

ILLINOIS  
KIDS COUNT  
2008

BUILDING BETTER LIVES  
FOR GENERATIONS OF ILLINOIS CHILDREN

  
**VOICES**  
FOR ILLINOIS CHILDREN



## About Voices for Illinois Children

**V**oices for Illinois Children works as a catalyst for change across all issue areas to improve the lives of children of all ages throughout our state so they grow up healthy, happy, safe, loved and well educated. We are committed to the well-being of every child. All children, regardless of circumstances, are vital to the preservation of a vigorous democracy. We believe children do well when they grow up in strong, supportive families, and that families do well in supportive communities. We believe in focusing on preventing problems by employing comprehensive, well-researched strategies for education, health care and social services.

For 20 years, we have helped parents, community leaders and policymakers understand and respond to the issues facing children and families. Together, we have affected the well-being of an entire generation of Illinois children by achievements in: early childhood education, health insurance, education, family economic security, and children's mental health.

Voices raises awareness of the needs facing children and families, builds broad support for solutions, and convenes stakeholders to explore data and generate public will for needed improvements. Our research and leadership development guide our collaborative advocacy campaigns.



**Mission:** *Voices for Illinois Children champions the full development of every child in Illinois to assure the future well-being of everyone in the state. We work with families, communities and policymakers on all issues to help children grow up happy, healthy, nurtured, safe and well educated.*



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Illinois Kids Count 2008

Building Better Lives for Generations  
of Illinois Children



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As our demographics change, public policies must be responsive, adaptable and achievable to better serve the families and communities that make up our state. Data from the past 20 years, presented in *Illinois Kids Count 2008*, show that many of our policy priorities have, indeed, made significant advancements in the health and well-being of Illinois children, most notably in early childhood education, maternal and child health care, health insurance coverage, child welfare, and family economic security. On the whole, 20 years of data reveal that children today are better off than their counterparts a generation ago.

## A 20-Year Perspective

In 2007, Voices for Illinois Children celebrated 20 years of advocating for children and youth in the state and working diligently on the problems that they and their families face. Our efforts have created and sustained momentum on a number of critical issues—child health including mental health, education, and family economic security—that shape children’s opportunities to grow up healthy, happy, safe, loved and well educated.



In recognition of this 20-year milestone, this *Illinois Kids Count* data book examines longitudinal trends in the well-being of an entire generation of children. We present statewide and county-level data on demographics, health and development, education, family economic security, and children and youth at risk. We also drill down on these issues and report data for selected indicators for all 102 counties and the City of Chicago.

## Highlights

### Changing Demographics

- Illinois has seen a major influx of immigrants. The statewide proportion of children in immigrant families rose from 14 percent to 22 percent between 1990 and 2005.
- Latinos comprised only 11 percent of the state’s child population in 1990 but 20 percent in

2005. This dramatic change has been driven by both increased immigration and higher birth rates among Latino women.

- The number of births to teen mothers in Illinois has declined steadily since 1990. The proportion of births to unmarried women of all ages was stable during most of the 1990s but increased from 35 percent in 2000 to nearly 40 percent in 2006.

### Health and Development

- The proportion of live births to mothers with early prenatal care has shown significant improvement since the early 1990s. Although there are still noteworthy racial and ethnic differences, early prenatal care has steadily increased, particularly among African Americans and Latinos. Other child health indicators—such as infant mortality, vaccination coverage, and child lead poisoning—have also improved.



# Introduction

- Illinois has greatly expanded access to health care for low-income children through Medicaid, the State Children's Health Insurance Program, and All Kids. The proportion of Illinois children without health insurance declined from 13 percent in 1998-1999 to less than 10 percent in 2005-2006. Among children in low-income families, the uninsured rate fell from 20 percent in 1999-2000 to 17 percent in 2005-2006.
- Enrollment in the state's Early Intervention program, which serves young children (ages 36 months and younger) with diagnosed disabilities and developmental delays or risk of significant delays, increased by more than 75 percent between 2001 and 2007.

## Education

- Enrollment in public preschool programs is 12 times greater today than 20 years ago. In 2006, Illinois became the first state to commit to offering voluntary, high-quality preschool to all 3- as well as 4-year-olds through Preschool for All.
- Overall enrollment in Illinois public schools has increased



nearly 15 percent since 1985. But, the Latino student population has more than doubled during that period.

- The number of public school students receiving special education is rising. As of fall 2005, children and youth in special education made up approximately 16 percent of the total public school population.

## Family Economic Security

- The 1996 federal welfare reform law replaced Aid to Families with Dependent Children (AFDC) with Temporary Assistance for Needy Families (TANF). Between 1995 and 2001, the average monthly number of AFDC/TANF families in Illinois fell 73 percent. Illinois TANF caseloads dropped another 41 percent between 2001 and 2006.
- Concurrent with TANF implementation, Illinois dramatically expanded its child care assistance program, with eligibility based on family income. The average monthly number of children served more than doubled between 1998 and 2001.



- An important tool for reducing poverty for families with children is the federal Earned Income Tax Credit (EITC). In tax year 2005, about 880,000 Illinois households filed federal EITC claims—with an average credit of nearly \$2,000. The state created its own EITC in 2000 and made it refundable in 2003.

## Children and Youth at Risk

- The Illinois child welfare system has been transformed. The state has become a national leader for its implementation of policies that promote adoption and subsidized guardianship. Since its peak in 1997, the number of Illinois children in substitute care has dropped 67 percent.
- The juvenile justice system is also undergoing change. The population of incarcerated juveniles in state facilities decreased 35 percent between 1999 and 2005. Through Redeploy Illinois, a project created in 2004, the state offers community-based services as an alternative to detainment for at-risk youth.

## City of Chicago

- Chicago, like the state as a whole, has shown significant improvement on various indicators of child well-being, including early prenatal care, infant mortality, reports of child abuse and neglect, and number of children in substitute care.
- Latino enrollment in the Chicago Public Schools increased from 23 percent in 1985 to 39 percent in 2007. Over the same period of time, enrollment of African-American students declined from 60 percent to 47 percent.
- The proportion of Chicago children living in poverty dropped from 34 percent in 1990 to 28 percent in 2000 but rose again to 34 percent in 2007. Child poverty rates in Chicago remain substantially higher than the statewide average.
- Over the last 20 years, Chicago's child population concentration has shifted away from central city neighborhoods to communities on the northwest and southwest sides. These demographic changes require Chicago to develop serv-



ices in neighborhoods that historically have had fewer schools and community-based agencies, while maintaining or enhancing support in areas where children still have great needs.

## Challenges Ahead

While Illinois has experienced some significant improvements in children's health and well-being over the last 20 years, the *Illinois Kids Count* data also direct us to areas where we must focus and invest more resources.

Low-income families in Illinois face an uncertain economic future. Unemployment is on the rise after a steady decline between 2003 and 2006. While median family income increased in the

1990s, more recently, it has not kept up with inflation. The family poverty rate also is increasing, and the proportion of children in poverty has hovered around 18 percent since 2001. To help working families, pro-



grams such as the EITC and child care assistance provide much-needed support to fill the gaps that have resulted from the decline of cash assistance. Low-income Illinois families also would benefit from an increase

in the state EITC. As a leader of the Make Work Pay coalition, Voices for Illinois Children advocates for the state credit to be at least 20 percent of the federal credit.

Public schools often struggle with a shortage of resources, and if the trend of the past 20 years continues, the responsibility of public school funding will be most heavily borne by local property taxes. Illinois' share of funding for public school districts, currently 34 percent, has been declining since the late 1990s. What's more, Illinois has not kept pace with the rest of the country in terms of public school financing.

Despite the considerable progress Illinois has made in health care access for low-income children, the proportion of children without health insurance is still the highest in the Midwest. Moreover, minority children are less likely to have health insurance than

# Introduction

white children. Nationally, about 23 percent of Latino children and 15 percent of black children are uninsured.<sup>1</sup> Studies reveal that only about half of all eligible children are enrolled in SCHIP. Enrolling more minority children in the program would help expand coverage to these groups.

There also is an urgent need to address children's mental health and their social and emotional development. About one in five children has a diagnosable mental problem. Many mental health problems are preventable or can be minimized with early intervention. Illinois must support continued efforts to build a comprehensive, coordinated mental health system—comprising promotion, prevention, early identification and intervention, and treatment—for children of all ages.

Although child welfare reforms have benefited both children and families, other issues remain. Under current law, youth are eligible for services until they “age out” of the system at age 21. If they exit the system through subsidized guardianship, they are ineligible for these supports, creating unintended consequences.<sup>2</sup> Many youth will be left without



options for the most basic needs: housing, education, jobs, adequate health insurance, or transportation.

While Illinois has been a leader in initiatives for young children, Chicago is challenged to meet the growing demand for infant and toddler programs. The city's school-age children also would benefit from expanding out-of-school time programs, which would provide positive experiences for children and adolescents after the school day.

Our state's changing demographics are overarching most of the *Illinois Kids Count* indicators. With the burgeoning immigrant population, the state has been and will continue to be challenged to integrate these children and their families by funding English language classes and citizenship preparation, as well as developing a broad range of programs that are culturally relevant.

## Conclusion

The promise of providing equal opportunity and access to a good education, affordable and quality health care, safe neighborhoods, and financial stability is fundamental. As the data suggest, Illinois has made progress in many of these areas that are so important to giving children a strong, healthy start in life. The well-being of children has improved considerably across many, but not all, measures. State policymakers, advocates and elected officials are challenged to continue to create sound policies that will benefit children, families and communities in Illinois.

As a state, we must focus on strong economic and social policies that develop and advance positive long-term outcomes for children. Realizing this requires us to work toward improvements in many areas. A common thread weaves throughout these indicators: to ensure the best long-term outcomes for children requires policies and investments that support families and their surrounding communities. Because, as Voices for Illinois Children believes, children do well when their families do well—and families do well when their communities support them.

<sup>1</sup> The Henry J. Kaiser Family Foundation, “Health Insurance Coverage in America,” Oct. 2007.

<sup>2</sup> Nancy Rolock and Mark Testa, “Conditions of Children in or at Risk of Foster Care in Illinois,” Children and Family Research Center at the University of Illinois at Urbana-Champaign, 2006.