinois show the highest adoption percentages for Black youth exiting care (31% and 29%). These percentages are higher than those for White youth (12% and 26%). Texas and California show the lowest percentages of Black children being adopted (0% and 6%). As expected the reunification rates for states that have a larger percentage of adoption exits tend to have lower reunification percentages. For example the reunification percentage in Illinois was 42% while it was 74% in Texas. California is the only state where this pattern does not hold with 45% of exits due to reunification.

While at first glance it may appear that these percentages of exits provide a useful outcome indicator, the fact that the base is all children exiting care makes it less useful. One problem is that for a given number of children exiting care a larger percentage exiting in one category necessarily implies a lower percentage in the other. For example, if children only exited care through adoption or reunification, the more children exiting by adoption the higher the adoption percentage and the lower the percentage exiting through reunification.

Another problem with reporting percentages based upon all children exiting care is that it does not provide as much information about the child welfare system as a different indicator could. For example, if a state takes a long time to reunify children or complete adoptions the total number of children in care will rise. At the same time a state



**Table 1.5 DHHS Outcome Measure 3.4: For All Children Who Exited Foster Care, What Percentage by Racial/Ethnic Category Left Either to Reunification, Adoption, or Legal Guardianship? (Federal Fiscal Year 1998)\***

	<b>Black</b>	<b>Hispanic</b>	<b>White</b>	<b>Unable to Determine</b>
Illinois				
1) Adoption	29%	23%	23%	26%
2) Reunification	42%	56%	51%	59%
7) Number	8,747	765	2,872	200
New York				
1) Adoption	31%	25%	12%	21%
2) Reunification	51%	58%	70%	63%
3) Number	8,388	2,767	4,005	5,026
Pennsylvania				
1) Adoption	16%	12%	8%	5%
2) Reunification	64%	64%	79%	82%
3) Number	4,793	1,050	4,971	57
Texas				
1) Adoption	0%	1%	2%	3%
2) Reunification	74%	73%	69%	79%
3) Number	1,224	1,062	1,326	67
California				
1) Adoption	6%	5%	8%	4%
2) Reunification	45%	50%	45%	46%
3) Number	12,166	16,168	19,009	575
Florida				
1) Adoption	13%	11%	19%	25%
2) Reunification	75%	77%	68%	67%
3) Number	3,937	327	3,601	36

Data for Michigan and Ohio was not available.

\* Data for Alaska Native/American Indians, Asian/Pacific Islanders and missing that was included in the DHHS report are not included in this table.

may have 100 children exiting care and 50% of these are adopted and 50% are reunified. These percentages may give the impression that the state is doing well when this may not be the case.

Finally, the number of children exiting a child welfare system can be influenced through administrative action. If a state is falling behind in one of these categories, it is possible to make this exit type a high priority for perhaps the last quarter of the year. In this case the indicator would drive decision making rather than the safety of the child. Consequently this indicator provides less information about the children than administrative behavior. Outcome measures should as much as possible be selected to avoid being manipulated through administrative action.

On the positive side, the permanency indicator related to emancipation is defined in terms of entry cohorts of children younger or older than age 12. Children who enter foster care younger than age 12 and leave by reaching the age of majority have obviously been in care much longer than those entering care age 12 or older. Ideally there would be no children entering care under the age of 12 who leave care through emancipation. Since this indicator is defined in terms of age at entry into care, it is possible to compare the 28% emancipation rate for children entering care in Illinois to the 34% rate in Pennsylvania and conclude the Illinois is performing slightly better. New York and Texas performed even less well with 47% and 43% of children exiting through emancipation entering care at age 12 or younger.

#### **REDUCE TIME IN FOSTER CARE TO REUNIFICATION WITHOUT INCREASING RE-ENTRY**

A fourth outcome identified by the DHHS is “reduce time to reunification without increasing re-entry rate.” Two indicators were identified to measure this: 1) time to reunification, and 2) children reentering foster care.

**Measure 4.1:** Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in the following time periods?

\* Less than 12 months from the time of latest removal from home

- \* At last 12 months, but less than 24 months
- \* At least 24 months, but less than 36 months
- \* At least 36 months, but less than 48 months
- \* 48 or more months

**Measure 4.2:** Of all children who entered foster care during the reporting period, what percentage re-entered care within 12 months of a prior foster care episode?

The reunification data shows Illinois to have the lowest rate for the 12 month time frame with 29% (Table 1.6). Pennsylvania has the highest reunification rate (66%). New York (57%), Texas (48%) and California (55%) all have similar reunification rates. The second indicator is a measure of failed reunification (Table 1.7). Illinois (14%), California (14%) and Pennsylvania (16%) all show similar rates for reentry within 12 months. Texas and Florida had the lowest reentry rates of 2% and 5%.

#### **REDUCE TIME IN FOSTER CARE TO ADOPTION**

The fifth outcome identified by the DHHS is similar to the reunification outcome but focuses on adoption. Two measures were developed for this outcome: 1) time to adoption, and 2) time to adoption for children age 3 or older at entry (see Tables 1.8 and 1.9).

**Measure 5.1:** Of all children who exited foster care to a finalized adoption, what percentage exited care in the following time periods?

- \* Less than 12 months from the time of latest removal from home
- \* At last 12 months, but less than 24 months
- \* At least 24 months, but less than 36 months
- \* At least 36 months, but less than 48 months
- \* 48 or more months

**Table 1.6 DHHS Outcome Measure 4.1: Of All Children Who Were Reunified with Their Parents or Caretakers at the Time of Discharge, What Percentage was Reunified in Less than 12 Months, 12 to 24 Months, 24 to 36 Months, 36 to 48 Months, 48 or More Months? (Federal Fiscal Year 1998)\***

	<b>Less than 12 Mos.</b>	<b>At Least 12 Mos., but Less than 24 Mos.</b>	<b>At Least 24 Mos., but Less than 36 Mos.</b>	<b>At Least 36 Mos., but Less than 48 Mos.</b>	<b>48 or More Mos.</b>	<b>Number</b>
Illinois	29%	16%	15%	15%	24%	5,696
New York	57%	19%	8%	4%	10%	11,990
Michigan	–	–	–	–	–	–
Pennsylvania	66%	17%	7%	4%	6%	7,754
Texas	48%	30%	11%	5%	7%	2,710
California	55%	25%	8%	3%	6%	23,680
Florida	44%	28%	13%	6%	8%	5,674
Ohio	–	–	–	–	–	–

\* This table does not include a column from the DHHS report labeled missing.

**Table 1.7 DHHS Outcome Measure 4.2: Of All Children Who Entered Foster Care During the Reporting Period, What Percentage Re-entered Care within 12 Months of a Prior Foster Care Episode? (Federal Fiscal Year 1998)**

	<b>Children Enter Care for First Time</b>	<b>Children Re-entering Care within 12 Mos. of a Prior Episode</b>	<b>Children Re-entering Care More than 12 Mos. after a Prior Episode</b>	<b>Number</b>
Illinois	78%	14%	7%	9,229
New York	79%	9%	12%	19,749
Michigan	–	–	–	–
Pennsylvania	78%	16%	5%	13,019
Texas	92%	2%	3%	6,539
California	78%	14%	7%	52,997
Florida	88%	5%	8%	13,980
Ohio	–	–	–	–

\* This table does not include a column from the DHHS report labeled missing.

**Table 1.8 DHHS Outcome Measures 5.1: Of All Children Who Exited Foster Care to a Finalized Adoption, What Percentage Exited Care Less than 12 Months from Time of Last Removal from Home, From 12 to 24 Months, from 24 to 36 Months, from 36 to 48 Months, 48 or More Months? (Federal Fiscal Year 1998)**

	Less than 12 mos.	At least 12 mos., but less than 24 mos.	At least 24 mos., but less than 36 mos.	At least 36 mos., but less than 48 mos.	48 or more mos.	Number
Illinois	1%	6%	13%	22%	58%	4,656
New York	1%	2%	9%	13%	75%	4,819
Michigan*	—	—	—	—	—	2,254
Pennsylvania	2%	10%	18%	21%	48%	1,516
Texas	6%	38%	17%	25%	13%	1,598
California	12%	24%	26%	19%	19%	4,062
Florida	28%	14%	19%	14%	23%	1,549
Ohio**	—	—	—	—	—	1,180

\* Michigan did not report most of the data elements to the sources used for this report for several reasons. Participation in the DCDC of NCANDS is voluntary, and Michigan had other more critical automation priorities including Y2K. The remaining data come from AFCARS. Michigan's AFCARS report for FY 98 included all required adoption data and foster care data available in electronic form. Unfortunately, only data from States able to report complete AFCARS data was included in the first report. Michigan intends to comply with AFCARS and is working toward the implementation of SACWIS, which will provide complete and accurate AFCARS data. Michigan is also working with NCANDS project staff to develop a program that will compile the DCDC data for future reports (Outcome Data, 1998, 5-140)

\*\* Ohio did not submit data to NCANDS in 1997. Ohio has submitted NCANDS data for 1998. Ohio's Family and Children Services Information System (FACSIS) was not AFCARS-compliant for the reporting period covered in this report. FACSIS is AFCARS-compliant as of October 1, 1999. Ohio continues efforts to work beyond the current FACSIS functionality toward an information system that addresses the many reporting requirements and informational needs of its key consumers" (Outcome Data, 1998, 5-218).

**Table 1.9 DHHS Outcome Measure 5.2: Of All Children Who Exited Foster Care to as Finalized Adoption and Who were Age 3 or older at the Time of Entry into Care, What Percentage Exited Care Less than 12 Months from the Time of Latest Removal from Home, from 12 to 24 Months, from 24 to 36 Months, from 36 to 48 Months, 48 or More Months? (Federal Fiscal Year 1998)**

	Less than 12 mos.	At least 12 mos., but less than 24 mos.	At least 24 mos., but less than 36 mos.	At least 36 mos., but less than 48 mos.	48 or more mos.	Number
Illinois	0%	3%	12%	22%	62%	1,206
New York	1%	3%	7%	12%	78%	1,381
Michigan	–	–	–	–	–	–
Pennsylvania	3%	8%	18%	24%	47%	405
Texas	0%	47%	20%	20%	13%	15
California	17%	26%	20%	18%	19%	1,159
Florida	39%	14%	15%	11%	18%	694
Ohio	–	–	–	–	–	–

**Measure 5.2:** Of all children who exited foster care to a finalized adoption and who were age 3 or older at the time of entry into care, what percentage exited care during the following time periods?

- \* Less than 12 months from the time of latest removal from home
- \* At least 12 months, but less than 24 months
- \* At least 24 months, but less than 36 months
- \* At least 36 months, but less than 48 months
- \* 48 or more months

As Table 1.8 indicates, for most of the states adoptions take at least four years with Illinois (58%), New York (75%) and Pennsylvania (48%) reporting the largest percentages of adoptions at 48 or more months. In Texas and California adoptions occur much more quickly with 44% and 35% respectively occurring within two years.

The time to adoption for children age 3 and over at entry into foster care shows a similar pattern. In Illinois, it was reported that 1,206 children age three or older at entry left the foster care system through adoption. Again most of these adoptions occurred for children in care for 4 years. The percentage of these children adopted after being in care for 48 or more months was 62% in Illinois, 78% in New York and 47% in Pennsylvania. Children in this age group were adopted more quickly in Florida, Texas and California where 53%, 47% and 43% respectively were adopted within 2 years.

The DHHS indicators that report on reduced time to reunification and adoption do not have the same difficulties as those for children exiting care. The reason for this is that these indicators focus on the outcomes reported by length of time that the children have been in care. The percentage of children reunified in Illinois within 12 months of the latest entry into care (29%) provides a great deal of information about the performance of the child welfare system.

Similarly to know that most children who are adopted from the Illinois child welfare system have been in care at least four years provides important performance information. However the adoption indicators are subject to the same limitation as the safety indicators. That



is, additional analysis is required to determine the extent that the large differences between states adoption outcomes is a function of child welfare practice or state adoption laws.

Since the last two outcomes identified by DHHS are system performance measures rather than child outcomes, they will not be discussed here. DHHS identified Child Welfare Outcome 6 as increase placement stability and Child Welfare Outcome 7 as reduce placements of young children in group homes or institutions. These measures are very important to children and are important management indicators. However this report is focused on child welfare outcomes. Discussion of the most important child welfare management indicators is a separate topic.

The inclusion of an outcome focus in ASFA is an important development for holding child welfare systems accountable for performance. However, many of the specific indicators developed by DHHS have major flaws. These indicators need to be revised to more accurately report on outcomes for children who are the responsibility of public child welfare.

The Center has devised an independent set of indicators to measure child welfare outcomes in Illinois. While some of their indicators are similar to those of the DHHS, there are a number that capture important data not included in the federal indicators. The Center safety indicators include recurrence of abuse for children served in family cases. There are a large number of children and their families in Illinois who receive services while the child is still in the home. It is important to assess their safety as well as that of children in substitute care. These safety indicators also report recurrence for each substitute care type. All of the safety indicators are reported for each of the last six years so that current performance can be compared to the past. Since safety indicators are so difficult to compare across states, this is an important element of reporting on child safety.

Permanency indicators reported by the Center include measures similar to the DHHS reunification and adoption measures. Since the Department serves so many children in family cases, the Center reports also reports on the rate at which children remain at home. Finally, while the DHHS reports some of their indicators for groups of children exiting care, the Center produces outcomes for groups of children entering care. The Center reports include the major exit types including reunification, adoption and guardianship for those children who enter care in

each fiscal year. This allows a more complete examination of children's experiences moving through the child welfare system.

## Chapter 2

# ECOLOGY OF CHILD ABUSE AND NEGLECT

The Department of Children and Family Services (DCFS) responds to child abuse and neglect within a context of children, families, communities, and the larger society in the economically and socially diverse state of Illinois. To understand safety, permanency, and well-being outcomes for children who are victims of child abuse or neglect, it is important to understand the variation within Illinois. This chapter draws upon available data to briefly describe the context for understanding child abuse and neglect.

Recent theories on the causes of child maltreatment recognize the role of ecological factors in the development of a social interaction model that recognizes multiple causes. This model emphasizes viewing child maltreatment within a context larger than the individual pathology of a parent. Rather, child maltreatment is viewed in the context of family, community, and society (Garbarino, 1977). Recent research indicates that several factors occurring at the same time can result in the abuse or neglect of a child (Wells, 1995). Factors occurring in various combinations that place children at risk include poverty, drug and alcohol abuse, parental personality characteristics, intergenerational transmission of abusive parenting, child characteristics, unemployment, high-risk neighborhoods, inadequate parenting knowledge, marital status, and stressful life events (National Research Council, 1993).

Child abuse and neglect in Illinois are as diverse and complex as the multicausal social interaction model suggests. Some of the factors that have placed Illinois children at risk of abuse or neglect can be attributed to social and economic conditions, including single-parent families, concentrated inner-city poverty, and chronic unemployment. In the late 1980s and early 1990s the rampant spread of cocaine use was another important factor. Drug testing of infants at birth brought many substance-exposed infants (SEIs)

into the child welfare system. In FY 86, 297 infants tested positive for intrauterine substance exposure; this number rose to 3,346 infants in FY 95 (Testa, 1996). Since FY 95 indicated reports of substance-exposed infants have decreased dramatically to 1,436 cases in FY 00. Whether this indicates a decrease in use of cocaine, a change in testing of infants or a change in drug use in the community is unknown.

### **THE LOCAL CONTEXT**

Child abuse and neglect occur within a family and a community. The diversity of families and communities in Illinois is another factor that makes developing a state response that balances child safety with the permanency of family relations difficult. Geographic diversity in a state that ranges from Rockford to Cairo and Chicago to East St. Louis is one dimension. In addition, social circumstances such as poverty and female-headed households, which are frequently associated with higher levels of child abuse and neglect, are unequally distributed across communities.

Previous Center reports have used poverty and other social indicators reported by the Child and Adolescent Local Area Network (LAN) to describe variation in social circumstances across Illinois. However, the 2000 census data reporting on poverty and other social indicators at the community level are not available. Since research indicates that poverty is highly correlated with child abuse and neglect (National Research Council, 1993), the FY 00 rate of indicated reports of abuse or neglect per 1,000 children age 18 or less in the population is used to describe the community context within Illinois.

Illinois is divided into 62 LANs which are geographic areas that are organized to respond to the needs of children and their families by providing community-based services. Outside of Cook County, variation in child abuse and neglect can be seen by comparing LAN 6 (East St. Louis) with a rate of 16.9 children per 1,000 with LAN 39 (Dupage County) where this rate was 2.4 children per 1,000. Similar variation exists within Cook County where 1.4 children per 1,000 of children in LAN 37A had a

substantiated report of abuse or neglect compared to 12.3 per 1,000 of children LAN 76<sup>4</sup> (Office of the Research Director).

These rates of indicated reports of child abuse and neglect may not represent the true incidence of abuse and neglect. Many people believe that a large number of cases of child abuse and neglect do not come to the attention of child protective services. For example, the Child Welfare League of America shows rates of indicated reports of abuse or neglect for 1997 ranging from 2.0 per 1,000 children in the population to 50.3 per 1,000. The national median was 12.5 per 1,000 children for the states included in their study (CWLA, 2001). In comparison, a large national study reported incidence rates of 23 children per 1,000 when using a rather stringent harm standard and 42 children per 1,000 when using an endangerment standard (Sedlak & Broadhurst, 1996).

### **Abuse and Neglect Reports: Investigations and Results**

The Department seeks to fulfill its mandates of safety and permanency through the child protection and substitute care systems. The number of cases that a child welfare system works with impacts system design. For example, an administrator of an agency in a small community with 100 children may know the individual situations of these children and families, whereas an administrator of an agency that is responsible for 50,000 children must rely on resources other than personal knowledge to achieve safety and permanency. Changes in the volume of reports over time are also important in understanding agency responses.

For DCFS, the child protection function starts with calls to the State Central Register Hotline. The number of these calls increased each year between FY 90 and FY 95 (Table 2.1). In FY 90 there were 255,887 incoming calls (701 per day). The volume of calls reached an all-time high in FY 95 with 377,467 calls (1,034 per day).

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<sup>4</sup> LAN data comes from <http://dcfsresearchdir.social.uiuc.edu/index.html>.

**Table 2.1 Abuse and Neglect Reports: Investigations and Results**

	<b>FY 90</b>	<b>FY 95</b>	<b>FY 00</b>
Number of calls reporting child abuse and neglect	255,887	377,467	306,818
Number of children reported as suspected victims of abuse or neglect	103,421	139,720	103,513
Number of children found to be abused or neglected	38,207	53,272	32,857
Number of indicated family reports	21,890	28,709	18,932
Number of children taken into protective custody	6,148	9,037	5,059

Since then there has been a decline in calls. In FY 00, there were 306,818 incoming calls (832 per day).<sup>5</sup>

The number of calls is not the same as the number of children reported as abused or neglected. Some calls do not meet the criteria of a report. Even when a call does meet the criteria for a report there may be several reports for the same incident. For example, a teacher and a doctor may report the same child, or the report may simply identify a family. Between FY 90 and FY 95, the number of Illinois children reported as victims of child abuse and neglect increased 35% from 103,421 children to 139,720 (Table 2.1). Since FY 95 this number has decreased by 26% to 103,513 in FY 00.

While it is difficult to make comparisons across states because of different reporting laws and systems, it is useful to place Illinois in a national perspective. There are 8 states that each have more than 2,000,000 children in their population and together total nearly 50% of all children in this country. The most recent statistics on child abuse and neglect reporting volume per 1,000 children in the population for these states were:

Michigan	57.9	
California	53.9	
Florida	53.8	
New York	51.8	
Ohio	41.9	
Illinois	36.3	
Texas	29.3	
Pennsylvania	7.9	(CWLA, 2001).

In Illinois there were 103,513 children reported for abuse or neglect allegations in FY 00 resulting in 32,857 (31.8%) children being indicated as victims. That is, credible evidence was gathered that could cause a reasonable person to believe that a child had been abused or neglected. This compares to a total of 139,720 children reported in FY 95

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<sup>5</sup> The volume and trend information in this section is from the Office of Quality Assurance, Illinois DCFS Executive Statistical Summary, unless otherwise noted.

with 53,272 (38%) indicated. In FY 90, 103,421 children reported resulted in 38,207 indicated cases (36.9%) (Table 2.1).

When a child is judged to be in imminent danger of abuse or neglect, the Department, a law enforcement officer, or a physician can take the child into protective custody. The number of children taken into protective custody can be viewed as an indicator of the seriousness of abuse and neglect confronting children in the state. In FY 90, 6,148 children in Illinois were taken into protective custody (5.9% of all child reports). The number of children taken into protective custody reached a high of 9,037 in FY 95 (6.5% of all child reports). In FY 00, 5,059 children were taken into protective custody (4.9% of all child reports) (Table 2.1).

Child deaths due to child abuse or neglect are another indicator of the severity of the problem. The rate of child abuse fatalities has increased nationally by 20% since 1985. At least three children die each day as a result of child abuse or neglect (Wang & Daro, 1997). The Child Welfare League of America (2001) reports that there were 2.4 maltreatment-related fatalities per 100,000 children in Illinois in 1990 and 1992, and 2.5 in 1997.

### **The DCFS Caseload**

The increases in child abuse and neglect reporting together with the Department's policies (e.g. kinship care) resulted in increases in the Department's caseload in the early to mid 1990s. The Department's caseload has substantially decreased since FY 95. The caseload consists of families with their children at home (intact) plus those with children in placement (non-intact). The total child and family caseload has decreased 35% since FY 95 (Table 2.2). The number of intact family cases has decreased from 14,565 in FY 95 to 8,858 in FY 00, a 39% decline. The number of non-intact family cases has decreased by nearly 31%.



**Table 2.2 Caseload Changes Between FY 95 and FY 00**

	<b>FY 95</b>	<b>FY 00</b>	<b>% Change FY 95 to 00</b>
Total child and family caseload	66,438	42,945	-35.4%
Number of intact family cases	14,565	8,858	-39.2%
Number of non-intact family cases	18,171	12,565	-30.9%
Number of children in substitute care	47,862	31,316	-34.6%
Number of children in kinship care	27,071	13,070	-51.7%

## **Children in Placement with the Department**

The decades of the 1980s and 1990s were times of nationwide growth in the number of children in substitute care. In Illinois, the period from 1985 to 1995 was a time of unprecedented growth. One key to understanding the current substitute care population in Illinois is the changes that have occurred in the Department's use of home-of-relative placements, which is the largest category of out-of-home placements for Illinois children.

**Home-of-relative care in Illinois.** Kinship care was a placement option long before the creation of the Department of Children and Family Services in 1964. The courts were always able to assign children to the custody and guardianship of their relatives. With the establishment of DCFS, the courts began to grant custody and guardianship to the Department, which would then determine whether the relative placement was in the child's best interest. Until 1977, the children placed in kinship care accounted for no more than 15% of all children in the Department's custody (Testa, 1997).

However, kinship care in Illinois began to change following a State Supreme Court decision (*Youakim v. Miller*, 1976) and a United States Supreme Court decision (*Miller v. Youakim*, 1979). These rulings resulted in the Department extending full monthly boarding payments to all kinship caregivers regardless of whether they became licensed or not, the most generous relative care payment policy in the nation (Testa, 1996).

In the mid-1980s, the Department further established separate and less stringent approval standards for certifying kinship homes as foster family homes. Two other administrative changes helped to expand the home-of-relative program: (1) the Thornton decision, which required DCFS to take custody of children who had been left with relatives by absent parents; and (2) a ruling by the Cook County Juvenile Court that effectively stopped guardianship as one path out of care (Testa, Shook, Cohen, & Woods, 1996).

A dramatic increase in the number of children in kinship care followed these events. Between 1986 and 1991, the number of children in kinship care rose from 3,718 to 10,477, an annual rate increase of 23%. At the same time the number of children in non-relative care only increased 6% (Testa, 1996). In June of 1994, kinship care made up 55% of the placements of children in the custody of the Department (Testa, 1997). The number of children in kinship care reached 27,071 in FY 95 (Testa, 1996). According to the Child Welfare League of America, Illinois had the highest rate of kinship care in the country. Illinois had 8.8 children per 1,000 in kinship care whereas the median for the 39 states reporting was 1.1 child per 1,000 (Petit & Curtis, 1997). The rates per 1,000 children in the population for states similar to Illinois in 1996 were:

Illinois	9.0	
New York	3.5	
Florida	3.4	
Michigan	1.7	
Texas	0.4	
Ohio	not available	
California	not available	
Pennsylvania	not available	(CWLA, 2001).

In July of 1995 the Department implemented reforms in the home-of-relative program. First, the Department stopped taking into custody those children in relative care arrangements with no protective need. It offered these families support services to address financial and legal problems that might threaten the living arrangement. Second, the Department implemented a single foster home licensing system that eliminated the separate approval process for relatives. The Department continues to place children in unlicensed kinship care if the home passes basic safety and criminal checks. Children in these placements are supported by a level of payment that the state says is needed to maintain “a livelihood compatible with health and well-being” (Testa, 1997). Since FY 95 the number of children in home-of-relative placement has decreased by nearly 52% to 13,070 (Table 2.2).

**THE NATIONAL PERSPECTIVE**

The Multistate Foster Care Data Archive is a project of The Chapin Hall Center for Children that provides a broader context in which to understand the growth in the substitute care population. This database was built from the computerized case records that state agencies use to track children living in child welfare placements. Twelve states now participate in this research: Alabama, Illinois, California, Iowa, Maryland, Michigan, Missouri, New Mexico, New York, Ohio, Texas, and Wisconsin. More than half of the United States' foster care population resides in these states (Wulczyn, Hislop, & Goerge, 2000).

Some of the major changes in caseloads in these states include:

- \* California's caseload has grown steadily since 1983 with a pronounced period of growth from 1987 to 1989.
- \* In Illinois, caseload growth accelerated in 1988, leveled off in 1996, and declined in 1997 and 1998.
- \* New York's foster care caseload grew rapidly from 1986 to 1991 and has been steadily declining since 1991.
- \* Between 1989 and 1995, Alabama's foster caseload declined slightly each year. After 1995, caseloads began to grow.
- \* Caseloads in Maryland, Missouri, Ohio, and Wisconsin have grown steadily over time.
- \* Between 1983 and 1987, Michigan's foster care caseload increased by nearly two-thirds.

The substitute care placements in Illinois consist of children who are placed in foster care, relative care, institutional care, and group-home care. The total number of children in substitute care at the end of FY 00 was 31,316. From FY 95 through FY 97 the substitute care population decreased by 35% (Table 2.2).

The prevalence rates, which express how many children are in out-of-home care per 1,000 children in a state's overall population, increased in the United States from 3.9 in 1962 to

6.6 in 1998.<sup>6</sup> The 1995 rate for Illinois of 17.1 was the highest in the country. The 1998 rates for the eight largest states were:

Illinois	15.4	
California	12.3	
New York	11.4	
Ohio	7.3	
Florida	6.8	
Michigan	6.8	
Texas	2.5	
Pennsylvania	not available	(CWLA, 2001). <sup>7</sup>

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<sup>6</sup> This is the most recent year for which comparison data exists.

<sup>7</sup> As is true of all comparisons between state, there are differences in what each state includes in a given measure. For example, some states do not count children placed with relatives as being in out-of-home care.

## Chapter 3

# CHILD SAFETY OUTCOMES

Child safety is assessed through indicators of abuse or neglect subsequent to involvement with the Department of Children and Family Services. In spite of the difficulties with this measure, it remains useful for managing or assessing large public child welfare systems. This chapter reports on child safety for children in “family” cases, children in substitute care, and by child living arrangements. For purposes of comparison, results are reported by fiscal year for the last 6 years. When possible, comparisons to other states are included. A complete set of safety indicators includes all situations where the Department becomes involved with a child because of an abuse or neglect report. For a variety of reasons it is not yet possible to report a complete set of safety results.

Outcome results need to be interpreted in light of other factors including characteristics of communities, families, and children. For example, children from poor neighborhoods who come to the attention of the Department for reasons of neglect present very different challenges compared to children who live in rural areas and are victims of some form of abuse. The community’s role in identifying potential victims, as well as the role of the local police and court system, is important in understanding which children come to the attention of the Department. In addition, understanding child safety outcomes requires linking these results to actions of the Department and others involved in child protection such as the courts. These include the ways in which workers implement state law and Department policy, the services that are available, and the reactions of the children to these services including placement out of the home.

Safety outcomes are derived from the DCFS integrated database maintained by The Chapin Hall Center for Children at the University of Chicago. The database is compiled from the Department's administrative information systems and is updated quarterly. The child abuse and neglect information system known as CANTS is linked with the child placement information systems (MARS/CYCIS) to yield safety results. Operational definitions for the safety indicators were developed with the staff of the Department and The Chapin Hall Center for Children and are included in the appendix of this report.

### **SUMMARY OF SAFETY RESULTS**

This report begins by providing a summary of the safety results for children being served in family cases, substitute care, and the major types of substitute care placements for Department wards. More complete results for each safety measure follow the summary. Due to state laws governing deletion of child protective service data the database can only be used to produce safety results for the last 5 years. Therefore, safety results for FY 95 are taken from the last report.

The rate of abuse or neglect for children being served in family cases<sup>8</sup> demonstrates a decline from FY 95 (18.8 per 100 children in care for 1 year) through FY 00 (11.1 per 100 children in care for 1 year) (Table 3.1). Children in family cases include both children in intact family cases as well as in non-intact family cases. Rates of abuse or neglect in these two situations show the same decrease. Rates of abuse or neglect for children in non-intact family cases are somewhat lower than those for children in intact family cases. For non-intact family cases, 13.3 children per 100

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<sup>8</sup> The terms family cases, intact family cases and non-intact family cases are defined on p 3-5.

children in care for 1 year were abused or neglected in FY 95, declining to 8.5 for FY 00. This compares to an abuse or



**Table 3.1 Summary of Safety Results**

	<b>FY 95</b>	<b>FY 96</b>	<b>FY 97</b>	<b>FY 98</b>	<b>FY 99</b>	<b>FY00</b>
Children in family cases	18.8	14.0	13.2	13.3	12.0	11.1
Children in intact family cases	19.7	14.3	13.5	13.8	12.1	11.5
Children in non-intact family cases	13.3	11.6	10.9	10.1	10.9	8.5
Children in substitute care	3.5	2.8	2.8	2.0	1.9	2.0
Children in relative care	3.4	2.3	2.1	1.7	1.6	1.2
Children in family foster care	4.3	4.2	4.3	2.7	2.7	2.6
Children in specialized foster care	3.2	2.9	2.4	2.1	1.7	2.3
Children in institutional placements	3.3	3.3	4.1	1.7	1.5	1.9
Children in group-home placements	3.0	3.1	3.5	1.1	1.6	1.9

*Note.* The values represent number of children abused or neglected per 100 children in care for 1 full year.

neglect rate of 19.7 per 100 children in intact family care for 1 year for FY 95, declining to 11.5 for FY 00.

Abuse or neglect of children in substitute care shows a similar pattern of decrease since FY 95. The overall rate was 3.5 children per 100 in care for 1 year in FY 95 with a subsequent reduction to 2.0 for FY 00. This rate varied somewhat by type of substitute care. The majority of Department wards are placed with relatives and these placements had a recurrence rate of 3.4 per 100 in care for 1 year in FY 95, decreasing to 1.2 in FY 00. Children in family foster home placements have a higher rate of abuse or neglect with this rate between 4.2 per 100 in care for 1 year and 4.3 from FY 95 through FY 97. This rate then decreased and is currently 2.6 per 100 children in care for 1 year for FY 00.

#### **ABUSE OR NEGLECT SUBSEQUENT TO DEPARTMENT INVOLVEMENT: CHILDREN IN FAMILY CASES**

Most children come to the attention of the Department through reports of abuse or neglect. When a worker finds reason to believe that a caretaker has abused or neglected a child, a report is indicated. Some reports are indicated but no case is opened because the child is judged to be safe. Frequently in these situations the family is referred to local service providers for assistance. In some cases reports are indicated by workers, the child is judged to be safe, remains at home, and the worker opens a case to provide services to the family as a whole. These are called “intact family” cases. In still other cases, abuse or neglect is indicated and concerns for the child’s safety result in opening a child case with the possibility of placing the child into substitute care. Sometimes when a child is placed into substitute care siblings remain in the home. The children remaining at home are counted as children served in non-intact family cases. This rather complex set of circumstances produces several categories of safety indicators.

### **Abuse or Neglect for Children in Family Cases**

This report defines children in family cases to include both those in intact family cases and non-intact family cases. Since the Department does not have an indicator for intact or non-intact families in the information system, it is difficult to compute safety results for this group of children. Analysis requires identifying these children in the database through a process of elimination. First, families with all children in placement at the time of family case opening are eliminated. Then to find the children of these intact families, clients over the age of 18 and married teens over the age of 16 who did not have an open child case are eliminated. If no children from the family are in placement at the time of case opening, each child is an intact family child. If a child in a family case has at least one sibling in placement, that child is counted in non-intact family care.

**Indicator:** Percent of children with an indicated report in a family case per fiscal year. Rate per 100 children in care for 1 year with an indicated report in a family case per fiscal year.

The rate per 100 children in care for 1 year is used because simple percentages do not reflect the length of time a child is in a particular family situation and thus underestimates the relative risk of abuse or neglect. When comparing simple percentages a child with an indicated report who has been involved with the Department for only 1 month is counted equally as a child with an indicated report who has been in care for 11 months. As a result, attention to developing safety indicators that take time in care into consideration has been increasing (Lowman, Kotch, Jong, & Browne, 1998). Center staff consulted with the Illinois Statistics Office of the University of Illinois at Urbana-Champaign for assistance with refining the safety indicators to account for time in care. Simpson, Imrey, Geling, and Butkus (1998) demonstrated that the simple percentage typically used in reporting safety results underrepresented the true rate of abuse and neglect and suggested a rate that accounts for time in care. This rate

involves taking into consideration the average number of days in care for all the children that have been in the care of the Department during a given time period. The result is an abuse and neglect rate per 100 child-years rather than per 100 children. The term 100 child-years may be a little confusing. An equivalent way of thinking about this is as a rate per 100 children living in a given arrangement for 1 full year.

Table 3.2 includes the percent of children in family cases who were victims of subsequent abuse or neglect and the rate per 100 children living in family cases for 1 year. This table includes the number of children with an indicated report for each of the last 6 fiscal years, the total number of children living in a family case at sometime during the year, and the average number of days that children remained in these family cases for the two subcategories: intact and non-intact families.

The rate of abuse or neglect per 100 children in family care for 1 year has decreased from 18.8 children for FY 95 to 11.1 for FY 00. The rate of abuse or neglect for children in non-intact family cases is lower than that of children in intact family cases. For FY 95 13.3 children per 100 in non-intact family care for 1 year were victims of abuse or neglect while the comparable rate was 19.7 for children living in intact family care. These rates have decreased to 8.5 per 100 children living in non-intact family care for 1 year in FY 00 and 11.5 for children in intact families.

**The national context.** Although the rate of indicated reports for children in intact families has decreased over the last 5 years, there may be reason to be concerned with the magnitude of the rate. National data available to use as a basis of comparison are limited. In a national study of recurrence of maltreatment, Fluke, Yuan, and Edwards (1998) report recurrence rates for 10 states including Illinois. Using data for 1994 and 1995, they found a recurrence rate of 15% in

**Table 3.2 Number and Rate of Indicated Reports of Abuse or Neglect of Children Living in Family Cases by Fiscal Year**

<b>Case Type/Fiscal Year</b>	<b>Children Living in a Family Case<sup>a</sup></b>	<b>Indicated Reports<sup>b</sup></b>	<b>Rate of Abuse or Neglect (%)</b>	<b>Mean Duration (days)</b>	<b>Rate per 100 Childcare-Years</b>
Family cases					
1995	49,459	5,007	10.1	197	18.8
1996	52,194	4,079	7.8	205	14.0
1997	46,660	3,306	7.1	196	13.2
1998	36,862	2,615	7.1	195	13.3
1999	29,004	1,826	6.3	192	12.0
2000	26,862	1,509	5.6	184	11.1
Intact family cases					
1995	43,763	4,493	10.3	190	19.7
1996	46,941	3,652	7.8	199	14.3
1997	42,097	2,957	7.0	189	13.5
1998	32,990	2,339	7.1	188	13.8
1999	25,820	1,590	6.2	185	12.1
2000	24,411	1,364	5.6	177	11.5
Non-intact family cases					
1995	5,696	514	9.0	248	13.3
1996	5,253	427	8.1	256	11.6
1997	4,563	349	7.6	257	10.9
1998	3,872	276	7.1	257	10.1
1999	3,184	236	7.4	248	10.9
2000	2,451	145	5.9	254	8.5

<sup>a</sup> Number of children with family cases open during the fiscal year for 7 or more days.

<sup>b</sup> Number of children with indicated reports of abuse or neglect occurring 7 or more days after the family case opened.

6 months and 20% for 12 months. The rate for Illinois was 16% for 6 months and 21% for a 12-month period. It is important to note that these rates are for substantiated (indicated) abuse or neglect reports subsequent to a prior substantiated abuse or neglect report. This includes all subsequent abuse or neglect regardless of whether a case was opened, whether services were provided to a child or family, or a child was placed out-of-home.

In addition, comparing our observed rate to those of the general population would be helpful. The rate of indicated abuse or neglect for all children in Illinois is, however, not known. It is commonly thought that only a small percentage of children who are abused or neglected actually come to the attention of child protective systems. The Third National Incidence Study of Child Abuse and Neglect (NCCAN, 1996) reported that child protective service systems investigated less than one-half of the children recognized as abused or neglected by any source. This study reports incidence rates ranging from 2.3% to 4.2% of all children. Using state child protective services reporting systems, the Child Welfare League of America (CWLA, 1997) reports abuse and neglect rates ranging from 2.3% (abuse only) to 3.8%, with a median across states of 2.3%. While these two sets of estimates are not strictly comparable, they provide a range of child abuse and neglect incidence rates to set a context for Illinois results.

### **Abuse or Neglect for Children Subsequent to the Department Opening a Child Case with Placement in Substitute Care**

When a worker judges that safety concerns require opening a child case and a judge concurs, the child is frequently placed outside of the home. The child may be placed with a relative, a foster family, or some special placement such as a group home. Safety results for children in substitute care and by type of substitute care placement are presented here.

**Indicator:** Percent with an indicated report subsequent to the Department opening a child case and placing the child in substitute care. Rate per 100 children in care for 1 year with an indicated report subsequent to the Department opening a child case and placing the child in substitute care.

Because of characteristics of the administrative data systems maintained by the Department it was necessary to construct three decision rules to produce rates for this indicator. The first rule establishes that the Department is responsible for a case if that case is open 7 days or longer; those cases open less than 7 days were dropped from this analysis. In some situations, a worker or other authority believes that a child is in danger, opens a case, and takes protective custody of the child. However, subsequent examination of the situation reverses this decision and the child returns home. This decision rule eliminates these situations. The rule may also eliminate some very short-term cases that should be counted. The number of these cases is thought to be small.

The second decision rule counts an indicated report during a child placement only when it occurs 7 or more days after the start of a placement. The Department's child abuse and neglect information system does not record the date of an abuse or neglect incident but only the date of the report. This limits the ability to link an indicated report of abuse or neglect to other dates such as the date of case opening or the date a child placement starts. The second decision rule makes it more likely that the indicator includes those incidents that occur after a placement begins.

The third rule only counts a child placement if it lasts at least 7 days. There are a variety of reasons for short-term placements, including children being taken into protective custody and subsequently released as well as normal hospital procedures. Consequently this rule eliminates these short-term placements.

Results from this analysis must be interpreted carefully. This measure includes all indicated reports of abuse or neglect dated between the start and end of a placement without regard to perpetrator and may not reflect actions of the Department. For



example, in some cases, the perpetrator of the abuse may be someone other than the caretaker of the child who had access to the child in a normal community environment. In other cases, the perpetrator may be the caretaker with whom the Department placed the child. Whereas the latter situation is the responsibility of the Department, the former may not be. However, this indicator provides a base rate that can be used to compare results over time.

The rate of abuse for children in substitute care has decreased for the last 6 years (Table 3.3). Rates of abuse and neglect subsequent to Department involvement adjusted for time in care show a decline from 3.5 children per 100 children in care for 1 year abused or neglected in FY 95 to 2.0 in FY 00.

**The national context.** In addition to comparisons over time, comparisons of these safety results to other reports and to other states are desirable. Future child outcome reports produced by DHHS will include reabuse of children in out-of-home care. However to produce the indicators they must use data from the NCANDS and AFCARS data sets. Since there is no built-in link between children in one data set and the other and the data sets may not include the same time periods, it is unlikely that this indicator will be accurate or useful.

One study conducted in Indiana reported on abuse and neglect for children in placement. Spencer and Knudsen (1992) used Indiana Department of Public Welfare data on substantiated/indicated reports of physical and sexual abuse and various forms of neglect for foster homes, residential homes, state institutions, and hospitals as well as schools, daycare homes, and centers. The authors combined these data for the 1984 through 1990 fiscal years to create weighted averages of the number of substantiated/indicated cases per year for physical and sexual abuse. A rate of maltreatment was also computed on the basis of the number of cases per 100 children

at risk. This study reports a rate of abuse or neglect of 1.7 per 100 children in foster homes, 12.0 per 100 children in

**Table 3.3 Indicated Reports of Abuse or Neglect of Children in Substitute Care by Fiscal Year**

<b>Fiscal Year</b>	<b>Total Children Served During FY<sup>a</sup></b>	<b>Children With at Least One Report<sup>b</sup></b>	<b>Percentage Kids With Indicated Reports</b>	<b>Mean Duration (days)</b>	<b>Reports per 100 Childcare-Years</b>
1995	56,175	1,563	2.8	292	3.5
1996	59,212	1,377	2.3	304	2.8
1997	60,261	1,428	2.4	309	2.8
1998	59,123	955	1.6	302	2.0
1999	53,674	797	1.5	292	1.9
2000	43,925	697	1.6	288	2.0

<sup>a</sup> Number of children with child cases open during the fiscal year for 7 or more days.

<sup>b</sup> Number of children with indicated report of abuse or neglect occurring 7 or more days after the start of placement.

residential care, .9 per 100 children in state institutions, and 1.6 per 100 children in hospitals and other placements.

In Illinois, evaluation of the Child Endangerment Risk Assessment Protocol (CERAP) suggests that this effort may be linked to decreases in reabuse rates. CERAP is a safety assessment system that Department workers use to identify a situation that would likely lead to immediate, moderate or severe maltreatment of the child. In the event that the safety of a child is a concern, staff are to devise and implement a safety plan that will prevent further harm.

Findings from the CERAP Evaluation conducted by the Center include:

- \* Recurrence of child abuse and neglect in the 60 days after a child's first report decreased by 28.6%.
- \* When taken together, the factors that were most predictive of a second indicated report of abuse or neglect within 60 days were no CERAP completed, prior indicated reports on perpetrators, more than four family problems, and no services provided during the first 60 days after case opening (Fuller & Wells, 1998).

#### **ABUSE OR NEGLECT AFTER DEPARTMENT INVOLVEMENT AND BEFORE THE CASE IS CLOSED: BY TYPE OF PLACEMENT**

The largest number of children in the care of the Department is placed in the home of a relative. The rate of abuse or neglect for children in home-of-relative placements has decreased from 3.4 per 100 in care for 1 year in FY 95 to 1.7 in FY 00 (Table 3.4).

The next largest number of children in substitute care is placed in family foster care. The abuse or neglect rate for children in family foster care was fairly stable from

FY 95 through FY 97 ranging from 4.2 to 4.3 per 100 children in care for 1 year.

Since then this rate has decreased to 2.7 per 100 children in care for

**Table 3.4 Indicated Reports of Abuse or Neglect of Children in Department Custody by Fiscal Year and Living Arrangement**

<b>Fiscal Year</b>	<b>Living Arrangement</b>	<b>Total in Placement<sup>a</sup></b>	<b>Indicated Reports<sup>b</sup></b>	<b>Rate of Abuse or Neglect (%)</b>	<b>Mean Duration (days)</b>	<b>Rate per 100 Childcare-Years</b>
1995	Relative	33,846	876	2.6	277	3.4
	Adoptive placement	635	0	0.0	87	0.0
	Family foster	14,650	373	2.5	218	4.3
	Specialized foster	8,551	183	2.1	245	3.2
	Group home	1,689	20	1.2	145	3.0
	Institution	8,640	134	1.6	174	3.3
1996	Relative	35,579	635	1.8	289	2.3
	Adoptive placement	874	2	0.2	106	0.8
	Family foster	15,626	410	2.6	229	4.2
	Specialized foster	8,919	184	2.1	263	2.9
	Group home	1,675	24	1.4	166	3.1
	Institution	8,350	136	1.6	182	3.3
1997	Relative	35,701	617	1.7	295	2.1
	Adoptive placement	801	3	0.4	75	1.8
	Family foster	17,040	490	2.9	242	4.3
	Specialized foster	8,767	156	1.8	267	2.4
	Group home	1,717	27	1.6	164	3.5
	Institution	7,593	148	1.9	175	4.1

*Note.* Living arrangement is operationally defined in the appendix of this report.

<sup>a</sup> Number of children in Department custody ever living in a given placement type during the fiscal year.

<sup>b</sup> Number of children in Department custody ever living in a given placement type during the fiscal year with at least one indicated report.

**Table 3.4 Indicated Reports of Abuse or Neglect of Children in Department Custody by Fiscal Year and Living Arrangement (*continued*)**

<b>Fiscal Year</b>	<b>Living Arrangement</b>	<b>Total in Placement<sup>a</sup></b>	<b>Indicated Reports<sup>b</sup></b>	<b>Rate of Abuse or Neglect (%)</b>	<b>Mean Duration (days)</b>	<b>Rate per 100 Childcare-Years</b>
1998	Relative	35,289	468	1.3	286	1.7
	Adoptive placement	1,307	0	0.0	70	0.0
	Family foster	17,399	309	1.8	243	2.7
	Specialized foster	8,209	120	1.5	257	2.1
	Group home	1,588	8	0.5	171	1.1
	Institution	6,748	53	0.8	169	1.7
1999	Relative	31,521	369	1.2	270	1.6
	Adoptive placement	1,230	0	0.0	78	0.0
	Family foster	16,898	296	1.8	241	2.7
	Specialized foster	6,603	81	1.2	264	1.7
	Group home	1,380	11	0.8	184	1.6
	Institution	6,255	44	0.7	170	1.5
2000	Relative	23,960	287	1.2	260	1.7
	Adoptive placement	1,074	0	0.0	82	0.0
	Family foster	14,848	251	1.7	241	2.6
	Specialized foster	5,930	99	1.7	265	2.3
	Group home	1,234	12	1.0	184	1.9
	Institution	5,620	54	1.0	185	1.9

*Note.* Living arrangement is operationally defined in the appendix of this report.

<sup>a</sup> Number of children in Department custody ever living in a given placement type during the fiscal year.

<sup>b</sup> Number of children in Department custody ever living in a given placement type during the fiscal year with at least one indicated report.

1 year for both FY 99 and FY 00. The rate for children placed in specialized foster care is lower than family foster care and has decreased over the last 6 years, from 3.2 per 100 children in care for 1 year in FY 95 to 2.3 for FY 00.

The rate of abuse or neglect for children in institutional placements was 3.3 per 100 children in care for 1 year in FY 95 and FY 96. This rate increased to 4.1 in FY 97 and subsequently decreased to 1.9 in FY 00. Children placed in group homes experienced abuse or neglect at a rate of 3.0 per 100 children in care for 1 year in FY 95. This rate increased to 3.5 in FY 97 and then decreased to 1.9 in FY 00.

It has been suggested that these recurrence rates overstate the actual rate of abuse or neglect in substitute care. They point out that since the Department's Child Abuse and Neglect Tracking System does not include a date for when the abuse or neglect occurred some of the events counted in the recurrence rate may have actually occurred, prior to the current placement. A frequently cited example is a young girl who is placed into foster care and after developing a relationship with the foster mother confides in her that there was an incident of sexual abuse before being placed into care. The foster mother reports this to DCFS and the incident is included in the database and identified by the report date. Consequently this event is counted as an incident of abuse while the child was in foster care.

To determine the degree to which this type of error occurs the Center undertook a special study of incidents of abuse or neglect identified as occurring in substitute care. The population of interest was all indicated reports during FY 99 for children placed in relative care, non-related family foster care, and specialized foster care. These placement types were selected because they include the most children placed in substitute care. During FY 99 there were over 55,000 children in these placements.

There were a total of 746 incidents of abuse or neglect identified as occurring in these placements during FY 99. A stratified random sample of 305 cases of these



indicated reports was drawn with the strata being the three placement types. The sample size was determined by estimating the number needed to be 95% certain that the sample mean would be within 5% of the true mean of the population.

Child Protective Services' reports, specifically the Child Abuse and Neglect Tracking System (CANTS) I, were obtained for 301 child cases. Four cases were removed from the sample since the indicated reports had been expunged. The CANTS computer data files were also accessed for some cases to clarify information in the CANTS I. Placement data from the administrative database were obtained for cases in which the timing of the incident was still unclear.

Determining responsibility for many cases of children abused or neglected in foster care is difficult. The actual circumstances of an incident of maltreatment are often ambiguous and confusing. In Illinois, a phone call is placed to the DCFS State Central Register (SCR), otherwise known as the Child Abuse Hotline. A report, the CANTS I, is completed by the intake worker and, if the report meets certain criteria, is referred to the local DCFS Child Protective Service (CPS) office. The incident is investigated and the CANTS II is completed. The CANTS system is then updated with the CPS data.

Oftentimes, the CANTS I is not complete. As this is the initial report, names may be missing or unknown. It may later be determined that there were other children residing in the home that were not identified in the initial report. In the present study, the names of twenty-nine children who were subjects of this study were not listed on the CANTS I. Only by using the CANTS computer database was it possible to determine that they were, in fact, involved somehow in the incident. In addition, 24 children were not identified with any allegation. The allegations involved another child in the home where they resided or were present at the time of the incident.

In this study, the majority of incidents attributed to the foster care placement did occur while the child was officially placed in a family foster home, a relative foster home, or a specialized foster home. A total of 231 (77%) incidents occurred, either during the

current placement, in a respite placement, or in a previous foster care placement of the same type. (Table 3.5)

While a child's placement may be in a foster home and, therefore, the incident is attributed to this placement, they may in fact be maltreated in situations beyond the control of the caregiver. In two instances, children were harmed while at school, one by other students and the other by a teacher. In nineteen cases, children were abused at a visit with their birth parents, either unsupervised or supervised.

In the present study, 47 (16%) incidents attributed to foster care were retrospective reports of abuse that occurred prior to entry into foster care. These appear to be circumstances when the hotline is called by a foster parent, caseworker, or therapist to report an incident of child maltreatment that occurred prior to the child being placed in care.

There are large differences in the percent of retrospective reports across placement types. Only 9% of indicated reports for children in home of relative placements were retrospective reports. Family and specialized foster care had nearly equal rates of 21% and 23% respectively.

Practice wisdom suggests that retrospective reports are largely incidents of sexual abuse. Table 3.6 indicates that this is the case 68% of the time. Retrospective reports of sexual abuse occurred less frequently in home of relative placements (57%) and more frequently in specialized foster care placements (88%). Twenty one percent of these retrospective reports were identified as physical abuse. This ranged from 12.5% of reports for children in specialized foster care, 21% for home of relative placements and 24% for family foster care.

The identified perpetrator for retrospective indicated reports was most frequently birth parents (47% – Table 3.7). This was the case for 71% of the

**Table 3.5 Types of Incidents**

<b>When and where the incident occurred</b>	<b>Placement Type</b>			<b>Total</b>
	<b>Family Foster Home</b>	<b>Relative Foster Home</b>	<b>Specialized Foster Home</b>	
Current (family foster home)	74 (63%)	1 (.7%)	0	75
Current (relative foster home)	0	125 (84%)	0	125
Current (specialized foster home)	0	0	20 (57%)	20
Retrospective	25 (21%)	14 (9%)	8 (23%)	47
Retrospective (family foster home)	0	1 (.7%)	1 (3%)	2
Retrospective (relative foster home)	6 (5%)	0	3 (9%)	9
Visit	12 (10%)	5 (3%)	2 (6%)	19
Parent threat	0	2 (1%)	0	2
Caused placement	0	1 (.7%)	1 (3%)	2
<b>Total</b>	<b>117</b>	<b>149</b>	<b>35</b>	<b>301</b>

**Table 3.6** Types of Incidents

Allegations	Placement Type			Total
	Family Foster Home	Relative Foster Home	Specialized Foster Home	
Physical Abuse	6 (24%)	3 (21%)	1 (12%)	10 (21%)
Sexual Abuse	17 (68%)	8 (57%)	7 (88%)	32 (68%)
Neglect	1 (4%)	1 (7%)	0	2 (4%)
None	1 (4%)	2 (14%)	0	3 (6%)
Total	25	14	8	47

**Table 3.7 Perpetrator's Relationship to the Child – Retrospective Cases**

Perpetrator's Relationship to the Child	Placement Type			Total
	Family Foster Home	Relative Foster Home	Specialized Foster Home	
Foster Parent	0	0	0	0
Birth Parent	9 (36%)	10 (71%)	3 (38%)	22 (47%)
Step Parent	5 (20%)	0	0	5 (11%)
Adult Relative	1 (4%)	1 (7%)	2 (25%)	4 (8%)
Sibling	3 (12%)	0	1 (12%)	4 (8%)
Unrelated Parent Substitute	6 (24%)	2 (14%)	1 (12%)	9 (19%)
Other Child	0	0	1 (12%)	1 (2%)
Other Person	1 (4%)	1 (7%)	0	2 (4%)
Babysitter	0	0	0	0
Total	25	14	8	47

incidents in home or relative placements, 37.5% of the specialized foster care placements and 36% of the family foster care placements. The next most common perpetrator was unrelated parent substitute (19%). With this occurring most often in family foster care (24%) and less frequently in relative care (14%) and specialized foster care (12.5%).

Retrospective reporting of child abuse or neglect incidents does occur at a sufficient rate that future Center reports will adjust the reported recurrence rates. Since one study is not sufficiently precise to provide a correction formula, the recurrence analysis will be repeated using FY 00 incidents. Additional correction strategies will also be explored.

### **Additional Safety Outcomes Analysis: Gender, Race, Age, Region, and Type of Allegation**

This section of the report includes the safety results for children in family cases and substitute care categorized by age, race, gender and region. These categories were agreed upon with the Department when the outcome reporting system was established.

### **Safety Outcome Analysis for Children in Family Cases: Gender, Race, Age, and Region**

There are no real differences in abuse or neglect rates for males and females living in family (intact and non-intact) cases. Consequently, this data is not presented here. Table 3.8 shows the rates of abuse or neglect for children in family cases by race. Since very few of the children served by the Department in family cases are identified as a race other than African American, White, or Hispanic, these are the only categories presented. These results show that Hispanic children in family cases generally experience the lowest rate of abuse or neglect ranging from 17.2 per 100 children in

care for 1 year in FY 95 to 7.3 in FY 00. Except for FY 95 (where the rate for African American children was

**Table 3.8 Exposure-Adjusted Rate of Indicated Reports of Abuse or Neglect of Children Living in Family Cases by Fiscal Year and Ethnicity**

Fiscal Year	Ethnicity	Family Cases			
		Children living with family case <sup>a</sup>	Indicated reports <sup>b</sup>	Mean duration (days)	Rate per 100 childcare-years
1995	African American	26,380	2,817	201	19.4
	Hispanic	3,731	356	202	17.2
	White	18,329	1,745	188	18.5
1996	African American	28,045	2,213	214	13.5
	Hispanic	4,457	271	210	10.6
	White	18,550	1,524	189	15.9
1997	African American	23,917	1,648	201	12.5
	Hispanic	4,491	198	200	8.1
	White	17,134	1,360	189	15.3
1998	African American	17,805	1,197	205	12.0
	Hispanic	3,610	230	200	11.6
	White	14,526	1,119	184	15.3
1999	African American	13,394	749	203	10.0
	Hispanic	2,574	153	199	10.9
	White	12,284	852	180	14.1
2000	African American	12,050	602	191	9.6
	Hispanic	2,596	92	177	7.3
	White	11,395	768	180	13.7

<sup>a</sup> Number of children with family cases open during the fiscal year for 7 or more days.

<sup>b</sup> Number of children with indicated reports of abuse or neglect occurring 7 or more days after the family case opened.



higher), White children experience the highest rate of abuse or neglect ranging from 18.5 per 100 children in care for 1 year in FY 95 to 13.7 in FY 00. The rate for African American children was 19.4 per 100 in care for 1 year in FY 95 and decreased to 7.3 in FY 00.

Large differences exist in abuse or neglect rates for children in family cases by age of the child (Table 3.9). Children under the age of 3 experience the highest rates of abuse or neglect, ranging from 29.3 per 100 in care for 1 year in FY 95 to 22.1 in FY 00. The reabuse rate decreases as the age of the child increases, with children from 15 through 18 years of age experiencing the lowest rate of abuse or neglect. These rates range from 8.7 per 100 children in care for 1 year in FY 95 to 3.8 in FY 00.

Rates of abuse or neglect for children in family cases by region are presented by comparing the three Cook regions to the three non-Cook regions (Table 3.10). Except for FY 95, reabuse rates were higher for the non-Cook regions, ranging from 18.5 children per 100 in care for 1 year in FY 95 to 13.7 in FY 00. For the Cook regions these rates were 19.1 in FY 95 and decreased to 7.6 in FY 00.

### **Safety Outcome Analysis for Children in Substitute Care: Gender, Race, Age, and Region**

There are no appreciable differences in the reabuse or neglect rates between males and females in substitute care; consequently, these rates are not presented here. There are differences in the safety indicators by race (Table 3.11). For the 6 years of this analysis, White children in substitute care experience the highest rates of abuse or neglect ranging from 5.1 per 100 children in care for 1 year in FY 95 to 3.9 in FY 00. These rates for African American children were 3.1 for FY 95 and 1.6 in FY 00. The rates for Hispanic children ranged from 4.1 in FY 95 to 1.9 in FY 00.

**Table 3.9 Exposure-Adjusted Rate of Indicated Reports of Abuse or Neglect of Children Living in Family Cases by Fiscal Year and Age in Fiscal Year**

Fiscal Year	Age in Fiscal Year <sup>a</sup>	Family Cases			
		Children living with family case <sup>b</sup>	Indicated reports <sup>c</sup>	Mean duration (days)	Rate per 100 childcare-years
1995	Up to 3 years	12,986	1,757	169	29.3
	3 to 6 years	10,669	1,287	201	21.9
	6 to 9 years	8,390	848	205	18.0
	9 to 12 years	6,506	533	204	14.7
	12 to 15 years	5,456	398	204	13.1
	15 to 18 years	3,678	179	205	8.7
1996	Up to 3 years	12,762	1,376	173	22.7
	3 to 6 years	11,169	1,043	212	16.1
	6 to 9 years	9,243	711	211	13.3
	9 to 12 years	7,039	467	212	11.4
	12 to 15 years	5,793	332	210	9.9
	15 to 18 years	4,253	142	216	5.6
1997	Up to 3 years	10,612	1,075	162	22.8
	3 to 6 years	9,797	837	199	15.7
	6 to 9 years	8,510	632	202	13.4
	9 to 12 years	6,595	388	205	10.5
	12 to 15 years	5,403	245	202	8.2
	15 to 18 years	3,884	123	211	5.5

<sup>a</sup> Age in fiscal year is defined in the appendix of this report.

<sup>b</sup> Number of children with family cases open during the fiscal year for 7 or more days.

<sup>c</sup> Number of children with indicated reports of abuse or neglect occurring 7 or more days after the family case opened.

**Table 3.9 Exposure-Adjusted Rate of Indicated Reports of Abuse or Neglect of Children Living in Family Cases by Fiscal Year and Age in Fiscal Year**  
(continued)

Fiscal Year	Age in Fiscal Year <sup>a</sup>	Family Cases			
		Children living with family case <sup>b</sup>	Indicated reports <sup>c</sup>	Mean duration (days)	Rate per 100 childcare-years
1998	Up to 3 years	8,253	903	158	25.3
	3 to 6 years	7,383	561	196	14.1
	6 to 9 years	6,859	506	201	13.4
	9 to 12 years	5,276	341	205	11.5
	12 to 15 years	4,303	203	202	8.5
	15 to 18 years	3,154	96	214	5.2
1999	Up to 3 years	6,618	659	152	23.9
	3 to 6 years	5,511	415	191	14.4
	6 to 9 years	5,339	327	200	11.2
	9 to 12 years	4,318	216	199	9.2
	12 to 15 years	3,354	139	202	7.5
	15 to 18 years	2,430	68	210	4.9
2000	Up to 3 years	6,037	532	146	22.1
	3 to 6 years	5,034	332	181	13.3
	6 to 9 years	4,961	285	185	11.4
	9 to 12 years	3,988	190	195	8.9
	12 to 15 years	3,231	121	197	7.0
	15 to 18 years	2,258	48	207	3.8

<sup>a</sup> Age in fiscal year is defined in the appendix of this report.

<sup>b</sup> Number of children with family cases open during the fiscal year for 7 or more days.

<sup>c</sup> Number of children with indicated reports of abuse or neglect occurring 7 or more days after the family case opened.

**Table 3.10 Exposure-Adjusted Rate of Indicated Reports of Abuse or Neglect of Children Living in Family Cases by Fiscal Year and Cook/Non-Cook Regions**

Fiscal Year	Cook/Non-Cook	Family Cases			
		Children living with family case <sup>a</sup>	Indicated reports <sup>b</sup>	Mean duration (days)	Rate per 100 childcare-years
1995	Cook regions	25,974	2,785	205	19.1
	Non-Cook regions	23,485	2,222	187	18.5
1996	Cook regions	29,313	2,114	219	12.0
	Non-Cook regions	22,881	1,965	186	16.8
1997	Cook regions	25,557	1,572	201	11.2
	Non-Cook regions	21,103	1,734	190	15.8
1998	Cook regions	18,085	1,126	205	11.1
	Non-Cook regions	18,777	1,489	185	15.6
1999	Cook regions	12,274	672	209	9.6
	Non-Cook regions	16,730	1,154	180	14.0
2000	Cook regions	10,870	440	194	7.6
	Non-Cook regions	15,992	1,069	178	13.7

<sup>a</sup> Number of children with family cases open during the fiscal year for 7 or more days.

<sup>b</sup> Number of children with indicated reports of abuse or neglect occurring 7 or more days after the family case opened.

**Table 3.11 Exposure-Adjusted Rates of Indicated Reports of Abuse or Neglect of Children in Substitute Care by Fiscal Year and Ethnicity**

<b>Fiscal Year</b>	<b>Ethnicity</b>	<b>Total Children Served During Fiscal Year<sup>a</sup></b>	<b>Children With at Least One Report<sup>b</sup></b>	<b>Mean Duration (days)</b>	<b>Reports per 100 Childcare-Years</b>
1995	African American	42,161	1,078	302	3.1
	Hispanic	2,403	73	269	4.1
	White	10,822	390	259	5.1
1996	African American	44,808	952	314	2.5
	Hispanic	2,706	39	284	1.9
	White	10,867	371	272	4.6
1997	African American	45,857	956	318	2.4
	Hispanic	2,802	64	295	2.8
	White	10,699	382	276	4.7
1998	African American	45,161	612	309	1.6
	Hispanic	2,864	55	287	2.4
	White	10,191	277	274	3.6
1999	African American	40,531	553	299	1.7
	Hispanic	2,637	32	285	1.6
	White	9,612	202	264	2.9
2000	African American	32,435	413	294	1.6
	Hispanic	2,216	33	283	1.9
	White	8,463	241	268	3.9

<sup>a</sup> Number of children with child cases open during the fiscal year for 7 or more days.

<sup>b</sup> Number of children with indicated report of abuse or neglect occurring 7 or more days after the start of placement.

Rates of abuse or neglect for children in substitute care do not show the same kinds of differences by age that they do for children in family cases (Table 3.12). Children under the age of 3 in substitute care do not experience the same level of abuse or neglect as those in family cases. The rates for children under the age of 3 in substitute care range from 3.1 per 100 in care for 1 year in FY 95 to 1.4 in FY 00. In general children in substitute care in the 6 to 9 years-of-age category experience the highest rates of abuse or neglect, ranging from 4.5 per 100 children in care for 1 year in FY 95 to 2.8 in FY 00.

As with race, rates of abuse or neglect for children in substitute care are higher for the non-Cook regions than for the Cook regions (Table 3.13). For the non-Cook regions these rates were 5.0 in FY 95 and 3.7 in FY 00. For the three Cook regions they ranged from 3.0 in FY 95 to 1.3 in FY 99.

**Table 3.12 Exposure Adjusted Rates of Indicated Reports of Abuse or Neglect of Children in Substitute Care by Fiscal Year and Age in Fiscal Year**

<b>Fiscal Year</b>	<b>Age in Fiscal Year<sup>a</sup></b>	<b>Total Children Served During Fiscal Year<sup>b</sup></b>	<b>Children With at least One Report<sup>c</sup></b>	<b>Mean Duration (days)</b>	<b>Reports per 100 Childcare-Years</b>
1995	Up to 3 years	9,435	199	251	3.1
	3 to 6 years	11,374	395	303	4.2
	6 to 9 years	9,787	372	310	4.5
	9 to 12 years	7,907	269	309	4.0
	12 to 15 years	7,535	210	304	3.3
	15 to 18 years	7,249	113	282	2.0
1996	Up to 3 years	9,075	172	266	2.6
	3 to 6 years	12,100	309	314	3.0
	6 to 9 years	10,808	309	321	3.3
	9 to 12 years	8,658	263	320	3.5
	12 to 15 years	7,806	198	315	2.9
	15 to 18 years	7,778	116	295	1.8
1997	Up to 3 years	8,333	163	272	2.6
	3 to 6 years	12,121	319	320	3.0
	6 to 9 years	11,388	329	324	3.3
	9 to 12 years	9,191	259	327	3.1
	12 to 15 years	8,141	233	319	3.3
	15 to 18 years	7,975	113	297	1.7

<sup>a</sup> Age in fiscal year is defined in the appendix of this report.

<sup>b</sup> Number of children with child cases open during the fiscal year for 7 or more days.

<sup>c</sup> Number of children with indicated report of abuse or neglect occurring 7 or more days after the start of placement.

**Table 3.12 Exposure Adjusted Rates of Indicated Reports of Abuse or Neglect of Children in Substitute Care by Fiscal Year and Age in Fiscal Year (continued)**

<b>Fiscal Year</b>	<b>Age in Fiscal Year<sup>a</sup></b>	<b>Total Children Served During Fiscal Year<sup>b</sup></b>	<b>Children With at least One Report<sup>c</sup></b>	<b>Mean Duration (days)</b>	<b>Reports per 100 Childcare-Years</b>
1998	Up to 3 years	7,474	77	262	1.4
	3 to 6 years	11,447	207	309	2.1
	6 to 9 years	11,343	240	313	2.5
	9 to 12 years	9,600	199	315	2.4
	12 to 15 years	8,175	136	314	1.9
	15 to 18 years	7,810	89	298	1.4
1999	Up to 3 years	6,706	73	261	1.5
	3 to 6 years	9,672	156	293	2.0
	6 to 9 years	9,968	202	297	2.5
	9 to 12 years	9,009	173	304	2.3
	12 to 15 years	7,559	124	305	2.0
	15 to 18 years	7,291	67	295	1.1
2000	Up to 3 years	5,649	56	265	1.4
	3 to 6 years	7,312	120	284	2.1
	6 to 9 years	7,575	166	289	2.8
	9 to 12 years	7,130	157	296	2.7
	12 to 15 years	6,399	121	300	2.3
	15 to 18 years	6,324	74	297	1.4

<sup>a</sup> Age in fiscal year is defined in the appendix of this report.

<sup>b</sup> Number of children with child cases open during the fiscal year for 7 or more days.

<sup>c</sup> Number of children with indicated report of abuse or neglect occurring 7 or more days after the start of placement.



**Table 3.13 Exposure Adjusted Rates of Indicated Reports of Abuse or Neglect of Children in Substitute Care by Fiscal Year and Cook/Non-Cook Regions**

<b>Fiscal Year</b>	<b>Cook/Non-Cook</b>	<b>Total Children Served During Fiscal Year<sup>a</sup></b>	<b>Children With at Least One Report<sup>b</sup></b>	<b>Mean Duration (days)</b>	<b>Reports per 100 Childcare --- Years</b>
1995	Cook regions	40,367	994	303	3.0
	Non-Cook regions	15,808	569	265	5.0
1996	Cook regions	43,368	799	315	2.1
	Non-Cook regions	15,844	578	274	4.9
1997	Cook regions	44,439	836	320	2.1
	Non-Cook regions	15,822	592	279	4.9
1998	Cook regions	43,789	589	311	1.6
	Non-Cook regions	15,334	366	274	3.2
1999	Cook regions	39,082	472	300	1.5
	Non-Cook regions	14,592	325	268	3.0
2000	Cook regions	30,462	334	297	1.3
	Non-Cook regions	13,463	363	268	3.7

<sup>a</sup> Number of children with child cases open during the fiscal year for 7 or more days.

<sup>b</sup> Number of children with indicated report of abuse or neglect occurring 7 or more days after the start of placement.

## Chapter 4

### **PERMANENCY OF FAMILY RELATIONS OUTCOMES**

Permanency of family relations has four positive outcomes: 1) a child being maintained at home, 2) a child returned home from substitute care, 3) a child being adopted, or 4) a child being placed with someone who subsequently becomes the legal guardian. The failure of these outcomes is an additional set of permanency indicators. This set of outcomes provides a concise basis for a permanency performance report. This chapter also presents these permanency outcomes by age, race, gender, and region.

Except where indicated, the following outcomes data were derived from the DCFS Integrated Database which contains data from the Department's administrative information systems. To show changes in permanency results over time, the data are presented by fiscal year from 1991 through 2000. The data used to produce the results reported here are from Department sources updated as of September 30, 2000.

It is important to understand that the Department databases used in this report were not created for reporting on outcomes, but to keep track of children in substitute care and to assure timely and accurate payment for services. Consequently, much work is required to construct operational definitions from the data rather than using the preferable process of defining the terms, selecting the measures, and then collecting data. Operational definitions for the permanency indicators are included in the Appendix of this report. These definitions were developed collaboratively with personnel from The Chapin Hall Center for Children and the Department of Children and Family Services.

One way to judge performance on outcomes indicators is to examine trends over time. When possible, outcomes data are reported for fiscal years from FY 91 through FY 00. Another way to compare performance is by examining results from similar systems. Where available, data from other systems are used as a basis of comparison.

### **SUMMARY OF PERMANENCY RESULTS**

This report begins by providing a summary of overall permanency results. More complete results for children maintained at home, reunified with their family, adopted or with guardianship transferred to a private person follow the summary. Table 4.1 summarizes the permanency outcomes for selected years from 1992 through 2000. Two-year intervals are reported so that trends might be more easily identified. While the data must be interpreted carefully, they do provide an overview of the permanency performance of the Department.

Children remain in family cases at rates between 85 and 90 per 100 children in care for 1 year. This rate decreased between FY 92 (87.2 per 100 children in care for 1 year) and FY 94 (85.3) and subsequently increased to 90.1 children per 100 in care for 1 year in FY 00. The rate at which children remain in family cases is different for those children in intact family cases than those in non-intact cases<sup>9</sup>: Children remain in intact family cases at a higher rate. This rate was 87.7 per 100 children in care in FY 92, 89.9 in FY 96, and 91.4 in FY 00. For children in non-intact family cases, these rates were 85.0 per 100 children in care for 1 year in FY 92, 82.2 in FY 96, and 81.2 in FY 00. These results must be examined in the context of the rate at which children in intact families are identified as having an indicated report of abuse or neglect (Chapter

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<sup>9</sup> The terms family cases, intact family cases and nonintact family cases are defined in chapter 3.

3). A balance must be struck between keeping families together and maintaining child safety.

**Table 4.1 Permanency Outcome Rates for Illinois Children**

	<b>FY 92</b>	<b>FY 94</b>	<b>FY 96</b>	<b>FY 98</b>	<b>FY 00</b>
Rate at which children remain in family cases <sup>a</sup>	87.2	85.3	88.9	89.1	90.1
Rate at which children remain in intact family cases <sup>a</sup>	87.7	86.4	89.9	90.2	91.4
Rate at which children remain in non-intact cases <sup>a</sup>	85.0	80.7	82.2	82.6	81.2
Percent of children entering substitute care in the fiscal year who are returned home within 12 months (reunification)	28.9	22.2	21.9	25.5	27.4 <sup>b</sup>
Percent of children who reenter substitute care within 12 months	20.4	20.5	17.5	15.7	13.3
Rate at which children are adopted <sup>a</sup>	2.9	3.4	4.3	10.1	18.0
Rate at which adoptive placements disrupt prior to consummation <sup>a</sup>	12.7	13.6	11.9	8.8	9.9
Percent of children in adoption assistance cases who are displaced	3.4	2.8	2.3	1.8	1.1
Rate at which guardianship is transferred to a private person <sup>c</sup>	.04	.04	.03	2.63	4.72

<sup>a</sup>This is the rate per 100 child-years.

<sup>b</sup>A full twelve months have not elapsed since June 30, 1999. Therefore this is the percentage for FY 99.

<sup>c</sup>While children must be in care for at least two years before guardianship be transferred to a private person, this is an annual rate so that comparisons can be made across years.

The decreasing trend in the percent of children returning home within 12 months that has been noted in previous reports and may be beginning to change. Return home rates were as high as 35 and 40% in the early 1990s and dropped to as low as 22% in FY 94 and FY 96. However, in FY 98 this rate increased to 26%, with FY 00 showing a similar rate of 27%. The percentage of these reunifications that fail and the child reenters substitute care within 12 months shows a decline from 20.5% in FY 94 to 15.7% in FY 99.

The adoption rates have increased since the early 1990s. In FY 92 only 3 children per 100 in care for 1 year were adopted. The current rate is 18 per 100 children in care for 1 year. Similarly, the guardianship transfer rates were .04 per 100 children in care for 1 year in FY 92. The current rate is 4.72 per 100 children in care for one year.

The rate of adoption disruption prior to consumation has decreased. For this report the Center had access to additional data on adoptive placements that was not available in the Integrated Database. Therefore the rate at which adoptive placement disruption is more accurate than previously reported. However, this should still be read cautiously since many children who are adopted have placements with relatives or foster families prior to adoption and are not counted here.

The Center now reports on the percent of children who are displaced from adoption assistance case. These are children in adoption assistance cases who move to substitute care or have a case closed before the child reaches age 18. This rate has steadily declined from 3.4% in FY 92 to 1.1% in FY 00. One reason that the rate has declined is because of the increase in the number as adoption assistance cases.

#### **CHILDREN MAINTAINED AT HOME**

Children are maintained at home in at least two situations. In the first situation, a family case is opened without concurrently opening cases for any of the children. Within

the Department these are referred to as “intact” family cases. These cases are usually opened as a result of an abuse or neglect investigation during which the worker judges the risk to the children to be low and believes that the children can be maintained safely at home if the family receives services.

In the second situation, the worker may have concerns about one or more of the children in a family and opens a case for a child.<sup>10</sup> In these cases the worker makes a judgment that the child can be maintained safely at home. If and when this fails, the child may be placed into substitute care. The rate at which children move from these family situations to substitute care is one indication of the success or failure of efforts to maintain a child safely at home.

**Indicator:** Percent and rate (per 100 child-years) of children who are placed from family cases.

### **Family Cases**

Table 4.2 gives the placement rate per 100 children living in family cases for 1 year. This rate increased from 10.1 in FY 91 to a high of 15.5 in FY 95, then declined to 9.9 in FY 00.

Family cases include both children in intact and non-intact family cases. Table 4.2 indicates that most children in family cases are in intact family situations; consequently, the placement rate for these children is similar to the overall rate. In FY 91, 9.6 children in intact family cases per 100 in care for 1 year were placed into substitute care. This rate increased to 14.5 for FY 95 and has decreased to 8.6 in FY 00.

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<sup>10</sup> A child case is not opened unless a court makes DCFS responsible for the child.

**Table 4.2 Substitute Care Placement From Family Cases: Intact and Non-intact**

<b>Fiscal Year</b>	<b>Children Leaving Home to Substitute Care</b>	<b>Children at Home</b>	<b>Mean Duration in Care (days)</b>	<b>Placement Rate (Percentage)</b>	<b>Placement Rate per 100 Childcare-Years</b>
1991					
Family	2,819	46,113	222	6.1	10.0
Intact	2,257	40,140	215	5.6	9.6
Non-intact	562	5,973	269	9.4	12.8
1992					
Family	3,516	45,770	220	7.7	12.8
Intact	2,805	39,153	213	7.2	12.3
Non-intact	711	6,617	262	10.7	15.0
1993					
Family	3,112	42,555	227	7.3	11.7
Intact	2,348	35,997	219	6.5	10.9
Non-intact	764	6,558	269	11.6	15.8
1994					
Family	3,863	44,383	216	8.7	14.7
Intact	2,914	37,533	208	7.8	13.6
Non-intact	949	6,850	262	13.9	19.3
1995					
Family <sup>a</sup>	4,802	54,216	209	8.9	15.5
Intact <sup>b</sup>	3,784	47,350	201	8.0	14.5
Non-intact <sup>c</sup>	1,018	6,866	268	14.8	20.2

<sup>a</sup> Family case includes the first family case on record for the child.

<sup>b</sup> Intact family case includes the first intact family case on record for the child.

<sup>c</sup> Non-intact family case includes the first non-intact family case on record for the child. Non-intact cases are those cases with at least one child in placement and at least one child living at home without a child case.



**Table 4.2 Substitute Care Placement From Family Cases: Intact and Non-intact (continued)**

<b>Fiscal Year</b>	<b>Children Leaving Home to Substitute Care</b>	<b>Children at Home</b>	<b>Mean Duration in Care (days)</b>	<b>Placement Rate (Percentage)</b>	<b>Placement Rate per 100 Childcare-Years</b>
1996					
Family	3,728	56,099	217	6.6	11.2
Intact	2,895	50,012	209	5.8	10.1
Non-intact	833	6,087	281	13.7	17.8
1997					
Family	3,207	49,772	207	6.4	11.4
Intact	2,457	44,602	198	5.5	10.1
Non-intact	750	5,170	282	14.5	18.8
1998					
Family	2,398	39,257	205	6.1	10.9
Intact	1,833	34,973	196	5.2	9.8
Non-intact	565	4,284	277	13.2	17.4
1999					
Family	1,897	30,868	201	6.1	11.2
Intact	1,378	27,489	192	5.0	9.5
Non-intact	519	3,379	270	15.4	20.8
2000					
Family	1,457	28,528	189	5.1	9.9
Intact	1,107	26,018	181	4.3	8.6
Non-intact	350	2,510	271	13.9	18.8

<sup>a</sup> Family case includes the first family case on record for the child.

<sup>b</sup> Intact family case includes the first intact family case on record for the child.

<sup>c</sup> Non-intact family case includes the first non-intact family case on record for the child. Non-intact cases are those cases with at least one child in placement and at least one child living at home without a child case.

The movement of children from non-intact family cases is much higher than the rate for children in intact family cases. This rate was 12.8 per 100 children in care for 1 year in FY 91 and has increased to 18.8 in FY 00. This higher rate may reflect a higher risk for children in these cases. For example, these cases include situations where a child is born into a family with one or more siblings already in the custody of the Department. It is reasonable that some of these are high-risk situations result in subsequent removal of the infant.

### **CHILDREN RETURNED TO HOME OF ORIGIN**

When the safety of children requires that they be placed out of the home, one of the permanency goals is to return the child to his/her home of origin as soon as possible. The time element is important for several reasons. Research in child development indicates that the longer children are away from their parents, the more likely that the bond between the children and the parents will be undermined (Bowlby, 1969). Family systems theory suggests that the longer the child is away from the family, the more the family will adjust to the child being gone and the more difficult it will be for the child to regain his/her place in the family (Bermann, 1973; Minuchin, 1974). The child's sense of time is another consideration. One year for a 3-year old child is one-third of his/her life while 1 year for a person aged 20 is only 5%. Further, the permanency literature has consistently demonstrated that the longer a child stays in substitute care, the lower the probability of return home.

**Indicator:** Percent of children in substitute care who are returned home from substitute care within 6, 12, 18, and 24 months.

Reunification is reported by examining the experience of children who entered their first substitute care placement in a given year. Table 4.3 presents the number of

children who had their first substitute care placement during a given fiscal year and the number and percent of these children who returned home

**Table 4.3 Children Returning Home From Substitute Care by Time and Fiscal Year**

Fiscal Year <sup>a</sup>	Children Entering Substitute Care <sup>b</sup>	Children Returned From Substitute Care											
		7 Days or Less		7 Days–6 Months		6–12 Months		12–18 Months		18–24 Months		More Than 24 Months	
		N	%	N	%	N	%	N	%	N	%	N	%
1990	8,483	1,562	18	1,363	16	563	7	399	5	242	3	713	8
1991	9,003	1,497	17	1,280	14	496	6	366	4	256	3	849	9
1992	11,206	1,333	12	1,233	11	670	6	381	3	255	2	1,114	10
1993	10,265	1,315	13	1,034	10	417	4	294	3	265	3	1,099	11
1994	12,713	1,213	10	1,041	8	560	4	426	3	325	3	1,472	12
1995	13,848	1,177	9	1,137	8	625	5	445	3	428	3	1,565	11
1996	10,047	836	8	916	9	452	4	350	3	323	3	1,005	10
1997	9,132	835	9	869	10	457	5	427	5	284	3	244	8
1998	7,612	790	10	737	10	417	5	357	5	271	4	264	3
1999	6,888	807	12	660	10	420	6	298	4	126	2	70	1
2000	5,455	601	11	520	10	160	3	16	0	0	0	0	0

*Note:* A child may be returned home with his/her case closed or open.

<sup>a</sup>Fiscal year is the fiscal year the child first entered substitute care.

<sup>b</sup> Number of children whose first ever substitute care placement in his/her first case were active during the given fiscal year. Unduplicated across children.

during six different time periods. The first time period is 7 days or less and is selected because of the large number of children who return home in this time period. This situation primarily occurs when a child is taken into protective custody by a worker or police officer who believes the child is in imminent danger. The child is returned home when it is determined that he/she is not in danger or when the order of protective custody expires. The next time period begins at 7 days and continues through 6 months, followed by three 6-month time periods. The last time period is 24 months or longer. When examining this last time period it is important to note that it is not equal for all cohorts.

The permanency indicators defined by HHS include examining reunification in 12-month time periods. The percentage of children reunified within 12 months dropped from 41% in FY 90 to a low of 21% in FY 96. Since then it has increased to 28% in FY 99. The FY 00 rate of 24% understates the true rate since a full 12 months have not elapsed for all of the children placed into substitute care during the year. The percent of children reunified between 12 and 24 months has remained fairly stable at 5–7%. This rate was 9% in FY 98.

### **Reunification Comparison With Other States**

For comparison between states, reports from the Multistate Foster Care Data Archive are useful. The Chapin Hall Center for Children maintains this compilation of administrative data from 12 states (Alabama, California, Illinois, Iowa, Maryland, Michigan, Missouri, New Mexico, New York, Ohio, Texas, and Wisconsin). These states account for a large proportion of the foster care population in the country.

The most recent report includes data on exits from foster care spells for children who had their first entry into foster care from 1988–93. They report that almost 14% of these children were still in their first out-of-home spell at the end of 1997. Of the

86% who exited care, 56% were reunified and 14% were adopted (Wulczyn, Brunner, & Goerge, 1999).

The Chapin Hall report compares reunification rates between states and demonstrates that reunification varies significantly across states. For children who first entered care between 1988 and 1995, the Illinois reunification rate of 46.5% was similar to the four large states available in this report.

New York	50.6%	
Illinois	46.5%	
Michigan	45.0%	
Ohio <sup>11</sup>	31.2%	(Wulczyn, Hislop, & Goerge, 2000).

**Indicator:** Percent of children living at home who were previously in substitute care and then reenter substitute care.

When a caseworker returns a child to his/her parents there is a risk of abuse or neglect and/or a subsequent placement of the child into substitute care. The number of children at home who were previously in substitute care and the number and percent reentered substitute care are shown in Table 4.4.

Reentry within 12 months is often used as the time frame to judge the performance of a child welfare system. This is also the time frame used by the Department of Health and Human Services. The percent of children who reentered substitute care was highest in FY 91 (22.4%). Since then, this percentage has declined to 15.5% in FY 99. The latest fiscal year also shows a further decline. However, this is incomplete information because 12 months have not elapsed for those children returned home in the last few months of the fiscal year. Table 4.4 also shows that children are

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<sup>11</sup> Ohio is a recent addition to this report and only includes data on first entries for 1990–1995.

most vulnerable to reentry in the first 6 months after being returned home: The highest reentry percentages occur during this time.



**Table 4.4 Reentry to Substitute Care by Time until Reentry and Fiscal Year**

Fiscal Year <sup>a</sup>	Children Returned Home <sup>b</sup>	Children Reentering Substitute Care											
		7 Days or Less		7 Days–6 Months		6-12 Months		12-18 Months		More Than 18 Months		Did Not Reenter Care	
		N	%	N	% <sup>c</sup>	N	%	N	%	N	%	N	%
1990	2,865	30	1.0	372	14.0	168	19.9	107	23.6	375	36.7	1,813	63.3
1991	3,683	49	1.3	528	15.6	252	22.4	164	26.8	465	39.4	2,225	60.4
1992	3,817	42	1.1	473	13.5	262	20.4	147	24.2	430	35.5	2,463	64.5
1993	4,078	48	1.2	601	15.9	261	22.3	167	26.4	392	36.0	2,609	64.0
1994	3,553	58	1.6	464	14.2	207	20.5	133	24.2	260	31.2	2,441	68.7
1995	4,348	58	1.3	551	14.0	252	19.8	108	22.3	286	28.9	3,093	71.1
1996	4,066	38	0.9	453	12.0	224	17.5	133	20.8	227	26.4	3,993	73.6
1997	4,376	32	0.7	465	11.3	228	16.5	104	18.9	190	23.2	3,357	76.7
1998	4,312	31	0.7	442	10.9	207	15.7	87	17.7	123	20.2	3,497	79.7
1999	4,234	30	0.7	425	10.7	202	15.5	86	17.5	39	18.4	3,452	81.5
2000	3,464	43	1.2	335	10.9	82	13.3	9	13.6	0	0	3,995	86.5

<sup>a</sup> Fiscal year child is returned home.

<sup>b</sup> Number of children living at home during the fiscal year and had previously lived in substitute care.

<sup>c</sup> Percentages are accumulative over time.

The Multistate Foster Care Data Archives (MFCA) can be used as a rough basis of comparison. The time frames and cohorts of children differ between the MFCA study and this report. The MFCA data show reentry rates of 25% of children who entered care between 1990 and 1998. Illinois had the lowest reentry rate among five large states indicated in the report.

Ohio	24%
New York	23%
Michigan	20%
California	18%
Illinois	17% (Wulczyn, Hislop, & Goerge, 2000).

## **ADOPTION**

Another way for children to achieve a permanent family is through adoption. Two failure rates for the adoption outcome exist: the failure of an adoptive placement before it is legally consummated (disruption), and a displacement after the adoption has been legally consummated (displacement).

**Indicator:** Percent and rate (per 100 child-years) of children in substitute care who are adopted.

Table 4.5 provides adoption rates by fiscal year. It is important to note that in this table an adoption is counted for a particular fiscal year based upon the date that the case is closed and an adoption assistance case may be opened. The database does not include the date that the adoption is legally consummated; in contrast, DCFS reports adoptions using the date the adoption is legally consummated. For a variety of reasons a delay can occur between the time the adoption is finalized and closing the case. Thus the number of adoptions reported here is different than DCFS figures for any particular fiscal year but tend to merge over a period of several years.

The number of adoptions steadily increased from 742 in FY 90 to 7,288 in FY 99. As a rate per 100 children in substitute care for 1 year, it shows dramatic increases. This rate increased from 2.9 per 100 child-years in FY 92 to 4.3 per 100 child-years in FY 96 to 18.0 per 100 child-years in FY 00.

The Multistate Foster Care Data Archive report (Wulczyn, Brunner, Goerge, 1999) provides some comparative adoption data. For the those children who first entered care between 1988 and 1995, the percentage of children adopted through December 1998 was:

Illinois	20.2%
Michigan	18.4%
New York	16.4%
Ohio	11.2% (Wulczyn, Hislop, & Goerge, 2000).

### **Adoption Disruptions Prior to Consummation**

**Indicator:** Percent of children and rate (per 100 child-years) placed in adoptive homes whose adoption disrupts prior to consummation.

Table 4.6 shows the number of children in adoptive placements each fiscal year, the number of adoption disruptions prior to being legally consummated, the percent of disrupted adoptions, and the rate of disruptions per 100 child-years. There are problems with this indicator because the number of children in adoptive placements during the year because many children who are adopted do not show up as being in an adoptive placements. The accuracy of this indicator is improving because the Department has improved its record keeping for children in adoptive placements. However, there are still a large number of children who are adopted and the data shows that they were adopted from a non-related family foster home or a relative home rather than an adoptive placement.

**Table 4.5 Adoption From Substitute Care**

<b>Fiscal Year</b>	<b>Children Adopted</b>	<b>Children in Substitute Care<sup>a</sup></b>	<b>Mean Duration in Care (days)</b>	<b>Children Adopted (percentage)</b>	<b>Adoption Rate per 100 Childcare-Years</b>
1990	742	27,164	263	2.7	3.8
1991	777	30,115	267	2.6	3.4
1992	800	36,072	271	2.2	2.9
1993	1,124	40,818	281	2.8	2.5
1994	1,290	47,910	284	2.7	3.4
1995	1,537	56,469	290	2.7	3.3
1996	2,121	59,416	303	3.6	4.3
1997	2,204	60,441	308	3.6	4.3
1998	4,930	59,174	301	8.3	10.1
1999	7,288	53,471	291	13.6	17.1
2000	6,217	44,063	286	14.2	18.0

<sup>a</sup> Number of children with one or more substitute care placement during the fiscal year. Cases open less than 7 days and adoption assistance cases are not included in this count.

**Table 4.6 Adoption Disruption<sup>a</sup> Prior to Adoption Consummation**

<b>Fiscal Year</b>	<b>Children Moved from Adoptive Placements</b>	<b>Children in Adoptive Placements<sup>b</sup></b>	<b>Mean Duration in Care (days)</b>	<b>Adoption Placement Disruption (percentage)</b>	<b>Rate per 100 Childcare - Years</b>
1992	57	679	235	8.4	12.7
1993	91	1151	259	7.9	10.9
1994	196	2056	249	9.5	13.6
1995	352	3471	258	10.1	14.0
1996	461	4840	279	9.3	11.9
1997	477	6610	291	7.2	8.8
1998	601	8715	279	6.9	8.8
1999	580	9616	282	6.0	8.5
2000	411	6669	221	6.2	9.9

<sup>a</sup> Disruption is operationally defined as occurring when a child is in an adoptive placement, but his/her following placement is not an adoptive placement nor an adoption.

<sup>b</sup> Number based upon the adoptive placement date recorded on CMS screens 46–47 and included in the Integrated Database table CYC-adoption.

The number of children moved from adoption placement has increased from 57 in FY 92 to a high of 601 in FY 98. At the same time there has been a large increase in the number of adoption placements from 679 in FY 92 to 9,616 in FY 99. Consequently the adoption disruption rate has decreased from 12.7 per 100 children in care for over a year in FY 92 to 9.9 in FY 00.

### **ADOPTION DISPLACEMENT**

**Indicator:** Percent of children in open adoption assistance cases who are placed in substitute care or have their adoption assistance case closed prior to age 18.

As more children achieve permanency through adoptions, there is increased concern about the stability of these adoptions. The development of an indicator for children who have been adopted and returned to care is not difficult. However, accessing the data to provide the information is. Adoption is usually accompanied with a change in the child's name and case number so that it is difficult to know that a particular child coming into care with one name is in fact the same child who was previously in care under a different name.

The Center has developed an adoption displacement indicator that accounts for most finalized adoptions. Most of the families who adopt children through the Department receive adoption assistance. When a child is adopted and the family receives adoption assistance the Department's data systems indicate that the child's case is closed and a new adoption assistance case is opened. Since adoption assistance is normally provided until the child reaches age 18, a child in an adoption assistance case that moves to substitute care or closes prior to age 18 is likely to represent a child reentering care. Since a few cases close before age 18 due to the death of the child, these cases are not counted in this indicator.

Using this definition for adoption displacement, Table 4.7 shows the number of children in adoption assistance cases who moved to substitute care or were closed during the fiscal year younger than 18 years of age and the reason for case closure was not the child's death. The table also includes the number of children in adoption assistance cases opened during the year and the percent of children counted as adoption displacements. These data show that the number of adoption displacements was fairly stable through FY 94. However since the number of adoption assistance cases grew during this period, the adoption displacement rate declined from 4.0% in FY 90 to 2.8% in FY 94. Since then the number of adoption displacements has increased but not nearly as fast as the number of children in adoption assistance cases. This results in a steady decline in the adoption displacement rate from 2.7% in FY 95 to 1.1% in FY 00.

#### **TRANSFER OF GUARDIANSHIP**

Some of the children who do not return home achieve a permanent family by having someone other than the Department become their legal guardian. In some cases this is an extended family member; in other cases, it is an unrelated person who has a strong interest in the child.

**Indicator:** Percent of children and rate (per 100 child-years) in substitute care with guardianship transferred to a private person.

Table 4.8 presents the rate of transfer of guardianship. Children have been able to have guardianship transferred to a private person for many years. This is called successor guardianship; however, it had been a little-used option, as can be seen in the table. More recently the Department instituted the subsidized guardianship program, which maintains financial assistance to families who assume legal guardianship of a child. This has greatly increased the number of children achieving permanency.



From FY 90 through FY 96 less than 20 children per year achieved permanence through guardianship. In FY 97, 196 children achieved permanency through guardianship and this increased to 2,061 in FY 99. These increases can

**Table 4.7 Adoption Displacements**

	Fiscal Year										
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Total number of adoption assistance cases active during the fiscal year.	5,180	5,509	5,953	6,596	7,464	8,732	10,300	11,919	16,323	22,970	28,523
Number of children with an open adoption assistance case who moved to substitute care without case closing.	114	106	109	118	129	145	144	167	150	164	138
Number of children whose cases closed under age 18.	94	79	95	70	80	90	90	73	147	163	175
Total number of children who were displaced from their adoption assistance placement.	208	185	204	188	209	235	234	240	297	327	313
Adoption displacements as a percent of children in adoption assistance cases.	4.0%	3.4%	3.4%	2.9%	2.8%	2.7%	2.3%	2.0%	1.8%	1.4%	1.1%

**Table 4.8 Rate at which Guardianship is Transferred to a Private Person**

<b>Fiscal Year</b>	<b>Children in Guardianship</b>	<b>Children in Substitute Care<sup>a</sup></b>	<b>Mean Duration in Care (days)</b>	<b>Transfer Rate per 100 Children in Care</b>	<b>Transfer Rate per 100 Childcare-Years</b>
1990	8	27,164	263	.03	.04
1991	18	30,115	267	.06	.08
1992	12	36,072	271	.03	.04
1993	5	40,818	281	.01	.02
1994	15	47,910	284	.03	.04
1995	9	56,469	290	.02	.02
1996	17	59,416	303	.03	.03
1997	196	60,441	308	.32	.38
1998	1,284	59,174	301	2.17	2.63
1999	2,061	53,741	291	3.84	4.83
2000	1,636	44,063	286	3.71	4.72

*Note:* The operational definition of guardianship is included in the appendix.

<sup>a</sup> Number of children in one or more substitute care placement during the given fiscal year. Cases open less than 7 days or adoption assistance cases are not included in this count.

be seen even more dramatically through the rate (per 100 child-years) of children achieving permanency through the guardianship program. From FY 90 through FY 96 this rate ranged from .02 to .08 per 100 children in care for 1 year. In FY 97 this rate increased to .38 and in FY 00 it was 4.72.

#### **ADDITIONAL PERMANENCY OUTCOMES ANALYSIS: AGE, RACE, GENDER, AND REGION**

This section contains additional permanency outcomes results. Selected outcomes are analyzed by age, race, and gender of the child. Results are also reported by Department region. The purpose of this analysis is to begin to identify differences between children and regions in achieving permanency outcomes. This type of analysis can also assist the Department in targeting its efforts to enhance performance. While data in the administrative database allow identification of differences in outcomes, they do not provide data that explains these differences. Explanatory analysis is beyond the scope of this report.

#### **Movement of Children From Family Cases: Gender, Race, Age, and Region**

No gender differences in children placed from family cases were found. Consequently these data are not reported here. There are differences between racial groups in children placed into substitute care from family cases (Table 4.9). African American children consistently have a higher placement rate than Hispanic or White children. In FY 90, 11 African American children per 100 in family cases for 1 year were placed into substitute care. This rate increased to nearly 19 per 100 children in care for 1 year in FY 94 and subsequently decreased to nearly 12 per 100 in care for 1 year in the FY 00. The rate at which White children were placed from family cases increased from 7 per 100 children in care for 1 year in FY 90 to 9 in FY 94. Since

then the rate has decreased to between 8 per 100 children in care for 1 year in the last several fiscal years. The placement

**Table 4.9 Substitute Care Placement From Family Cases by Ethnicity**

<b>Fiscal Year</b>	<b>Ethnicity</b>	<b>Children Leaving Home to Substitute Care</b>	<b>Children at Home With Open Family Cases<sup>a</sup></b>	<b>Mean Duration in Care (days)</b>	<b>Placement Rate (percentage)</b>	<b>Placement Rate per 100 Childcare-Years</b>	<b>Ratio of Placement Rate per 100 Childcare-Years to White Placement Rate</b>
1990	African American	1,662	25,550	218	6.5	10.9	1.5
	Hispanic	115	3,243	223	3.5	5.8	0.8
	White	740	17,868	211	4.1	7.2	1.0
1992	African American	2,534	24,272	232	10.4	16.4	2.1
	Hispanic	192	3,123	226	6.1	9.9	1.3
	White	746	17,568	203	4.2	7.6	1.0
1994	African American	2,731	23,371	227	11.7	18.8	1.7
	Hispanic	198	3,048	220	6.5	10.8	1.2
	White	851	17,111	200	5.0	9.1	1.0
1996	African American	2,627	30,756	230	8.5	13.6	1.7
	Hispanic	215	4,646	217	4.6	7.8	1.0
	White	825	19,495	195	4.2	7.9	1.0
1998	African American	1,554	19,341	219	8.0	13.4	1.7
	Hispanic	186	3,725	205	5.0	8.9	1.2
	White	604	15,217	188	4.0	7.7	1.0
2000	African American	859	12,965	199	6.6	12.2	1.5
	Hispanic	68	2,650	179	2.6	5.3	0.6

	White	491	12,059	181	4.1	8.2	1.0
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<sup>a</sup> Family case includes the first family case on record for the child.

rate for Hispanic children generally increased between FY 90 and FY 94 from 6 per 100 to 11. This rate was 5 per 100 children in care for one year in FY 00.

The ratio of the African American and Hispanic placement rate per 100 children in care for one year to this rate for white children is another way to examine disproportion adoption placement rates as by race (Table 4.9). For example, in FY 00, 1.5 times as many African American children were placed into substitute care from family cases as compared to white children. This ratio was 0.6 for Hispanic children. These proportions are similar across years. Typically the placement rate for African American children is 1.5 to 2.1 times that of white children. This ratio for Hispanic children ranges from 0.6 to 1.3.

Rates of placement for children in family cases by age are shown in Table 4.10. To make the table easier to read, only the even-numbered years are presented. Children under the age of 3 consistently have the highest placement rate. This rate increased from 12 per 100 children in care for 1 year in FY 90 to 18 per 100 in FY 94. Since then this placement rate has declined to 10 in both FY 98 and FY 00. Placement rates generally decrease as the age of the child increases except for those children between the ages of 12 and 15. In the years from FY 90 through FY 97 placement rates for children in this age group were higher than for children in adjacent age groups, ranging from 11 in FY 90 to 8 in FY 96. In FY 00 this rate was 6 per 100 children in care for one year.

Placement rates for children in family cases are higher for Cook County regions than for non-Cook regions (Table 4.11). For Cook County regions the placement rate went from 10 per 100 children in care for 1 year in FY 90 to 19 in FY 94. Since then it has decreased to 10 per 100 in the most recent fiscal year. For non-Cook regions this rate has been more stable, going from 9 in FY 90 to 10 in FY 96 and remaining at about 10 per 100 since then. The rates for Cook County and the rest of the state were nearly identical in FY 00.





**Table 4.10 Substitute Care Placement From Family Cases by Age and Fiscal Year**

<b>Fiscal Year</b>	<b>Age in Fiscal Year</b>	<b>Children Leaving Home to Substitute Care</b>	<b>Children at Home With Open Family Cases<sup>a</sup></b>	<b>Mean Duration in Care (days)</b>	<b>Placement Rate (percentage)</b>	<b>Placement Rate per 100 Childcare-Years</b>
1990	Up to 3 years	825	13,043	200	6.3	11.5
	3 to 6 years	381	8,450	208	4.5	7.9
	6 to 9 years	307	6,732	205	4.6	8.1
	9 to 12 years	239	5,319	206	4.5	8.0
	12 to 15 years	245	4,074	201	6.0	10.9
	15 to 18 years	102	2,597	206	3.9	7.0
1992	Up to 3 years	1,132	12,340	203	9.2	16.5
	3 to 6 years	558	7,839	204	7.1	12.7
	6 to 9 years	392	6,058	205	6.5	11.5
	9 to 12 years	297	5,001	208	5.9	10.4
	12 to 15 years	299	3,754	200	8.0	14.5
	15 to 18 years	125	2,322	202	5.4	9.7

<sup>a</sup> Family case includes the first family case on record for the child.

**Table 4.10 Substitute Care Placement From Family Cases by Age and Fiscal Year (continued)**

<b>Fiscal Year</b>	<b>Age in Fiscal Year</b>	<b>Children Leaving Home to Substitute Care</b>	<b>Children at Home With Open Family Cases<sup>a</sup></b>	<b>Mean Duration in Care (days)</b>	<b>Placement Rate (percentage)</b>	<b>Placement Rate per 100 Childcare-Years</b>
1994	Up to 3 years	1,120	11,555	200	9.7	17.7
	3 to 6 years	525	7,695	201	6.8	12.4
	6 to 9 years	397	5,841	200	6.8	12.4
	9 to 12 years	296	4,737	198	6.2	11.5
	12 to 15 years	272	3,810	197	7.1	13.3
	15 to 18 years	105	2,256	206	4.7	8.3
1996	Up to 3 years	988	14,448	208	6.8	12.0
	3 to 6 years	577	10,500	206	5.5	9.8
	6 to 9 years	359	8,271	203	4.3	7.8
	9 to 12 years	274	6,478	205	4.2	7.5
	12 to 15 years	249	5,437	203	4.6	8.2
	15 to 18 years	82	3,310	206	2.5	4.4

<sup>a</sup> Family case includes the first family case on record for the child.

**Table 4.10** Substitute Care Placement From Family Cases by Age and Fiscal Year (*continued*)

<b>Fiscal Year</b>	<b>Age in Fiscal Year</b>	<b>Children Leaving Home to Substitute Care</b>	<b>Children at Home With Open Family Cases<sup>a</sup></b>	<b>Mean Duration in Care (days)</b>	<b>Placement Rate (percentage)</b>	<b>Placement Rate per 100 Childcare-Years</b>
1998	Up to 3 years	520	9,488	194	5.5	10.3
	3 to 6 years	315	7,422	198	4.2	7.8
	6 to 9 years	261	6,213	194	4.2	7.9
	9 to 12 years	179	4,804	196	3.7	7.0
	12 to 15 years	140	4,031	197	3.5	6.4
	15 to 18 years	46	2,450	204	1.9	3.4
2000	Up to 3 years	370	7,262	181	5.1	10.3
	3 to 6 years	176	5,402	180	3.3	6.6
	6 to 9 years	154	4,812	182	3.2	6.4
	9 to 12 years	99	3,810	185	2.6	5.1
	12 to 15 years	98	3,059	187	3.2	6.3
	15 to 18 years	36	1,940	193	1.9	3.5

<sup>a</sup> Family case includes the first family case on record for the child.

**Table 4.11 Substitute Care Placement From Family Cases by Cook/Non-Cook Regions**

<b>Fiscal Year</b>	<b>Cook/Non-Cook</b>	<b>Children Leaving Home to Substitute Care</b>	<b>Children at Home With Open Family Cases<sup>a</sup></b>	<b>Mean Duration in Care (days)</b>	<b>Placement Rate (percentage)</b>	<b>Placement Rate per 100 Childcare -Years</b>
1990	Cook regions	1,542	26,821	219	5.7	9.6
	Non-Cook regions	1,025	20,682	212	5.0	8.5
1992	Cook regions	2,386	22,532	239	10.6	16.2
	Non-Cook regions	1,130	23,238	202	4.9	8.8
1994	Cook regions	2,541	21,216	230	12.0	19.0
	Non-Cook regions	1,322	23,167	203	5.7	10.3
1996	Cook regions	2,619	31,805	234	8.2	12.9
	Non-Cook regions	1,109	24,294	194	4.6	8.6
1998	Cook regions	1,479	19,364	219	7.6	12.8
	Non-Cook regions	919	19,893	191	4.6	8.8
2000	Cook regions	641	11,491	202	5.6	10.1
	Non-Cook regions	816	17,037	180	4.8	9.7

<sup>a</sup> Family case includes the first family case on record for the child.

### **Children Exiting From Care: Gender, Race, Age, and Region**

Examining the permanency outcomes of return home, adoption, and guardianship by gender, race, age and region produces a large number of tables that are difficult to combine in an overall picture of Department performance. In an attempt to portray these findings in a more readable format, this report combines the permanency outcomes to show exits from the child welfare system for groups of children who entered Department care by fiscal year (entry cohorts). Table 4.12 provides the number of children who entered Department care for each fiscal year since FY 90 and shows the number who returned home, were adopted, and had guardianship transferred to a private person. In addition this table shows the number of children who achieved the age of majority while in Department care (aged out), ran away, died, and the number still in care. While this table provides a more complete picture of the ways that children leave the care of the Department, it is still not easy to interpret. Therefore Table 4.13 presents the same information with percentages.

The exit percentages show that while many children return home, a rate of 30–32% of those entering care in a given year might be close to the upper limit for children being reunified. These are the return home percentages for those children entering care in FY 90 and FY 91 and they have remained stable while other exit rates have increased.

The percentage of children adopted for a given entry cohort is now exceeding the percent returned home for some years. Between 27% and 29% of children entering care in the FY 92 through FY 95 cohorts have been adopted. These percentages are as high or higher than these cohorts for children exiting by returning home are. When adoption is combined with guardianship between 32% and 36% of children entering care from FY 92 through FY 94 exited care. This compares with return home percentages from 26% – 27%. Currently, the highest guardianship transfer rates are highest for the FY 94 (7%) through FY 96 (6%) entry cohorts.

**Table 4.12 Number of Children Entering, Exiting, and Remaining in Substitute Care by Exit Type and Fiscal Year**

Fiscal Year	Children Entering Substitute Care <sup>a</sup>	Exit Type								Sum Still in Care on June 30, 2000
		At home	Adopted	Guardianship	Aged out	Runaway, case closed	Deceased	Closed in substitute care	Still in care	
1990	8,483	2,707	1,757	234	1,229	16	33	553	1,954	1,954
1991	9,003	2,716	2,059	319	1,195	10	46	558	2,100	4,054
1992	11,206	3,045	3,041	551	1,373	17	43	754	2,382	6,436
1993	10,265	2,689	2,913	564	1,097	11	44	590	2,357	8,793
1994	12,713	3,332	3,655	865	1,018	7	47	720	3,069	11,862
1995	13,848	3,768	3,769	884	869	10	53	742	3,753	15,615
1996	10,047	2,777	2,684	570	400	5	45	456	3,110	18,725
1997	9,132	2,595	1,949	325	240	2	37	329	3,655	22,380
1998	7,612	1,903	941	126	91	4	22	198	4,327	26,707
1999	6,888	1,429	288	2	29	0	17	145	4,978	31,685
2000	5,455	724	42	0	6	0	12	76	4,595	36,280

<sup>a</sup> Number of children whose first ever substitute care placement in his/her first case was active during the given fiscal year. Unduplicated across children.

**Table 4.13** Number of Children Entering and Percentage Exiting From Substitute Care by Exit Type

Fiscal Year	Children Entering Substitute Care <sup>a</sup>	Exit Type							
		At home	Adopted	Guardianship	Aged out	Runaway, case closed	Deceased	Closed in substitute care	Still in care
1990	8,483	32%	21%	3%	14%	0%	0%	7%	23%
1991	9,003	30%	23%	4%	13%	0%	1%	6%	23%
1992	11,206	27%	27%	5%	12%	0%	0%	7%	21%
1993	10,265	26%	28%	5%	11%	0%	0%	6%	23%
1994	12,713	26%	29%	7%	8%	0%	0%	6%	24%
1995	13,848	27%	27%	6%	6%	0%	0%	5%	27%
1996	10,047	28%	27%	6%	4%	0%	0%	5%	31%
1997	9,132	28%	21%	4%	3%	0%	0%	4%	40%
1998	7,612	25%	12%	2%	1%	0%	0%	3%	57%
1999	6,888	21%	4%	0%	0%	0%	0%	2%	72%
2000	5,370	13%	1%	0%	0%	0%	0%	1%	84%

<sup>a</sup> Number of children whose first substitute care placement in his/her first case was active in the given fiscal year. Unduplicated across children.



Youth are aging out of care at rates of 11% – 14% of those entering care from FY 90 through FY 93. For children who entered care in the first half of the 1990s, about one quarter are still in care. The Multistate Foster Care Data Archive provides some comparison data. These data show that for those children who first entered care between 1988 and 1995, the comparisons of reunifications, adoption and children still in care through December 1998<sup>12</sup> are:

	<b>Reunification</b>	<b>Adoption</b>	<b>Still in Care</b>
New York	51%	16%	10%
Michigan	46%	18%	5%
Illinois	46%	20%	26%
Ohio <sup>13</sup>	37%	11%	5% (Wulczyn, Hislop, & Goerge, 2000).

Since it is easier to interpret changes between categories and across years with percentages, the tables that show exits by race, age and region will include only percentages. No tables are included for exits by gender since no appreciable gender differences were noted. Table 4.14 shows the percent of each entry cohort exiting care by race and demonstrates some of the complexity of the relationship between race and exiting Department care. For ease of presentation the percentages of children who ran away and had their case closed or died while in care are deleted from this table. These percentages were negligible.

The pattern that emerges from this table is that African American children exit care most frequently through adoption or guardianship while White children exit most frequently through being reunified with their families. For those African American

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<sup>12</sup> Children also exited care by reaching the age of maturity (2–5%), running away (2–9%), and other (13–28%). The other category is not explained in the MFCA report.

<sup>13</sup> Ohio data based upon entries from 1990–1995.

children entering care from FY 90 through FY 96, 30% to 41% exited care through adoption and guardianship while 20% to 25% returned home.

**Table 4.14 Number of Children Entering and Percentage Exiting From Substitute Care by Exit Type and Ethnicity**

Fiscal Year	Ethnicity	Children Entering Substitute Care <sup>a</sup>	Exit Type					Closed in substitute care	Still in care
			At home	Adopted	Guardian-ship	Aged out			
1990	African American	4,952	25%	26%	4%	13%	6%	25%	
	Hispanic	424	33%	15%	0%	15%	6%	31%	
	White	2,892	44%	13%	1%	15%	8%	19%	
1992	African American	7,678	21%	31%	7%	11%	6%	23%	
	Hispanic	575	33%	20%	1%	10%	11%	25%	
	White	2,786	42%	18%	1%	15%	7%	16%	
1994	African American	8,832	21%	32%	9%	7%	5%	27%	
	Hispanic	635	33%	26%	4%	9%	7%	20%	
	White	3,013	39%	21%	3%	12%	7%	18%	
1996	African American	6,557	22%	30%	7%	3%	4%	33%	
	Hispanic	675	32%	22%	2%	4%	6%	32%	
	White	2,620	40%	19%	3%	6%	6%	26%	
1998	African American	4,782	19%	13%	2%	1%	2%	63%	
	Hispanic	606	28%	8%	1%	2%	3%	57%	
	White	2,032	37%	11%	2%	2%	4%	43%	
2000	African American	3,132	9%	1%	0%	0%	1%	89%	
	Hispanic	326	15%	0%	0%	0%	2%	83%	
	White	1,821	21%	1%	0%	0%	2%	76%	

<sup>a</sup> Number of children whose first substitute care placement in his/her first case was active in the given fiscal year. Unduplicated across children.

During these same years 14% to 24% of White children exited care through adoption or guardianship and 39% to 44% were returned home.

For FY 98, FY 99 and FY 00 the percentage of White children returned home is nearly double that of African American children. However, since this period of time is not sufficient for most adoptions to occur and guardianship requires children to be in care for at least two years with adoption being ruled out as a permanency option, a higher percentage of African American children remain in care. Another way to understand this is by examining the percentages of each cohort who are still in substitute care. For those children who entered care in FY 91 through FY 96 the differences in percentages of African American and White children remaining are between 5% and 9%. In the previous report these percentages ranged from 11% to 15%. For FY 98 and FY 00 these deficiencies are 20% and 13%.

Hispanic children tend to exit care more like White children than African American children do. Hispanic children tend to return home more frequently than exit through adoption or guardianship. For example for those Hispanic children entering care in FY 96 32% returned home and 24% have exited through adoption or guardianship. This rate of adoption or guardianship is similar to that of White children (22%) and much lower than that of African American children (37%). While the return home rate for Hispanic children (32%) is higher than that of African American children (22%) it is somewhat lower than the rate for White children (40%). Consequently, for some years the percentage of Hispanic children still in substitute care is higher than that of either African American or White children.

Not surprisingly, there are differences in percent of children exiting care by age (Table 4.15). For each entry cohort except the most recent, children who entered care under the age of 3 had high rates of exiting by adoption. For each entry cohort this age group has been the largest number of children coming into

**Table 4.15** Number of Children Entering and Percentage Exiting From Substitute Care by Exit Type and Age in Fiscal Year

Fiscal Year	Age in Fiscal Year	Children Entering Substitute Care <sup>a</sup>	Exit Type					
			At home	Adopted	Guardian-ship	Aged out	Closed in substitute care	Still in care
1990	Up to 3 years	3,240	30%	38%	4%	0%	7%	20%
	3 to 6 years	1,434	35%	22%	6%	0%	5%	32%
	6 to 9 years	1,061	36%	14%	2%	5%	7%	36%
	9 to 12 years	906	35%	4%	0%	31%	6%	23%
	12 to 15 years	995	33%	0%	0%	44%	8%	13%
	15 to 18 years	818	24%	0%	0%	54%	6%	14%
1992	Up to 3 years	4,271	25%	46%	5%	0%	6%	18%
	3 to 6 years	2,039	29%	32%	9%	0%	6%	24%
	6 to 9 years	1,472	32%	21%	9%	0%	7%	31%
	9 to 12 years	1,217	29%	9%	2%	16%	10%	34%
	12 to 15 years	1,278	29%	1%	0%	48%	9%	12%
	15 to 18 years	897	22%	0%	0%	61%	5%	10%

<sup>a</sup> Number of children whose first substitute care placement in his/her first case was active in the given fiscal year. Unduplicated across children.

**Table 4.15** Number of Children Entering and Percentage Exiting From Substitute Care by Exit Type and Age in Fiscal Year *(continued)*

Fiscal Year	Age in Fiscal Year	Children Entering Substitute Care <sup>a</sup>	Exit Type					
			At home	Adopted	Guardian-ship	Aged out	Closed in substitute care	Still in care
1994	Up to 3 years	5,139	21%	47%	6%	0%	5%	19%
	3 to 6 years	2,406	30%	30%	10%	0%	4%	26%
	6 to 9 years	1,637	32%	22%	12%	0%	5%	30%
	9 to 12 years	1,243	31%	10%	10%	2%	6%	41%
	12 to 15 years	1,318	29%	1%	1%	32%	9%	26%
	15 to 18 years	932	21%	0%	0%	61%	8%	10%
1996	Up to 3 years	4,278	24%	41%	5%	0%	4%	26%
	3 to 6 years	1,810	30%	26%	7%	0%	4%	32%
	6 to 9 years	1,226	31%	20%	10%	0%	4%	35%
	9 to 12 years	998	33%	13%	10%	0%	4%	41%
	12 to 15 years	978	33%	3%	3%	11%	7%	43%
	15 to 18 years	693	26%	0%	0%	41%	8%	24%

<sup>a</sup> Number of children whose first substitute care placement in his/her first case was active in the given fiscal year. Unduplicated across children.

**Table 4.15** Number of Children Entering and Percentage Exiting From Substitute Care by Exit Type and Age in Fiscal Year (*continued*)

Fiscal Year	Age in Fiscal Year	Children Entering Substitute Care <sup>a</sup>	Exit Type					
			At home	Adopted	Guardian-ship	Aged out	Closed in substitute care	Still in care
1998	Up to 3 years	3,282	20%	21%	1%	0%	2%	55%
	3 to 6 years	1,206	29%	8%	2%	0%	2%	59%
	6 to 9 years	1,034	29%	7%	3%	0%	2%	59%
	9 to 12 years	837	31%	5%	3%	0%	3%	59%
	12 to 15 years	733	30%	3%	3%	0%	3%	60%
	15 to 18 years	501	26%	0%	0%	17%	8%	48%
2000	Up to 3 years	2,398	10%	1%	0%	0%	1%	88%
	3 to 6 years	865	16%	0%	0%	0%	2%	81%
	6 to 9 years	695	16%	0%	0%	0%	1%	82%
	9 to 12 years	571	15%	1%	0%	0%	1%	83%
	12 to 15 years	553	16%	2%	0%	0%	3%	80%
	15 to 18 years	355	14%	1%	0%	1%	3%	80%

<sup>a</sup> Number of children whose first substitute care placement in his/her first case was active in the given fiscal year. Unduplicated across children.



care. For example, of children in this age group who entered care in FY 94, 47% exited by adoption.

The youngest and the oldest children have relatively lower percentages returning home. For example, for those children entering care in FY 92 who were under the age of 3, 25% returned home. This compares to a return home rate of 22% for children who entered at 15 to 18 years of age. The return home rates are similar for children who entered care from age 3 through 15. For example, for those children in these age groups who entering care in FY96 between 30% and 33% returned home.

Children who left care by aging out were older when they entered care. For those children who entered care at 15 to 18 years of age in FY 90, 54% exited by aging out. This increased to 61% for children in this age group entering care in FY 92 and FY 94.

The largest percentage of children still in substitute care tends to be those who entered care from 9 to 12 years of age. For example, for those children who entered care in this age group in FY 92, 34% of those are still in care. For those in this age group and entering care in FY 96, 41% are still in care.

The three non-Cook County Department regions consistently have higher percentages of children returning home (Table 4.16). For those children entering care from these regions in FY 90, 45% returned home. Cook County regions had a reunification rate of 22%. This difference is fairly consistent over time, with 35% of children entering care in non-Cook regions in FY 98 returning home; this percentage for Cook County regions was 18%.

The Cook County regions have a higher percentage of children exiting care through adoption and guardianship than the non-Cook regions. For those children entering care in Cook County in FY 90, 26% were adopted and 4% exited through guardianship. These percentages for the non-Cook regions were 14% and 1%. These

results are similar to the racial differences identified for children exiting care. Since most of the African American children entering care are in

**Table 4.16 Number of Children Entering and Percentage Exiting From Substitute Care by Exit Type and Region by Fiscal Year**

Fiscal Year	Cook/Non-Cook	Children Entering Substitute Care <sup>a</sup>	Exit Type					
			At home	Adopted	Guardian-ship	Aged out	Closed in substitute care	Still in care
1990	Cook regions	4,797	22%	26%	4%	15%	6%	28%
	Non-Cook regions	3,686	45%	14%	1%	14%	8%	16%
1992	Cook regions	7,253	19%	32%	6%	12%	7%	23%
	Non-Cook regions	3,953	42%	18%	2%	13%	7%	17%
1994	Cook regions	8,186	19%	33%	8%	7%	5%	27%
	Non-Cook regions	4,527	40%	21%	4%	9%	6%	20%
1996	Cook regions	6,433	21%	31%	7%	3%	4%	33%
	Non-Cook regions	3,614	40%	19%	4%	5%	5%	27%
1998	Cook regions	4,510	18%	12%	2%	1%	2%	65%
	Non-Cook regions	3,102	35%	12%	2%	2%	4%	45%
2000	Cook regions	2,453	5%	1%	0%	0%	0%	93%
	Non-Cook regions	3,002	20%	1%	0%	0%	2%	77%

<sup>a</sup> Number of children whose first substitute care placement in his/her first case was active in the given fiscal year. Unduplicated across children.



Cook county and most White children entering care are from the rest of the state, the higher return rate for non-Cook regions and higher adoption rate for Cook county are expected.

### **Children Returned to Substitute Care: Gender, Race, Age, and Region**

No gender differences in children reentering substitute care were found; therefore this data is not reported here. Some differences do exist between racial groups (Table 4.17), but no consistent pattern emerges over time. A larger percentage of African American children returned to care in the early 1990s. For example, for those children returned home in FY 90, 58% of African American children did not return to substitute care compared to 65% of Hispanic and 69% of White children. For those children returned home since FY 96 nearly equal percentages of African American and White children did not return to substitute care with a slightly higher percentage of Hispanic children not returning to care. For example, for those children returned home in FY 98, nearly 80% of African American children have not returned to substitute care, 77% of White children did not reenter the system and 91% of Hispanic children did not return to care.

Reentry into care differs by age (Table 4.18). For most years, the younger children were at time of returning home, the more likely they were to reenter care. For example, for those children who returned home in FY 90, 58% of those up to age 3 remain at home compared to 61% of those 6 to 9 years of age and 69% of those 12 to 15 years of age. In more recent years, the youngest children and those between the ages of 12 and 15 have a higher rate of reentry into substitute care.

Table 4.19 shows reentry rates by regions. Differences between Cook County regions and those in the rest of the state have changed over time. For those children returned home from FY 90 through FY 94 a larger percentage of children returned

home outside of Cook County have not reentered care. For example, for those children returning home in FY 92, 60% of those from Cook

**Table 4.17 Reentry to Substitute Care by Time to Reentry, Fiscal Year, and Ethnicity**

Fiscal Year <sup>a</sup>	Ethnicity	Children Returned Home <sup>b</sup>	Children Reentering Substitute Care <sup>c</sup>											
			7 Days or Less		7 Days–6 Months		6–12 Months		12–18 Months		More than 18 Months		Did Not Return to Substitute Care	
			N	%	N	%	N	%	N	%	N	%	N	%
1990	African American	1,362	17	1.2	177	13.0	85	6.2	53	3.9	237	17.4	793	58.2
	Hispanic	190	2	1.1	23	12.1	16	8.4	4	2.1	21	11.1	124	65.3
	White	1,233	11	0.9	155	12.6	65	5.3	46	3.7	104	8.4	852	69.1
1992	African American	1,884	16	0.9	237	12.6	175	9.3	111	5.9	271	14.4	1,074	57.0
	Hispanic	229	2	0.9	24	10.5	18	7.9	6	2.6	14	6.1	165	72.1
	White	1,638	24	1.5	205	12.5	64	3.9	30	1.8	137	8.4	1,178	72.0
1994	African American	1,735	32	1.8	247	14.2	118	6.8	93	5.4	114	6.6	1,131	65.2
	Hispanic	224	4	1.8	12	5.4	8	3.6	2	0.9	24	10.7	174	77.7
	White	1,516	22	1.4	196	12.9	78	5.2	36	2.4	108	7.1	1,076	71.0
1996	African American	2,140	18	0.8	204	9.5	120	5.6	71	3.3	129	6.0	1,598	74.7
	Hispanic	257	0	0	31	12.1	7	2.7	2	0.8	11	4.3	206	80.2
	White	1,574	20	1.3	207	13.2	90	5.7	56	3.6	84	5.3	1,117	71.0

<sup>a</sup> Fiscal year is the fiscal year the child was returned home from substitute care.

<sup>b</sup> Number of children who were living at home during the fiscal year and had previously lived in substitute care.

<sup>c</sup> From the time returned home.



**Table 4.17 Reentry to Substitute Care by Time to Reentry, Fiscal Year, and Ethnicity (continued)**

Fiscal Year <sup>a</sup>	Ethnicity	Children Returned Home <sup>b</sup>	Children Reentering Substitute Care <sup>c</sup>											
			7 Days or Less		7 Days – 6 Months		6–12 Months		12–18 Months		More than 18 Months		Did Not Return to Substitute Care	
			N	%	N	%	N	%	N	%	N	%	N	%
1998	African American	2,521	18	0.7	249	9.9	115	4.6	58	2.3	81	3.2	2,009	79.3
	Hispanic	353	0	0	17	4.8	7	2.0	1	0.3	9	2.6	319	90.4
	White	1,322	10	0.8	162	12.3	76	5.8	26	2.0	27	2.0	1,021	77.2
2000	African American	2,077	11	0.5	188	9.1	57	2.7	6	0.3	0	0	1,815	87.4
	Hispanic	263	6	2.3	9	3.4	2	0.8	0	0	0	0	246	93.5
	White	1,021	26	2.6	121	11.9	22	2.2	3	0.3	0	0	849	83.2

<sup>a</sup> Fiscal year is the fiscal year the child was returned home from substitute care.

<sup>b</sup> Number of children who were living at home during the fiscal year and had previously lived in substitute care.

<sup>c</sup> From the time returned home.

**Table 4.18 Reentry to Substitute Care by Time to Reentry, Fiscal Year, and Age in Fiscal Year**

Fiscal Year <sup>a</sup>	Age <sup>b</sup>	Children Returned Home <sup>c</sup>	Children Reentering Substitute Care <sup>d</sup>											
			7 Days or less		7 Days–6 months		6–12 months		12–18 months		More than 18 months		Did Not Return to Substitute Care	
			N	%	N	%	N	%	N	%	N	%	N	%
1990	Up to 3 years	952	14	1.5	143	15.0	63	6.6	32	3.4	151	15.9	549	57.7
	3 to 6 years	569	6	1.0	59	10.4	33	5.8	29	5.1	86	15.1	356	62.6
	6 to 9 years	397	2	0.5	46	11.6	20	5.0	15	3.8	73	18.4	241	60.7
	9 to 12 years	298	2	0.7	36	12.1	17	5.7	13	4.4	38	12.8	192	64.4
	12 to 15 years	333	3	0.9	46	13.8	21	6.3	11	3.3	23	6.9	229	68.8
	15 to 18 years	297	3	1.0	42	14.1	14	4.7	6	2.0	2	0.7	230	77.4
1992	Up to 3 years	1,085	13	1.2	152	14.0	80	7.4	46	4.2	147	13.6	647	59.6
	3 to 6 years	753	2	0.3	83	11.0	52	6.9	31	4.1	107	14.2	478	63.5
	6 to 9 years	518	1	0.2	54	10.4	40	7.7	21	4.0	72	13.9	330	63.7
	9 to 12 years	460	3	0.6	39	8.5	37	8.0	22	4.8	66	14.4	293	63.7
	12 to 15 years	497	9	1.8	75	15.1	35	7.0	17	3.4	27	5.4	334	67.2
	15 to 18 years	451	14	3.1	69	15.3	18	4.0	9	2.0	10	2.2	331	73.4

<sup>a</sup> Fiscal year is the fiscal year the child was returned home from substitute care.

<sup>b</sup> Age of child at the time he/she was returned home.

<sup>c</sup> Number of children who were living at home during the fiscal year and had previously lived in substitute care.

<sup>d</sup> From the time returned home.

**Table 4.18 Reentry to Substitute Care by Time to Reentry, Fiscal Year, and Age in Fiscal Year (continued)**

Fiscal Year <sup>a</sup>	Age <sup>b</sup>	Children Returned Home <sup>c</sup>	Children Reentering Substitute Care <sup>d</sup>											
			7 Days or less		7 Days–6 months		6–12 months		12–18 months		More than 18 months		Did Not Return to Substitute Care	
			N	%	N	%	N	%	N	%	N	%	N	%
1994	Up to 3 years	876	18	2.0	133	15.2	62	7.1	30	3.4	85	9.7	548	62.6
	3 to 6 years	770	7	0.9	87	11.3	37	4.8	34	4.4	65	8.4	540	70.1
	6 to 9 years	522	10	1.9	59	11.3	23	4.4	27	5.2	44	8.4	359	68.8
	9 to 12 years	392	6	1.5	43	11.0	22	5.6	13	3.3	30	7.6	278	70.9
	12 to 15 years	458	9	2.0	74	16.2	29	6.3	20	4.4	21	4.6	305	66.6
	15 to 18 years	454	8	1.8	67	14.8	32	7.1	9	2.0	5	1.1	333	73.4
1996	Up to 3 years	783	7	0.9	120	15.3	42	5.4	25	3.2	42	5.5	546	69.7
	3 to 6 years	856	11	1.3	76	8.9	52	6.1	32	3.7	67	7.8	618	72.2
	6 to 9 years	707	4	0.6	65	9.2	48	6.8	20	2.8	42	5.9	528	74.7
	9 to 12 years	496	4	0.8	45	9.1	25	5.0	22	4.4	28	5.7	372	75.0
	12 to 15 years	516	4	0.8	72	14.0	30	5.8	24	4.7	36	7.0	350	67.8
	15 to 18 years	573	7	1.2	74	12.9	25	4.4	10	1.8	10	1.7	447	78.0

<sup>a</sup> Fiscal year is the fiscal year the child was returned home from substitute care.

<sup>b</sup> Age of child at the time he/she was returned home.

<sup>c</sup> Number of children who were living at home during the fiscal year and had previously lived in substitute care.

<sup>d</sup> From the time returned home.

**Table 4.18 Reentry to Substitute Care by Time to Reentry, Fiscal Year, and Age in Fiscal Year (continued)**

Fiscal Year <sup>a</sup>	Age <sup>b</sup>	Children Returned Home <sup>c</sup>	Children Reentering Substitute Care <sup>d</sup>											
			7 Days or less		7 Days–6 months		6–12 months		12–18 months		More than 18 months		Did Not Return to Substitute Care	
			N	%	N	%	N	%	N	%	N	%	N	%
1998	Up to 3 years	794	8	1.0	133	16.8	42	5.3	23	2.9	25	3.2	563	70.9
	3 to 6 years	937	4	0.4	92	9.8	47	5.0	11	1.2	24	2.6	759	81.0
	6 to 9 years	786	4	0.5	52	6.6	37	4.7	16	2.0	26	3.1	651	82.8
	9 to 12 years	645	4	0.6	47	7.3	31	4.8	13	2.0	23	3.6	527	81.7
	12 to 15 years	549	3	0.6	70	12.7	29	5.3	14	2.6	18	3.3	415	75.6
	15 to 18 years	488	8	1.6	47	9.6	20	4.1	9	1.8	7	1.4	397	81.4
2000	Up to 3 years	692	14	2.0	101	14.6	21	3.0	1	0.1	0	0	555	80.2
	3 to 6 years	714	7	1.0	72	10.1	17	2.4	2	0.3	0	0	616	86.3
	6 to 9 years	636	4	0.6	43	6.8	14	2.2	1	0.2	0	0	574	90.3
	9 to 12 years	551	9	1.6	40	7.3	5	0.9	2	0.4	0	0	495	89.8
	12 to 15 years	426	6	1.4	38	8.9	15	3.5	2	0.5	0	0	365	85.7
	15 to 18 years	368	3	0.8	39	10.6	9	2.5	1	0.3	0	0	316	85.9

<sup>a</sup> Fiscal year is the fiscal year the child was returned home from substitute care.

<sup>b</sup> Age of child at the time he/she was returned home.

<sup>c</sup> Number of children who were living at home during the fiscal year and had previously lived in substitute care.

<sup>d</sup> From the time returned home.

**Table 4.19 Reentry to Substitute Care by Time to Reentry, Fiscal Year, and Cook/Non-Cook Regions**

Fiscal Year <sup>a</sup>	Cook/Non-Cook <sup>b</sup>	Children Returned Home <sup>c</sup>	Children Reentering Substitute Care <sup>d</sup>											
			7 Days or less		7 Days–6 months		6–12 months		12–18 months		More than 18 months		Still at home	
			N	%	N	%	N	%	N	%	N	%	N	%
1990	Cook regions	1,346	17	1.3	144	10.7	95	7.1	53	3.9	233	17.3	804	59.7
	Non-Cook regions	1,519	13	0.9	228	15.0	73	4.8	54	3.6	142	9.4	1,009	66.4
1992	Cook regions	1,560	10	0.6	188	12.0	136	8.7	85	5.4	209	13.4	932	59.7
	Non-Cook regions	2,257	32	1.4	285	12.6	126	5.6	62	2.8	221	9.8	1,531	67.8
1994	Cook regions	1,251	27	2.2	146	11.7	103	8.2	45	3.6	86	6.9	844	67.5
	Non-Cook regions	2,302	31	1.4	318	13.8	104	4.5	88	3.8	164	7.1	1,597	69.4
1996	Cook regions	1,758	13	0.7	111	6.3	88	5.0	60	3.4	90	5.1	1,396	79.4
	Non-Cook regions	2,310	25	1.1	342	14.8	136	5.9	73	3.2	137	5.9	1,597	69.1
1998	Cook regions	2,335	13	0.6	146	6.3	83	3.6	35	1.5	67	2.9	1,991	85.3
	Non-Cook regions	1,982	18	0.9	296	14.9	124	6.3	52	2.6	56	2.2	1,436	72.5
2000	Cook regions	1,905	18	0.9	125	6.6	40	2.1	5	0.3	0	0	1,717	90.1
	Non-Cook regions	1,559	25	1.6	210	13.5	42	2.7	4	0.3	0	0	1,278	82.0

<sup>a</sup> Fiscal year is the fiscal year the child was returned home from substitute care.

<sup>b</sup> Region returned to.

<sup>c</sup> Number of children who were living at home during the fiscal year and had previously lived in substitute care.

<sup>d</sup> From the time returned home.



County did not reenter care compared to 68% for the rest of the state. For those children returned home in FY 98, a larger percentage of those from Cook County (86%) did not return to care compared to 73% for the rest of the state.

## Chapter 5

### CHILD WELL-BEING OUTCOMES

The Adoption and Safe Families Act of 1997 clearly establishes child well-being as an important child welfare outcome (PL 105-89). The Department of Health and Human Services when seeking comments on proposed measures and indicators to satisfy the requirements of AFSA recognized the necessity of beginning the reporting process with safety and permanency using existing data (Federal Register/vol. 64, No. 21 February 2, 1999). Since existing management information systems do not normally include well-being data, development of measures and indicators will take considerable time and effort. Center child well-being outcome reporting efforts have experienced similar problems. Center reports to date have only included child safety and permanency outcomes derived from administrative data.

Defining child well-being is one challenge. Obtaining well-being data is a different and larger challenge. When HHS proposed the AFSA outcome indicators they suggested that child well-being included education and health (Federal Register/vol. 64, No. 21 February 2, 1999). This is similar to the Center's efforts to define well-being where consensus building efforts resulted in agreement that physical health, mental or behavioral health and education were the most important elements of child well-being.

Center staff met with several interest groups across the state to developed this consensus. The exercise focused on determining what dimensions of children's lives are most important to include in a definition of well-being. Each group quickly agreed that physical health, mental health and education were critical dimensions of children's

lives. Many members of each group also thought that these dimensions were insufficient and that others such as moral development needed to be included. However, none of the groups could agree on other dimensions of children's lives that should be added to the definition of well-being.

At the same time a literature review was conducted to identify what researchers in child welfare typically include in their definitions of well-being (Children and Family Research Center, 1998). This review resulted in identification of health status including both physical and mental health as dimensions of well-being. In the area of mental health, the literature includes examination of cognitive functioning, developmental delay, behavioral disturbance, and emotional disturbance. Education was also identified as a part of well-being. In addition, resilience, coping, and overall functioning were included in well-being research.

Defining child well-being is easier to do than reporting on it. To report on physical health as an outcome, children's health status while the responsibility of the public child welfare agency must be compared to their health status upon entering care. This is necessary because the literature shows that children placed in foster care are shown to have significant deficits in their health status, compared to the general pediatric/adolescent population.

According to government reports, approximately 20% of all foster children nationally exhibited some type of disability in 1985, as compared to 16% of children in the general pediatric population (Hill, Hayden, Lakin, Menke, & Amado, 1990). Upon entering care, children in non-related foster care have scored approximately ten points below the general population of children on IQ tests, with minority children and children from lower socioeconomic levels scoring significantly lower (Dumaret, 1985; Fanshel & Shinn, 1978; Fox & Arcuri, 1980).

Since children under the care of public child welfare agencies have been subject to abuse and neglect, it is not surprising that they enter care with significant

developmental delays and health problems. Therefore to report on health or education as a child welfare outcome, it is necessary to obtain data on children as they enter care and take periodic readings to determine how their situation changes over time. This type of data collection has not been part of child welfare practice, is difficult to do and is expensive. The Center has conducted studies aimed at obtaining data on children who are the responsibility of the Department that provide information that is not otherwise available. While not outcome studies they were undertaken to assess the well-being of these children as well as obtain insights into the difficulties and the promise of collecting data on children throughout their time in the child welfare system. This chapter reports some of the results of two of these studies.

Both of these studies involved interviewing youth in care. The perspective of these youths is important and provides useful information. At the same time some youths may be reporting what they believe to be socially desirable answers. While it is important to also include professional assessments for education, health and mental health measures, this was not fiscally possible for the studies.

#### **ASSESSMENT OF THE WELL-BEING OF ADOLESCENTS IN THREE SUBSTITUTE CARE PLACEMENT TYPES<sup>14</sup>**

The purpose of this study was to assess the well-being of youth living in three types of out-of-home placements; non-related foster care, kinship foster care, and group care (group homes and institutions). After reviewing several instruments, the Child Health and Illness Profile–Adolescent Edition (CHIP-AE) was selected and administered to a sample of youth in the three placement types. The CHIP-AE is a self-administered instrument that incorporates multidimensional measures of well-being in assessing health outcomes for adolescents.

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<sup>14</sup> This study was directed by Sandra Altshuler

The CHIP-AE was developed to be a broadly applicable population measure, rather than an individual client assessment device. As such, the CHIP-AE is useful for documenting the state of adolescent health in populations or groups of youth and for identifying systematic differences across population groups (Starfield, Ensminger, Green, Riley, Ryan, Kim-Harris, Crawford & Johnston, 1995). In developing the instrument, the researchers initially conducted an extensive literature review on adolescence, together with interviews of youth and parents. After development and testing, the researchers included six domains of adolescent health in the final instrument, with each containing two to four sub-domains. The six domains include perceptions of overall health and self-concept, physical and emotional health, resilience, risk, health-related disorders, and achievement of social expectations in school and/or work.

To establish validity and reliability, the CHIP-AE was administered in public junior high and high schools in urban and rural communities in north Baltimore, western Maryland and southeast Arkansas. A group of North Baltimore junior high and high school youth primarily from culturally diverse, low-middle to low socioeconomic status families was used as the reference group for the authors' standardized scores (Starfield, Ensminger, et al., 1995). Test-retest reliability, criterion validity, and convergent and discriminant validity achieved accepted levels for all the included sub-domains (Starfield, Riley, Green, Ensminger, Ryan, Kelleher, Kim-Harris, Johnston & Vogel, 1995).

The CHIP-AE is comprised of 219 closed-ended questions and one open-ended question, requires a 5<sup>th</sup> grade reading level, and takes approximately 40–50 minutes to administer. The CHIP-AE includes indicators of functional status and health-related quality of life, risk, resilience and vulnerability, educational and employment achievement, psychosocial functioning and physical disorders (Starfield, Riley, et al., 1995).

Samples of youth between the ages of 12 and 19 in these placements were drawn from the database of the Illinois Department of Children and Family Services. A

total of 182 youth completed the instrument. It was the intent of this project to obtain responses from an equal number of youth in each placement type. However, responses were obtained from more youth living in institutional and group care (n=73) than non-related foster care (n=51) or kinship care (n=58). Forty-three youth in the sample did not complete the survey. Of these, one youth did not wish to participate, one foster parent refused permission, 10 youth were unable to be located and 14 had left care or had changed placements. The interviewers did not provide information about the other 17 uncompleted interviews.

Due to concerns about the reading abilities of these youth, trained social work interviewers administered the surveys to the adolescents. The interviewers received training on administering the surveys, including handling questions asked by the respondents while taking the survey, ensuring a conducive environment in which to complete the survey, and handling abuse and neglect information that may arise. Once informed consent was received, the interviewers contacted the youth (and caregiver) to explain the purpose of the project, invite participation, and arrange a time for the interview. Before the interview began, informed written assent was obtained from each youth. Each youth received \$10 worth of fast food restaurant coupons at the completion of the interview.

The results are reported for the youth's functioning in each sub-domain of 5 of the health domains. According to Starfield, Riley, et al., (1995), each domain, other than the disorders domain, reflects a multidimensional construct, and is therefore most accurately measured at the sub-domain level. The disorders domain is reported differently. This domain is a list of possible disorders rather than a scale. Rather than simply totaling scores, disorders are quantified through the use of an index called Ambulatory Diagnostic Groups (ADGs) (Starfield, Ensminger, et al., 1995). The creators of the CHIP-AE use a method of characterizing the extent of disorders experienced by each respondent to code the disorders as ADGs, which was also used

in the current study. This results in comparisons between populations based upon the percent of the group that reports the disorder.

## **RESULTS**

Youth completing the interview ranged in age from 12 through 19, averaging 16 years of age. Males comprised almost 54% (N=98) of the sample and females 46% (N=84). Respondents living in group care were predominately male (71%) while respondents in non-related foster care were predominately female (69%) and respondents from kin placements were nearly equally divided with 52% being male. The sample was predominately African American (75%), with 19% White and 2.7% Hispanic (Table 5.1). Ethnicity varied based on the type of placement. In kinship care, African Americans represented 97% of the sample, whereas in group homes and institutions, they were 56% of the respondents. Almost half (47%) of the teens were placed into care because of neglect, 10% of youth were placed because of physical abuse and 10% were placed because of dependency.

The sample youth are compared to a normed reference group for each health sub-domain. The data were analyzed with one sample, paired T-tests, in which the results for the youth in the current study were compared with the reference group, whose means were set to 20 and the standard deviations set to 5 (Starfield, Ensminger, et al., 1995). The percentage of youth in this study reporting specific disorders (ADG's) are then compared to the same reference group.

### **Satisfaction Domain**

The satisfaction domain includes two sub-domains. These are the youth's self-perceptions of health/well-being and self-esteem. The satisfaction with health sub-domain was included in the CHIP-AE based upon findings that perceived

**Table 5.1 Demographics of the Sample**

	Kinship Care		Non-Related Care		Group Homes/Institutions		Total	
	number	%	number	%	number	%	number	%
Gender								
Male	30	52	16	31	52	71	98	54
Female	28	48	35	69	21	29	84	46
Race								
African American	56	97	39	76	41	56	136	77
Latino/Hispanic	0	0	2	4	3	4	5	3
White	1	2	8	16	25	34	34	19
American Indiana	1	2	0	0	1	1	2	1
Reason for Placement								
Physical Abuse	7	9	7	14	7	10	21	15
Sexual Abuse	0	0	0	0	2	3	2	1
Neglect	27	47	27	53	32	44	86	62
Dependency	5	8	3	6	10	14	18	13
Parent/Child Problems	2	3	3	6	6	8	11	9



**Table 5.1 Demographics of the Sample (continued)**

	Kinship Care		Non-Related Care		Group Homes/Institutions		Total	
	number	%	number	%	number	%	number	%
School Grade								
5–6	2	4	3	6	0	0	5	3
7–8	12	23	18	35	15	21	45	26
9–10	17	33	19	37	31	44	67	39
11–12	16	31	9	18	23	45	48	28
Not in school	5	10	2	4	2	4	9	5

health is highly correlated with health (Starfield, Ensminger, et al., 1995). Self-esteem in this measure is defined as the youths' evaluation of their worthiness. It is included here because longitudinal studies have shown that a lack of self-esteem is related to later indicators of emotional distress, including depression and substance use (Kaplan, Martin & Robbins, 1984; Kaplan, Robbins & Martin, 1983).

Youth in all three types of care reported a significantly high level of satisfaction with health compared to the normed reference group (Table 5.2). These youth reported being in very good health, full of energy, resisting illness, and physically fit. They reported similar levels of self-esteem compared to the normed group. This includes judgments about possessing good qualities, liking themselves, being satisfied with life, and feeling socially accepted.

### **Discomfort Domain**

This domain includes physical and psychological feelings and covers a variety of symptoms. These are based upon the World Health Organization definition of health that includes symptoms reflecting the way persons monitor their body and define and interpret their symptoms (Starfield, Ensminger, et al. 1995). The symptoms that are included are those that are the primary sources of information causing people to seek medical care as well as providing their own definition of well-being. A sub-domain of limitations of physical activities assesses restrictions of activities as evidenced by absence from school and reductions in normal activities. This can be thought of as reflecting a person's report of their functional status.

The youth in kinship care reported lower levels of physical discomfort comparable to the normed group ( $X=18.23$ ,  $T=-2.54$ ,  $p < .05$ ). The items included in this scale ask youth to report the number of days in the past 4 weeks that they experience specific symptoms such as feeling really sick, feeling dizzy,

**Table 5.2 Adolescent Health Inventory – Health Domains**

Domain	Kinship Care			Non-Related Care			Group/Institutional Care		
	mean	s.d.	n	mean	s.d.	n	mean	s.d.	n
Satisfaction									
Health	22.19** >	3.61	56	21.80* >	4.00	46	21.32* >	4.30	68
Self esteem	21.11	4.72	56	19.42	5.68	47	18.75	4.97	69
Discomfort									
Physical	18.23* >	3.45	53	20.18	5.61	43	20.45	6.22	63
Emotional	18.66	4.07	51	20.75	5.59	44	21.67* <	5.73	66
Limitations of activities	17.77** >	3.00	55	18.03* >	2.94	48	17.43** >	3.87	68
Resilience									
Family involvement	19.74	5.59	55	18.74	6.13	46	16.82** <	6.14	65
Problem solving	21.66* >	4.48	54	21.16	5.27	49	22.04** >	6.65	68
Physical Activity	19.19	4.54	44	18.72	4.65	43	19.81	5.29	46
Home safety & health	20.95	5.38	37	21.66	5.65	37	23.49** >	6.89	54

\*Significantly different from standardized norms with p < or = .05

\*\*Significantly different from standardized norms with p < or = .01

> Indicates that children are reporting significantly better than the comparison group.

< Indicates that children are reporting significantly worse than the comparison group.

**Table 5.2 Adolescent Health Inventory – Health Domains (continued)**

Domain	Kinship Care			Non-Related Care			Group/Institutional Care		
	mean	s.d.	n	mean	s.d.	n	mean	s.d.	n
Risk Domain									
Individual risk taking	21.80	5.20	33	20.92	5.96	35	23.64** <	4.95	53
Threats to achievement	20.81	4.25	50	21.13	5.63	46	21.64* <	6.03	64
Peer influences	22.50**	7.05	56	20.67	6.76	49	27.34** <	10.94	66
Achievement									
Academic achievement	18.84	5.95	49	19.53	5.43	49	20.51	6.23	67
Work performance	13.34*	16.31	38	7.87*	16.92	27	10.49** <	16.23	43

\*Significantly different from standardized norms with  $p < \text{or} = .05$

\*\*Significantly different from standardized norms with  $p < \text{or} = .01$

> Indicates that children are reporting significantly better than the comparison group.

< Indicates that children are reporting significantly worse than the comparison group.

headaches, pain, and vomiting. Youth living in group homes and institutions reported significantly higher levels of emotional discomfort ( $X = 21.67$ ,  $T = 2.58$ ,  $p < .05$ ). This scale uses the same 4-week time frame and has the youth report on such items as days feeling depressed, nervous, afraid, waking up tired, and feeling unloved. Youth in all three types of care reported significantly lower (fewer in this case) limitations on activities. Items on this scale include missing school, staying in bed a half a day, having trouble walking, running and bending.

### **Resilience Domain**

This domain includes states and behaviors known to reduce the likelihood of subsequent illness and injury (Starfield, Ensminger, et al., 1995). Resilience includes aspects of positive health characterized by the existence of resources and patterns of behavior. It also includes phenomena known to be related to the ability to resist threats to well-being that may arise in the course of the life span. Resilience contains four subdomains: family involvement, problem solving, physical activity, and home safety and health.

Youth placed in group homes and institutions reported significantly lower levels of family involvement than the normed reference group ( $X=16.95$ ,  $T = -3.75$ ,  $p < .01$ ). Youth were asked to indicate the number of days within the last four weeks that their parents or other adult spent listening to them or ate meals with them. They were also asked if they felt that they had an adult to turn to for help or an adult who was interested in them. The home safety and health subdomain contains items such as existence of smoke detectors, fire extinguishers, guns in the home, and feeling safe. It is not surprising that the youth in group homes and institutions reported significantly higher levels in this subdomain, since they are now living in more controlled environments ( $X = 23.69$ ,  $T = 3.60$ ,  $p < .01$ ). Youth in the two more family-like settings

did not differ from the reference group for either family involvement or home safety and health.

The youth in kinship care and in group homes and institutions reported significantly higher levels of problem solving abilities ( $X = 21.84$ ,  $T = 2.12$ ,  $p < .05$ ). Problem solving on this instrument includes the youths' response to talking to others to get advice, solving problems directly, calming self by talking to self, and turning to family or other adult for help. The youth in all three living situations report comparable scores to the reference group on physical activities. Youth were asked to report on the frequency of selected physical activities in the last month. These activities include distance walked, sit-ups, playing on a sports team, and playing hard enough to sweat.

### **Risk Domain**

This domain includes states and behaviors that are known to heighten the likelihood of subsequent ill health or injury (Starfield, Ensminger, et al. 1995). It includes the three sub-domains of individual risks, behavioral threats to achievement, and peer influences. The Individual Risks sub-domain includes activities such as smoking, using illegal substances, and safety practices such as wearing a bicycle helmet. The Threats to Achievement sub-domain describes negative behaviors that may adversely affect social development, such as lying, cheating, stealing, or disobeying at school. The Peer Influences sub-domain includes items that determine the extent to which the individual is involved with peers who engage in risky behaviors. Youth placed in group homes or institutions reported significantly high levels in all three sub-domains of risk, while youth in kinship care reported significantly high levels only in peer influences. Youth in non-related care reported comparable levels of risk to the normed reference group.

**Achievement Domain**

This domain assesses the extent to which the individual is achieving what is normally expected in the modal social role. For adolescents, this consists primarily of school accomplishments and secondarily of work (Starfield, Ensminger, et al., 1995). The instrument asks youth to report experiences over the previous two years, such as whether they had dropped out, were on the honor roll, failed a subject or grade, were suspended, or participated in a school club or organization. Youth in all three types of living arrangements reported levels of academic performance similar to the reference group. The youth in this study reported significantly lower levels of achievement in the work performance arena than the comparison group.

**Disorders Domain**

This domain assesses mental and physical illnesses, injuries and impairments. This encompasses biomedically-defined states of ill health, including both physical and mental disorders that are accepted as medical entities by the health care system (Starfield, Ensminger, et al., 1995). Since respondents are asked about their current or past history of medical problems diagnosed by a doctor, this domain is the most subject to recall error. Comparisons to the normed referenced group are done using percentages of youth reporting ADGs (Table 5.3).

Youth in all three types of care reported a nearly equal percentage of disorders to the reference group for 1 of the 19 categories (skin infections). Youth in all three types of care reported higher percentages of suffering from anemia and cuts, burns and sprains. Youth in all three types of care report lower percentages of allergies.

Youth in kinship care reported higher percentages of anemia as well as cuts/burns/sprains than the reference group. They report lower percentages of 6 disorders. In addition to allergies they report fewer bone related disorders,

arthritis/scoliosis, ear/nose/throat, dermatological, and sinus, ear, bladder, urinary track and pelvic infections.



**Table 5.3 Adolescent Health Inventory – ADG’s  
Percentage of Youth Reporting ADG Disorders**

<b>Type of Disorder</b>	<b>Kinship Care</b>	<b>Non-Related Care</b>	<b>Group Home/Institution</b>
Skin infections	12.5	8.0	11.6
Cold, flu, STD, bronchitis	92.9	80.0 (<)	82.6 (<)
Pneumonia, hepatitis, mono	5.4	10.0 (>)	10.1 (>)
Allergies	17.9 (<)	18.0 (<)	24.6 (<)
Asthma	21.4	10.0 (<)	20.3
Anemia	8.9 (>)	8.0 (>)	10.1 (>)
Infections (sinus, ear, UTI)	48.2 (<)	52.0 (<)	55.1
Bone-related	1.8 (<)	8.0	7.2
Heart disease, epilepsy, diabetes, sickle cell	5.4	14.0 (>)	5.8
Arthritis, scoliosis	1.8 (<)	6.0 (<)	13.0
Ear, nose, throat	0.0 (<)	4.0 (<)	5.8
Eye	26.8	40.0 (>)	39.1 (>)
Dermatologic	14.3 (<)	26.0	29.0
Cuts, burns, sprains	55.4 (>)	62.0 (>)	60.9 (>)
Broken bones, head injuries, gun shot/stab wounds	19.6	26.0 (>)	27.5 (>)
Psychosocial (em., beh. speech, LD)	30.4	44.0 (>)	49.3 (>)
Eating disorders	0.0	2.0	4.3 (>)
Migraines	14.3	24.0 (>)	20.3
Deformed, missing limbs	1.8	4.0 (>)	5.8 (>)

(>) indicates a higher percentage reporting this disorder than the comparison group.

(<) indicates a lower percentage reporting this disorder than the comparison group.

Youth placed in non-related foster care report higher percentages than the reference group for 9 disorders. In addition to anemia and cuts/burns/sprains they report more pneumonia/hepatitis/mononucleosis, heart disease/epilepsy/diabetes/sickle cell, broken bones, head injuries/gun shot/stab wounds, psychosocial disorders, migraines, deformed limbs and disorders of the eye. These youth report a lower percentage than the comparison group on 5 disorders. In addition to allergies these are, colds/flu/bronchitis, asthma, sinus/ear/bladder/urinary tract infections/pelvic infections, arthritis/scoliosis, and ear/nose/throat disorders.

Youth in group homes and institutions reported higher percentages than the comparison group for 8 disorders. In addition to those shared by youth in other types of placements (anemia and cuts/burns/sprains) these youth report more pneumonia/hepatitis/mononucleosis, broken bones/head injuries/gun shot wounds/stab wounds, disorders of the eye, psychosocial disorder, eating disorder, and deformed/missing limbs. Youth in group homes and institutions reported lower percentages for only 2 disorders, colds/flu/sexually transmitted diseases/bronchitis and allergies.

#### **ASSESSMENT OF THE WELL-BEING OF OLDER ADOLESCENTS IN CARE**

The Center is conducting another study of the well-being of older adolescents in care. This study is different from the first one reported here in that it not only assesses older adolescents well-being while in care but will also interview them once they have left care. This will provide insights into the well-being of young adults who exit care through reaching the age of majority. The study results for one group of youth who were interviewed while they were in care are reported here. These are not well-being outcome results because there was no assessment at the time these youth entered care. However, it does provide important information on the well-being of youth who are likely to exit care by reaching the age of majority.

**Background.** For every group of children entering care in a given year between 11% and 13% exit by reaching the age of majority (Chapter 4). There has been much concern about the preparation of these youth to become productive members of society. Research has shown that large percentages of people who are homeless adults were child welfare clients at some time in their youth (McDonald, Allen, Westerfelt & Piliavin, 1996), have not completed high school (Barth, 1993; Cook, 1991) and have many health and mental health problems.

The United States Congress expressed concern for this population with the passage of the Independent Living Initiative of 1986 (PL 99-272). More recently it passed the Foster Care Independence Act of 1999 (PL 106-169), which established the John H. Chafee Foster Care Independence Program. This legislation doubles federal funding available to the states for the foster care independent living programs that help youth make the transition from foster care to self-sufficiency. The bill also encourages expansion of assistance to former foster children between 18 and 21 by helping them with further education, career planning, or job training. It offers personal support through mentors, as well as financial assistance and housing, and encourages states to provide health insurance through medicaid to young adults who have left foster care. Considering economic hardships that former foster youth may experience, this legislation increases to \$10,000 the amount foster children may save and still be eligible for foster care.

The Act requires states to evaluate the services and activities funded under the Chafee Foster Care Independence Program (National Foster Care Awareness Project, 2000). It requires states to collect data and conduct evaluations of those state programs that it deems innovative or of potential national significance. The Act also states that the evaluations must include information on the effects of the program on well-being outcomes including

\* educational attainment,

- \* employment,
- \* avoidance of dependency,
- \* homelessness,
- \* incarceration, and
- \* personal development (PL 106-169).

## **METHODOLOGY**

The present study investigated the experiences of adolescents between the ages of 16.5 and 17.5 years who would most likely be emancipated from the Department within the next two years. The full study is designed to be a longitudinal cohort study interviewing youth before they leave the care of the Department and 12 months after exiting care. This is a partial replication of a study conducted by the University of Wisconsin that measured the well-being of youth who had aged out of the Wisconsin foster care system (Courtney and Piliavin, 1998).

**Sample Selection.** The sample was selected from the Illinois Department of Children and Family Services Integrated Database. The study population was defined as youth in substitute care in the state of Illinois between the ages of 16.5 and 17.5 years as of December 1, 1998 and were currently placed in a kinship home, non-kinship home, group home, residential care facility, or independent living situation. This population consisted of 2,415 teens. A sample of 200 youth was determined by balancing a desire to adequately represent the experiences of these youth with costs of data collection.

Once the sample had been selected, case information for youth as well as the caseworker and supervisor was obtained from the local DCFS office. However, much of the information contained in the DCFS files was incomplete. For example, many cases were missing foster care information such as the name, address, and telephone

number of the individual foster parent, had incorrectly identified caseworkers assigned to cases and contained incorrect telephone numbers for local offices.

Researchers sent two hundred letters to the assigned caseworkers.

Caseworkers were informed that the youth's participation in the study was voluntary and that all information provided by her/him would be confidential. The only exception to confidentiality was that if the minor told the interviewer about current abuse, neglect, or any risk of harm to her/himself or others, the interviewer would contact DCFS immediately. The letters stated that before the guardian could provide consent for the youth to participate in the study, the caseworker needed to verify the youth's legal status and inform the guardian if he/she any reason to believe that the teen might experience emotional upset or other risk of harm by participating in the study. The letters were to be signed and dated by the caseworker and his/her supervisor and faxed to the DCFS research office. An intermediary in the DCFS research office sent weekly updates to the researchers on the number of responses that office had received. Eventually consents to participate in the study were obtained for 100 youth. Data were collected on 76 of the 100 youth for a 76% response rate.

**Measures used.** The principal investigators who designed the Wisconsin study selected the measures. The protocol was designed to elicit information concerning the experiences of youth that are currently in the child welfare system. The information collected from the interviews included: demographic information; family history and background; educational and vocational training; school and employment experiences; history of abuse; physical and mental health; access to health care services; delinquent behaviors; sexual knowledge and behavior; experiences and feelings toward substitute care; independent living skills training; social activities; and social supports. It also contained questions about participants' accomplishments and their goals and plans for the future.

The youths' mental health was assessed using the Mental Health Inventory (MHI). This standardized self-report scale allows comparison of children in care to national norms. The MHI is a standardized measure of the respondent's level of psychological distress and well-being (Veit & Ware, 1983). This instrument was developed by the RAND Corporation for its Health Insurance Experiment (HIE). The MHI contains subscales assessing anxiety, depression, loss of behavioral/emotional control, general positive affect, and emotional ties.

The Wide Range Achievement Test-Revised (WRAT-R) was used to assess the respondents' levels of reading skills. This instrument contains 74 words that respondents are asked to pronounce. Scoring of the instrument provides a reading grade level.

Trained interviewers collected the data between February of 1999 and August of 2000. Interviews lasted between 60 and 90 minutes. Interviewers contacted the study's participants directly, obtained their consent and made arrangements to interview the youth in a private setting.

**Findings.** There was a large amount of information collected through the interviews. Only selected results that correspond to well-being are reported here.

Responding youth were nearly equally divided between males (49%) and females (51%). More of the youth were African American (63%) than White (29%) with 5% being Hispanic. Most of the youth were residing in relative homes (38%). Other placement types included non-related foster homes (20%), independent living (16%), group homes (12%) and institutional care (9%).

**Table 5.4 Youth Report of Primary Caregiver Problems**

<b>Caregiver Problem</b>	<b>% of Youth</b>	<b>Number</b>
Spouse Abuse	43%	33
Lack of Parenting Skills	40%	30
Drug Abuse (not alcohol)	38%	29
Alcohol Abuse	30%	23
Prison	24%	18
Mental Illness	16%	12
Mental Retardation	1%	1

To provide some information on their background they were asked about their primary caregivers' problems prior to entering care. The most frequently reported caregiver problem was spouse abuse (43%) followed by lack of parenting skills (40%), drug abuse (38%), alcohol abuse (30%), going to prison (24%) and mental illness (16%) (Table 5.4). When asked for the main reason that they were originally removed from the home, 46% indicated neglect or abandonment, 14% physical abuse, and 8% law violation of parent (Table 5.4).

**Mental Health.** Youth completing the Mental Health Inventory did not differ from national norms on psychological well-being. The average score for youth in this study was 71.1 compared to 74.2 ( $t=-1.17$  ns.) (Table 5.5). Their average score on the general positive affect subscale was higher than the comparison group (mean=74.0 compared to 62.6,  $t=2.96$ ,  $p<.01$ ). This shows that these youth have positive feelings about themselves.

However, these youth also report being more depressed (mean= 27.5 compared to 21.4,  $t=3.26$ ,  $p<.01$ ) than the national sample. They also reporting being more anxious (mean=30.5 compared to 22.6,  $t=4.15$ ) and more frequent loss of behavioral or emotional control (mean=27.7 compared to 15.7,  $t=7.69$ ,  $p<.01$ ).

**Education.** Nearly all of the youth report either being in school or having completed high school. More than one-quarter (26%) report having graduated from high school or completed an equivalency examination. All but one of the remaining youth (72%) reports being in school. Most of the youth in school were attending a regular public school (46%), with 15% attending an alternative school.

More than a third (34%) reporting being in a special education class. This is somewhat higher than national estimates that suggest 20% of youth in care have some type of disability (Hill, Hayden, Lakin, Menke, & Amado, 1990). Most of the youth



reporting being in special education also identified their special education label (Table 5.6). For those youth reporting being in a special education

**Table 5.5 Youth Mental Health Status**

<b>Mental Health Inventory</b>	<b>Average for DCFS youth</b>	<b>National Norms</b>	<b>T value</b>
Psychological Well-Being <sup>†</sup>	72.1	74.2	-1.17
General Positive Affect	69.1	62.6	2.96*
Anxiety	30.5	22.6	4.15*
Depression	27.6	21.4	3.26*
Loss of Behavioral or Emotional Control	27.7	15.7	7.69*

<sup>†</sup>Higher scores indicate more of reported condition.

\*Indicates a statistically significant difference with  $p < .01$ .

**Table 5.6 Youth Report of Special Education Labels**

<b>Special Education Label</b>	<b>Percent of Youth</b>	<b>Number of Youth</b>
Learning Disorder	14%	11
Behavioral Disorder	9%	7
Emotional Disorder	4%	3
Did not know	4%	3

class, the largest category was learning disorder (42%) followed by behavioral disorder (27%), emotional disorder (12%) and 12% not able to identify the label.

Since placement changes can be very disruptive to educational progress, youth were asked to report the number of school changes that were related to changes in placements (Table 5.7). Nearly one-fifth (18%) reported never changing schools. Another 22% report changing school once or twice, 18% report changing schools 3 or 4 times, 16% changed school 5 to 10 times and 8% report changing school more than 10 times. Youth were also asked if they ever missed a month of school because of a placement change and 71% (n=54) reported that they did not. On the other hand 29% (n=22) did report missing a month of school.

Youth were asked if they failed a subject or grade in the last two years (Table 5.8). A large percent (62%) reported failing a subject, 17% reported failing a grade and 25% reported repeating a grade at some time. While this indicates that many of these youth are not doing well in school, some appear to be doing very well with 20% reported being on the honor roll in the past 2 years.

Youth were asked if they had been suspended or expelled from school. Almost half (46%) of youth reported being suspended in the last two years with 18% reporting being suspended once (Table 5.9). Another 16% report being suspended two to five times and 5% reporting being suspended more than 5 times. One quarter of these youth report dropping out of school in the last two years and 11% report being expelled.

The Wide Range Achievement Test (WRAT) was used to provide data on reading ability. This is a widely used reading test that compares youths' reading abilities to standardized grade level equivalents. Several youth in this study (17 or 22%) did not participate in this assessment. For the youth who did participate, 37% (n= 22) scored a reading level below the sixth grade (Table 5.10). Another 25% (n=14) demonstrated a reading at a grade level from 6 through 8 and 19% read at a grade level from 9 through 11. Twenty percent demonstrated a 12<sup>th</sup> grade or higher reading ability.

**Table 5.7 Number of Times Youth Report Changing Schools due to a Placement Change**

<b>Number of Times Youth Changed Schools</b>	<b>Percent of Youth Reporting</b>	<b>Number of Youth</b>
Never changed Schools	18%	14
Changed schools 1 or 2 times	22%	17
Changed schools 3 or 4 times	18%	14
Changed schools 5 to 10 times	16%	12
Changed schools more than 10 times	8%	5
Did not know	17%	13

**Table 5.8 Youth Report of School Success and Failure**

	<b>Percent of Youth Reporting</b>	<b>Number of Youth</b>
Failed a subject in last two years	62%	47
Failed a grade in the last two years	17%	13
Repeated a grade at some time	25%	19
Was on the honor roll in the last two years	20%	15

**Table 5.9 Youth Report of School Problems**

<b>Youth Report of Suspensions, Expulsions and Dropping Out</b>	<b>Percent of Youth Reporting</b>	<b>Number of Youth</b>
Suspended in last two years	46%	35
Suspended once	40%	14
Suspended 2 to 5 times	34%	12
Suspended more than 5 times	11%	4
Expelled in the last two years	11%	8
Dropped out of school in last 2 years	25%	19

**Table 5.10 Youth Reading Level**

<b>Reading Grade Level Assessed by the WRAT-R</b>	<b>Percent of Youth Reporting*</b>	<b>Number of Youth</b>
Grades 2 through 5	37%	22
Grades 6 through 8	24%	14
Grades 9 through 11	19%	11
Grade 12 or higher	20%	12

\*Percent of 59 youth completing the assessment.



A major concern for older youth likely to exit care by reaching the age of majority is their ability to become productive members of the community. Since the Independent Living Initiative of 1986, there has been an emphasis on providing older youth with independent living skills. This study asked youth if they had received training in 15 skills that are frequently part of child welfare independent living skills programs. Most youth reported receiving training on these skills. There were 7 skills for which 80% or more of these youth reported receiving training. These were:

- \* Personal appearance and hygiene
- \* Housekeeping
- \* Educational planning
- \* Job seeking skills
- \* Knowledge of community resources
- \* Interpersonal skills
- \* Decision making and problem solving skills

Three skills were reported as being trained less frequently. However 60–70% still reported receiving training in:

Finding a place to live

Legal skills

Parenting skills

## **CONCLUSION**

The results reported in this chapter provide information on the well-being of two groups of older adolescents in the care of the Department. These are not well-being

outcome results because it was not possible to obtain the responses to the measures used in these studies when these youth entered care. It is likely that many of these youth entered care with significant developmental delays as well as health and mental health problems. It is only through examination of changes that occur over the time youth are in care that well-being outcome results can be reported.

However, these studies provide valuable information about adolescents and older youth in care. It appears that some of these youth are doing very well. They are generally satisfied with their health and reported few limitations of activities. More than 25% of these youth reported graduating from high school or passing a high school equivalence examination, 20% reported being on the honor roll in the last two years and 20% demonstrated a reading level at the 12<sup>th</sup> grade or higher.

At the same time many of these youth have significant problems. Youth living in group homes and institutions reported high levels of risk behaviors. Across placement types youth reported a low level of work involvement. Many youth reported having medical disorders at a higher rate than non-child welfare youth. More than a third of the youth in one study demonstrated a reading level below the sixth grade. Nearly a third reported having a disorder that places them in special education and nearly half reported being suspended from school in the last two years.

Youth placed in foster homes both with relatives and non-relatives are similar to the normed comparison group in regard to the CHIP-AE health domains. The responses of youth in non-related care were equal to the comparison group on 11 of the 14 health domains and reported higher levels on two domains. Employment is the only domain where these youth reported a significantly lower level of involvement than the comparison group. The self-report of youth placed with relatives was equal to the comparison group on 8 of the 14 domains and better on 4 domains. They reported a higher level of risk related to peer influences and a lower level of work performance.

Youth placed in group homes and institutions are similar to the comparison group on 4 health domains and seem to be better off than the comparison group on another 4 domains. They report being worse off on 6 domains. These youth report a higher level of risk on all three sub-domains, more emotional discomfort, less family involvement, and a lower level of work performance.

These youth appear to be doing well in terms of resilience. They report having problem solving skills higher than the comparison group as well as being as physically active. The high level of problem solving skills reported here may reflect the need for youth in the care of the child welfare system to develop these skills, since they cannot necessarily rely upon other areas, such as family involvement, for supporting their ability to resist other threats to their well-being. The one area in the resilience domain where the study youth are not doing as well is family involvement. On one level, this would be expected since they are not living with family members. However, this domain asks youth to report the number of days within the last four weeks that their parents or other adult listened to them, and whether they had an adult to turn to for help.

The achievement domain demonstrated mixed results for all three groups. Youth report a level of academic performance on par with the reference group, but a lower level of work performance. The fact that these youth self-reported that they are doing adequately in school is contrary to much of what we know about students living in foster care. Children and adolescents living under the auspices of the child welfare system have significantly higher rates of absenteeism, disciplinary problems, and academic failure (Altshuler, 1997).

The questions regarding Ambulatory Diagnostic Groups require youth to recall that a doctor has told them that they have a specific condition or had a specific illness over the last 12 months. The degree to which these youth are good reporters of their own health is not known. Similarly, their ability to communicate with doctors and obtain information about diagnosed conditions is unknown.

There are only two disorders that youth placed with relatives report having at a higher rate than the comparison group. Youth in non-related foster care and youth living in group homes and institutions report a higher rate of 9 and 8 disorders respectively. Both of these groups report higher percentages of pneumonia/hepatitis/mononucleosis, anemia, disorders of the eye, cuts/burns/sprains, broken bones/head injuries/gun shot or stab wounds and deformed or missing limbs. This is a serious list of medical disorders. From this study it is not possible to determine the degree to which these disorders have received the needed medical attention.

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## **Appendix A**

### **OPERATIONAL DEFINITIONS**



## OPERATIONAL DEFINITIONS FOR USE WITH THE IDCFS INTEGRATED DATABASE

Most of the safety and permanency outcomes indicators are constructed, directly or indirectly<sup>15</sup>, from fields contained in the IDCFS Integrated Database. This joint project between the Department of Children and Family Services and Chapin Hall Center for Children permits tracking of indicators over a period of several years as well as providing a rich database for research purposes. To better assure consistent analysis across research projects, representatives from the Department, the Children and Family Research Center, and Chapin Hall Center for Children meet regularly to determine how best to define the important indicators and other variables used in the analyses presented in this report. We have agreed upon the following operational definitions.<sup>16</sup>

### ADOPTED

A child was defined as adopted if

- (1) he or she had a case closing reason (closrsn) that was coded as 'CA' or 'RA' ("Completed Adoption" or "Relative Adoption," respectively) **AND** a next living arrangement type (endevent) coded as 'ZZZ' or 'ZZA'<sup>17</sup> (signaling case closed) **AND** if case opening reason (opencode) was not coded as 'AA' ("Adoption Assistance")

### OR

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<sup>15</sup> In conducting analyses on child safety and permanency, the Children and Family Research Center made use of two datafiles derived from the IDCFS Integrated Database. These two files, the "HMR Monitoring File" and the "Master Events File," were created by Lucy Mackey-Bilaver of Chapin Hall who has provided much-welcomed support regarding their construction and use.

<sup>16</sup> The CFRC would like to acknowledge and thank Jim Gregory, Patty Sommer, Lucy Mackey-Bilaver, and Mark Testa for their work in constructing these definitions.

<sup>17</sup> These are codes in the "HMR Monitoring" and "Master Events" files only.

- (2) he or she had a case closing reason was coded as ‘SC’ (“Services Completed”) and current living arrangement (event) was coded as ‘HAP’ (“Home of Adoptive Parent”) **AND** if case opening reason (opencode) was not coded as ‘AA’ (“Adoption Assistance”)

### **ADOPTIVE DISPLACEMENT**

An adoptive displacement occurs when a child who is formally adopted comes back into the custody of the Illinois Department of Children and Family Services. Operationally, a child is recorded as adopted if he/she has a case opening code of ‘AA’ or ‘RA’. A displacement occurs when an adopted child appears in any placement type other than home of parent, regardless of the length of time she/he spent out of the home of the parent.

### **ADOPTION DISRUPTED**

A child was designated as part of a disrupted adoption if his or her placement type was defined, as described herein, as an “Adoptive Placement (see below under Placement)” **AND** if his or her next living arrangement (endevent) was not coded as ‘HAP’, ‘HMA’, ‘FHA’, or ‘CEN’<sup>18</sup> **AND** if the case closing date was missing (i.e., case is open).

### **ADOPTION DISSOLUTION**

A subcategory of adoption displacement, that is, when the adopted child is placed out of the home, but he/she does not return to that home. An adoption is coded as dissolved when a CYCIS case opens under an ‘AA’ or ‘RA’ (adoption assistance) categorization and

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<sup>18</sup> “CEN” is a code used in the “HMR Monitoring” and “Master Events” files only to designate a continuing placement at the time the data were extracted or “pulled” from the administrative systems files.

the case ends before the child reaches majority. These cases are categorized as adoption dissolutions under the assumption that the state is expected to provide the subsidy until the adoptive child reaches the majority of age.

## **AGE**

While the calculation of a child's age at any point in time is a straightforward and trivial matter, determining a child's age over a period of time required adopting the following decision rules:

**Age in a Placement Spell in a Fiscal Year.** A child's age (in years) in a placement spell was defined as the difference between the last day of the placement of interest or, if the placement continued beyond the fiscal year in question, the last day of that fiscal year, and the child's birthdate, divided by 365.25.

**Age for a Placement Type in a Fiscal Year.** The age of a child in a given type of placement in a given fiscal year was defined as the mean of a child's age in all placement types in that fiscal year.

**Age for a Child in a Fiscal Year.** The age of a child in a given fiscal year was defined as the mean age of the child across all placement spells in the fiscal year of interest.

**Age Groupings.** For presentation purposes, mean age was broken down into seven categories based upon increment of 3 years:

- (1) Greater than 0 years and less than 3 years;
- (2) Greater than or equal to 3 years and less than 6 years;
- (3) Greater than or equal to 6 years and less than 9 years;
- (4) Greater than or equal to 9 years and less than 12 years;
- (5) Greater than or equal to 12 years and less than 15 years;

- (6) Greater than or equal to 15 years and less than 18 years;
- (7) Greater than or equal to 18 years.

#### **ALLEGATION OF ABUSE/NEGLECT, SERVERITY OF**

The 85 allegation codes from the Department's Child Abuse and Neglect Tracking System (CANTS) were grouped into 8 categories and ranked in terms of severity.<sup>19</sup> The 8 categories, in order of severity, from most severe to least severe are: Sexual Abuse, Physical Abuse, Substance Exposed Infant, Emotional Abuse, Lack of Supervision, Environmental Neglect, Other Neglect, and Substantial Risk of Harm.

#### **(MOST RECENT AND MOST SEVERE) ALLEGATION TYPE LINKED TO A PLACEMENT**

For purposes of unduplicated tabulation, the type of abuse or neglect linked to a particular placement is that which occurred most recently during the placement (the "latest") and the one that is the most severe (the "greatest"). Thus, among the allegations associated with the most recent report date, the most severe allegation was chosen based upon the severity ranking described above.

#### **COOK COUNTY VS NOT COOK COUNTY**

This variable was defined from the region variable found in CANTS and CYCIS. A value of COOK was defined as regions 2B, 6A, 6B, 6C, 6D, and 6N. All other regions were defined as NOT COOK.

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<sup>19</sup> The severity rankings are courtesy of Lucy Mackey Bilaver of the Chapin Hall Center for Children.



**DURATION IN CARE**

Duration in care is defined as the number of days in a given fiscal year a child is in a particular type of care until the status of care under consideration changes. A change in care status may be precipitated by a change in placement (e.g., from Home of Parent to Substitute Care placement), or by a change in case type (e.g., from Intact Family Care to Substitute Care).

**EXPOSURE ADJUSTED PERCENTAGE**

Exposure adjusted percentages are calculated as the number of children (who moved home, were placed in substitute care, were adopted, etc.) per 100 child years (in a particular placement type, in a given fiscal year, etc.). Alternatively stated the exposure adjusted rate is the number of children (who moved, etc.) per 100 children in placement for 365.25 days (in a given fiscal year, placement type, etc.).

**GUARDIANSHIP**

**Delegated Relative Authority.** If a placement has a type of service code among the following: '0136', '3136', '4136', '6136', '8136', '9136', '0137', '6137', '8137', or '9137' **OR**

the living arrangement is coded as 'DRA',

then the guardianship arrangement was defined as "Delegated Relative Authority."

**Subsidized Guardianship.** If the type of service arrangement was coded among the following:

'0188', '0189', '0194', '0150', '0186', '0193' **OR**

the type of living arrangement was coded as 'SGH,'

then the guardianship arrangement was defined as "Subsidized Guardianship."

**Successor Guardian.** If a placement had a type of service code among the following: '0126', '5126', '6126', '8126', '9126', '0176', '3176', '4176', '5176', '6176', '8176', or '9176' **OR**

the type of living arrangement was coded as 'GDN,'

then the guardianship arrangement was defined as "Successor Guardian."

#### **INDICATED REPORT DURING A PLACEMENT**

Only those indicated reports that were dated 7 or more days after the start of a placement and on or before the end of a placement were considered to have been indicated reports during the placement in question.

#### **INTACT FAMILY CARE (AT FAMILY CASE OPENING)**

A child was defined as being in intact family care if, at the time his/her family case opened, neither the child, nor any other children who were members of that family case also had a concurrent open child case. (A child case concurrent with a family case opening was: (1) a child case that lasted at least 7 days and (2) a child case that opened within 7 days before or within 7 days after the opening of the family case and closed more than 7 days after the opening of the family case, or a child case that opened any time before the family case opened and closed more than 7 days after the family case opened.)

#### **INTACT FAMILY CASE**

An intact family case was defined as an open family case in which no children who were members of that family case also had a concurrent open child case.

**LINKING A CANTS INVESTIGATION TO A CYCIS CASE OPENING**

A given CYCIS case opening for a particular child is linked to a CANTS investigation of that child and vice versa by the association in time between the investigation report date (reptdate) and the CYCIS case opening date (family case or child case opendate). For a particular child, an investigation is taken to be the investigation that initiates a case opening if the investigation report date falls within 60 days before up until 10 days after case opening. If more than one such report date fits this description, the most recent report date is selected.

**LIVING ARRANGEMENT (SEE PLACEMENT)****(CHILD) MOVED FROM HOME TO SUBSTITUTE CARE**

**Children in Child Cases.** A child was defined as moving from home to substitute care if he or she had a placement type of 'HMP' followed by a next living arrangement type (endevent) of among the following:

'DRA', 'HMR', 'HRA', 'HRL',  
'FHB', 'FHI', 'FHP', 'FOS',  
'FHS',  
'DET', 'HHF', 'ICF', 'IDC', 'IMH', 'INS', 'IOP', 'IPA',  
'IRS', 'NCF', 'YES', or  
'GRH' **AND**

not having a case opening reason (opencode) of 'AA' or 'RA.'

**Children in Family Cases.** A child was defined as moving from home to substitute care if he or she was part of a family case and did not have a child case opening within seven days before or after the opening of the family case **AND**

after seven days of the opening of the family case, had a child case placement type of one of the following:

‘DRA’, ‘HMR’, ‘HRA’, ‘HRL’,  
‘FHB’, ‘FHI’, ‘FHP’, ‘FOS’,  
‘FHS’,  
‘DET’, ‘HHF’, ‘ICF’, ‘IDC’, ‘IMH’, ‘INS’, ‘IOP’, ‘IPA’,  
‘IRS’, ‘NCF’, ‘YES’, or  
‘GRH’ AND

the child case opening did not have an opening reason (opencode) of ‘AA’ or ‘RA’.

#### **NOINTACT FAMILY CARE (AT FAMILY CASE OPENING)**

A child was defined as being in nonintact family care if, at the time his/her family case opened, at least one other child member of the family case other than him/herself, also had a concurrent open child case at the time the family case was opened. (A child case concurrent with a family case opening was (1) a child case that lasted at least 7 days and (2) a child case that opened within 7 days before or within 7 days after the opening of the family case and closed more than 7 days after the opening of the family case, or a child case that opened any time before the family case opened and closed more than 7 days after the family case opened.)

#### **NOINTACT FAMILY CASE**

A family case was defined as a nonintact custody family case if at least one child, but not all children, who were members of that family case also had a concurrent open child case. Also known as “split custody” or “partially intact” family case.

**OPEN CASE**

An open case was defined as a case for which there is a missing case closing date (“closdate”) at the time the data are extracted from the system. Applies to both child and family cases.

**OUT-OF-HOME SPELL**

If a spell in care began in any living arrangement type other than the following: ‘HAP’, ‘HMP’, ‘SGH’, ‘RNY’, or ‘HHF’, and ended in a living arrangement of among ‘HAP’, ‘HMP’, ‘SGH’, ‘RNY’, or ‘HHF’, the spell was defined as an out-of-home spell.

**PERPETRATOR LINKED TO AN INDICATED REPORT DURING A PLACEMENT**

For purposes of unduplicated tabulation, the perpetrator linked to indicated report of abuse or neglect is the first listed involved caretaker who is associated with the most recent and the most severe allegation reported during a given placement.

**PLACEMENT (LIVING ARRANGEMENT)**

The variable “Placement” was defined on the basis of two fields from the Department’s CYCIS database: type of service categorization (“typeserv”) and child living arrangement type (“event”<sup>20</sup>). In constructing each placement type, type of service categorization was given priority over child living arrangement type. Thus, placements were first defined on the basis of typeserv, and where type of service codes were not available for a given living arrangement, living arrangement type was used to define the placement. A set of 12 mutually exclusive and exhaustive placement types was created:

**Relative Care.** If the type of service arrangement was coded among the following:

‘5106’, ‘5115’, ‘5136’, ‘5153’, ‘5154’, ‘5191’, ‘5192’, ‘5193’,  
 ‘5195’, ‘5196’, ‘9104’, ‘9105’, ‘9106’, ‘9115’,  
 ‘9136’, ‘9153’, ‘9154’, ‘9161’, ‘9176’,  
 ‘0179’, ‘5194’,  
 ‘9903’, ‘9904’, ‘9905’, ‘9914’, ‘9944’, ‘9959’, ‘9103’,  
 ‘9114’, ‘9144’, ‘9159’,  
 ‘3179’, ‘4179’, ‘6179’,  
 ‘8179’, ‘8903’, ‘8914’, ‘8959’,  
 ‘6903’, ‘6904’, ‘6905’, ‘6914’, ‘6944’, ‘6959’,  
 ‘0106’, ‘0115’, ‘0136’, ‘0153’, ‘0154’, ‘0161’,  
 ‘0176’, ‘0179’, ‘3106’, ‘3136’, ‘3153’, ‘3154’, ‘3161’, ‘3176’,  
 ‘4106’, ‘4136’, ‘4153’, ‘4154’, ‘4161’, ‘4176’, ‘5176’, ‘6106’,  
 ‘6115’, ‘6136’, ‘6153’, ‘6154’, ‘6161’, ‘6176’,  
 ‘8106’, ‘8115’, ‘8136’, ‘8153’, ‘8154’, ‘8161’, ‘8176’, ‘8904’, ‘8905’,  
 ‘9137’, ‘9140’, ‘9160’, ‘2940’, ‘2960’,  
 ‘9909’, ‘9943’, ‘9958’, ‘7909’, ‘7943’, ‘9143’, ‘9158’,  
 ‘0169’, ‘5179’, ‘9179’,  
 ‘7809’, ‘7609’, ‘7643’,  
 ‘6169’, ‘6909’, ‘6943’, ‘6958’, ‘7609’, ‘7643’,  
 ‘7843’, ‘8909’, ‘8943’, ‘8958’,  
 ‘0137’, ‘0140’, ‘0141’, ‘0160’, ‘2140’, ‘2160’, ‘2640’, ‘2669’, ‘2840’, ‘2860’,  
 ‘6137’, ‘6140’, ‘6160’, ‘8137’,  
 ‘8140’, ‘8160’, ‘8169’ **OR**

there was no type of service code **AND**

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<sup>20</sup> A variable from the “HMR Monitoring” and the “Master Events” files, somewhat equivalent to the

the type of living arrangement was coded as 'DRA', 'HMR', 'HRA', or 'HRL', then placement was define as "Relative Care" or "Home of Relative."

**Family Foster Care.** If the type of service arrangement was coded among the following:

'0101', '0104', '0107', '0146', '0151', '0152', '0156', '0162',  
 '0211', '4026', '5101', '5104', '5107', '5126', '5151', '5152',  
 '5161', '9101', '9107', '9151', '9152', '9156',  
 '6101', '6104', '6107', '6126', '6151', '6152', '6156', '8101',  
 '8104', '8107', '8126', '8151', '8152', '8156',  
 '0102', '0155', '8102', '9102', '9155', '2902', '2102',  
 '6102', '6155', '2602', '9104' **OR**

there was no type of service code **AND**

the type of living arrangement was coded as 'FHB', 'FHI', 'FHP', or 'FOS,' then placement was defined as "Family Foster Care."

**Specialized Foster Care.** If the type of service arrangement was coded among the following:

'0103', '0105', '0114', '0144', '0159', '5103', '5105', '5114',  
 '5159', '5144',  
 '6103', '6105', '6114', '6144', '6159', '8103', '8105', '8114',  
 '8144', '8159',  
 '0109', '0143', '0158', '7109', '7143', '7543', '9109',  
 '9169', '9103', '9105', '9114', '9143', '9144', '9158', '9159',  
 '6109', '6143', '6158', '7309', '7343', '7409', '7443',  
 '8109', '8143', '8158',  
 '7110', '7709', '7710', '7743' **OR**

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"typecode" field in the main IDCFS Integrated Database.

there was no type of service code **AND**  
the type of living arrangement was coded as 'FHS,'  
then placement was defined as 'Specialized Foster Care.'

**Group Home.** If the type of service arrangement was coded among the following:

'0203', '0222', '7202', '7203' **OR**  
there was no type of service code **AND**  
the type of living arrangement was coded as 'GRH,'  
then placement was defined as "Group Home."

**Institutional Care.** If the type of service arrangement was coded among the following:

'0201', '0202', '0221', '0223', '0901', '7201', '0210', '0213', '0251', '7251',  
'0206', '0207', '0216', '0217', '0218') **OR**  
there was no type of service code **AND**  
the type of living arrangement was coded as 'DET', 'HHF', 'ICF', 'IDC', 'IMH',  
'INS', 'IOP', 'IPA', 'IRS', 'NCF', or 'YES,'  
then placement was defined as "Institution" or "Institutional Care."

**Independent Living.** If the type of service arrangement was coded among the following:

'0163', '0167', '7267', '0267', '7167',  
'0208', '0701', '0704', '0705', '0706', '0708', '0720',  
'0723', '0724', '0725', '0801', '0804', '0805', '0806',  
'0204', '7204', '7205', '9167' **OR**  
there was no type of service code **AND**  
the type of living arrangement was coded as 'ILO', 'ASD', or 'CUS,'  
then placement was defined as "Independent Living."



**Subsidized Guardianship.** If the type of service arrangement was coded among the following:

‘0188’, ‘0189’, ‘0194’, ‘0150’, ‘0186’, ‘0193’ **OR**  
there was no type of service code **AND**  
the type of living arrangement was coded as ‘SGH,’  
then placement was defined as “Subsidized Guardianship.”

**Adoption Subsidy (or Adoption Assistance).** If the type of service arrangement was coded among the following: ‘0126’, ‘0301’, ‘0313’, ‘0314’, ‘0315’, ‘0316’, ‘0300’, ‘0324’, ‘0326’, ‘0323’, ‘0331’, ‘0333’, ‘0332’, ‘0334’, ‘0335’, ‘0304’, ‘0337’, ‘0302’, ‘0303’, ‘0338’, ‘0336’, ‘0327’ **AND**  
the **case opening reason** (opcode) was coded as either ‘AA’ or ‘RA’,  
then placement was defined as “Adoption Subsidy” or “Adoption Assistance.”

**Home of Parent.** If there was no type of service code **AND**  
the type of living arrangement was coded as ‘HMP,’  
then placement was defined as “Home of Parent.”

**Successor Guardian.** If there was no type of service code **AND**  
the type of living arrangement was coded as ‘GDN,’  
then placement was defined as “Successor Guardian.”

**Adoptive Placement (old).** If there was no type of service code **AND**  
the type of living arrangement was coded as ‘FHA’, ‘HAP’, ‘HMA’, or “preadopt” was equal to 1, then placement was defined as “Adoptive Placement.” Because there appears to be much inconsistency in the entry of ‘FHA’, ‘HAP’, and ‘HMA’ codes by caseworkers and there are no specific type of service codes for adoptive placements, this definition of adoptive

placements significantly undercounts the number of children in such placements. Therefore, another method, using another data table was instituted.

**Adoptive Placement (revised).** A child was counted as being in an adoptive placement if he/she had an adoptive placement date as entered in CMS screens 46 and 47. The duration of the adoptive placement extended from the adoptive placement date until the adoption finalization date, if there was a finalized adoption on record, or, from the adoptive placement date until the end date of the living arrangement in which the adoptive placement began.

**Runaway/Missing/Unknown/Other.** If there was no type of service code **AND** the type of living arrangement was coded as ‘RNY’, ‘MIS’, ‘UNK’, or ‘OTH,’ then “placement” was defined as “Runaway/Missing/Unknown/Other.”

#### **PRIVATE (PAYMENT OF SERVICES) VS DEPARTMENT PLACEMENT**

If type of service arrangement was coded as one of the following: ‘9137’, ‘9140’, ‘9160’, ‘2940’, ‘2960’, ‘9909’, ‘9943’, ‘9958’, ‘7909’, ‘7943’, ‘9143’, ‘9158’, ‘0169’, ‘5179’, ‘9179’, ‘7809’, ‘7609’, ‘7643’, ‘6169’, ‘6909’, ‘6943’, ‘6958’, ‘7609’, ‘7643’, ‘7843’, ‘8909’, ‘8943’, ‘8958’, ‘0137’, ‘0140’, ‘0141’, ‘0160’, ‘2140’, ‘2160’, ‘2640’, ‘2669’, ‘2840’, ‘2860’, ‘6137’, ‘6140’, ‘6160’, ‘8137’, ‘8140’, ‘8160’, ‘8169’, ‘0102’, ‘0155’, ‘9102’, ‘9155’, ‘8102’, ‘2902’, ‘2102’, ‘6102’, ‘6155’, ‘2602’,

'0109', '0143', '0158', '9109', '7543', '0243', '7109', '7143', '9169',  
 '8109', '8143', '8158', '7409', '7443',  
 '6109', '6143', '6158', '7309', '7343',  
 '0163', '0167', '0208', '0720', '0704', '0705', '0706',  
 '7204', '0204', '7205', **OR**

if living arrangement type was coded as 'FHP' **AND** there was **no** type of service code, then the placement was defined as under the auspices of a private agency.

'5106', '5115', '5136', '5153', '5154', '5191', '5192', '5193',  
 '5195', '5196', '9104', '9105', '9106', '9115',  
 '9136', '9153', '9154', '9161', '9176',  
 '0179', '5194',  
 '9903', '9904', '9905', '9914', '9944', '9959', '9103',  
 '9114', '9144', '9159',  
 '3179', '4179', '6179',  
 '8179', '8903', '8914', '8959',  
 '6903', '6904', '6905', '6914', '6944', '6959'  
 '0106', '0115', '0136', '0153', '0154', '0161',  
 '0176', '0179', '3106', '3136', '3153', '3154', '3161', '3176',  
 '4106', '4136', '4153', '4154', '4161', '4176', '5176', '6106',  
 '6115', '6136', '6153', '6154', '6161', '6176',  
 '8106', '8115', '8136', '8153', '8154', '8161', '8176', '8904', '8905',  
 '0101', '0104', '0107', '0146', '0151', '0152', '0156', '0162', '0211', '4026',  
 '5101', '5104', '5107', '5126', '5151', '5152', '5161', '9101',  
 '9107', '9151', '9152', '9156',  
 '8101', '8104', '8107', '8126', '8151', '8152', '8156',  
 '6101', '6104', '6107', '6126', '6151', '6152', '6156',  
 '0103', '0105', '0114', '0144', '0159', '5103', '5105', '5114', '5144', '5159',

‘8103’, ‘8105’, ‘8114’, ‘8144’, ‘8159’,  
 ‘6103’, ‘6105’, ‘6114’, ‘6144’, ‘6159’,  
 ‘0163’, ‘0167’, ‘7267’, ‘0267’, ‘7167’, ‘0208’, ‘0701’, ‘0704’, ‘0705’,  
 ‘0706’, ‘0708’, ‘0720’, ‘0723’, ‘0724’, ‘0725’, ‘0801’, ‘0804’,  
 ‘0805’, ‘0806’, ‘0203’, ‘0222’, ‘7202’, ‘7203’, ‘0201’, ‘0213’, ‘0221’, ‘0223’,  
 ‘0901’, ‘7201’, ‘0251’, ‘0202’,  
 ‘0186’, ‘0193’, ‘0188’, ‘0189’, ‘0194’, ‘0150’, **OR**

if type of living arrangement was coded among one of the following:

‘HMR’, ‘DRA’, ‘ASD’, ‘CUS’, ‘ILO’, ‘FHA’, ‘FHB’, ‘FHI’, ‘HAP’, ‘FHS’, ‘HMP’,  
 ‘DET’, ‘HHF’, ‘IMH’, ‘IDC’, ‘GRH’, ‘OTH’, ‘RNY’, ‘IPA’, ‘NCF’,  
 ‘IRS’, ‘ICF’, ‘YES’, ‘MIS’, ‘PND’, ‘UNK’, ‘SGH’, ‘FOS’, ‘HRA’,  
 ‘HRL’, ‘INS’, ‘IOP’, ‘GDN’, ‘IND’ **AND** there was **no** type of service code,

then the placement was defined as under the auspices of the Department of Children and Family Services.

## **RACE**

Seven codes defined ethnicity: ‘AO’ for Asian; ‘BL’ for African-American; ‘HI’ for Hispanic; ‘NA’ for Native American; ‘OT’ for Other; ‘UK’ for Unknown; and ‘WH’ for White.

## **REGION**

In analyses by region, a new six-category variable was derived by collapsing some and eliminating some of the 50 codes DCFS assigns to their “Assigned Region” (“region”) field. Region is defined in this report as:

**The Northern Region,** created from the Rockford region ('1A') and the Aurora region ('2A');

**The Central Region,** created from the Peoria region ('1B'), the Springfield Region ('3A'), and the Champaign Region ('3B');

**The Southern Region,** created from the East St. Louis region ('4A') and the Marion region ('5A');

**The Cook County North Region,** created from Cook County North region ('6B'), and of the following Chicago region/site/field combinations:

'2B0113'- '2B0158', '2B0204', '2B0207'- '2B0209', '2B0212', '2B0216',  
 '2B0231'- '2B0232', '2B0236', '2B0238', '2B0264', '2B0267',  
 '2B0270', '2B0274', '2B0515', '2B0540'- '2B0541', '2B0549',  
 '2B0552', '2B0554'- '2B0555',  
 '2B0560'- '2B0561', '2B0564', '2B0568', '2B0570', '2B0598', '2B0731',  
 '2B0766', '2B0767'

**The Cook County Central Region,** created from Cook County Central region ('6C'), and of the following Chicago region/site/field combinations:

'2B0403'- '2B0490', '2B0502', '2B0518', '2B0544', '2B0548', '2B0553', '2B0551',  
 '2B0557'- '2B0559', '2B0565'- '2B0566', '2B0569', '2B0573', '2B05-',  
 '2B0756', '2B0757'

**The Cook County South Region,** created from Cook County South region ('6D'), and of the following Chicago region/site/field combinations:

'2B0201'- '2B0203', '2B0206', '2B0210', '2B0211', '2B0213'- '2B0215',  
 '2B0217'- '2B0219', '2B0221'- '2B0230', '2B0234'- '2B0235', '2B0237',

'2B0261'-'2B0263', '2B0265',  
'2B0268'-'2B0269', '2B0271'-'2B0272', '2B0273', '2B0275'-'2B0399',  
'2B0516', '2B0542'-'2B0543', '2B0545'-'2B0547', '2B0550', '2B0556',  
'2B0562'-'2B0563', '2B0567', '2B0572', '2B0574', '2B05-',  
'2B0768', '2B0787'

### **REENTRY INTO SUBSTITUTE CARE**

A child was defined as reentering substitute care if his/her case opening reason (opencode) was not coded as 'AA' or 'RA', the child had been placed in at least one substitute care placement (See below under "Substitute Care" for definition.) previously, was reunified into a home-of-parent placement (See above under "Placement" for definition.) and then subsequently placed into a substitute care placement at a later time. There need not be direct replacement into substitute care from home of parent to be recorded as a reentry into substitute care. For the purposes of the report, only the first reentry from the first return from the first substitute care placement in the child's first case is recorded.

### **(CHILD) RETURNED HOME FROM SUBSTITUTE CARE**

A child was defined as returning home from substitute care if the case opening reason (opencode) was not coded as 'AA' or 'RA', the child had been placed in at least one substitute care placement (See below under "Substitute Care" for definition.) and was reunified into a home-of-parent placement (See above under "Placement" for definition.). There need not be a direct substitute care placement to home-of-parent placement transition, nor does the case need to have been closed at reunification. For the purposes of the report, only the first return from the first substitute care placement in the child's first case is recorded.

**SUBSTITUTE CARE**

Substitute Care was defined as encompassing the following Placement types: “Relative Care,” “Family Foster Care,” “Specialized Foster Care,” “Group Home,” “Institutional Care,”  
**OR**

having a type of living arrangement (“event”) of ‘FHA.’ (Foster Home Adoption)

**A Note About Units Of Analysis And Unduplication Of Records.**

The basic unit of analysis represented in both data sets used for analyses in this report is the “placement spell.” A placement spell is the period of time beginning with the child’s placement in one particular living arrangement until the time the child is placed in a different living arrangement. Although the definition of “different living arrangement” itself differs somewhat from the HMR Monitoring Data Set and the Master Events Data Set and some other derivative data sets we used, the placement spell remains the basic unit.

Placement spells can be grouped in a number of ways. First, and corresponding to the operation of the Department, placement spells can be grouped under the case to which they correspond. One or more placement spells constitutes a case. The beginning of the first placement spell and the end of the last placement spell in a case correspond to the opening and closing, respectively, of a case. Furthermore, because a given child may have one or more cases opened and/or closed during his or her history with the Department the term “case” and child are not equivalent units of analysis. Thus, in terms of the structure of the data, placement spells are “nested” within cases, and child cases are nested within children.

Second, placement spells may be grouped under the rubric of “placement type.” Each spell may be characterized on the basis of type of service (payment) code and/or type of living arrangement code into a smaller organizational category representing the type of placement or living arrangement of a child in Department care. Herein we describe one 12-category breakdown. We have also conducted analyses in which we collapse the placement categories to define “Substitute Care.” Again, in “nesting” terms, placement spells are nested within

placement types, and placement types are nested within the Substitute Care/Not Substitute Care distinction.

Third, placement spells and/or placement types may be collapsed into other categories. Although not presented in this report, using type of service codes and type of living arrangement codes, analyses can be conducted comparing outcomes across placements under the responsibility Department versus those for which private agencies bear responsibility.

Fourth, placement spells may be “summed up” to form larger categories of spells in care. For instance, out-of-home spells are defined as beginning when a child enters an out-of-home placement, moves or does not move to one or more different out-of-home placements, and ends when the child is placed in an in-home living arrangement or the case is closed.

This explanation of units of analysis is provided by way of alerting the reader to considering what tabulated figures may represent in any table presented in this report. For example, where a table presents the total number of children in a given placement type in a given fiscal year, it is important to be aware that this number is the total number of children who had at least one placement spell of the type listed that lasted at least one day during the fiscal year in question. Calculations of this type represent aggregation over all placement spells over all cases for that child in a given fiscal year. Similarly, a table presenting the total number of children served by the Department in a given fiscal year represents aggregation over all placement spells and cases for a particular child in that fiscal year. It is the number of children who had at least one placement spell of any type that lasted at least one day during that fiscal year.

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