

YEAR END REPORT

Permanency, Disproportionality and Disparity in the Southern Region (FY13)

Introduction

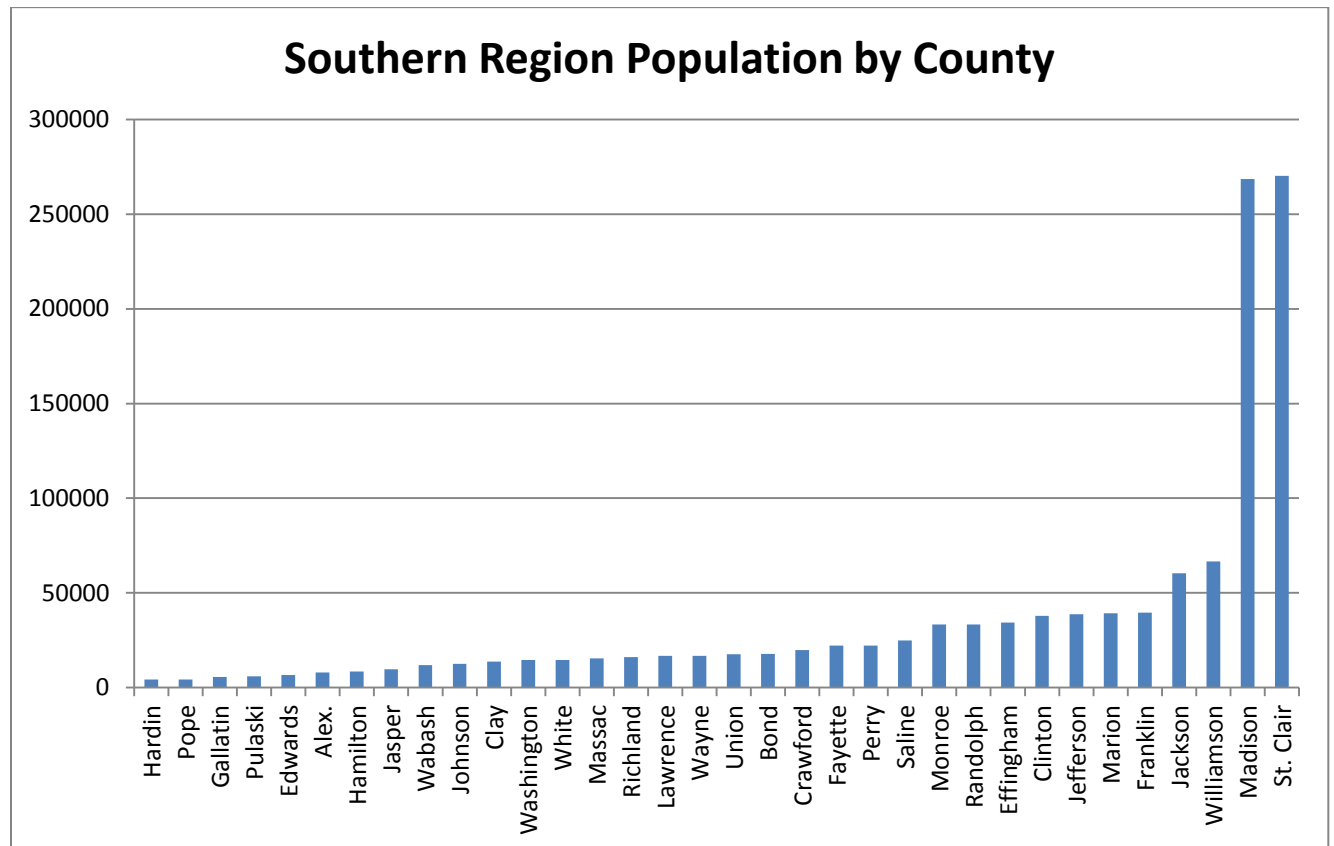
This report marks the 6th year that the Center for Adoption Studies at Illinois State University has produced data for the Permanency Enhancement Project. Over the course of this work we have had many meetings, interviews and discussions with DCFS staff and management, action team members and community members, and colleagues from the African American Advisory Council, the Transformation Team and the African American Family Commission. From this process we have derived a number of principles that guide the work of stakeholders as they strive to increase permanency and reduce racial disparity. These can be summarized as:

- 1. Children generally fare best with their families and suffer when they are removed from familial care, even when this removal is necessary for their safety.**
- 2. When children cannot remain in their families they should be returned to their stronger, safer and more stable families as soon as possible.**
- 3. Racial disproportionality and disparity exist in our child welfare system.**
- 4. Disparate treatment of African American families disadvantages African American children, youth and families.**
- 5. Research on disproportionality and disparity reveals that the over-representation of African American children and youth is present at several measurement points, but is most clearly present at the first point (accepted reports) and the last point (remaining in care).**
- 6. Addressing disproportionality and disparity requires a broad-based community effort – the public child welfare institution cannot (and should not) tackle these issues alone.**

Identifying disproportionality and disparity is the first step in addressing it. But it is important to provide some context for the challenges faced by all families and in particular by African American families in a given region.

Overview of Southern Region

The Southern region of DCFS comprises over a third of the state of Illinois. Counties are largely rural, or a combination of rural and small to mid-size metropolitan areas, ranging in population from under 10,000 to over 250,000. The two counties with the largest populations (Madison and St. Clair Counties) are near the metropolitan St. Louis area and are more urban in character. Based on 2011 Census estimates, the total population of Southern region is about 1.23 million.



Child Population

By far the largest racial/ethnic group in child population in Southern region is white/non-Hispanic. The child population for each of the counties with active action teams follows.

County	White, Non-Hispanic	African American	Hispanic	Other
Jasper	96.7	>1	1.5	1.5%
White	96.2	>1	1.9	1.6
Hamilton	96.0	>1	1.7	2.0
Clay	95.9	>1	1.8	2.0
Fayette	95.8	>1	1.3	2.4

Wayne	95.6	>1	1.9	1.9
Lawrence	95.1	>1	3.6	.6
Monroe	95.2	>1	2.2	2.2
Franklin	95.0	>1	2.0	2.0
Edwards	94.9	1.2	2.0	1.9
Effingham	94.9	>1	2.8	2.0
Richland	94.0	>1	2.6	2.5
Crawford	93.8	1.3	1.9	3.0
Wabash	93.8	1.1	2.5	2.6
Washington	93.7	1.6	2.3	2.4
Bond	91.8	2.8	2.6	2.8
Clinton	91.7	>1	1.8	6.2
Perry	90.0	3.0	2.0	5.0
Randolph	89.7	5.3	2.5	2.4
Marion	87.2	5.7	>1	3.9
Williamson	87.0	5.0	3.0	5.0
Jefferson	82.3	10	>1	3.9
Madison	80.0	11.0	5.0	4.0
Jackson	66.0	19.0	7.0	8.0
Pulaski	55.0	37.0	3.0	5.0
St. Clair	52.0	37.0	5.0	6.0
Alexander	48.1	45.0	1.0	6.0

The largest *numbers* of African American children are in the two largest counties (Madison and St. Clair), but these counties differ dramatically in the percent of their populations that is African American. Over 1/3 of the child population of St. Clair County is African American, compared to 11% of Madison.

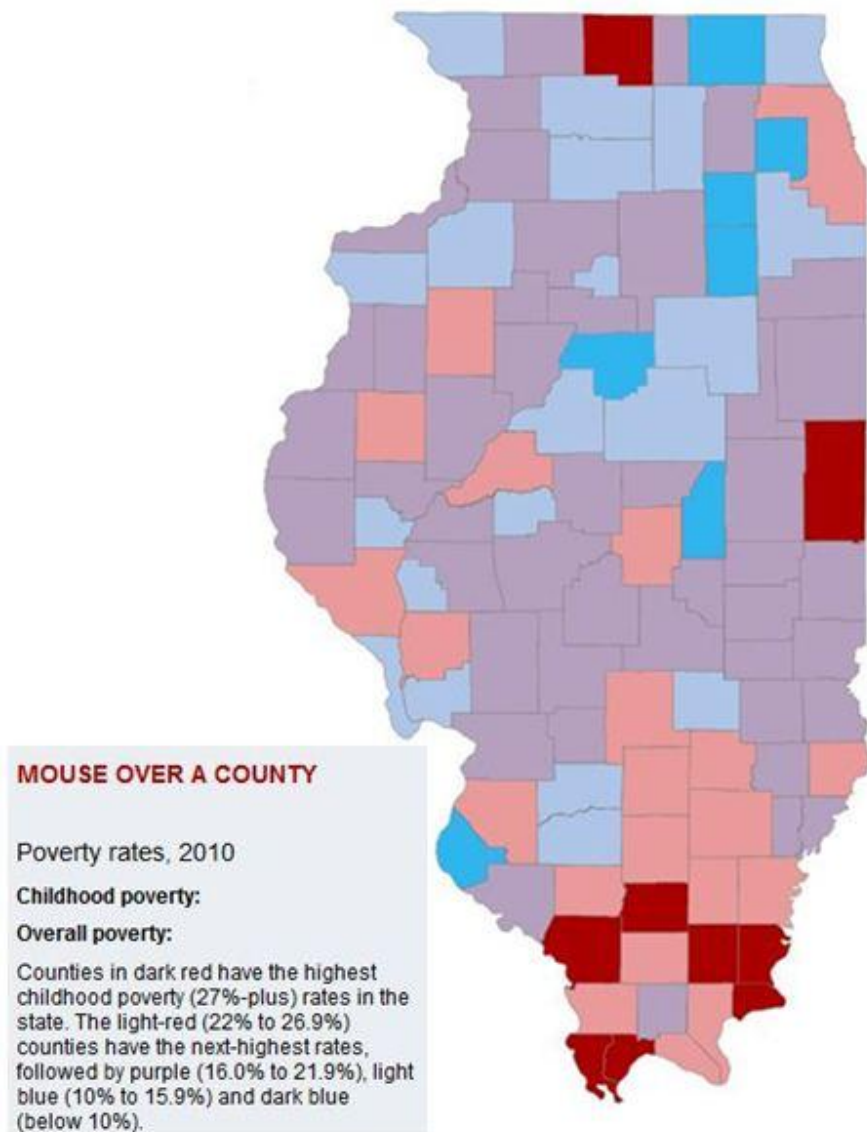
The Hispanic child population continues to be a small percent of overall population, and in just one county (Jackson) does it exceed 5% of the total. Of note, the Hispanic population exceeds the African American population in almost 2/3 of the counties in Southern region with action teams.

Challenges to Family Well-being

Southern region has been particularly hard hit by the economic downturn beginning in 2007. Population growth has been small – less than 2% since 2006 – and many counties have lost population. Further, Southern region families show risk on several indicators of child and family well-being, indicators that are factors predicting child welfare involvement.

Child Poverty

The map below, extracted from a Crain’s Chicago Business article presenting data from the U.S. Census Bureau, shows that childhood poverty is common in Southern region.



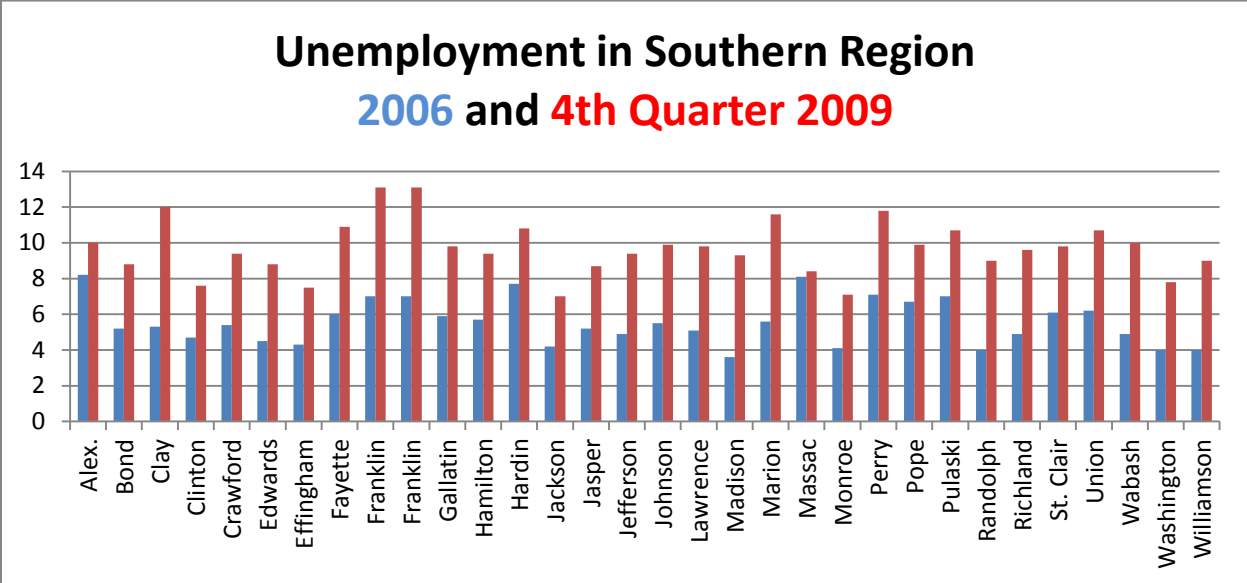
Source: Crain's Chicago Business (2012). To view this interactive map go to: <http://www.chicagobusiness.com/article/20121205/NEWS07/121209902/a-county-level-look-at-where-illinois-most-vulnerable-residents-live>

As the map reveals, 7 of the 9 Illinois counties with the highest rate of child poverty are in Southern region, as are 14 of the state's 21 counties with the next highest rates of child poverty. Only 3 counties in Southern region have moderate to low rates of child poverty.

The circumstances for children of color are likely far worse. While child poverty data by race at the regional level are more difficult to obtain, statewide child poverty data suggest that African American children are at particular risk. The 2007 *Report on Illinois Poverty*, found that overall 21.9% of Illinois children were poor. For African American children, 38.4% were poor compared to just 8.2% of White non-Hispanic children. Just over 22 percent of Hispanic children are in poverty (22.2%) and 6.8% of Asian children.

Unemployment and underemployment

Southern region is negatively affected by high rates of unemployment and underemployment as well as decline in salary and wages.



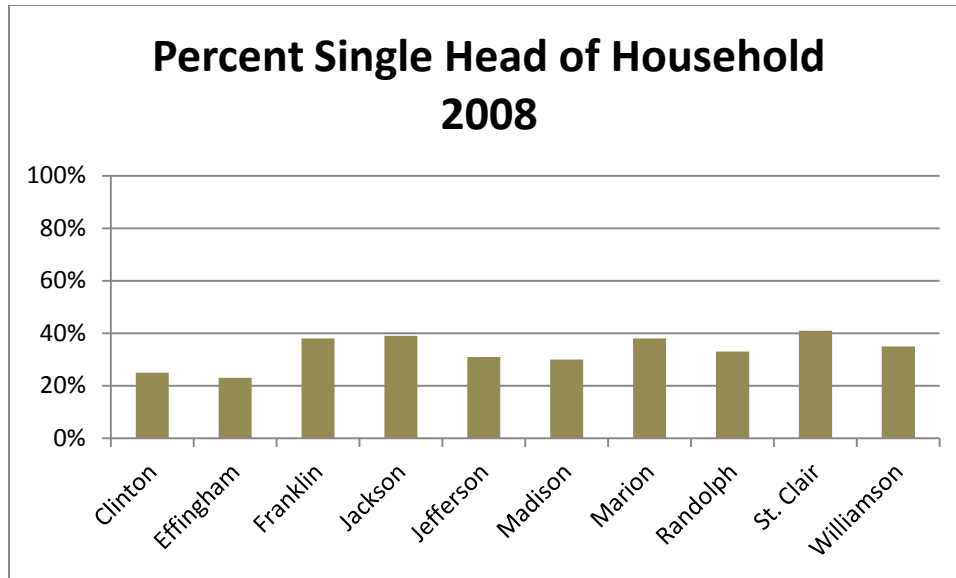
Source: *Illinois Kids Count, 2013: Moving Policy, Making Progress. Appendix: County-Level Data*
 Note: Rates are not seasonally adjusted

Unemployment rose during the economic recession in every county in Southern region with several counties experiencing nearly a doubling of unemployment. While more recent data may show some improvement, Southern Illinois as a whole has lagged behind the nation generally in recovering from the recession.

Illinois Kids Count 2013 also reports changes in median wage for families with minor children for the larger counties in Illinois. For 2011, the statewide median income for families with children dropped 12.1 percent. In Southern region, Franklin and Jackson counties were particularly hard hit. Franklin County median income fell by 21.8 percent, and in Jackson, income fell by 26.4%. Thus, not only are fewer parents working, but the income of parents has declined as well.

Single Parenthood

Single parent households are at greater risk than dual parent families for poverty, low wages and familial stress. The *Illinois Kids Count 2013* report also provides rates of single parent household for larger counties. Of the 10 largest counties in Southern region, all but one have single parent household rates of greater than 25% and St. Clair exceeds 40%.



This brief overview highlights some of the challenges faced by families in Southern region and thus, the challenges that face the child welfare system. While poverty, unemployment, declining wages and single head of household status are associated with child welfare involvement, they are not *causal*. I.e. many families with all these risk factors protect and care for their children well. However, when a community has many such risk factors and as these risk factors increase, it is likely that child welfare involvement will increase as well.

Poverty, Child Maltreatment and Race

Many studies have found a relationship between poverty and child maltreatment. The National Incidence Studies, an on-going effort to estimate child maltreatment beyond just the numbers of children who are reported as maltreated each year, has found a consistent connection between poverty and parent-caused harm to children. The most recent version (NIS-4) shows that children in families identified as having “low socioeconomic status” are at risk of harm at a rate more than five times the rate of children whose families are not in this category.

As a recent paper – *The Relationship between Child Victimization and Child Poverty Rates in Illinois* by Rolock, Dettlaff, Wilder and Jantz (2011) has shown, the connection between poverty and risk of harm does not hold true across the board. Both national NIS-4 data and analysis in Illinois show that poverty is risk factor for maltreatment for White children but not for African American children. Further, analysis of trends by Wulczyn¹ at the Chapin Hall Center for Children (2011) found that White children are more likely to experience maltreatment as rates of White child poverty increase, **but**

¹ Wulczyn, F. (2011). Research in action: Disparity, poverty and the need for new knowledge. Chicago, IL: Chapin Hall Center for Children at the University of Chicago.

African American children are *not* at greater risk due to poverty. Wulczyn found that in Illinois, as the rate of African child poverty increases, the rate of child maltreatment actually decreases slightly. For Hispanic children the rate of maltreatment does not appear to be related to child poverty rate.

Rolock et al examined the relationship between poverty and maltreatment by region in Illinois. In Southern region, they found that **higher rates of poverty did not predict higher rates of maltreatment for African American children or for Hispanic children.** As did Wulczyn, they found that rates of maltreatment for African American children decrease slightly as percent of child population in poverty increases. They too found that for White children, maltreatment and poverty *are* associated, with the higher the rate of White child poverty the greater the likelihood of maltreatment.

This and other explorations into child maltreatment and disparity within the child welfare system suggest that untangling the causes of racial over-representation of African American children in the child welfare system is complex. A common argument is that the over-representation of African American children in foster care is not really disparity but just a function of the greater risk of poverty faced by African American children. As research by Rolock et al, Wulczyn and the NIS-4 demonstrate, this argument is incorrect. Poverty is a risk factor for child welfare involvement, but is a much greater risk factor for White children than for African American children or Hispanic children. The simplistic explanation that high rates of child poverty explain high rates of racial disproportionality must be challenged. It is time for the field to explore other explanations for the continuing over-representation of African American children in out of home care.

Some Notes About the Data

The data in this packet are supplied to guide discussion as groups implement action plans for their communities. They are only a small part of “how we are doing” in Southern region. The first several pages provide some overview statistics on trends and patterns for the region as a whole. In this section we present basic data comparing Southern region to the state, as well as to other regions.

Data Sources and Limitations

The primary sources for data for this packet are the Quality Assurance Reports of the Illinois Department of Children and Family Services, the outcomes monitoring data of the Child and Family Research Center (CFRC) at the University of Illinois and the U.S. Census Bureau. Quality Assurance data provided to the action teams are much more recent than CFRC but contain many fewer categories. For example, data on 12 and 24 month permanency are not available from QA data. CFRC data are much more extensive and detailed, but much less current.

Data Decisions

There are many factors related to children’s safety, well-being and permanence that tell us “how we are doing” in Southern region. When the first “Southern Summit” was held the areas targeted permanency and racial disproportionality and disparity. Permanency rate was an issue raised in the federal reviews of our public child welfare system. Disproportionality and disparity have long been a concern of many of those who led this work. In particular, the African American Advisory Council of DCFS raised this important concern over a number of years. As community groups continue their efforts, other types of data may be sought to guide the work of local communities.

Data vs. Information

What is presented here are data – facts and figures. Data is different from information, which is *data in context*. We at the Center for Adoption Studies cannot know the meaning of data at the community level. While we have at times made summary statements, for the most part it is the experience and expertise of community members that can best determine what the data *mean*.

HOW ARE WE DOING IN SOUTHERN REGION? Permanency and Proportionality

Who are the Children in Care in Southern Region?

Overview

Numbers of children in care

In Southern region at the close of FY2010 (the latest data available from CFRC²), 2,268 children were in out of home care. Unlike the state as a whole, which experienced a significant decrease in the numbers of children in care, Southern region has experienced an increase in the number of children in care over the 5-year period, from 1,790 in 2006, an increase of over 26 percent.

Region	Numbers in Care 2006	Numbers in Care 2010	Change
Illinois	18,430	16,533	- 1,897
Cook	9,139	6,764	- 2,375
Northern	2,725	3,040	+ 315
Central	4,776	4,461	- 315
Southern	1,790	2,268	+ 478

At the same time, the population of children overall in Southern region has increased less than 2%. Thus, this increase cannot be attributed merely to an increase in the child population.

How old are the children in care?

Children in Care by Age in Southern Region

	Number	Percent
Under 3	534	23.5%
3-5	476	20.9%
6-8	344	15.1%
9-11	250	11.0%
12-14	200	08.8%
15 and older	464	20.4%

² NOTE: Data used for this overview section come from trend data from the Child and Family Resource Center at the University of Illinois- Urbana². Later data come from the more recent Quality Assurance reports from the Department of Children and Family Services.

Over 45% of children in care are 5 or under. Just over 20% are at the older end of the age spectrum – 15 or older. Having a significant number of children in this age group is a particular concern because of the risk of these children aging out of care without permanency. However, of the four regions Southern has the lowest percent of youth in this age group.

What is the racial/ethnic breakdown of children in care in Southern Region?

Children in Care by Race/Ethnicity 2010

	Number	Percent
African American	664	29.2%
Hispanic	35	1.5%
Other	33	1.4%
Caucasian	1184	67.8%
<i>Total</i>	2268	

Racial disproportionality and disparity are explored later in this report.

Where are the children in care in Southern Region?³

FY2010

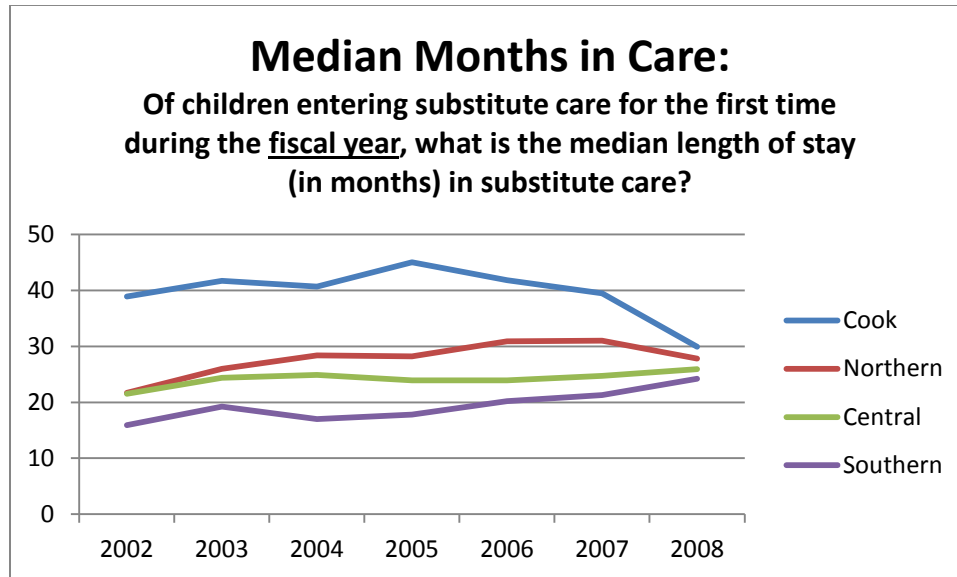
Living Type	All Children		African American Children		Caucasian Children	
	<i>N</i>	<i>Percent</i>	<i>N</i>	<i>Percent</i>	<i>N</i>	<i>Percent</i>
Kin	1017	44.8%	353	38%	735	47.9%
Foster Care	738	32.5%	236	35.5%	475	30.9%
Foster Care – Specialized	262	11.6%	75	11.3%	181	11.8%
Institution	176	7.8%	66	9.9%	107	6.9%
Independent Living	73	3.2%	35	5.3%	36	2.3%
Group Home	2	.1%	0	0%	2	>1%

Overall, most children (77.3%) are with kin (44.8%) or in traditional foster care (32.5%). African American children are less likely to be placed with kin than are Caucasian children and are more likely to be in independent living and institutional care.

³ Given the very small numbers of Hispanic children and those of other ethnicities/races, most tables will show statistics only for African Americans and Caucasians. This issue is complicated by the fact that the Department of Children and Family Services continues to work out how to best define and capture the numbers of children who are Hispanic. Evidence suggests such children are often coded as “White.”

How long are children in care in Southern region?

The longer a child remains in care the less likely that child will achieve permanency. The Child and Family Research Center tracks the median⁴ months children are in care. Children in care in Southern region have lower median months in care than children in the state as a whole. Southern children had a median of 24.2 months, lower than any of the other regions in the State. However, median months in care are rising in Southern region. In 2002, median months in care were just 15.9 months.



PERMANENCY

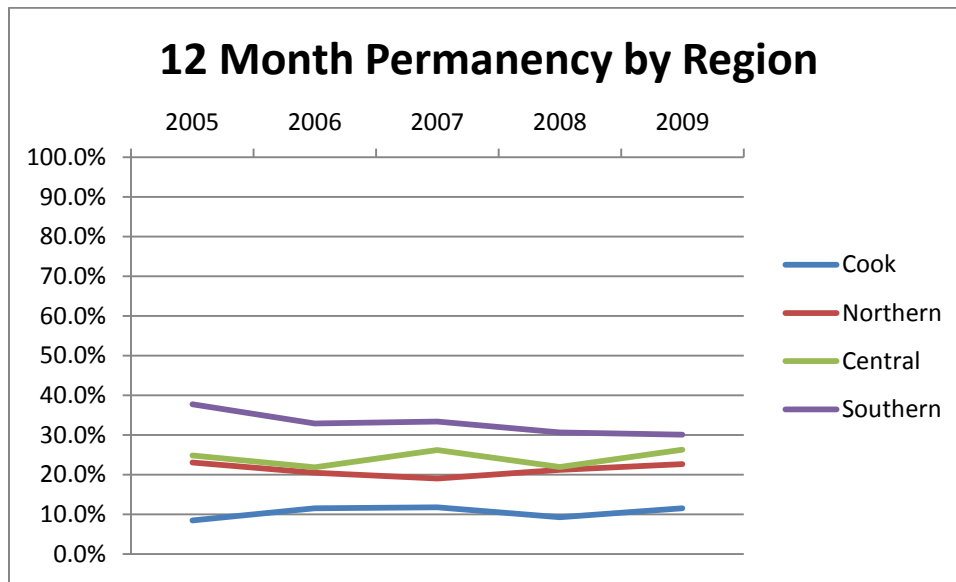
How does Southern Region compare to the state as a whole in achieving permanency?

Timely Reunification

Length of time to permanency is another important measure of child welfare outcomes. Generally speaking, the sooner children can be reunified to safer, more stable family situations or permanently placed through adoption or guardianship, the better for their ultimate well-being.

The first measure is reunification. How many children are returned to their families within 12 months of placement? Southern region has consistently done better than the other regions of the state in accomplishing this.

⁴ Median refers to the mid-point. This number reflects the amount of time that took for half the children who entered care in a given fiscal year to exit care, either through permanency or emancipation. CFRC bases the median on first entries into care and omits entries of fewer than 8 days.



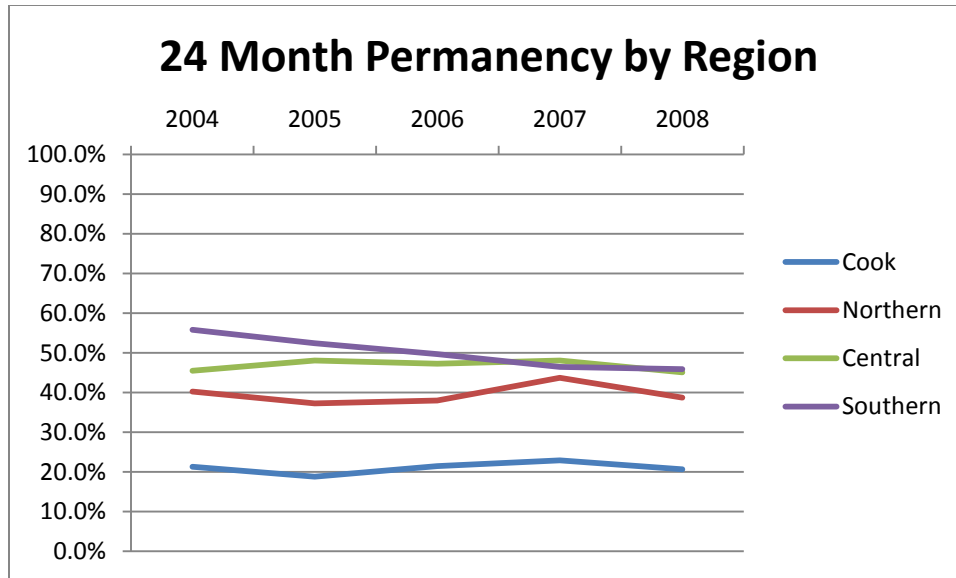
Southern region is much more likely than the state as a whole to reunify children within 12 months after their entry into care. Statewide just over 2 in 10 children are reunified within 12 months (thus, the majority, almost 8 in 10, are **not** reunified). In Southern region, about 3 children in 10 (30.1%) were reunified within one year after placement in the most recent year for which data were available.

Of note, Southern rates of 12 month permanency, while continuing to be better than other regions, have declined since the high in 2005. In that year almost 4 in 10 children were reunified within 12 months.

Timely Permanency

Permanency by 12 months is usually achieved through reunification. By 24 months, permanency can be achieved by return home, adoption or guardianship. How does Southern region compare to the other regions on this benchmark?

The chart on the following page demonstrates the percent of children who achieve permanency within 24 months of entering care. Thus, children who entered care during 2008 would be identified as achieving permanency if they were reunified, adopted or in a guardianship arrangement by the same point in 2010.



Once again, Southern region exceeds the state as a whole in achieving permanency by 24 months after placement for most of the 5 year time period. However, Southern region's rate of 24 month permanency has declined over this time period. For example, for children who entered care in 2004, well over half (55.8%) achieved permanency within two years. That has declined to 45.9% for the most recent data reported. Thus, just over 6 in 10 children who entered care in 2008 did **not** achieve permanency within 24 months of initial placement.

In what ways do children achieve permanency in Southern Region?

Statewide for the most recent year for which data are available (2010), 82% of those who achieved permanency within 24 months, did so through reunification. Another 13% did so through adoption with 6% achieving guardianship. There were differences in permanency achievement by region.

Permanency Achievement by Type

Region	Total Permanencies	Reunification	Adoption	Guardianship
Cook	313	223 71%	36 12%	54 17%
Northern	428	372 86%	38 9%	18 4%
Central	807	643 80%	125 15%	39 5%
Southern	389	353 91%	26 6%	10 3%

Southern was much more likely to achieve permanency through reunification than the other regions.

Disproportionality and Disparity in Southern Region

As the Permanency Enhancement Project (PEP) has evolved in Illinois, we have moved from a fairly basic consideration of racial/ethnic over-representation to a more comprehensive and nuanced one. Initially, we looked at percentages of children by racial/ethnic group in the population of the regions or individual counties and compared these to the percentages of children and youth in care and leaving care. Using this measure consistently finds that African American children are at much higher likelihood to be in care than their percentages in the population would predict. And while there was variation by county, generally African American children were less likely to leave care in a timely fashion than White children who entered care.

This section of the report uses data from the Quality Assurance division of the Department of Children and Family Services. All data are for FY 2012.

Here we look beyond a comparison of children's representation in the population vs. their representation in the out of home care population. This comparison allows us to examine over-representation at several points and across the array of decisions that ultimately determine who enters care and who remains in care.

Most of the counties in Southern region are rural and their populations are overwhelmingly non-Hispanic and White. In this section of the report we examine the four counties with the highest populations:

U.S. Census Bureau Population Estimate 2012

Jackson County	60,365
Williamson County	66,622
Madison County	268,459
St. Clair County	270,259

The remaining counties have populations ranging from just under 40,000 to under 5,000.

Disproportionality for the purposes of this report is when the percentage of a group of children in a population is different from the percentage of the same group in the child welfare system.

*For example, if 25% of the children in a county were African American, then 25% of those in foster care should be African American, all things being equal. That would be proportional. If these percentages differ there is *disproportionality*.*

Disparity refers to unequal treatment or outcomes when comparing children of color to non-minority children.

For example, if 30% of Hispanic children who are indicated are then placed into care, but only 15% of White children who are indicated are then placed into care, there is a disparity in the risk of entering placement, with Hispanic children at twice the risk to be placed outside their homes after indications.

In this section we examine disparity at 4 points:

- Accepted Reports
- Indications
- Entries into Care
- Children and Youth in Care

The first three points are examined over the course of a given year – e.g. *during* a given year how many children had reports accepted, indications or entries into foster care. The fourth point looks at children who are in care and may have been in care for days or for years.

The data presented on the following pages represent the extent of disparity in two ways: through bar graphs and through a single number representing the degree of disparity. The graphs provide a visual representation of disparity, something action teams have reported to be helpful in reviewing the data.

The second way of examining disparity is through the **disparity ratio**. In the child welfare literature there are several ways to reflect differences through ratios (e.g. racial disproportionality ratios, risk ratios, weighted risk ratios). The measure selected compares African American children – the largest minority group in the child welfare system - to White children - the majority group. If the resulting number is 1 or close to 1 there is no disparity. A number larger than 1 reflects disparity and the larger the number the greater the disparity. While there is no uniform standard as to what constitutes the degree of disparity using this ratio, for our purposes we categorize disparity as follows:

1.5 to 2.49 is moderate disparity

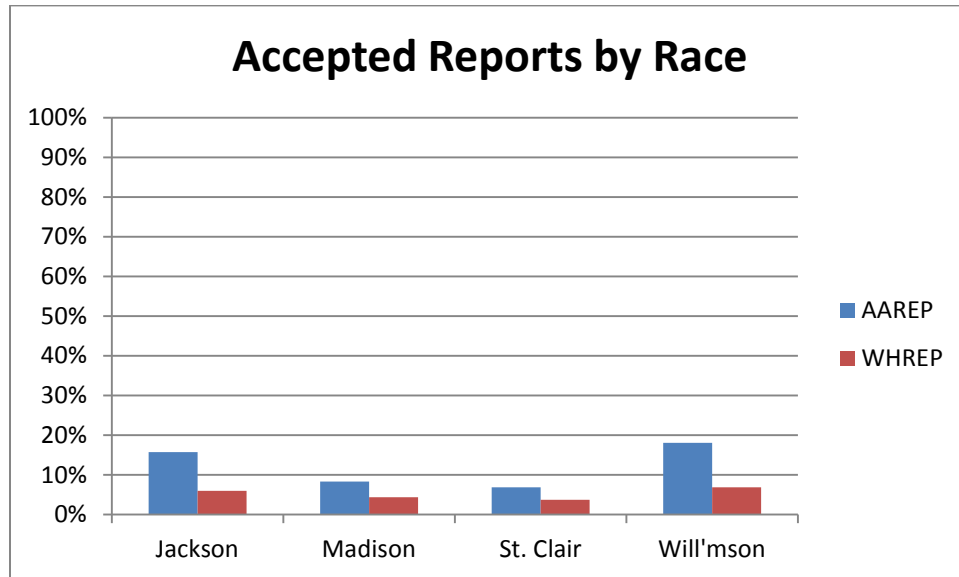
2.5 to 3.49 is significant disparity

3.5 and above is extreme disparity

Decision Point One: Accepted Reports

Entry into foster care typically begins with a report to the statewide child abuse and neglect hotline. Hotline workers collect information to determine if a report will be

accepted – i.e. go forward to investigation. This decision point examines these *accepted* reports, not all calls made to the hotline.



As the graph shows, African American children are far more likely to have accepted reports than white children.

The disparity ratio for African American children vs. White children with accepted reports illustrates the extent of this difference.

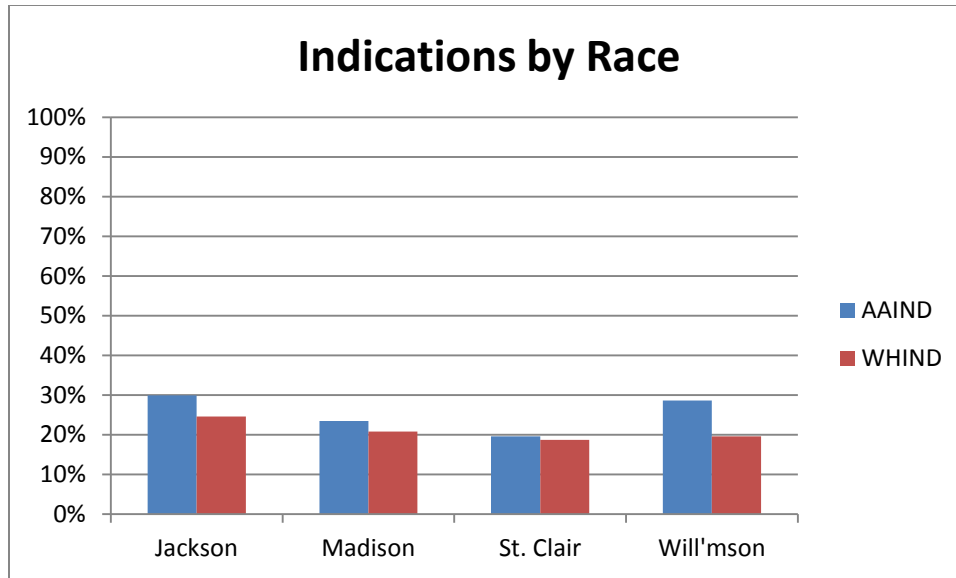
Disparity Ratio* for Accepted Reports

Jackson	2.6
Madison	1.9
St. Clair	1.8
Williamson	2.6

*Disparity ratio on this variable = number of African American children reported where reports were accepted divided by number of African American children in population over number of White children reported where reports were accepted divided by number of White children in the population.

Decision Point Two: Indicated Reports

Once a report is accepted it is then investigated. Those reports where investigation yields sufficient evidence that the report is credible are *indicated*. These reports typically move forward in the system – they are opened, assigned a caseworker and services begin.



As this graph illustrates, African American children are slightly more likely to have reports indicated than are White children. The degree of the disparity is less than that for reports, however.

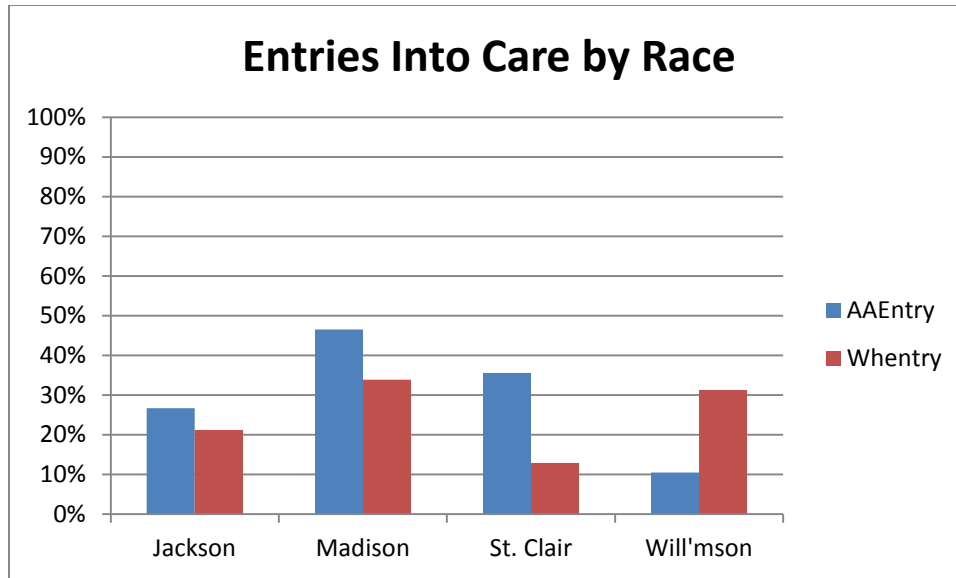
Disparity Ratio* for Indications

Jackson	1.2
Madison	1.1
St. Clair	1.0
Williamson	1.5

*Disparity ratio on this variable = (number of African American children indicated divided by number of African American children with accepted reports) over (number of White children indicated divided by number of White children with accepted reports).

Decision Point Three: Entry into Care

Indication does not necessarily mean children are removed from the care of their families – in fact most children who have indicated reports of maltreatment are not removed from their homes. For those children who are removed, this decision point assesses whether African American children are at greater risk for entry into care than White children.



The disparity ratio for entries into care shows a different pattern. For Jackson and Madison counties, African American children are slightly more likely to enter care than White children. However, in St. Clair county African American children are at more risk. In Williamson County, however, African American children are significantly *less* likely to enter care than are White children in FY12.

Disparity Ratio* for Entry into Care

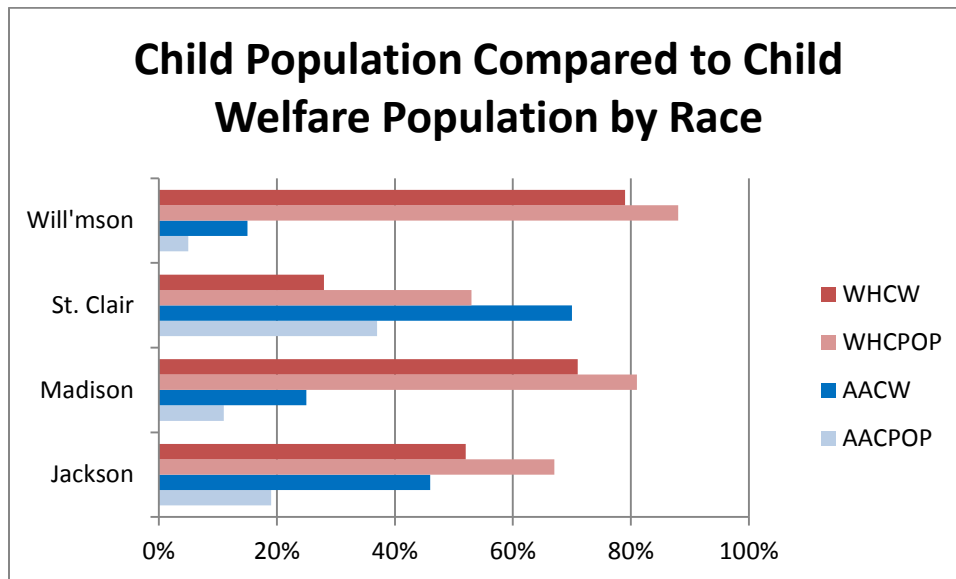
Jackson	1.3
Madison	1.4
St. Clair	2.8
Williamson	.30

*Disparity ratio on this variable = (number of African American children entering care divided by number of African American children indicated) over (number of White children entering care divided by number of White children indicated).

Children and Youth in Care

Here we examine the percent of the child population by race that was in care as of June 30, 2012. While previous graphs illustrate risk over a single year, this graph represents what can be called cumulative disparity. Children may have been in care for one day or many years. This way of looking at the data demonstrates that while there may have been limited disparity at certain points across decision points in FY 12, African American children carry the legacy of overrepresentation.

In the 4 larger population counties under review, all have considerable disproportionality – i.e. there are more African American children in care than we would expect from their percentage in the population.



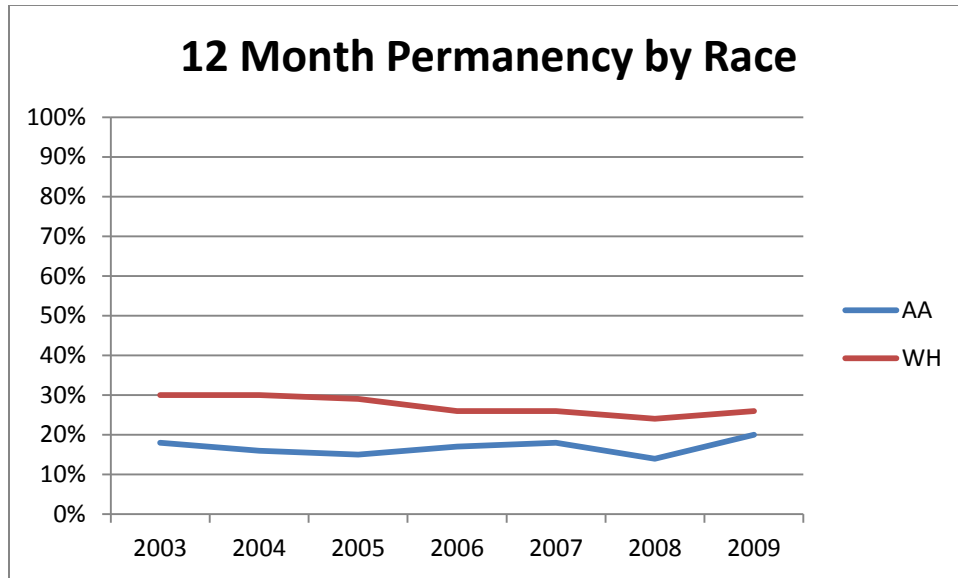
This graph indicates that the percent of African American children in care (AACW) exceeds their percent in the child population (AACPOP) for each of the four counties. At the same time, the percent of White children in care (WHCW) is less than the percent of children in the population of each county (WHCPOP). If there were no disparity, the child population bar and the child welfare bar would be the same. The disparity ratio for African American children vs. White children illustrates the extent of this difference.

Disparity Ratio* Percent in Population vs. Percent in Care

Jackson	3.2
Madison	2.6
St. Clair	3.4
Williamson	3.4

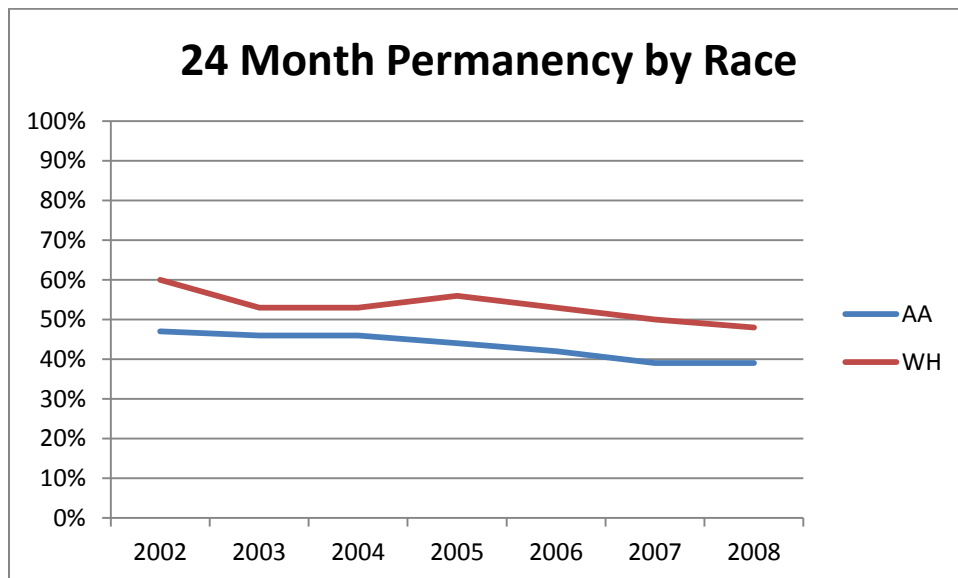
*Disparity ratio on this variable = (number of African American children in care on June 30, 2010 divided by number of African American children in population) over (number of White children in care on June 30, 2010 divided by number of White children in the population).

The difference by race for children *in* care can be a function of children leaving care at different rates. In Southern region African American children have historically left care at slower rates than White children. The gap narrowed for the last year for which data are available, but even in that year 26% of White children achieved permanency for 12 months compared to just 20% of African American children.



Source: Child and Family Research Center, Outcome Indicators

The difference remains as time goes on. For children who entered care in 2008 and could have achieved 24 month permanency in 2010, nearly half (48%) of White children achieve permanency compared to just 39% of African American children.



Source: Child and Family Research Center, Outcome Indicators

Summary

Counties vary in the extent to which African American children are over-represented and over-representation also varies by decision point. Below we summarize decision points and outcomes to illustrate the difference and identify the areas in which counties have the most difficulty.

Disparity Ratios by County and Decision Point/ Outcome

County	Reports	Indications	Entries	Percent Population in Care
Jackson	2.6	1.2	1.3	3.2
Madison	1.9	1.1	1.4	2.6
St. Clair	1.8	1.0	2.8	3.4
Williamson	2.6	1.5	.30*	3.4

Orange = high disparity (2.5 to 3.49)

Yellow = moderate disparity (1.5 to 2.49)

White = No or little disparity (under 1.5)

*This disparity ratio indicates that **White** children are at greater risk for entry than are African American children.

Placing all disparity ratios on one chart show areas of greatest difference by race. Problems of over-representation appear at both ends of the scale. African American children are at risk to be reported and are at greater risk to remain in care than are White children in each county. However, for indications and entries into care, African American children and White children have similar outcomes (with the exception of entries into care in Williamson county, where White children are at greater risk).

Conclusion

These numbers provide an informed approximation of the problem of racial disparity in Southern region. But the ratios are not completely straightforward. There is no one path into placement. While most cases follow the route of report, then investigation and indication, then entry into care, some do not. For example, in responding to this data, action team members in one jurisdiction described the problem of judges ordering children to be placed even when the case had not been indicated. Further, children can experience maltreatment in the child welfare system and may move from one out of home setting to another. Such a case would appear as a report and an investigation, but not necessarily as an entry into care if the child was already in care.

Despite these limitations, disparity ratios provide insight into problem points for disproportionality and disparity. Action teams and policy makers should address why African American children are so much more likely than White children to be reported for child maltreatment and the factors that result in disparity in the over-representation of children in care at any given time.