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**Caregivers of Black Children and Youth in Care:
Their Experiences of Permanency Processes,
Adoption, and Guardianship**
Report of Findings from a Survey of Caregivers

CHILDREN AND FAMILY RESEARCH CENTER
TRANSLATIONAL RESEARCH - OFFICE OF RESEARCH AND CHILD WELL-BEING

Caregivers of Black Children and Youth in Care: Their Experiences of Permanency Processes, Adoption, and Guardianship

Report of Findings from a Survey of Caregivers

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Project Background and Purpose

This report presents results from a survey of caregivers of at least one Black child in the care of the Illinois Department of Children and Family Services (DCFS), whose goal was either adoption or guardianship. The survey was one component of a study of guardianship, an infrequently used but promising alternative for finding permanent homes for children in foster care. In the overall study, we gathered data from permanency professionals and caregivers. We collected data through interviews and surveys with each group.

We sought to understand the following:

1. How professionals have experienced different permanency options, with a particular focus on guardianship, and how they perceive these options.
2. How caregivers have experienced permanency planning and how they perceive different permanency options.
3. Professionals' and caregivers' perceptions of racial issues in permanency planning and outcomes.

Our aim is to inform efforts to use guardianship wisely to increase the number of children placed in loving, stable, permanent homes, especially Black children.

Funding

This research was partly supported by the Office of the Vice Chancellor for Diversity, Equity and Inclusion of the University of Illinois at Urbana Champaign (UIUC) as part of its Call to Action to Address Racism and Social Injustice Research Program. **The program aims to “enhance exceptional cross-disciplinary research strengths and expand collaborations to build cultures of research and scholarship that address structures of racism and injustice.”**¹ The Office of the Vice Chancellor for Diversity, Equity, and Inclusion at UIUC launched the program to address the root causes of racial disparities with generative ideas, imaginative strategies, and productive collaborations. The research was also supported as part of a DCFS contract with UIUC that funds the Office of Translational Research in the School of Social Work.

Collaboration with DCFS

An advisory team of administrators and analysts from DCFS guided and supported the implementation of this research. The advisory group included staff from the DCFS Division of Strategy and Performance Execution, the Office of Research and Child Well-being, the Office of Race Equity Practice, and the Permanency Division. The advisory team assisted the research team with research design, data collection, and reviewing and

1. Office of the Vice Chancellor for Diversity, Equity & Inclusion (2022) [Call to Action to Address Racism & Social Injustice Research Program: Request for Proposals 2022-2023](#). University of Illinois at Urbana-Illinois.

providing feedback on reports and presentations. This support included providing DCFS administrative data to support recruitment for interviews and surveys, providing data to assist with determining the representativeness of the survey respondents, offering feedback on the development of the surveys, and promoting survey completion with permanency staff, and review and feedback on the interpretation of results for accuracy and interpretation purposes.

The Context for the Study

When children are removed from their homes because of neglect or maltreatment, the goal of DCFS is to return them to a loving, safe, stable, and permanent home as soon as possible. Ideally, children are reunified with their birth parents, but when this cannot be done safely, DCFS seeks to place children and adolescents in other permanent homes. Unfortunately, the most recent statistics show that 47.3% of children and youth who entered substitute care from DCFS in 2018 were not placed in a permanent home within three years. Some never find permanent homes: in 2020, 598 Illinois youth aged out of substitute care without ever returning to a permanent home during their childhood.² The difficulty of placing children in permanent homes is worse for Black children in substitute care. While a majority of White children entering substitute care with DCFS in 2018 reached a permanent home within three years (57.2%), less than half of Black children did (46.7%).

Enhanced use of guardianship has the potential to increase the number of children reaching permanent homes and reduce racial disparity in permanency. With guardianship, a caregiver becomes the permanent caregiver of the child but does not adopt the child. Usually, the guardian receives a subsidy from DCFS to support the child's care, referred to as subsidized guardianship. Typically, the guardian is a relative of the child, such as their aunt/uncle, grandparent, or older sibling. Fictive kin (non-family members with a relationship to the child, such as a teacher, neighbor, etc.) may also take on this role and associated responsibilities. When guardianship is awarded, the guardian has already provided stable and loving foster care for the child. Guardianship in Black families is consistent with "the value placed on extended family and taking care of one's own."³ It draws on deeply rooted traditions of kinship networks in African cultures and African American communities. With guardianship, birthparents' rights do not need to be terminated, so typically, one or both of the birthparents will retain some parental rights, including the right to visitation. Birthparents can also, at a later time, petition the court to regain custody of their children. Many kin caregivers are committed and able to provide children permanent homes, but they do not want to terminate the parental rights of the birthparent, who is often a close relative such as their son, daughter, or sibling.

Part of the context of this study is a longstanding debate about the value of adoption versus guardianship. Our [Policy Context and Lessons Learned](#) report describe this context in detail. Some experts have claimed that adoption represents a greater commitment and is more stable,⁴ and a preference for adoption has been codified in Federal and Illinois law,⁵ as well as the guidelines of the National Council of Juvenile and Family Court Judges.⁶ But recent research finds no difference in stability between adoption and guardianship.⁷ Moreover, some experts argue that the preference for adoption can obstruct stable guardianships with kin caregivers who can provide

2. This is the most recent statistic available from the federal Children's Bureau. Children's Bureau (2022). [Child Welfare Outcomes Report Data](#).

3. Cross, T. et al. (2004). How does subsidized guardianship respect culture? Perspectives on African American, Native American, and Latino experiences, in Bissell, M. & Miller, J. L. *Using subsidized guardianship to improve outcomes for children: Key questions to consider*. Children's Defense Fund, pp. 55-95.

4. Murray, K. J., Bartlett, J. D., & Lent, M. C. (2021). The Experience of Children and Families Involved with the Child Welfare System. *Handbook of Interpersonal Violence and Abuse Across the Lifespan: A project of the National Partnership to End Interpersonal Violence Across the Lifespan* (NPEIV), 1441-1462. Takas, M. (1993). Permanent care options involving kin in child welfare cases. *Current Issues in Pediatric Law*, National Association of Counsel for Children, 91-105.

5. Testa, M. (2022). [Disrupting the foster care to termination of parental rights pipeline: Making a case for kinship guardianship as the next best alternative for children who can't be reunified with their parents](#). *Family Integrity & Justice Quarterly*, 1(1), 74-82.

6. National Council of Juvenile and Family Court Judges (2000). [Adoption and Permanency Guidelines](#). Reno, NV.

7. Rolock, N., & White, K. R. (2016). Post-permanency discontinuity: A longitudinal examination of outcomes for foster youth after adoption or guardianship. *Children and Youth Services Review*, 70, 419-427.

children with permanent homes within their extended family.⁸

Description of the Overall Study

The study gathered data from professionals and caregivers using semi-structured interviews and surveys. This yielded four components of the study. We have produced a research report for each component of the study. These components are:

1. Interviews with 40 Illinois professionals working on permanency cases (including 13 permanency supervisors, 11 permanency caseworkers, six DCFS attorneys, five guardians *ad litem*, and five judges),
2. A survey of Illinois permanency caseworkers and supervisors, with 267 respondents (including 158 caseworkers, 68 supervisors, and 41 other staff; 52% DCFS staff and 48% private agency staff), and
3. Interviews with 11 kin and fictive kin caregivers caring for Black children.
4. A survey of 137 caregivers caring for at least one Black child with an adoption or guardianship goal.

In addition, we have written two research briefs presenting key findings from professionals and caregivers, respectively, and a report on the policy context of the study and the lessons learned across all four components. The research briefs and Policy Context and Lessons Learned report also present our recommendations for enhancing the use of subsidized guardianship in Illinois. All products associated with this research project are available on our [subsidized guardianship webpage](#). This includes reports on each component of the study and related research briefs.

Defining Caregiver

This study aims to reflect the perspectives of caregivers in Illinois settings. In other settings and historically, caregivers are commonly referred to as foster parents. Caregivers are those people, who are not the biological parents of a child, but who provide the day-to-day care for a child who has been removed from their biological parents' custody for reasons such as abuse and neglect. This includes kin caregivers, fictive kin caregivers, and unrelated (aka traditional) caregivers.

We intentionally elected to use the term caregiver instead of foster parent. In many cases, especially for guardianships, the family structure is retained. That is to say that with guardianships, the family relationships like mother, father, aunt, and uncle are retained. Alternatively, many of the caregivers in our study had adopted or intended to adopt the children in their care. In these cases, the title caregiver is more appropriate than foster parent, which is intended to be a temporary role. We also recognize that for some, there is, unfortunately, a stigma associated with the term foster parent. In contrast, the term caregiver evokes the vital role these individuals undertake to love, guide, and provide stability for children during a challenging period of their lives. We are grateful to the caregivers who set aside the time in their busy lives to participate in our study.

8. Creamer, K. & Lee, A. (2022). [Reimagining permanency: The struggle for racial equity and lifelong connections](#). *Family Integrity & Justice Quarterly*, 1(1), 62-71. Gupta-Kagan, J. (2015). The new permanency. *UC Davis Journal of Juvenile Law & Policy*, 19:1, 1-113. Milner, J. & Kelly, D. (2022). [The need to replace harm with support starts with The Adoption and Safe Families Act](#). *Family Integrity & Justice Quarterly*, 1(1), 6-7. Sankaran, V.S. (2022). [Ending the unnecessary pain inflicted by Federal child welfare policy](#). *Family Integrity & Justice Quarterly*, 1(1), 26-33.



Executive Summary

The Illinois caregiver survey was designed to capture caregivers' perspectives on the permanency process, adoption, and guardianship. The survey included questions about the information caregivers were provided, barriers they faced, and their preferred permanency goal for the child or children in their care and the factors that influenced that choice. The survey also asked about their experiences and observations of racial biases and inequities throughout the permanency process. The survey was sent to caregivers caring for at least one Black child who had been in the Illinois Department of Children and Family Services care for at least 12 months and for whom the permanency goal was either adoption or guardianship. The survey research outlined in this report is part of a more extensive study. In the overall study, we gathered data from permanency professionals and caregivers of Black children in foster care. We collected data through interviews and surveys with each group. One goal of the overall study was to assess the role of race in permanency planning and outcomes. See our [subsidized guardianship webpage](#) for other data reports. The summary highlights select findings from this study and five areas where focused change may lead to improved and more equitable outcomes for children in care.

Communication About Permanency Options

The survey asked caregivers about the sufficiency of the information communicated to them about their permanency options. The caregivers' responses highlight the importance of ensuring adequate, timely, and consistent information about permanency options is provided to caregivers. First, many of our caregivers reported not receiving adequate information about adoption (23%) or guardianship (17%). Caregivers' reports on when guardianship was first discussed varied, with 32% of caregivers reporting having had the discussion when the child was placed and 39% reporting guardianship only being discussed after the decision had been made not to reunify. Among caregivers whose children were still in DCFS custody, 62% wanted to adopt the child or children, and 19% wanted to become the child's or children's guardian. For caregivers whose child had achieved permanency, there was sometimes a mismatch between the caregivers' preferred permanency goal

and the permanency outcome. For 12% of the children who were adopted, the caregiver would have preferred guardianship, while for 24% of children under guardianship, the caregiver would have preferred adoption. The survey did not explore whether these mismatches occurred because the caregiver agreed to a permanency goal other than their preferred goal or if their preference changed after permanency was achieved.

Barriers that Complicate and Delay Permanency

Caregivers indicated that there were four barriers that delayed permanency for more than 20% of the children in their care. These were:

- Turnover of caseworkers and other professionals in the case (52% of caregivers),
- A lack of timely information from the caseworker (25% of caregivers),
- Lack of services for the child (24% of caregivers), and
- Delays in processing approval from DCFS for adoption (23% of caregivers).

Additionally, notable percentages of kin caregivers (36%) and fictive kin caregivers (31%) reported initiating placement conversations for the children in their homes. In the qualitative study of caregiver interviews that parallels this study, caregivers also described delays in permanency related to children being placed into non-kin placements when kin wanted to provide homes for them.⁹

Racial Inequities in the Permanency Process

Caregivers shared their observations of judges' and caseworkers' interactions with Black family members. They also reported on judges' and caseworkers' expectations of Black family members. Caregivers rated how truthful the following five statements were for both caregivers and judges: a) they work effectively with Black family members; b) their approach to working with Black family members is culturally appropriate; c) they are comfortable working with Black family members; d) respect Black Family members; and e) respect Black fathers. Across the five items, for both judges and caseworkers, the mean rating by Black caregivers was *neutral* (judges = 3.68, caseworkers = 3.93, five-point scale with five being almost always true), and the mean rating by White caregivers was *sometimes true* (judges = 4.16, caseworkers = 4.78). Caregivers rated the truthfulness of the following statements about judge and caseworker expectations: Judges/caseworkers a) *demand more from Black families*, and b) *focus too much on what happened in the past with Black family members*. The most common answer was *neutral* for both statements, for both judges and caseworkers. This is consistent with the mean ratings for Black caregivers. However, White caregivers' mean rating across these items indicates this was *rarely true* from their perspective. Just under a third of caregivers (31%) indicated that implicit racial bias of judges had a strong to major effect on planning for a permanent home for the children in their care. About a quarter of caregivers (26%) indicated that the implicit racial bias of caseworkers has a strong to major effect on planning for a permanent home for the children in their care. Lastly, there was a consistent pattern of Black caregivers being more likely than White caregivers to identify racial inequities in the permanency system. Their voice is a critical resource in understanding how to reduce the harm caused by systemic racism and protect Black children and youth in care.

Requested Caregiver Support for Caregivers of Black Children

Caregivers were asked what resources they would find most helpful in caring for Black youth. They were provided six options: a) caregiver peer support, b) support for caregivers in dealing with racism, c) support for children in dealing with experiences of racism, d) training or knowledge on specific issues with raising Black youth, e) coaching on parenting strategies, and f) support maintaining ties to the children's culture or community. There is strong support for all the options provided, with over 40% of the caregivers indicating an extreme need for each resource listed. There was a significant difference in the need for each support between Black and White caregivers, except for one item rated highly by both Black and White caregivers. This item was "support for children in dealing with experiences of racism." For each of the five remaining resources listed for caring for Black youth, Black caregivers rated the resource as more useful than White caregivers.

Conclusion

9. Landa, C., Cross, T. P., Fox, H. L., LaSota, R., Hines, D., Parsons, T., Thebaud, M., & Song, E. (2023). [*Kin caregivers of black children and youth in care: Their experiences of permanency processes and substitute care with a focus on guardianship. Report of caregiver interview findings.*](#) University of Illinois at Urbana-Champaign.

The findings of this study suggest five strategies that could improve outcomes for children in care, especially Black children in care. DCFS and its partner agencies could:

- Ensure that adequate, timely, and consistent information on permanency options is provided to caregivers.
- Reduce barriers to timely permanency such as staffing instability, underutilization of kin and fictive kin placement, delays in processing approvals, and underprepared caseworkers.
- Communicate with those impacted by child welfare practices and policies that inequitably impact children and families of color, including Black caregivers, to critically examine and change practices and policies that inequitably impact children and families of color.
- Build awareness around racial inequities and the effects of systemic and implicit biases within the system for placement and permanency professionals and judicial partners. Examples of this include targeted training for professionals that illustrate the intersections between different systems and the impact of racism on families of color within permanency processes; raising the prominence of data that tracks racial disproportionality within the child welfare system and its practices; and examination and targeted redevelopment of policies and practices that are identified by people of color or through data analyses as inequitable.
- Build equity-centered trauma and culturally informed support for Black youth in care, their families, caregivers of Black youth, and the Black placement and permanency professionals who serve them. For placement and permanency professionals, this may include support for dealing with and calling out micro and macroaggressions and support in building resilience (e.g., self-care, therapy). Examples of supporting Black youth and their families include developing support for children experiencing racism, maintaining ties to the children’s culture and community, and building caregiver support such as training and peer support networks.





Chapter 1

Introduction and Methods for the Caregiver Interview Study

The Illinois caregiver survey gathered information regarding caregivers' experiences with the permanency process. The survey was sent to caregivers caring for at least one Black child who had been in care for at least 12 months and for whom the permanency goal was adoption or guardianship. Within this broader framework of the study, the survey of caregivers was designed to measure their responses to the questions listed below.

1. Did caregivers receive adequate information about both adoption and guardianship?
2. Was guardianship discussed as a potential permanency option with caregivers, and did they feel they received adequate and timely information about adoption and guardianship?
3. What permanency outcome did caregivers prefer for the children in their care (adoption, guardianship, independence, undecided)? Why do they feel that outcome is in the best interest of the children in their care?
4. How important in deciding on permanency plans are the wishes of the different individuals (e.g., birthparents, kin caregivers, the adolescent or child)?
5. What barriers did caregivers experience during the permanency process? Was licensing a barrier to timely permanency?
6. To what extent do caregivers trust permanency professionals/agencies (caseworker, agency, Court Appointed Special Advocates, guardian *ad litem*, judge) to support the child's best interest?
7. How would the caregiver describe their and their children's relationship with the caseworker? Specifically, was the caseworker respectful, culturally appropriate, knowledgeable, responsive, timely, and prepared?
8. To what extent do caregivers feel that judges' and caseworkers' approach to working with Black families

is culturally appropriate and respectful? Do caregivers perceive judges and caseworkers as demanding more from Black families and focusing too much on what has happened in their past?

9. To what extent do caregivers feel that implicit racial bias impacted the permanency process for the children in their care?
10. What supports do caregivers report would be most helpful in supporting their efforts to care for the Black children in their care?

Information was also gathered on the demographics of the caregivers and the children in their care (excluding biological children), the permanency status of each child, the relationship between the caregiver and child at the time the child was placed with them, and who (caregiver or caseworker) initiated the conversation about placement.

Survey Development, Administration, and Analysis

The development of the caregiver survey was informed by 11 interviews with kin and fictive kin caregivers of Black children in care that the research team conducted early in 2022.¹⁰ The DCFS Advisory Team assisted by piloting the draft instrument and providing feedback. The project received Institutional Review Board approval for the caseworker survey in early July 2022. See Appendix A for the survey instrument.

Data Collection and Analysis

Survey data was captured in Qualtrics. Most of the report presents descriptive statistics run separately for each survey question. Univariate frequencies were presented in frequency tables and bivariate frequencies in crosstabs. The mean and median were calculated as measures of central tendency. Null hypothesis significance testing was conducted using the chi-square goodness of fit and Mann-Whitney U tests.

Survey Populations and Response Rate

The population for this survey was the 598 caregivers who met the following criteria on February 14, 2022:

1. At that time, they cared for at least one child in Illinois DCFS care who was African American or Black.
2. At least one African American or Black child in their care had been in care for at least 12 months.
3. At least one African American or Black child in their care had a permanency goal of adoption or guardianship.

Invitations for the survey were sent via postal service in a series of three mailings. The first mailing, July 26, 2022, included a personalized letter, flyer with the survey's link and QR code, and follow-up postcard. See Appendix B for a copy of the recruitment materials used. This was followed by two weekly postcard mailings that included survey information, including a QR code. The survey was closed after one month on August 26, 2022. There were 63 caregivers for whom the initial mailing on July 26, 2022, was returned undeliverable. This reduced the potential number of respondents to 533. There were 150 responses in which the caregiver answered some or all of the survey questions. Thirteen of these 150 responses were excluded from the analysis, including 11 from caregivers who answered too few questions to be included in the analysis and two from caregivers who completed the survey twice. This left 137 caregivers in the analysis sample, representing a response rate of 25.7%. The 137 caregivers who completed this survey provided information on 335 children. These include children still under the care of DCFS for whom the caregiver is providing foster care, children who had been adopted, and children for whom their caregiver became their permanent guardian.

Tables 1 and 2 present the proportions of caregivers by region and agency type in the population and survey respondents. A chi-square goodness of fit test indicated no significant difference in the regional distribution between the survey population and respondents. DCFS was overrepresented among the survey respondents (1.6 times the anticipated rate). This is supported by a chi-squared goodness of fit test that showed a significant difference in the proportion by agency type between the survey population and the respondents ($\chi^2(1) = 5.77 p < .05$).

10. Landa, C., Cross, T. P., Fox, H. L., LaSota, R., Hines, D., Parsons, T., Thebaud, M., & Song, E. (2023). [*Kin caregivers of black children and youth in care: Their experiences of permanency processes and substitute care with a focus on guardianship. Report of caregiver interview findings.*](#) University of Illinois at Urbana-Champaign.

Table 1*Comparison of the Survey Respondents and Population by Region*

Region	Population ¹		Respondents		Ratio of the Respondents to Population	χ^2 goodness of fit
	Count	%	Count	%		
Central	143	23.9	33	29.5	1.23	<i>Not significant</i>
Cook	348	58.2	55	49.1	0.84	
Northern	63	10.5	15	13.4	1.28	
Southern	44	7.4	9	8.0	1.08	
Total	598	100	112	100	-	-

1. The survey population consisted of caregivers who met the following criteria on February 14, 2022, a) caring for at least one child who is Black, b) at least one Black child in their care has been in care for at least 12 months, and c) at least one Black child in their care has a permanency goal of adoption or guardianship, were the survey population.

Table 2*Comparison of the Survey Respondents and Population by Agency Type*

Agency Type	Population ¹		Respondents		Ratio of the Respondents to Population	χ^2 goodness of fit
	Count	%	Count	%		
DCFS	75	12.5	28	20.4	1.63	$\chi^2(1) = 5.77$ $p < .05$
Child Welfare Contributing Agency	523	87.5	109	79.6	0.91	
Total	598	100	137	100	-	-

1. The survey population consisted of caregivers who met the following criteria on February 14, 2022, a) caring for at least one child who is Black, b) at least one Black child in their care has been in care for at least 12 months, and c) at least one Black child in their care has a permanency goal of adoption or guardianship, were the survey population.



Description of Survey Respondents

Race, Gender, and Ethnicity. The following demographic questions were towards the end of the survey. Sixteen of the 137 respondents did not provide demographics, therefore we report descriptive information for 121 caregivers in the sample. Table 3 shows the gender and racial distribution of the survey respondents. The survey respondents included 97 women (80.2%) and 24 men (19.8%). Half of the respondents (51.2%) were Black women, and a quarter (24.8%) were White women. Five women were from other racial groups. Men were nearly equally split between Black men (11) and White men (12). One man did not provide his race. Respondents' ethnicity is not included in the table. Only three respondents identified as Hispanic, Latino, Latinx, or Spanish. One of these respondents indicated that they are both Black and Latinx, and the other two indicated that they are White and Latinx.

Table 3
Caregivers' Race and Gender

Race / Gender ¹	Men		Women		Total	
	Count	%	Count	%	Count	%
African American or Black	11	9.1	62	51.2	73	60.3
Asian	0	0	2	1.7	2	1.7
Multiple Races	0	0	2	1.7	2	1.7
Other Race ²	0	0	1	0.8	1	0.8
White	12	9.9	30	24.8	42	34.7
Unknown	1	0.8	0	0	1	0.8
Total	24	19.8	97	80.2	121	100

1. Respondents also had the options of Non-binary, Transgender, I do not identify with a gender, or to self-identify. Respondents selected none of these options. 2. The respondent who selected *Other Race* chose not to specify their race.

Level of Education. Table 4 summarizes the highest level of educational achievement for the respondents. Four caregivers (3.2%) had some high school as their highest level of education. Twenty-eight caregivers (23.1%) achieved a high school diploma or GED. The remaining 73.7% had some college education, with 49.7% holding a degree. This includes two respondents with professional degrees (e.g., MD, DDS, DVM, LLB, JD) and four with doctoral degrees (e.g., PhD, EdD).

Table 4
Caregivers' Highest Level of Education

Education Level	Count	%
Some high school	4	3.2
High school diploma or GED	28	23.1
College certificate	7	5.8
1 or more years of college (no degree)	22	18.2
Associate degree (for example, AA, AS)	18	14.9
Bachelor's degree (for example, BA, BS)	21	17.4
Master's degree (for example, MA, MS, Meng, MSW, MBA)	15	12.4
Professional degree (for example, MD, DDS, DVM, LLB, JD)	2	1.7
Doctoral degree (for example, Ph.D., EdD)	4	3.3
Total	121	100

Length of Time Providing Foster Care. Caregivers reported how many years they had been providing foster care (Table 5). All but one caregiver reported providing foster care for more than one year. The most commonly reported lengths of time as a foster caregiver were 3 to 4 years (35.5%) and more than ten years (22.3%).

Table 5

Caregivers’ Length of Time Providing Foster Care

Length of Time as a Foster Parent	Count	%
Less than one year	1	0.8
1 to 2 years	7	5.8
3 to 4 years	43	35.5
5 to 6 years	25	20.7
7 to 10 years	18	14.9
More than 10 years	27	22.3
Total	121	100

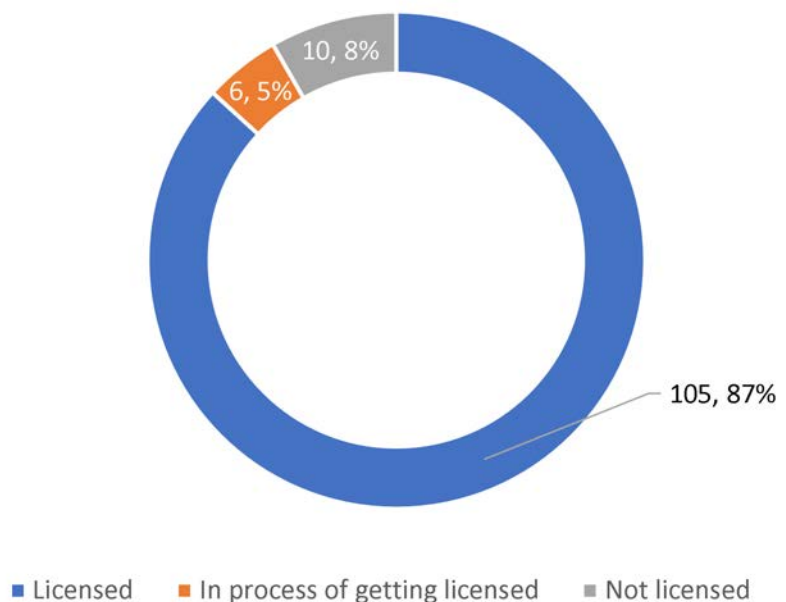
Licensing. Most survey respondents (86.8%) indicated they were licensed foster care providers (Figure 1). This proportion is substantially higher than the proportion licensed in the population of 598 caregivers for the survey. Among this population, 57.2% were licensed when the data was downloaded in February 2022 (42.8% were unlicensed, and 1.0% were “other”). This rate may have increased between February and when the survey was administered in July of 2022. Additionally, caregivers who had reached permanency or were licensed may have been more likely to complete the survey. Six caregivers (5.0%) indicated that they were in the process of becoming licensed.

The ten caregivers who were not licensed or in the process of becoming licensed were asked in an open comment question if they had any concerns about becoming licensed. One respondent indicated that they had no concerns. Two caregivers indicated they are not interested in being licensed, although one stated they might be interested in the future. Two different caregivers expressed each of the following concerns (four caregivers in total):

- They had not been given sufficient information about licensing.
- The criminal record of someone in the home created a barrier to licensing. One of these respondents indicated that the criminal record in question was ten years old.

Figure 1

Caregivers’ Self-report of their Licensing Status (n = 121)



Description of the Children Placed in the Care of the Survey Respondents

Caregivers completing this survey were asked questions about each of the children placed in their care and currently living in their homes. Specifically, they were asked questions about each child they had adopted, for whom they had guardianship, and who was still in foster care when they completed the survey. The questions asked were customized to reflect the current placement status of the child (adopted, guardianship, or foster care). One hundred and thirty-five caregivers provided information on 335 children (Table 6). Caregivers shared information about one to ten children, with a median of two children. Most caregivers reported four or fewer children (89.7%), with the largest group reporting having one or two children (63%). While each of the caregivers had at least one Black child in their care with a permanency goal of adoption or subsidized guardianship at the time the population for the survey was identified, not every child in these homes was Black. Specifically, more than three-quarters (78.8%) of the children were described as Black (Table 7). The second largest group was multiracial children (12.5%), with the majority being Black and White. The remaining 9.7% is a combination of other races, including American Indian or Alaskan Native and White children. The vast majority, 315 of 335 children (95.5%), were not Latinx. Of the 15 Latinx children, six were Black, five were multiracial, one was White, two were *other* races, and the race of one Latinx child was unknown. Slightly more children were identified as boys (50.1%) than girls (46.6%). Two children were described as being either transgender or using another label for gender (other than boy or girl), and there were four children for whom gender was not provided.

Caregivers were asked about their relationship with each child at the time the child was placed in their home (Table 8). The largest subgroup of children was foster children (58.2%). The caregiver was not a relative or fictive kin for over half of the children in their care (55.5%). Further, over a hundred children (104, 31.7%) were foster children who were not related or fictive kin to the children placed in their homes. Caregivers were related to over a third (35.4%) of the children they were caring for, with 56.0% (19.8% of the children) of these children being foster children when the caregiver completed the survey. Caregivers indicated that they felt adoption was the best permanency option for 34.4% of the foster children in their care.

Caregivers indicated they had legal guardianship of 72 children (22.0%) living in their homes. Based on the research team's interviews for the caregiver interview component of our more extensive study, they do not distinguish between short-term guardianship and subsidized guardianship¹¹. Additionally, the distinction between foster parenting and guardianship is unclear to some caregivers. As such, the number of children in guardianships reflected in this survey may likely reflect some temporary guardianships in addition to guardianship granted by a judge as a permanency resolution in a juvenile abuse and neglect case. This is reinforced by the number of these children who were very young at the time of placement (Table 9). One hundred and eleven of the children (39.4%) were two or younger when placed with their caregiver, including 41.9% of the children under the guardianship of their caregiver. Across age groups, the children tended to be younger when placed with their caregivers, with only 11.8% of the children over ten when placed with their caregivers.



11. Cross, T. P., Landa, C., Fox, H. L., LaSota, R., Thebaud, M., Hines, D., Parsons, T., Song, E., Hampton-Campbell, S., Kwon, S., & Steiner, M. J. (2023). *Exploring the role of guardianship in effective and equitable permanency: Report on the professional interview study*. Research Report. University of Illinois at Urbana-Champaign.

Table 6*Number of Children Reported on by Each Caregiver Completing the Survey*

Number of Children Placed in the Caregiver's Care¹	Count of Caregivers	Percent of Caregivers
1 – 2 children	85	63.0
3 – 4 children	36	26.7
5 – 6 children	8	5.9
7 – 8 children	4	3.0
9 – 10 children	2	1.5
Total	135	100

1. The number of children placed with the caregiver when they completed the survey. This number includes children for whom the caregiver was granted guardianship and those they had adopted.

Table 7*Children's Race by Gender as Reported by Their Caregivers*

Race	Men / Boys		Women / Girls		Transgender or other gender		Unknown		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%
American Indian or Alaskan Native	2	0.6	3	0.9	0	0	0	0	5	1.5
Black or African American	141	42.1	122	36.4	1	0.3	0	0	264	78.8
Multiracial ¹	18	5.4	21	6.3	0	0	3	0.9	42	12.5
White	3	0.9	10	3.0	1	0.3	1	0.3	15	4.5
Other	4	1.2	0	0	0	0	0	0	4	1.2
Total	168	50.1	156	46.6	2	0.6	4	1.2	335	100

1. All multiracial children described by caregivers were Black and at least one other race. Most of these children (76%) were Black and White.

Table 8*The Children's Placement Status When the Survey Was Taken by Their Relationship to the Caregiver at the Time of Placement*

Placement Status When the Survey Was Taken	Caregiver Relationship to the Child at the Time of Placement							
	Relative		Fictive kin		Not a relative or fictive kin		Total	
	Count	%	Count	%	Count	%	Count	%
All Foster Children	65	19.8	22	6.7	104	31.7	191	58.2
Foster Child – Preference Return Home	4	1.2	0	0	4	1.2	8	2.4
Foster Child – Preference Adoption	42	12.6	11	3.3	62	18.6	115	34.4
Foster Child – Preference Guardianship	12	3.6	10	3.0	13	3.9	35	10.5
Foster Child – Preference Independence	0	0	0	0	6	1.8	6	1.8
Foster Child – Undecided/Other/Unknown	7	2.1	1	0.3	19	5.7	27	8.1
Guardianship Child	46	14.9	4	1.2	22	6.7	72	22.0
Adopted Child	5	1.5	4	1.2	56	17.1	65	19.8
Total	116	35.4	30	9.1	182	55.5	328	100

Table 9*The Children's Placement Status at the Time of the Survey by Age at Placement*

Placement Status When the Survey Was Taken	Age of the Child at Placement									
	4 years and under		5 – 8 years		9 – 12 years		13+ years		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%
Adopted Children	39	69.6	10	17.9	6	10.7	1	1.8	56	19.9
Guardianship Children	35	56.5	17	27.4	8	12.9	2	3.2	62	22.0
Foster Children	84	56.0	40	24.4	25	15.2	15	9.1	164	58.2
Total	158	56.0	67	23.8	39	13.8	18	6.4	282	100





Chapter 2

Caregivers' Perceptions Related to Permanency

This chapter includes findings about the caregivers' perceptions of the permanency process. First, the caregiver indicated their preferred permanency goal for each child in their care. Next, caregivers provided their reasons for selecting either adoption or guardianship as their preferred goal for each child in their care. Finally, caregivers indicated how they value the wishes of different people involved in their child's cases when permanency planning.

Caregivers' Preferred Goals

Tables 10 - 12 summarize caregivers' preferred permanency goal by children's placement status, age at placement, gender, and race. We used the term preferred goal to denote the caregiver's preference for the child's permanency goal, which may differ from the permanency goal recommended by the child welfare agency or permanency goal set by the courts. The question asked varied based on the placement status of the children. Caregivers of foster youth were asked, "What goal do you prefer for the child?" They were provided six options to answer this question, a) return to their birthparents' care, b) adoption, c) guardianship, d) independence, e) undecided at this time, and f) other. Caregivers of adopted children were asked, "Once returning to birthparents was no longer a possibility, was adoption your preferred goal for the child." They were provided three options, a) yes, adoption was my preferred outcome for the child; b) no, I would have preferred guardianship for the child; and c) no, I would have preferred a different outcome for the child. They were provided the option of specifying what the other outcome would be. Caregivers with children under their guardianship were asked the same question and given the same options as caregivers of adopted children, with the words adoption and guardianship exchanged.

Table 10 shows that the actual permanency outcomes did not always match the caregivers' preferred permanency goals. For about a fifth of the adopted children (20.9%), caregivers indicated they would have preferred a different

outcome for the child; for 11.9%, the caregivers would have preferred guardianship. Likewise, caregivers would have preferred a different outcome for 30.3% of the children with guardianships (caregivers preferred adoption for 24.4% of these children and *another* outcome for 6.1%).

Regarding foster children for whom permanency had not yet been achieved, caregivers preferred adoption as the goal for 62.2%, guardianship for 18.9%, and another outcome for 18.9% of the children. Other goals for foster youth included returning them to their birthparents’ care, independence, undecided, and unspecified. It should be noted that the sampling criteria for this survey required that caregivers have at least one foster child in their care who had a goal of adoption or guardianship. As such, it is likely that most of the children described by the caregivers had already had reunification ruled out as a permanency goal.

Table 10

Caregiver’s Placement Status by Preferred Permanency Goal for Each Child

Placement Status	Caregivers’ Preferred Permanency Goal for Each Child							
	Adoption		Guardianship		Other Goal		Total	
	Count	%	Count	%	Count	%	Count	%
Adopted Child	53	79.1	8	11.9	6 ¹	9.0	67	100
Guardianship Child	16	24.2	46	69.7	4 ¹	6.1	66	100
Foster Child	122	62.2	37	18.9	37 ²	18.9	196	100
Total	191	58.1	91	27.7	47	14.3	329	100

1. Unspecified. 2. Includes: Return to their birthparents’ care, independence, undecided, and unspecified.

Table 11

Caregivers Preferred Permanency Goal by Child Age at Placement

Caregivers’ Preferred Permanency Goal	Child’s Age at Placement									
	4 years and under		5 – 8 years		9 – 12 years		13+ years		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%
Adoption	95	61.3	40	25.8	15	9.7	5	3.2	155	100
Guardianship	40	46.5	25	29.1	18	20.9	3	3.5	86	100
Other	19	51.4	4	10.8	5	13.5	9	24.3	37	100
Total	154	55.4	69	24.8	38	13.7	17	6.1	278	100



Table 12

Caregivers Preferred Permanency Goal by Children’s Race and Gender

	Caregivers Preferred Permanency Goal							
	Adoption		Guardianship		Other		Total	
	Count	%	Count	%	Count	%	Count	%
Children’s Race								
American Indian or Alaskan Native	1	0.5	1	1.5	3	6.3	5	1.6
Black or African American	153	81.0	49	72.1	37	77.1	239	78.4
Multiracial	21	11.1	17	25.0	4	8.3	42	13.8
White	7	3.7	0	0	0	0	7	2.3
Other	7	3.7	1	1.5	4	8.3	12	3.9
Total	189	100	68	100	48	100	305	100
Children’s Gender								
Men/Boys	102	54.3	43	48.9	24	52.2	169	52.5
Women/Girls	85	45.2	45	51.1	21	45.7	151	46.9
Transgender or Other Gender	1	0.5	0	0	1	2.2	2	0.6
Total	188	100	88	100	46	100	322	100

Reasons to Adopt

Caregivers of the children who had been adopted were asked, “What were the reasons you chose to adopt the child?” They were provided with a list of eight reasons to adopt and the option to specify additional reasons. They were asked to select all that apply. This was followed by them being asked, “What was the most important reason that you chose to adopt the child?” They were given the same list of eight reasons but asked to select a single response. Caregivers answered these questions for 66 of 67 children who had been adopted (Table 13). *To make the child a permanent part of our family* was the most frequently selected reason to adopt (77.3%) and the most important reason for 62.5% of the children. *The child wanted to be adopted* was the second most frequently selected reason to adopt (34.8%) but the most important reason for only 6.2% of the children. These were followed by *the services and supports the child would receive after the adoption* (18.2%) and *to make sure that the child would be eligible to inherit should something happen to me* (18.2%); however, these were the most important reason for only 7.6% and 4.6% respectively.

Caregivers of the 122 foster children for whom the caregivers indicated their preferred goal was adoption were asked, “Why is adoption in the child’s best interest?” They were provided nine options and the option to specify others. They were asked to check all that apply. The caregivers answered this question for 104 foster children (Table 14). As with caregivers of adopted children, *to make the child a permanent part of our family* was the most common reason selected (76.9%), followed by *the child wanting to be adopted* (35.6%). Caregivers also indicated that services and supports (25.0%), inheritance (22.1%), and changing the child’s name (20.2%) were factors in adoption being in the best interests of the foster youth in their care. The caregivers highlighted the importance of stability and permanency for six children, stating, “They have been in the system since age four months. They are now seven. They need a permanent, stable home. By the time we realized he would not be returning home to his biological family, he showed strong signs of attachment” and “Due to their medical needs, they deserve permanency and stability as they have been in care since infancy and in many homes.” Caregivers indicated safety concerns for four children, stating, “It is not safe for them to be in their biological family home. We want them to be raised in a safe environment...” and “At four and a half years of age, they have known no other home, and it is not safe with their biological parent. Guardianship will not offer adequate permanency.” Lastly, for two children, the caregiver indicated, “We wanted kids.”

Table 13*Reasons that Caregivers of Adopted Children Chose to Adopt (n = 66 adopted children)*

Caregivers' Reasons for Chose to Adopt	Reasons for Choosing Adoption		Top Reason for Choosing Adoption	
	Count	%	Count	%
To make the child a permanent part of our family	51	77.3	40	61.5
Other ¹	9	13.6	6	9.2
To end the child's relationship to their birthparents	4	6.1	5	7.7
The services and supports the child would receive after the adoption	12	18.2	5	7.6
The child wanted to be adopted	23	34.8	4	6.2
To make sure that the child would be eligible to inherit should something happen to me	12	18.2	3	4.6
It was the fastest way to close the child's case	6	9.1	2	3.1
To allow the child's name to be changed	8	12.1	0	0

1. Unspecified.

Table 14*Reasons that Caregivers of Foster Youth Believed that Adoption is in the Best Interest of the Child (n = 104 children)*

Reasons Caregivers Indicated that Adoption Was in the Best Interest of the Child	Count	%
To make the child a permanent part of our family.	80	76.9
The child wanted to be adopted.	37	35.6
The services and supports the child would receive after the adoption.	26	25.0
To ensure that the child would be eligible to inherit should something happen to me.	23	22.1
To allow the child's name to be changed.	21	20.2
The child receiving support from my family after they turn 18.	19	18.3
Other ¹	14	13.5
It is the fastest way to close the child's case.	8	7.7
To end the child's relationship with their birthparents.	7	6.7

1. Other included: a) six children where caregivers indicated the importance of stability and permanency, b) four children where they indicated that safety was the priority, and c) two children where the caregivers indicated that they wanted children. See the narrative for more information.

Reasons for Guardianship

Caregivers of the guardianship children were asked, “What were the reasons you chose to be a guardian for the child?” They were provided with a list of eleven reasons to choose guardianship for a child and had the option to specify additional reasons. They were asked to select all that apply. This was followed by them being asked, “What is the most important reason you chose to be a guardian for the child?” They were provided with the same set of options but asked to select a single response. Caregivers answered these questions for 70 of the 72 guardianship children (Table 15). The responses to these questions resulted in different rankings between the most common and most important reasons for choosing guardianship. *Supporting the child’s relationship with their birthparents* (33.3%) was the most common reason; however, it was the most important reason for choosing guardianship for just 5.8% of cases. The following three most common reasons were the three most important reasons, but in different orders:

- The services and supports the child would receive with me as their guardian (28.6% selected as a reason, 24.6% selected as the most important reason).
- To allow the birthparents to keep their identity as mom and dad (22.2% selected as a reason, 17.4% selected as the most important reason).
- To make it possible for the child to reunify with the birthparents in the future (31.4% selected as a reason, 14.5% selected as the most important reason).

Caregivers of the 37 foster children for whom the caregivers indicated their preferred goal was guardianship were asked, “Why is guardianship in the child’s best interest?” They were provided with a list of eleven reasons to choose guardianship and the option to specify additional reasons. They were asked to select all that apply. Caregivers answered these questions for 35 foster children (Table 16). *The services and supports the child would receive with me as their guardian* (34.3%), and *the child receiving support from my family after they turn 18* (34.3%) were the most frequent reasons selected by caregivers for children in their care. These were followed by *allowing the birthparents to keep their identity as mom and dad* (28.6%) and *to allow for the possibility of reunification with the birthparents in the future* (25.7%).

Table 15

Reasons that Caregivers Chose Guardianship (n = 70 guardianship children)

Reasons for Choosing Guardianship	All Reasons		Top Reasons	
	Count	%	Count	%
The services and supports the child would receive with me as their guardian.	20	28.6	17	24.6
To allow the birthparents to keep their identity as mom and dad.	16	22.2	12	17.4
To make it possible for the child to reunify with the birthparents in the future.	22	31.4	10	14.5
It was the fastest way to close the child’s case.	8	11.4	8	11.6
Other ¹	6	8.6	8	11.6
To support the child’s relationship with their birthparents.	24	33.3	4	5.8
To allow for a good relationship between me and the birthparents.	17	20.5	4	5.8
The birthparents supported guardianship.	14	20.0	4	5.8
The child receiving support from my family after they turn 18.	6	8.6	1	1.4
The child receiving support from their birth family after they turn 18.	4	5.7	1	1.4
The child did not want to be adopted.	1	1.4	0	0.0

1. *Other* included a) to take care of the child, b) because I have had them since birth, and c) I wanted to do what was best for the child, and this was best.

Table 16

Reasons that Caregivers of Current Foster Youth Believe that Guardianship is in the Best Interest of the Child (n = 35)

Reasons Caregivers Gave for Preferring Guardianship	Count	%
The services and supports the child would receive with me as their guardian	12	34.3
The child receiving support from my family after they turn 18	12	34.3
To allow the birthparents to keep their identity as mom and dad	10	28.6
To allow for the possibility of reunification with the birthparents in the future	9	25.7
To allow for a good relationship between me and the birthparents	6	17.1
To support the child's relationship with their parents	6	17.1
Other ¹	6	17.1
The birthparents supported a guardianship goal.	4	11.4
It is the fastest way to close the child's case.	4	11.4
The child receiving support from their birth family after they turn 18	1	2.9
The child did not want to be adopted.	0	0.0

1. Unspecified

Value Placed on Different Peoples' Wishes

Caregivers were asked how important different stakeholder groups' wishes are when planning for a permanent home for the children in their care. A five-point scale was used (*not at all important, slightly important, somewhat important, moderately important, extremely important*). Caregivers were also given the option of selecting *does not apply* or *prefer not to answer*. Table 17 provides the count and percentage of the responses. Figure 2 illustrates the percentage of responses across the four stakeholder groups (birthparents, children under age 14, adolescents aged 14 or older, and caregivers), excluding those who answered *does not apply*, and *I prefer not to answer*. For each group that the caregivers rated, the most frequent choice was that the group's wishes were extremely important; however, the percentage of caregivers selecting this response ranged from 33.0% regarding birthparents' wishes to 89.5% regarding caregivers' wishes. Eighteen caregivers (19.8%) indicated that the wishes of the birthparents of the children in their care were *not at all important* when planning for permanency. Only one caregiver selected *not at all important* regarding the wishes of a child under age 14, and no caregivers selected *not at all important* regarding the wishes of adolescents age 14 or older and to the wishes of caregivers. Caregivers indicated that birthparents' wishes did not apply in thirteen cases, and their wishes as caregivers did not apply in three cases.



Table 17

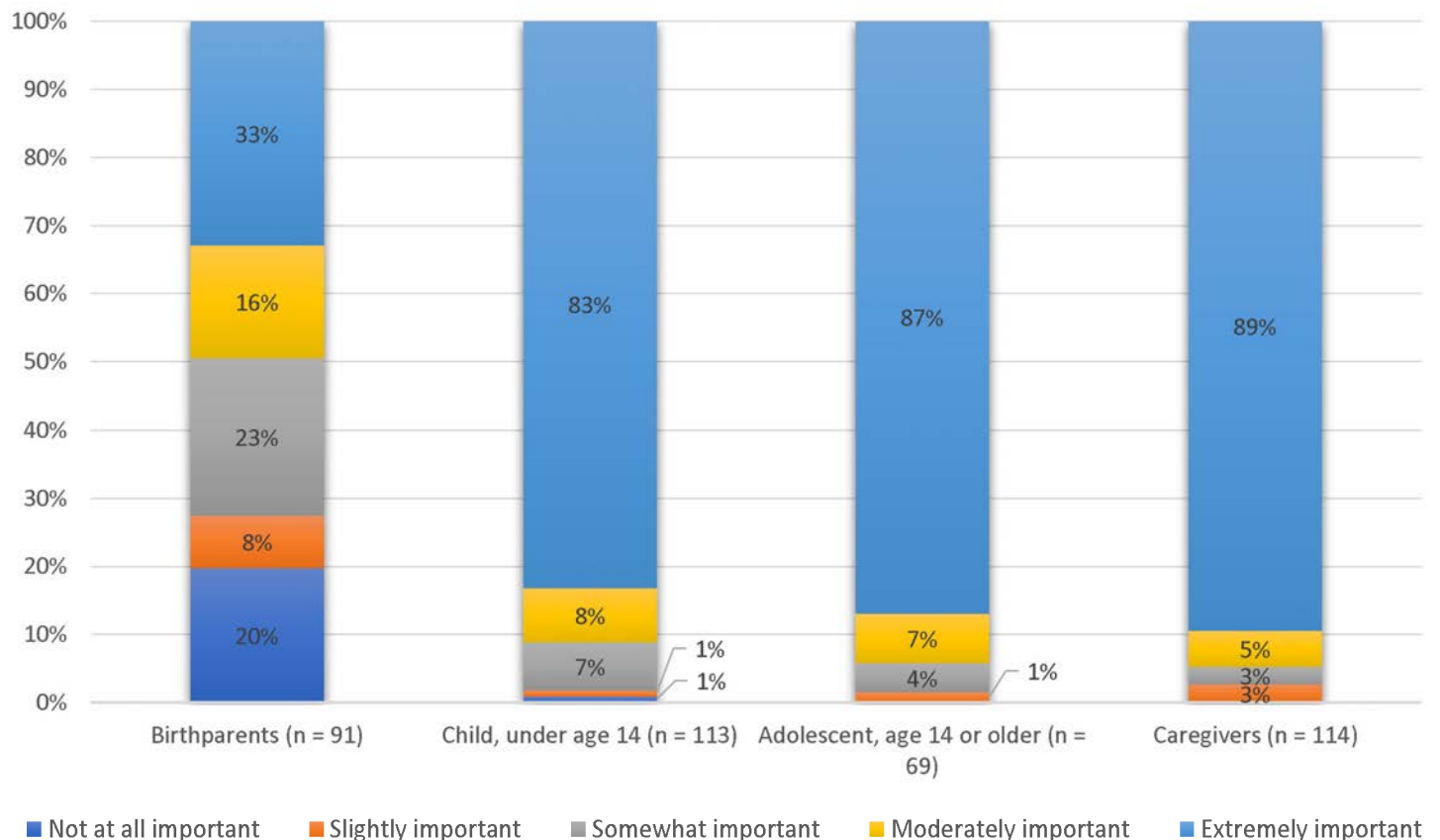
Importance of Different Parties' Wishes When Deciding on a Permanency Plan for a Child or Youth – Count and Percentage of Responses

Parties to the Case	n	Does not apply	Prefer not to answer	Adjusted n ¹	Caregiver Rating of the Importance of the Parties' Wishes (Count and Percentage)				
					Not at all important	Slightly important	Somewhat important	Moderately important	Extremely important
Birthparents	112	13	8	91	18 19.8%	7 7.7%	21 23.1%	15 16.5%	30 33.0%
Child under the age of 14	121	5	3	113	1 0.9%	1 0.9%	8 7.1%	9 8.0%	94 83.1%
Adolescent age 14+	116	39	8	69	0 0.0%	1 1.4%	3 4.3%	5 7.2%	60 87.0%
Caregivers	118	3	1	114	0 0.0%	3 2.6%	3 2.6%	6 5.3%	102 89.5%

1. The adjusted *n* is the number of caregivers who rated the importance of the parties' wishes on the scale of not at all important to extremely important (e.g., *n* minus *does not apply* and *prefer not to answer*). The adjusted *n* is used to calculate the percentage of caregivers expressing each rating of the parties' wishes.

Figure 2

Importance of Different Parties' Wishes When Deciding on a Permanency Plan for a Child or Youth – Percentage of Responses (excludes "does not apply" and "prefer not to answer")





Chapter 3

Caregivers' Interactions with Child Welfare Agencies

This chapter features findings about caregivers' interactions with child welfare agencies. First, caregivers told us who initiated the conversation about the child's placement in their home. Second, caregivers reported on agencies' communication with them about adoption and guardianship. Next, the caregivers shared their perceptions of their relationship with permanency professionals. Finally, caregivers shared the barriers that delayed permanency for one or more of the children in their care.

Initiating the Placement Conversation

Caregivers were asked, "Who started the conversation about placing the child in your home?" They were provided two options, a) *I contacted a caseworker to ask that the child be placed in my home* or b) *a caseworker contacted me to ask that the child be placed in my home*. One hundred and twenty caregivers caring for 312 children answered this question (Table 18). Across relationship types, the caregiver initiated the conversation about placement for 18.9% of the children; however, the percentage of relative caregivers who initiated the conversation was 31.8%.

Communication about Adoption and Guardianship

Caregivers were asked, "Did the child's caseworker provide you with information about adoption?" They were provided four options reflecting the amount of information provided (did not provide information, provided limited information, provided enough information, and provided a lot of information). One hundred and thirty caregivers answered the question about adoption information for the 313 children in their care (Table 19). For the majority of the children the caregivers were provided either *enough information* or *a lot of information* about adoption (77.3%). However, for 22.7% of the children caregivers felt that the caseworkers *provided limited information* or *did not provide information* about adoption.

Table 18

Who Initiated Conversation about Placing the Child in the Caregivers Home (Caregiver or Caseworker)

Caregiver Relationship to the Child	Caregiver initiated the placement conversation		Caseworker initiated the placement conversation		Total	
	Count Children	%	Count Children	%	Count Children	%
Relative	34	31.8	73	68.2	107	100
Fictive kin	6	20.7	23	79.3	29	100
Not a relative or fictive kin	19	10.8	157	89.2	176	100
Total	59	18.9	253	81.1	312	100

Table 19

The Amount of Information About Adoption that the Caseworker Provided Caregivers for Each Child by Placement Status

Placement Status	Adoption Information									
	Did not provide information		Provided limited information		Provided enough information		Provided a lot of information		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%
Adopted Child	4	6.3	7	11.1	25	39.7	27	42.9	63	100
Guardianship Child	8	12.5	9	14.1	20	31.3	27	42.2	64	100
Foster Child	28	15.1	15	8.1	75	40.3	68	36.6	186	100
Total	40	12.8	31	9.9	120	38.3	122	39.0	313	100

The caregivers were then asked, did you feel that the child’s caseworker gave you enough time to decide between guardianship or adoption? They were provided with five options, a) *I felt pressured to make a decision quickly*, b) *I would have liked more time to make a decision*, c) *I had enough time to make a decision*, d) *I had more than enough time to make a decision*, and e) *does not apply*. Caregivers indicated they had enough or more than enough time to decide in most of the children’s cases (84.0%, Table 20). In 8.2% of the cases, caregivers reported being pressured to make a decision quickly or wanting more time to make a decision. Many of these cases involve adopted children, as caregivers reported wanting more time to decide for 16.7% of the adopted children.

The 138 caregivers of either adopted children ($n = 69$) or children in foster care ($n = 179$) were asked, “Did your caseworkers discuss the option of seeking guardianship of the child.” They were provided with three choices, a) yes, b) no, and c) I do not remember. Guardianship was discussed as an option for 59.4% of the adopted children and 50.8% of the foster children (Table 21). Then the caregivers of the 209 children where guardianship was discussed (77 guardianship children, 41 adopted children, and 91 foster children) were asked two additional questions. First, “Did the child’s caseworker provide you with information about guardianship?” They were provided four options reflecting the amount of information provided (*did not provide information*, *provided limited information*, *provided enough information*, and *provided a lot of information*). Caregivers answered this question for 186 of the children in their care (Table 22). For the majority of children, the caregivers indicated they were provided either *enough information* or *a lot of information* about guardianship (82.6%). For 17.4% of the children caregivers felt their caseworkers *did not provide information* or *provided limited information* about guardianship. The second question asked of these caregivers was, “At what point in the case did the caseworker first discuss guardianship of the child as an option with you?” The caregivers were presented with five options, a) *as soon as the child was placed in my home*, b) *after it was decided not to reunify the child with their birthparents*, c) *after it was decided not to pursue adoption for the child* (not presented for children who were adopted), d) *I do not remember*, and e) *other*. For 39.1% of these children, guardianship was discussed *after it was decided not to reunify the child with their birthparents* (Table 23). Guardianship was discussed *when the child was placed in the home* for 31.9% of the children. Finally, guardianship was *not discussed until after it was decided not to pursue adoption* for the child in only 2.9% of the children’s cases.

Table 20

The Extent to Which the Caregiver Felt They Had Enough Time to Decide Between Guardianship or Adoption by Placement Status

Placement Status	I felt pressured to make a decision quickly		I would have liked more time to make a decision		I had enough time to make a decision		I had more than enough time to make a decision		Does not apply		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Adopted Child	4	9.5	7	16.7	12	28.6	19	45.2	-	-	42	100
Guardianship Child	1	1.8	3	5.3	23	40.4	30	52.6	-	-	57	100
Foster Child	4	2.8	1	0.7	68	47.2	52	36.1	19	13.2	144	100
Total	9	3.7	11	4.5	103	42.4	101	41.6	19	7.8	243	100

Table 21

Caseworker and Caregiver Discussed the Option of Seeking Guardianship of the Child by Placement Status

Placement Status	Caregivers ¹						Children							
	n	Yes		No		I do not remember		n	Yes		No		I do not remember	
		Count	%	Count	%	Count	%		Count	%	Count	%	Count	%
Adopted Children	38	17	44.7	17	44.7	5	13.2	69	41	59.4	21	30.4	7	10.1
Foster Children	98	57	58.2	45	45.9	11	11.2	179	91	50.8	69	38.5	19	10.6

1. Caregivers of one adopted child and 5 foster children had children who fell into multiple categories (guardianship was discussed, not discussed, I do not remember).

Table 22

The Amount of Information About Guardianship the Caseworker Provided Caregivers for Each Child by Placement Status (for those where guardianship was discussed)

Placement Status	Guardianship Information									
	Did not provide information		Provided limited information		Provided enough information		Provided a lot of information		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%
Adopted Child	1	2.8	4	11.1	15	41.7	16	44.4	36	100
Guardianship Child	6	8.8	11	16.2	21	30.9	30	44.1	68	100
Foster Child	2	2.5	8	10.0	34	42.5	36	45.0	80	100
Total	9	4.9	23	12.5	70	38.0	82	44.6	186	100

Table 23

When the Caseworker Initiated Conversations About Guardianship by Placement Status (for those where guardianship was discussed)

Placement status	As soon as the child was placed in my home		After it was decided not to reunify the child with their birthparents		After it was decided not to pursue adoption for the child		I do not remember		Other ¹		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Adopted Child	14	34.1	25	61.0	-	-	1	2.4	1	2.4	41	100
Guardianship Child	20	26.0	26	33.8	4	5.2	17	22.1	5	6.5	77	100
Foster Child	32	35.6	30	33.3	2	2.2	14	15.6	16	17.8	90	100
Total	66	31.9	81	39.1	6	2.9	32	15.5	22	10.6	207	100

1. Other included a) adoption was the only option considered (five children), b) discussed after ruling out returning home (five children), c) after ruling out adoption (three children), d) early in the case (two children), and e) guardianship was not discussed (two children).

Relationship with Child Welfare Professionals

Caregivers were asked two questions about the relationships between the children in their care and the child welfare professionals serving them. First, caregivers who had foster children were asked for each foster child, “How much do you trust each of the following to support the best interests of the child?” They rated the agency that placed the child in their home and four different child welfare professionals (Court Appointed Special Advocates, judge(s) hearing the case, caseworker(s), and guardians *ad litem*) using a scale from one to ten, where one means they do not trust them at all, and ten means they have complete trust in them (Table 24). Caregivers rated Court Appointed Special Advocates ($M = 7.91$) the highest, and the agency that placed the child in the home ($M = 6.91$) rated the lowest. Note that the difference between this question’s largest and smallest mean was only one point. While overall, the responses to this question were positive, these responses were not universal. Figure 3 shows the distribution of responses for each professional type. While there is room for improvement across the professional types, it is most notable for agencies, where 10.7% of the caregivers’ responded that they *do not trust* them. Another 8.1% indicated that they *slightly trust* them. The second question was asked of all caregivers for each child. They were asked, “How well do the following words describe your and the child’s relationship with their caseworkers?” They were presented with six words that described each child’s relationship with their caseworkers. They rated each word using a scale from one to ten, where one means “it does not describe the relationship at all, and a ten means it describes the relationship extremely well (Table 25). The difference between the largest and smallest mean was also only one point. Respectful had the highest rating ($M = 8.72$), and knowledgeable had the lowest rating ($M = 7.74$).

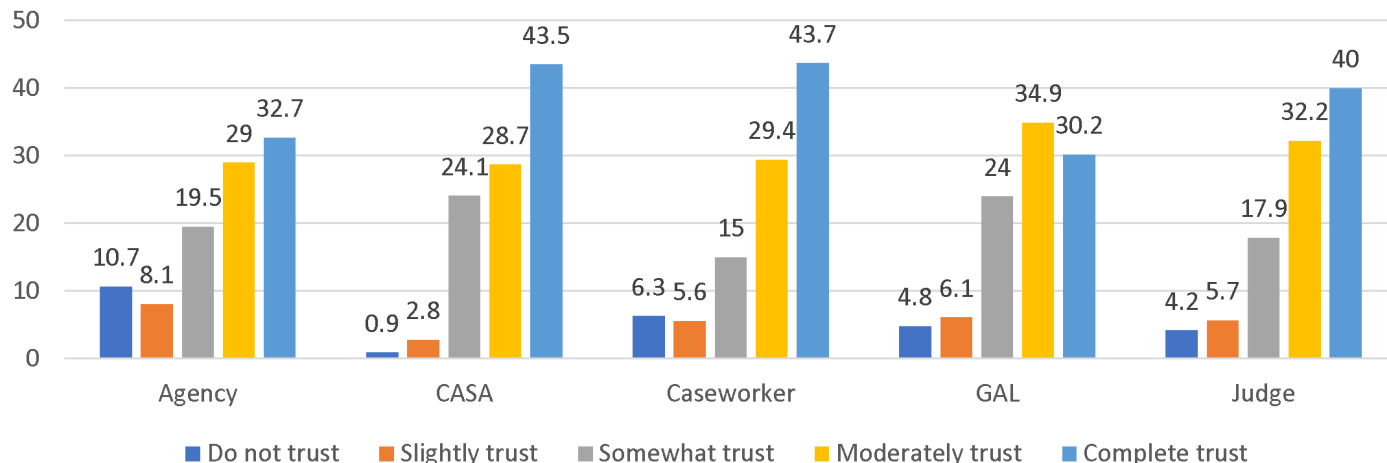
Table 24

Caregivers’ Level of Trust in Case Professionals to Support the Best Interests of Each Foster Child in Their Care (scale of one to ten, one means they do not trust them at all, and ten means they have complete trust in them)

Case Professionals	Number of Children	<i>M</i>	<i>SD</i>
The Court Appointed Special Advocate (CASA) assigned to the child	108	7.91	2.021
The judge hearing the child’s case	140	7.65	2.316
The caseworker assigned to the child	160	7.61	2.403
The guardian <i>ad litem</i> (attorney) assigned to the child	146	7.24	2.305
The agency that placed the child in your home	159	6.91	2.696

Figure 3

Caregivers' Level of Trust of Case Professionals to Support the Best Interests of Each Child (percentage of responses)

**Table 25**

The Extent to Which the Caregivers Believe that the Given Words Describe Each Child's Relationship with Their Caseworkers (scale of one to ten, one means it does not describe the relationship at all, and ten means it describes the relationship extremely well)

Descriptive Word	Number of Children	<i>M</i>	<i>SD</i>
Respectful	314	8.72	1.980
Culturally Appropriate	305	8.32	2.073
Timely	308	7.99	2.247
Responsive	308	7.98	2.386
Prepared	304	7.92	2.345
Knowledgeable	311	7.74	2.419

Barriers Delaying Permanency

Caregivers were asked if they had experienced barriers that delayed permanency for the child(ren) in their care. They were provided a list of nine barriers and asked to select all that apply. They also had the option to specify a barrier not included in the list or to indicate that they did not experience barriers that delayed permanency for a child in their care. A total of 122 caregivers answered this question. Their responses are summarized in Table 26. About a fifth of caregivers (19.7%) indicated they *did not experience barriers that delayed permanency*. More than half of the 98 caregivers who indicated barriers indicated one or two barriers (54 caregivers, 55.1%), with a mean of 2.73 per caregiver. More than half (51.8%) of the caregivers indicated that *changes in caseworkers and other professionals on the case delayed permanency* for at least one child in their care. As Table 23 shows, lack of timely information from the caseworker, lack of needed information from the cases, lack of services for the child, and delays in processing approval from DCFS for adoption were each experienced by at least 20% of the caregivers.

Fifteen caregivers specified barriers that were not included in the list of nine barriers. The barriers specified fell into two groups, a) court and legal delays, and b) delays due to inexperienced and ineffective casework. Reasons for court and legal delays included the incorrect or tardy submission of reports or legal paperwork for court and postponements due to Covid-19. Respondents also reported that inexperienced or ineffective caseworkers caused delays by not completing or losing paperwork or not engaging with birthparents.

Table 26

Barriers Perceived by Caregivers as Having Delayed Permanency Goal for at Least One Child in Their Care (n = 122)

Barriers to Permanency	Count	%
Changes in caseworkers and other professionals on the case	71	51.8
A lack of timely information from the caseworker	34	27.9
A lack of needed information from the caseworker	30	24.6
Lack of services for the child	29	23.8
Delays in processing approval from DCFS for an adoption	28	23.0
Did not experience barriers that delayed permanency for a child in my care	25	20.5
Delays in processing approval from DCFS for guardianship	22	18.0
Lack of assessments for the child	17	13.9
Issues with licensing	13	10.7
Inexperienced/ineffective casework	8	6.6
Court / legal delays	7	5.7
Delays in setting up payments	6	4.9





Chapter 4

Factors Contributing to Race Inequities in Permanency

This chapter features findings about factors contributing to racial inequities in permanency goals and outcomes. First, caregivers shared whether they felt that they, their family, or the children’s birthparents were treated unfairly due to race by anyone involved in their placement with DCFS. Next, caregivers shared their perceptions of judges’ and caseworkers’ interactions with and expectations of Black family members. Finally, caregivers shared to what extent they perceive implicit racial bias of judges and caseworkers impacting the permanency process.

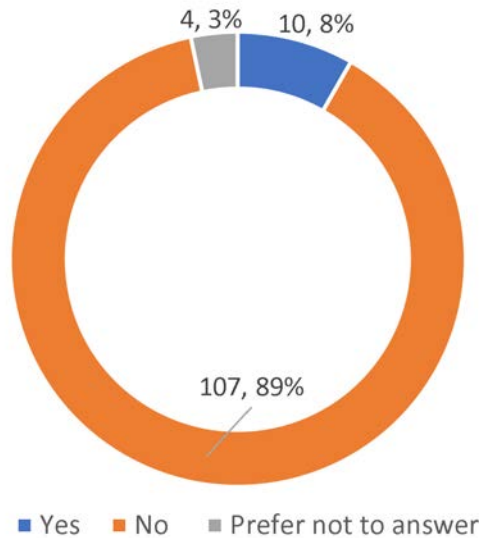
Perceptions of Racial Equity

Caregivers were asked if they felt that they, their family, or the children’s birthparents were treated unfairly due to race by anyone involved in their placement with DCFS. They were given three options to answer this question: yes, no, and prefer not to answer. Eight percent of the respondents indicated that they, their family, or the child’s birthparents had been treated unfairly due to race by someone involved in their placement with DCFS (Figure 4). Of the ten caregivers who reported being treated unfairly due to race, seven were Black or African American, two were White, and one was race unknown. Caregivers who expressed being treated unfairly due to race were asked to share their experiences. Black caregivers shared experiences in which they a) had to fight to get a relative placed with them, despite them being approved caregivers, b) were discriminated against by a caseworker, c) were met with an “oh we’ve been here before attitude” that seemed based on race, and d) observed caregivers of White foster children being provided “better resources.” Two White caregivers expressed being told that they could not or do not know how to raise Black children because they are White.



Figure 4

Caregivers' Perceptions that They, Their Family, or their Child(ren)'s Birth Parents Were Treated Unfairly Due to Race by Anyone Involved in Their Placement with DCFS



Caregivers' Perceptions of Judges' and Caseworkers' Interactions with Black Family Members

Caregivers were asked about their observations of the interactions of judges and caseworkers with Black family members. The items they were provided for judges read: a) judges are comfortable working with Black family members, b) judges work effectively with Black family members, c) judges respect Black family members, d) judges focus too much on what has happened in the past with Black family members, e) judges demand more from Black family members, and f) the judge's approach to working with Black family members is culturally appropriate. The items provided for caseworkers were the same, except the word judge was replaced with caseworker. They were asked to rate how truthful each statement is on a five-point scale (almost never true, rarely true, neutral, sometimes true, almost always true). These items, separately and as a set, were intended to provide insight into the caregivers' observations of the interactions of these key stakeholders with Black family members (Tables 27 and 28). There is excellent internal consistency and a high correlation among the five items, indicating that the set measures caregivers' perceptions of judges' interactions with Black family members. This is true for the caregivers combined, as it is for both White and Black caregivers separately ($\alpha = 0.931$ for all caregivers, $\alpha = 0.944$ for Black caregivers, and $\alpha = 0.914$ for White caregivers). This internal consistency was also seen in the set for measuring caregivers' perceptions of caseworkers' interactions with Black families ($\alpha = 0.923$ for all caregivers, $\alpha = 0.930$ for Black caregivers, and $\alpha = 0.905$ for White caregivers). Across all five items for judges and caseworkers, the percentage of respondents answering *almost always true* ranged from 37% to 55%. The choices *neutral* and *sometimes true* comprised the bulk of the remaining responses. However, between 1% and 7% of responses for each item were *almost never true* or *rarely true*. The mean scores for caregivers by racial subgroup are shown in Table 27. This table shows that the mean rating of Black caregivers was *neutral* for most of these items, compared to that of White caregivers, which was *sometimes true*. Mann-Whitney U tests were conducted to determine whether there is a significant difference in ratings on each of the items between Black and White caregivers. The following results were significant:

- White caregivers rated judges as more comfortable working with Black families than Black caregivers (White caregivers $M = 4.43$, Black caregivers $M = 3.70$, $U = 445.00$, $p = .005$).
- White caregivers rated judges as more effective at working with Black family members than Black caregivers (White caregivers $M = 4.27$, Black caregivers $M = 3.48$, $U = 406.50$, $p = .003$).
- White caregivers rated judges and caseworkers higher in respecting Black fathers than Black caregivers (judges: White caregivers $M = 4.07$, Black caregivers $M = 3.52$, $U = 399.50$, $p = .031$; caseworkers: White caregivers $M = 4.28$, Black caregivers $M = 3.75$, $U = 545.00$, $p = .021$).
- White caregivers rated caseworkers' approach to working with Black families as more culturally appropriate than Black caregivers (White caregivers $M = 4.25$, Black caregivers $M = 3.83$, $U = 795.00$, $p = .039$).

The differences between Black and White caregivers' ratings were not significant for the remaining items.

Table 27

Caregivers' Race by Caregivers' Perceptions of Judges' Interactions with Black Family Members (Scale: 1 = Almost never True, 2 = Rarely true, 3 = Neutral, 4 = Sometimes true, and 5 = Almost always true)

Caregiver Subgroups	Are comfortable working with Black family members			Approach to working with Black family members is culturally appropriate			Work effectively with Black family members			Respect Black family members			Respect Black fathers		
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>
All caregiver responses	77	3.96	1.11	72	3.75	1.14	76	3.82	1.13	81	4.10	1.01	71	3.76	1.19
Black caregiver responses	43	3.70	1.05	39	3.67	1.08	44	3.48	1.17	44	4.05	1.01	42	3.52	1.13
White caregiver responses	32	4.34	1.04	30	3.93	1.14	30	4.27	0.91	33	4.21	1.02	27	4.07	1.24

Table 28

Caregivers' Race by Caregivers' Perceptions of Caseworkers' Interactions with Black Family Members (Scale: 1 = Almost never True, 2 = Rarely true, 3 = Neutral, 4 = Sometimes true, and 5 = Almost always true)

Caregiver Subgroups	Are comfortable working with Black family members			Approach to working with Black family members is culturally appropriate			Work effectively with Black family members			Respect Black family members			Respect Black fathers		
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>
All caregiver responses	103	4.19	1.01	99	3.97	1.10	100	4.02	0.96	104	4.08	1.06	85	3.93	1.08
Black caregiver responses	61	4.15	1.03	58	3.83	1.09	59	3.90	1.17	60	4.02	1.00	48	3.75	1.08
White caregiver responses	38	4.29	0.98	36	4.25	1.08	38	4.24	0.85	39	4.32	1.10	32	4.28	0.96

Table 29

Caregivers' Perceptions of Judges' and Caseworkers' Expectations of Black Family Members, by Caregivers Race (Scale: 1 = Almost never True, 2 = Rarely true, 3 = Neutral, 4 = Sometimes true, and 5 = Almost always true)

Caregiver Subgroups	JUDGES						CASEWORKERS					
	Demand more from Black family members			Focus too much on what has happened in the past with Black family members			Demand more from Black family members			Focus too much on what has happened in the past with Black family members		
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>
All caregiver responses	67	2.94	1.18	71	2.79	1.22	97	2.58	1.32	95	2.71	1.27
Black caregiver responses	38	3.37	0.91	39	3.05	1.19	56	2.93	1.32	54	3.00	1.24
White caregiver responses	25	2.20	1.19	27	2.33	1.18	36	2.08	1.20	37	2.30	1.22

Caregivers' Perceptions of Judges' and Caseworkers' Expectations of Black Family Members

Caregivers were provided with two items about their observations of the expectations that judges and caseworkers have of Black family members. They were asked to rate how truthful each statement was on a five-point scale (almost never true, rarely true, neutral, sometimes true, almost always true). The items were that judges/caseworkers *demand more from Black families* and that judges/caseworkers *focus too much on what happened in the past with Black family members* (Table 29). These items were worded negatively, so responses of less true are positive.

About three-quarters (76.3%) of the caregivers indicated that it is *almost never true, rarely true, or neutral* that caseworkers demand more from Black family members, with the remaining quarter (23.7%) indicating it is *sometimes true or almost always true*. Regarding judges, about two-thirds (68.6%) of the caregivers indicated that it is *almost never true, rarely true, or neutral* that judges demand more from Black family members, with the remaining third (31.4%) indicating it is *sometimes true or almost always true*. Similar patterns can be seen with the item that caseworkers/judges *focus too much on what has happened in the past with Black family members*. For this item, about three-quarters (regarding judges 71.8%, regarding caseworkers 72.6%) of the caregivers chose *almost never true, rarely true, or neutral* for both judges and caseworkers, with the remaining (regarding judges 28.2%, regarding caseworkers 27.4%) selecting either *sometimes true or almost always true*. The mean scores for caregivers by racial group are shown in Table 27. This table shows that the mean rating of Black caregivers was *neutral* for most of these items, whereas the mean rating of White caregivers was *rarely true*. Mann-Whitney U tests were conducted to determine whether there is a significant difference in ratings on each of the items between Black and White caregivers. The results for each of these tests were significant. Specifically, Black caregivers rated the following statements as more truthful than White caregivers

- Judges and caseworkers demand more from Black family members (judges: $U = 230.00, p < .001$; caseworkers: $U = 643.00, p = .002$).
- Judges and caseworkers focus too much on what happened in the past with Black family members (judges: $U = 361.50, p = .025$; caseworkers: $U = 683.00, p = .008$).

Perceptions of Implicit Racial Bias

Caregivers were provided with the following statement, "Implicit racial bias happens when people make assumptions about race, have racial stereotypes, or do hurtful things based on race even if they do not mean to. Often people act on implicit bias without realizing it. Our implicit bias can go against our values." Then they were asked, "How much do you think that judges' and caseworkers' implicit racial bias affected planning for a permanent home for the children in your care?" They were asked to rate this on a scale of one to ten, where a one means *implicit racial bias had no effect*, and a ten means *implicit racial bias had a major effect* on planning for a permanent home for the children in their care. Caregivers' perceptions of the effect of caseworkers' implicit bias by caregiver race are summarized in Table 30 and Table 31. The most common ratings indicated that implicit racial bias has little to no effect for judges (44.6%) and caregivers (48.5%). However, just over half of caregivers indicated that implicit racial bias of judges (55.3%) and caseworkers (52.8%) has some effect. These effects ranged from *weak* to *major*, with about a quarter of the caregivers indicating either weak or moderate effects and about a quarter of the caregivers indicating strong or major effects for both caseworkers and judges. A one-sample Wilcoxon signed rank test shows no significant difference in the caregiver's rating of implicit bias for judges versus caseworkers.

The mean rating of the effect of caseworkers' and judges' implicit bias was substantially higher for Black caregivers than the mean rating of White caregivers. The rating in both cases was nearly twice as higher for Black caregivers than White caregivers (1.9 times higher for judges and 1.8 times higher for caseworkers). Mann-Whitney U tests were conducted to determine whether there is a significant difference in ratings of the effect of judges' and caseworkers' implicit biases between Black and White caregivers. Black caregivers reported that the effect of implicit biases held by both the judges and caseworkers was higher than that reported by White caregivers (judges: $U = 208.50, p = .005$; caseworkers: $U = 419.00, p = .011$).

Table 30*Caregivers' Perceptions of the Effect of Judges' Implicit Bias by Caregiver Race*

Caregiver Subgroups ¹	<i>n</i>	<i>M</i>	<i>SD</i>	Perceived Level of Effect of Judges' Implicit Bias									
				Little to no effect		Weak effect		Moderate effect		Strong effect		Major effect	
				Count	%	Count	%	Count	%	Count	%	Count	%
All caregiver responses	56	4.25	3.21	25	44.5	5	8.9	9	16.1	11	19.6	6	10.7
Black or African American	32	5.34	3.11	9	28.1	2	6.3	7	21.9	10	31.3	4	12.5
White	23	2.87	2.82	15	65.2	3	13.0	2	8.7	1	3.13	2	8.7

1. All caregivers who answered this question self-identified their race as Black or African American, or White, except for two individuals who responded to this question but did provide their race.

Table 31*Caregivers' Perceptions of the Effect of Caseworkers' Racial Implicit Bias by Caregiver Race*

Caregiver Subgroups ¹	<i>n</i>	<i>M</i>	<i>SD</i>	Perceived Level of Effect of Caregivers' Implicit Bias									
				Little to no effect		Weak effect		Moderate effect		Strong effect		Major effect	
				Count	%	Count	%	Count	%	Count	%	Count	%
All caregiver responses	72	3.89	3.14	36	48.5	9	12.5	9	12.5	12	16.7	8	11.1
Black or African American	41	4.95	3.34	15	36.6	1	2.4	9	22.0	9	22.0	7	17.1
White	31	2.68	2.36	19	61.3	8	25.8	0	0	3	9.7	1	3.2

1. All caregivers who answered this question self-identified their race as Black or African American, or White, except for two individuals who responded to this question but did provide their race.





Chapter 5

Resources Needed for Caring for Black Youth

Caregivers were asked what resources they would find most useful in caring for Black youth. They were provided six options, each of which they could rate from a one indicating *the resources are not needed* to a ten indicating *the resources are extremely needed*. They were also encouraged to identify other supports that would help them to raise Black children. There is strong support for all the options listed by all caregivers (Table 32).

However, there were notable differences between the responses of Black and White caregivers. The mean rating of need for Black caregivers was higher for all six resources. Mann-Whitney U tests were conducted to determine whether there is a significant difference in the need for each support between Black and White Caregivers. There was no significant difference between Black and White caregivers' ratings for "support for children in dealing with experiences of racism." For all five remaining items, Black caregivers reported a significantly higher level of need for support in caring for Black youth for the following items:

- Support maintaining ties to the children's culture and community (Black Caregivers $M = 8.17$, White Caregivers $M = 6.97$, $U = 774.50$, $p = .017$),
- Caregiver peer support (Black Caregivers $M = 8.16$, White Caregivers $M = 7.36$, $U = 674.50$, $p = .002$),
- Training or knowledge on specific issues with raising Black youth (Black Caregivers $M = 7.93$, White Caregivers $M = 6.70$, $U = 774.50$, $p = .010$),
- Support for caregivers in dealing with experiences of racism (Black Caregivers $M = 7.82$, White Caregivers $M = 6.62$, $U = 825.00$, $p = .022$), and
- Coaching on parenting strategies (Black Caregivers $M = 7.83$, White Caregivers $M = 5.24$, $U = 569.00$, $p < .001$).

The ranking of the need for resources, based on the Black caregivers' responses are:

1. Support maintaining ties to the children's culture and community
2. Caregiver peer support
3. Training or knowledge on specific issues with raising Black youth
4. Support for children in dealing with racism
5. Coaching on parenting strategies
6. Support for caregivers in dealing with racism

Table 32

Resources Caregivers Indicated are Needed for Caring for Black Youth (Scale 1 to 10; where 1 = not needed and 10 = extremely needed)

Caregiver Subgroups	Support maintaining ties to the children's culture and community			Support for children in dealing with racism			Caregiver peer support			Training or knowledge on specific issues with raising Black youth			Support for caregivers in dealing with racism			Coaching on parenting strategies		
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>
All caregiver responses	100	7.73	2.77	103	7.72	2.95	101	7.50	3.02	101	7.49	2.95	102	7.36	2.83	102	6.92	3.16
Black caregiver responses	60	8.17	2.67	61	7.87	2.93	61	8.16	2.73	60	7.93	2.92	61	7.82	2.91	60	7.83	2.92
White caregiver responses	36	6.97	2.93	36	7.36	2.80	35	6.17	3.26	37	6.70	2.97	37	6.62	3.03	38	5.24	2.86



Chapter 6

Discussion

This chapter discusses conclusions we can draw from this survey of caregivers of Black children with permanency goals of adoption or guardianship. The reports from each of the four components of the more extensive study will have similar chapters. However, we do not in this report describe the policy context of these results, discuss the implications for policy and practice, or make recommendations for change in this report. A separate report on the policy context and lessons learned from the research draws on the findings of all four components of the more extensive study. It discusses implications and recommendations. We have also prepared a compact research brief on the findings from the caregiver interview and survey data, which includes capsule information on context, implications, and recommendations. All of our publications are available through our [subsidized guardianship webpage](#).

Communication Around Permanency Options

All caregivers were asked, “Did the child’s caseworker provide you with information about adoption?” Those caregivers who discussed guardianship with their caseworkers were asked, “Did the child’s caseworker provide you with information about adoption?” Twenty-three percent of caregivers indicated that they were not provided information or were provided limited information about adoption, and 17% of caregivers indicated that they were not provided information or were provided limited information about guardianship. For each child for whom guardianship was discussed, we asked, “At what point in the case did the caseworker first discuss guardianship of the child as an option with you?” They were provided with five options, the option of specifying additional responses, and *I do not remember*. In 31.9% of cases, guardianship was discussed as soon as the child was placed. In 39.1% of cases, it was discussed after it was decided not to reunify the child with their parents. In only 3% of cases, the caseworker waited to initiate the conversation about guardianship after it was decided not to pursue adoption for the child.

Caregivers were asked about their preferred permanency goal for each child. Considering caregivers whose child was still in DCFS custody, 62% wanted to adopt their child, while 19% wanted to be the child's guardian. For caregivers whose child had already achieved permanency, there was sometimes a mismatch between the caregivers' preferred goal and the permanency outcome. We found that 12% of caregivers who had adopted the child would have preferred guardianship, while 24% of caregivers who were guardians would have preferred adoption. These caregivers may have agreed to a permanency goal other than their preferred goal when a permanency decision was made, or their preferences may have changed after achieving permanency for the child.

Caregivers were asked, "How important are different stakeholder groups' wishes when planning for a permanent home for the children in their care?" They rated this using a five-point scale ranging from not at all important to extremely important. They also had the option of indicating that the stakeholder group was not applicable to their case. The caregivers rated their wishes highest. The adolescents' and children's wishes were also rated very high. Specifically, 87% of caregivers rated adolescent wishes as extremely important, and 83% rated children's wishes as extremely important. Caregivers rated the wishes of birthparents as the lowest, with just 33% of caregivers rating birthparents' wishes as extremely important.

Barriers that Complicate and Delay Permanency

Caregivers were asked if they had experienced any barriers that delayed permanency for the children in their care. They were provided a list of nine barriers and asked to select all that apply. For just over half (52%) of children in the sample, caregivers indicated that permanency was delayed because of the turnover of caseworkers and other professionals in the case. Four additional barriers impacted more than 20% of the children. These were:

- A lack of timely information from the caseworker (28%),
- A lack of needed information from the caseworker (25%),
- Lack of services for the child (24%), and
- Delays in processing approval from DCFS for adoption (23%).

Delays in processing approval from DCFS for guardianship were another common issue, impacting 18% of the children.

In the interview study that parallels this survey, many caregivers indicated that they had been the ones to initiate the conversations with permanency professionals about the placement of the child in the home.¹² Caregivers described delays in permanency related to children being placed into non-kin placements when kin were available and willing to provide homes for them. We followed up on this finding in the survey. We found that 36% of relative caregivers and 31% of fictive kin caregivers reported that they initiated conversations about placing the children in their homes.

Caregivers were asked, "How well do the following words describe your and the child's relationship with their caseworkers?" They were provided six words and asked to rate them on a scale from one to ten, where a one indicates *does not describe the relationship*, and a ten indicates that it *describes the relationship extremely well*. The words were respectful, culturally appropriate, timely, responsive, prepared, and knowledgeable. Each of the descriptive words was rated reasonably high ($M = 7.74$ to 8.72). The top-rated words pertain to caseworker interactions with caregivers, specifically *respectful* and *culturally appropriate*. The lowest ranked words pertain to caseworker knowledge and skills, specifically *prepared* and *knowledgeable*.

Racial Inequities in the Permanency Process

Caregivers were asked to share their observations of the interactions of judges and caseworkers with Black family members. They were asked to rate how truthful each of the five statements was. The statements they rated for caseworkers and judges were a) work effectively with Black family members; b) approach to working with Black family members is culturally appropriate; c) are comfortable working with Black family members; d) respect Black Family members; and e) respect Black fathers. Across the five items for both judges and caseworkers, caregivers' answers follow a similar pattern, the percentage of respondents answering *sometimes* or *almost always true* was the largest, ranging from 47 – 70%; neutral was the next largest, ranging from 24% - 37%; and almost never or rarely true was the smallest ranging from 4% to 13%. While the number of almost never or

12. Landa et al., 2023, *ibid*

rarely true is relatively small, the percentage providing a neutral rating is a notable percentage of caregivers across all items. Caregivers were then asked two items about their observations of the expectations that judges and caseworkers have of Black family members. They were asked to rate how truthful each statement was on a five-point scale. The items were that judges or caseworkers *demand more from Black families* and that judges/caseworkers *focus too much on what happened in the past with Black family members*. Here we would want to see most caregivers indicating that it is almost never true or rarely true. The most common answer for both judges and caseworkers was neutral for both statements. Between 14% and 22% of caregivers indicated that these statements are sometimes true, and between 7% and 10% indicated that these statements are almost always true.

There was a statistically significant difference between the ratings of Black and White caregivers. Specifically, Black caregivers, compared to White caregivers, rated judges as less comfortable working with Black families and more effective at working with Black families. They also rated caseworkers' approach to working with Black families as less culturally appropriate. Black caregivers rated the following statements as more true than White caregivers a) judges and caseworkers demand more from Black family members, and b) judges focus too much on what happened in the past with Black families. This indicates that Black caregivers are likely more attuned to racial inequities in the permanency process.

Caregivers were provided a definition of implicit racial bias and asked, "How much do you think that judges' and caseworkers' implicit racial bias affected planning for a permanent home for the children in your care?" They were asked to rate this on a scale of one to ten, where a one means *implicit racial bias had no effect*, and a ten means *implicit racial bias had a major effect*. While the largest proportion of the caregiver responses indicated little to no effect, over half of caregivers indicated some level of effect from weak to major. Just under a third of caregivers (31%) indicated that implicit racial bias of judges had a strong to major effect on planning for a permanent home for the children in their care. About a quarter of caregivers (26%) indicated that the implicit racial bias of caseworkers has a strong to major effect on planning for a permanent home for the children in their care. Here too, there was a statistically significant difference in ratings of the effect of judges' and caseworkers' implicit biases between Black and White caregivers. Specifically, Black caregivers reported implicit racial biases held by both the judges and caseworkers as having more effect on the permanency process than what was identified by White caregivers.

Requested Caregiver Support for Caregivers of Black Children

Caregivers were asked what resources they would find most useful in caring for Black youth. They were provided six options: a) caregivers peer support, b) support for caregivers in dealing with racism, c) support for children in dealing with experiences of racism, d) training or knowledge on specific issues with raising Black youth, e) coaching on parenting strategies, and f) support maintaining ties to the children's culture or community. There is strong support for all of the options provided, with over 40% of the caregivers indicating an extreme need for each resource in the list provided. There was a significant difference between Black and White caregivers in the expressed need for each support, except one item that was rated high need by both Black and White caregivers. This item was "support for children in dealing with experiences of racism." For all five remaining items, Black caregivers, compared to White caregivers, reported that the indicated resources for caring for Black youth would be more useful.

Conclusion

In this survey, caregivers shared their perspectives based on their experiences caring for Black children in care and navigating the permanency process. Caregivers shared their perspectives on the adequacy of the information they received about adoption and guardianship, their conversations with permanency professionals about guardianship, their preferred permanency goals, and the importance of different people's wishes in the permanency planning process. Their responses highlight the importance of ensuring that adequate, timely, and consistent information on permanency options is provided to caregivers.

Caregivers provided information about barriers that delayed permanency for at least one child in their care and who initiated the conversation about placing the children in the home (the caregiver or a permanency professional). Their responses highlight the need to address barriers to timely permanency, including limited

access to information, logjams caused by staffing instability, underutilization of kin and fictive kin placements, DCFS delays in processing approvals, and underprepared caseworkers.

Caregivers shared their perceptions of judges' and caseworkers' interactions with Black family members, judges' and caseworkers' expectations of Black family members, and the effect of implicit racial biases of judges and caseworkers on the permanency process. Caregivers' answers to these questions indicate that a substantial number of caregivers perceive racial inequities within the permanency process that harm Black children, their families, and caregivers. Their responses highlight the need for careful examination of the practices and policies that inequitably impact children and families of color. Additionally, awareness of these issues and the impact of implicit biases must be fostered among permanency staff and judicial partners to help mitigate harmful effects. This would include building resources and supports for placement and permanency professionals, caregivers of Black youth, Black youth in care, and Black families. It also highlights the need to build additional trauma-informed and culturally informed support for caregivers of Black children.

Lastly, there was a consistent pattern where Black caregivers are more observant of racial inequities in the permanency system. Black caregivers as compared to non-Black caregivers noted more racial inequities in judges' and caseworkers' interactions with Black family members and their expectations of Black family members. Black caregivers, also rated the effect of racial implicit biases of both caseworkers and judges on the permanency process, as significantly higher than the non-Black caregivers. Black caregivers also indicated a higher level of need for resources and support for caregivers caring for Black children. This highlights the importance of listening to the voice of Black caregivers and engaging with them to reduce racial inequities affecting Black children, youth, and their families. Their voice is a critical resource in understanding how to reduce the harm caused by systemic racism and protect Black children and youth in care.



Appendix A Survey of Caregivers on Adoption and Guardianship

This survey utilized skip and display logic, customizing which questions were asked of respondents based on their answers to key questions. For clarity this appendix is ordered by who was asked the questions and therefore the questions are not listed in the same order they were presented to the respondents.

Questions in this section were asked of all respondents.

Do you consent to complete this survey?

- Yes, I consent
- No, I do not consent

Have you adopted any of the children that are living in your home?

- Yes
- No

How many children living in your home have you adopted? _____

Do you have legal guardianship for any of the children that are living in your home?

- Yes
- No

How many children do you have guardianship of that are living in your home? _____

How many foster children have you EVER had placed in your home? _____

Do you have any foster children living with you at this time?

- Yes
- No

How many foster children are CURRENTLY placed in your home? _____

When planning for a permanent home for the children in your care, how important are the following peoples' wishes?

	Does not apply	Not at all important	Slightly important	Somewhat important	Moderately important	Extremely important	Prefer not to answer
The child, ages 0-13							
The adolescent, age 14 and older							
The caregivers / foster parents (you)							
The birthparents							

Have you experienced any of the following barriers that delayed permanency goal for a child in your care? (check all that apply)

- Issues with licensing
- Changes in caseworkers
- A lack of timely information from the caseworker
- A lack of needed information from the caseworker
- Delays in setting up payments
- Delays in processing approval from DCFS for an adoption
- Delays in processing approval from DCFS for guardianship
- Lack of assessments for the child
- Lack of services for the child
- Other (specify): _____
- No, I did not experience barriers that delayed permanency for a child in my care.

Is your home a licensed foster home?

- Yes, I am a licensed.
- I'm currently in the process of getting licensed.
- No, I am not licensed.
- I don't know.

Do you feel that you, your family, the children's birth parents or any of the children you cared for were treated unfairly due to race by anyone involved with their placement with DCFS?

- Yes (please describe) _____
- No
- I prefer not to answer

Based on your experience with the judges on your child's case, how true are the following statements:

	Not Applicable or Cannot Rate	Almost Never True	Rarely True	Neutral	Sometimes True	Almost Always True
Judges are comfortable working with Black family members.						
Judges work effectively with Black family members.						
Judges respect Black family members.						
Judges respect Black fathers.						
Judges focus too much on what has happened in the past with Black family members.						
Judges demand more from Black family members.						
The judges' approach to working with Black family members is culturally appropriate.						

Based on your experience with the caseworkers on your child’s case, how true are the following statements:

	Not Applicable	Almost Never True	Rarely True	Neutral	Sometimes True	Almost Always True
Caseworkers are comfortable working with Black family members.						
Caseworkers work effectively with Black family members.						
Caseworkers respect Black family members.						
Caseworkers respect Black fathers.						
Caseworkers focus too much on what has happened in the past with Black family members.						
Caseworkers demand more from Black family members.						
The caseworkers’ approach to working with Black family members is culturally appropriate.						

Implicit racial bias happens when people make assumptions about race, have racial stereotypes, or do hurtful things based on race even if they don’t mean to. Often people act on implicit bias without realizing it. Our implicit bias can go against our values.

How much do you think that judges’ and caseworkers’ implicit racial bias affected planning for a permanent home for the children in your care? Please use a scale from 1-10, where 1 means *I think racial bias had no effect*, and 10 means *I think racial bias had a major effect*.

In addition to the slider below respondents were provided the option to select “Cannot rate or Not Applicable”

	No Effect of Racial Bias					Major Effect of Racial Bias				
	1	2	3	4	5	6	7	8	9	10
Judges										
Caseworkers										

Based on your experience, what resources would you find most useful in caring for Black youth? Where 1 means *the resource is NOT needed* and 10 means *the resource is EXTREMELY needed*.

	Not Needed						Extremely Needed				
	1	2	3	4	5	6	6	7	8	9	10
Caregiver peer support											
Support for caregivers in dealing with experiences of racism											
Support for children in dealing with experiences of racism											
Training or knowledge on specific issues with raising Black youth											
Coaching on parenting strategies											
Support maintaining ties to the children's culture and community											
Other (specify) _____											

How long have you been a foster parent?

- Less than one year
- 1 to 2 years
- 3 to 4 years
- 5 to 6 years
- 7 to 10 years
- More than 10 years

What is the primary agency that has placed children in your home? *(select from the dropdown menu)*

Respondents were provided a drop down list of child welfare agencies including the Department of Children and Family Services (DCFS), and the option to select "I don't know"

What gender do you identify as?

- Man
- Non-binary
- Transgender
- Woman
- I don't identify with a gender
- You prefer to self-identify *(write description)*: _____

How would you describe your race? *(check all that apply)*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other (specify): _____

Are you of Hispanic, Latino, Latina, Latinx, or Spanish origin?

- 1. Yes
- 0. No

What is the highest level of schooling you have completed?

- No Schooling
- 1st Grade
- 2nd Grade
- 3rd Grade
- 4th Grade
- 5th Grade
- 6th Grade
- 7th Grade
- 8th Grade
- 9th Grade
- 10th Grade
- 11th Grade
- 12th Grade, no diploma
- High School Diploma or GED
- College Certificate
- 1 or more year of college (no degree)
- Associate's Degree (example AA, AS)
- Bachelor's Degree (example BA, BS)
- Master's Degree (example MA, MS, MEng, MSW, MBA)
- Professional Degree (for example, MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example, PhD, EdD)

What is your zip code? _____

The following questions were ask of caregivers for each child who was adopted, under their guardianship, or currently in foster care with the respondent.

The questions were customized using a nickname or initials provided by the caregivers (this is indicated by "CHILD" in the questions below). The initials, nicknames, or other identifiers shared by caregivers were not analyzed or retained. These were collected expressly for customizing the questions for the respondents. The question requesting this information was the following:

Please provide the initials for child (number inserted automatically) that you are the (the appropriate choice from the following was inserted based on the caregivers previous answer: guardian, adoption, foster) for. You may use numbers or a nickname. This information lets us ask questions about the child.

What is CHILD's gender? *(check all that apply)*

- Man / Boy
- Non-binary
- Transgender
- Woman / Girl
- They identify as *(write description)*: _____

How would you describe CHILD 's race? *(check all that apply)*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other *(specify)*: _____

Is CHILD of Hispanic, Latino, Latina, Latinx, or Spanish origin?

- 1. Yes
- 0. No

How were you related to CHILD when they were placed with you?

- I was a relative to CHILD. *(write out your relationship)* _____
- I was a close friend of the CHILD 's family or CHILD (sometimes this is called fictive kin).
- I was not a relative or friend of CHILD or their family.

Who started the conversation about placing CHILD in your home?

- I contacted a caseworker to ask that CHILD be placed in my home.
- A caseworker contacted me to ask that CHILD be placed in my home.

The following question was asked of caregivers who became guardians or have adopted children

How old was CHILD when...(Adoption/Guardianship)?

	Years	Months
They were placed in your home (the first time)		
They were adopted		

The following question was asked of caregivers with current foster youth only.

How much do you trust each of the following to support the best interests of CHILD? Please use a scale from 1-10, where 1 means you do not trust them at all, and 10 means you have complete trust in them.

In addition to the slider below respondents were provided the option to select "Cannot rate or Not Applicable"

	No trust										Complete trust									
	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
The caseworker assigned to CHILD																				
The agency that placed CHILD in your home																				
The court appointed special advocate (CASA) assigned to CHILD																				
The guardian ad litem (attorney) assigned to CHILD																				
The judge hearing CHILD's case																				

Did CHILDS’s caseworker provide you with information about adoption and guardianship?

	Did not provide information	Provided limited information	Provided enough information	Provided a lot of information
Adoption information				
Guardianship information				

The following question was asked of caregivers who had adopted children or current foster youth.

Did your caseworker discussed the option of seeking guardianship of CHILD?

- Yes
- No
- I don’t remember

At what point in the case did the caseworker first start discussing guardianship of CHILD as an option with you?

The following answer options were provided to caregivers with adopted children.

- As soon as CHILD was placed in my home.
- After it was decided not to reunify CHILD with their birthparents.
- I don’t remember
- Other (specify): _____

The following answer options were provided to caregivers who are guardians for children or who have current foster children.

- As soon as CHILD was placed in my home.
- After it was decided not to reunify CHILD with their birthparents.
- After it was decided not to pursue adoption for CHILD.
- I don’t remember
- Other (specify): _____

Did you feel that CHILDS’s caseworker gave you enough time to decide between guardianship or adoption?

The following answer options were provided to caregivers who are guardians for children or who have adopted.

- I felt pressured to make a decision quickly.
- I would have liked more time to make a decision.
- I had enough time to make a decision.
- I had more than enough time to make a decision.

The following answer options were provided to caregivers who have current foster children.

- I felt pressured to make a decision quickly.
- I would have liked more time to make a decision.
- I had enough time to make a decision.
- I had more than enough time to make a decision.
- Does not apply.

How well do the following words describe your and CHILD's relationship with CASEWORKERS? Where 1 means it DOES NOT describe our interactions at all and 10 means it describes our interactions EXTREMELY WELL.

	Not at all					Extremely Well				
	1	2	3	4	5	6	7	8	9	10
Respectful										
Culturally Appropriate										
Knowledgeable										
Responsive										
Timely										
Prepared										

The following three questions were asked of caregivers with current foster youth.

What goal do you prefer for CHILD?

- Return to their birthparents' care
- Adoption
- Guardianship
- Independence
- Undecided at this time
- Other (*specify*): _____

Why is guardianship in the best interest of CHILD? (*check all that apply*)

- To allow for a good relationship between me and the birthparents.
- To support CHILD 's relationship with their parents.
- To allow the birthparents to keep their identity as mom and dad.
- CHILD did not want to be adopted.
- CHILD receiving support from their birth family after they turn 18.
- The services and supports CHILD would receive with me as their guardian.
- The birthparents supported a guardianship goal.
- To allow for the possibility of reunification with the birthparents in the future.
- CHILD receiving support from my family after they turn 18.
- It is the fastest way to close CHILD 's case.
- Other (*specify*): _____

Why is adoption in the best interest of CHILD? (*check all that apply*)

- To allow the CHILD's name to be changed.
- To end the CHILD's relationship to their birthparents.
- CHILD receiving support from my family after they turn 18.
- To ensure that CHILD would be eligible to inherit should something happen to me.
- The services and supports CHILD would receive after the adoption.
- CHILD wanted to be adopted.
- To make CHILD a permanent part of our family.

- It is the fastest way to close CHILD's case.
- Other (*specify*): _____

The following three questions were asked of caregivers with adopted children.

Once returning to birthparents was no longer a possibility, was adoption your preferred goal for CHILD?

- Yes, adoption was my preferred outcome for CHILD.
- No, I would have preferred guardianship for CHILD.
- No, I would have preferred a different outcome for CHILD. (*specify*) _____

What were reasons you chose to adopt CHILD? (*check all that apply*)

- To allow CHILD's name to be changed.
- To end CHILD's relationship to their birthparents.
- To make sure that CHILD would be eligible to inherit should something happen to me.
- The services and supports CHILD would receive after the adoption.
- CHILD wanted to be adopted.
- To make CHILD a permanent part of our family.
- It was the fastest way to close CHILD's case.
- Other (*specify*): _____

What was the most important reason that you chose to adopt CHILD?

- To allow CHILD's name to be changed.
- To end CHILD's relationship to their birthparents.
- To make sure that CHILD would be eligible to inherit should something happen to me.
- The services and supports CHILD would receive after the adoption.
- CHILD wanted to be adopted.
- To make CHILD a permanent part of our family.
- It was the fastest way to close CHILD 's case.
- Other (*specify*): _____

The following three questions were asked of caregivers who are guardians to children.

Once returning to birthparents was no longer a possibility, was guardianship your preferred goal for CHILD?

- Yes, guardianship was my preferred outcome for CHILD.
- No, I would have preferred to adopt CHILD.
- No, I would have preferred a different outcome for CHILD. (*specify*) _____

What were reasons that you chose to be a guardian for CHILD? (*check all that apply*)

- To allow for a good relationship between me and the birthparents.
- To support CHILD's relationship with their birthparents.
- To allow the birthparents to keep their identity as mom and dad.
- CHILD did not want to be adopted.
- CHILD receiving support from their birth family after they turn 18.
- The services and supports CHILD would receive with me as their guardian.
- The birthparents supported guardianship.
- To make it possible for the child to reunify with the birthparents in the future.
- CHILD receiving support from my family after they turn 18.
- It was the fastest way to close CHILD's case.
- Other (*specify*): _____

What was the most important reason that you chose to be a guardian for CHILD?

- To allow for a good relationship between me and the birthparents.
- To support a CHILD's relationship with their birthparents.
- To allow the birthparents to keep their identity as mom and dad.
- CHILD did not want to be adopted.
- CHILD receiving support from their birth family after they turn 18.
- The services and supports CHILD would receive with me as their guardian.
- The birthparents supported guardianship.
- To make it possible for the child to reunify with the birthparents in the future.
- CHILD receiving support from my family after they turn 18.
- It was the fastest way to close CHILD's case.
- Other (*specify*): _____



Appendix B Recruitment Materials

Recruitment materials consisted of a personalized letter and flier that were mailed together to the respondent population, and follow-up postcards mailed twice to caregiver who had not completed the survey one and two weeks following the initial mailing.

Participant Letter



Dear CAREGIVER NAME:

You are personally invited to participate in a survey as part of a research study being conducted by the University of Illinois at Urbana-Champaign (UIUC). Researchers from UIUC and the Illinois Department of Children and Family Services (DCFS) are collaborating to improve permanency planning. We want to learn about your experiences as a caregiver of Black youth involved with DCFS. We are striving to better understand permanency options for Black youth in care. By completing this survey you can help us to improve outcomes for youth in care, with a special focus on Black youth.

The survey will take between 15-30 minutes to complete. The survey includes questions about each of the children for whom you have legal guardianship, adopted, and are currently fostering. Additionally, there are few questions about licensing, the information provided by your caseworker, and racial disparities. If you complete the survey, we will mail you a \$35 gift card. Additional information is outlined in the included flier.

Survey Link: <https://tinyurl.com/ILcaregiver>



If you have any questions about the survey, please contact Dr. Ted Cross at tpcross@illinois.edu or 781-640-4532.

Thank you very much!

Dr. Ted Cross
Senior Research Specialist & Research Professor
Children and Family Research Center
School of Social Work
University of Illinois at Urbana-Champaign
1010 W. Nevada Street, Suite 2080, Urbana IL 61801
(781) 640-4532
tpcross@illinois.edu



School of Social Work

UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

Survey of Caregivers on Adoption and Guardianship



Illinois Department of
DCFS
Children & Family Services

SAFETY **SAFETY**
FIRST ALWAYS

You're Invited!!

You are personally invited to participate in a survey as part of a research study being conducted by the University of Illinois at Urbana-Champaign (UIUC). Researchers from UIUC and the Illinois Department of Children and Family Services (DCFS) are collaborating to improve permanency planning. We want to learn about your experiences as a caregiver of Black youth involved with DCFS. We are striving to better understand permanency options for Black youth in care. By completing this survey you can help us to improve outcomes for youth in care, with a special focus on Black youth.

Survey Fast Facts

- 30 minute online survey
- Answers are confidential and private
- If you complete the survey, you will receive a \$50 gift card.

Survey Link: <https://tinyurl.com/ILcaregiver>

Who should I contact if I have questions?

Dr. Theodore P. Cross is leading this study. He is a Senior Research Specialist at the Children and Family Research Center. The Center is part of the University of Illinois at Urbana-Champaign. You can phone him at 781-640-4532. You can email him at tpcross@illinois.edu.



Frequently Asked Questions

Why am I being asked?

We are asking you to participate because of your plan to provide a permanent home for a child in your care. It is your choice to complete the survey or not. You can skip the survey or any question in it. Nothing bad will happen if you decide not to complete the survey.

What am I being asked to do?

The study involves completing an online survey. We will ask questions about the children who have been placed in your home because of abuse and neglect. This includes children you adopted, have guardianship of, and are fostering. We will ask about planning for a permanent home for these children. The survey will take about 30 minutes.

Are there benefits to completing the survey?

Our goal is to help the Illinois Department of Children and Family Services improve support for caregivers and children in care. Your views would help us make things better for children and their families.

Will I be paid for completing the survey?

If you complete the survey, you will receive a \$50 gift card. You can choose to receive either a \$50 Amazon gift code by email **OR** we will mail you a \$50 Walmart gift card. At the end of the survey, you will be asked to provide your contact information on a separate form. This information is only to send you the gift card. Your information will be kept separate from the answers you provide in this survey. Only individuals who are invited to take this survey will receive a gift card for completing the survey.

What are the potential risks and discomforts?

There is little risk to you. You may feel sad or uncomfortable if you have had negative experiences in planning for a permanent home for the youth in your care. There is a small chance that the fact you took this survey could be released by accident.

Will my survey answers be kept confidential?

We will keep your survey answers confidential and private to the extent we are permitted by the law. There is a small chance that university officials may need to look at the survey data. We will not share your personal information with anyone.

Can I stop being in the study if I want?

Yes, you can choose not to take the survey. You can choose not to answer any question in the survey. You can stop taking the survey at any time.

Do I have to complete the survey in one sitting?

You can leave the survey if you need to and resume later, as long as you return on the same browser where you started the survey.

When will results of the study be available?

The results will be available this fall 2022. An advisory team from DCFS is working with the University of Illinois Urbana-Champaign research team to review results of the study to improve permanency planning.

Will my answers be used for any other research?

Your answers will not be used in other studies.

Who is funding this study?

The research is being funded by the University of Illinois at Urbana-Champaign.

What are my rights as a research subject?

If you have any questions about your rights as a research subject contact the University of Illinois at Urbana-Champaign Office for the Protection of Research Subjects. You can call the office at 217-333-2670 or email them at irb@illinois.edu.

Participant Follow-up Postcard

I Ted Cross
Children and Family Research Center
1010 W. Nevada, Suite 2080
Urbana, IL 61801



*Don't forget! You're Invited!
Be a part of this study and help
improve permanency options for
Black youth.*



School of Social Work
UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

Illinois Department of
DCFS
Children & Family Services

SAFETY FIRST SAFETY ALWAYS

This is a quick reminder that you are personally invited to participate in a survey as part of a research study being conducted by the University of Illinois at Urbana-Champaign (UIUC). Researchers from UIUC and the Illinois Department of Children and Family Services (DCFS) are collaborating to improve permanency planning. We want to learn about your experiences as a caregiver of Black youth involved with DCFS. We are striving to better understand permanency options for Black youth in care. By completing this survey you can help us to improve outcomes for youth in care, with a special focus on Black youth.

Survey Link: <https://tinyurl.com/ILcaregiver>



Survey Fast Facts

- 30 minute online survey
- Answers are confidential and private
- **If you complete the survey, you will receive a \$50 gift card.**



 **SCAN ME**

Thank you!

This report was produced as a collaboration between the Children and Family Research Center (CFRC) and the Translational Research team. The Translational Research team consists of University of Illinois researchers who provide research and analytical support to the Illinois Department of Children and Family Services (DCFS). They are affiliated with the DCFS Office of Research and Child Well-being at the Illinois DCFS. CFRC is an independent research organization created jointly by the University of Illinois at Urbana-Champaign and DCFS to provide independent evaluation of outcomes for children who are the responsibility of the DCFS. This report is available on the subsidized guardianship website. Questions about this report should be directed to Dr. Heather L. Fox at (217) 369-7279 or hlfax2@illinois.edu.

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