

The Status of  
**children**  
in Oregon's  
Child Protection System

2



## SCF's mission

**“TO PROTECT OREGON’S ABUSED AND NEGLECTED CHILDREN, AND TO PROVIDE THEM WITH SAFE AND PERMANENT FAMILIES.”**

The State Office for Services to Children and Families is the state’s child protection agency, a division of the Oregon Department of Human Services.

SCF is committed to:

- Protecting children who are the victims of abuse and neglect.
- Strengthening families to help keep them together.
- Providing high quality foster care.
- Ensuring child victims of abuse and neglect have safe, permanent families.
- Employing highly competent staff and providing excellent customer service.



Dear Oregonians:

In recent years, the federal government has released a number of reports that show child maltreatment cases are declining nationally.

This 2000 report reflects that trend. It appears that what we have been experiencing in Oregon is a more consistent reflection of what is happening nationally — a decrease in child abuse and neglect victims, a leveling off of foster care numbers and an increase in adoptions.

What is called for now is to aggressively pursue our renewed focus and energy on the quality of child welfare practice.

While our focus continues to be on positive outcomes for children, our practice is to build on the strengths of families to best meet the needs of children. We will continue to place a greater emphasis on face-to-face contact with children and families and to have a revised 24-hour response to child protective service cases.

The year 2000 presented many opportunities for growth, collaboration and partnership within and outside the Department.

Our Department-wide service integration effort has allowed SCF to work with other divisions, including Adult and Family Services and the Office of Alcohol and Drug Abuse Programs, to address children's safety issues and to plan holistically to meet the needs of families.

We will continue to find ways for our various systems — courts, juvenile corrections, child welfare, public assistance, mental health and public health — to work together in the best interests of Oregon's children and their families.

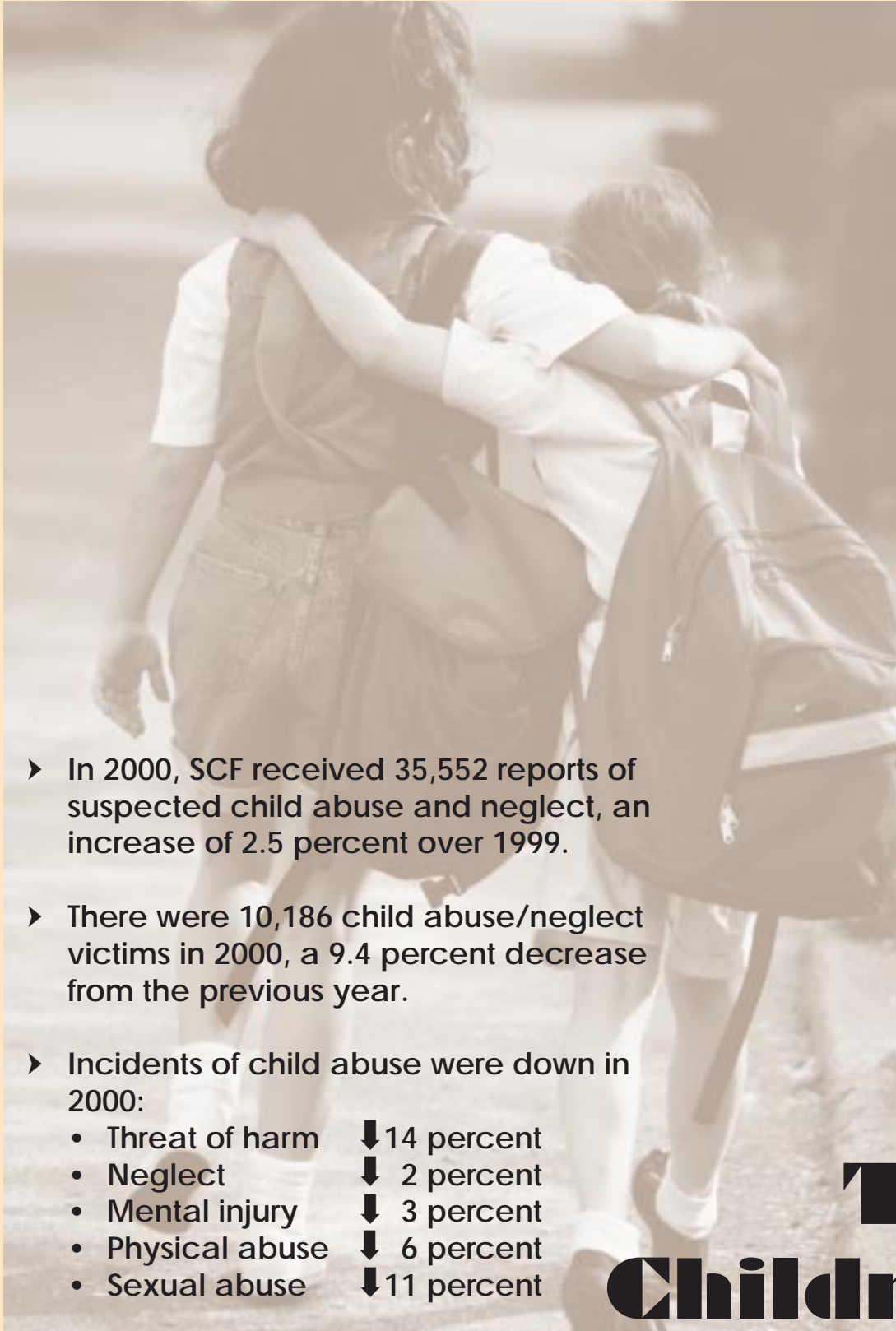
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- ▶ In 2000, SCF received 35,552 reports of suspected child abuse and neglect, an increase of 2.5 percent over 1999.
- ▶ There were 10,186 child abuse/neglect victims in 2000, a 9.4 percent decrease from the previous year.
- ▶ Incidents of child abuse were down in 2000:
  - Threat of harm ↓ 14 percent
  - Neglect ↓ 2 percent
  - Mental injury ↓ 3 percent
  - Physical abuse ↓ 6 percent
  - Sexual abuse ↓ 11 percent

# The Children

## What is child abuse?

### CHILD ABUSE IS DEFINED IN ORS 419B.005



***Q. If a parent spansks a child, is it considered child abuse?***

*Parents have a right to discipline their children. Simply spanking is not child abuse. However, tissue damage such as bruises, welts, or lacerations may be signs of child abuse. Injuries such as these, not resulting from an accident, must be investigated.*

**O**RS 419B.005 defines child abuse as:

- Any assault, as defined in ORS chapter 163, of a child and any physical injury to a child which has been caused by other than accidental means, including any injury which appears to be at variance with the explanation of the injury.
- Any mental injury to a child, which shall include only observable and substantial impairment of the child's mental or psychological abilities to function caused by cruelty to the child, with due regard to the culture of the child.
- Rape of a child, which includes but is not limited to rape, sodomy, unlawful sexual penetration, and incest as those acts are defined in ORS chapter 163.
- Sexual abuse as defined in ORS chapter 163.
- Sexual exploitation, including use of children for pornography and prostitution.
- Negligent treatment or maltreatment of a child, including but not limited to, failure to provide adequate food, clothing, shelter, or medical care. Any child who is under care or treatment solely by spiritual means pursuant to the religious beliefs or practices of the child or the child's parents or guardians shall not for this reason alone be considered a neglected or maltreated child.
- Threatened harm to a child, which means subjecting a child to substantial risk of harm to the child's health and welfare.
- Child selling, which includes buying, selling or trading for legal or physical custody of a child. This does not apply to legitimate adoptions or domestic relations planning.

## What are child protective services?

The Child Abuse Reporting Law, ORS 419B.005 to 419B.045, was enacted in 1971 and has been updated several times. The law was designed to provide early identification and protection of children who have been abused.

- When a report of suspected child abuse or neglect is received, SCF or a law enforcement agency responds according to state policy requirements and the protocols of the local multidisciplinary team.
- The facts are reviewed to determine if a home visit is appropriate.
- Law enforcement and SCF investigates the facts and determines responsibility for maltreatment of the child.
- The SCF caseworker assesses risk to the child, the family's ability to provide safety, and supportive resources available to the family.
- After the investigation and assessment, a reported incident is determined to be founded, unfounded, or unable to determine because of insufficient information.

Wherever possible, the caseworker and other members of the team work in collaboration with the family. They prepare an action plan to provide safety for the child and use the strengths of the family.

### THE CHILD ABUSE REPORTING LAW WAS ENACTED IN 1971



#### **Q. At what age can a child be left home alone?**

*Oregon law does not state specifically an age at which children may be left home. ORS 163.545 states, "(1) A person having custody or control of a child under ten years of age commits the crime of child neglect if, with criminal negligence, the person leaves the child unattended in or at any place for such period of time as may be likely to endanger the health or welfare of such child."*

## Who must report child abuse/neglect?

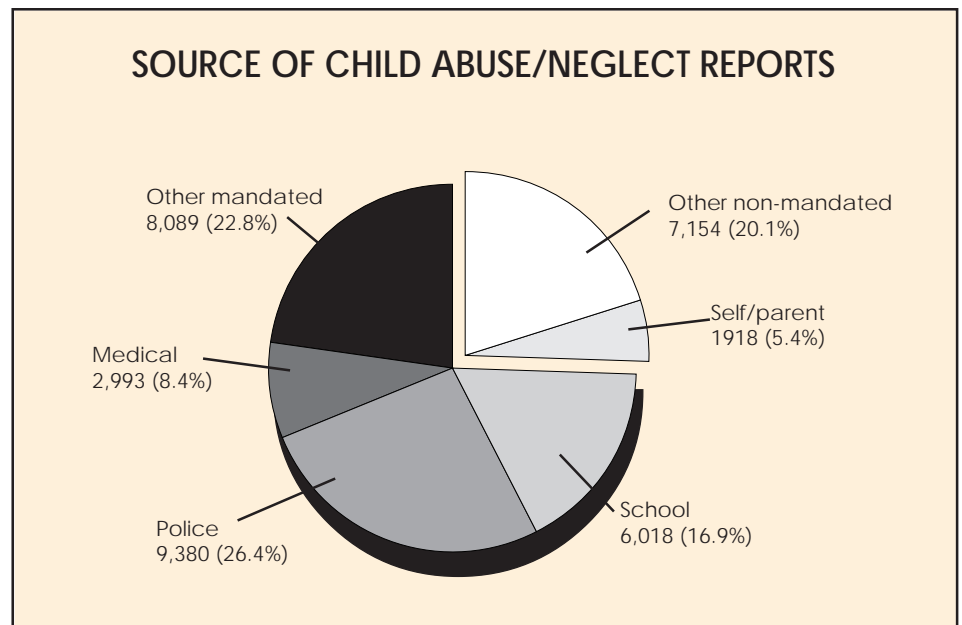
### MANDATORY REPORTERS ARE REQUIRED BY LAW TO REPORT CHILD ABUSE AND NEGLECT

**Mandatory reporters are:**

- Physician, including any intern or resident
- Dentist
- School employee
- Licensed practical nurse or registered nurse
- Employee of the Department of Human Services, State Commission on Children and Families, Child Care Division of the Employment Department, the Oregon Youth Authority, county health department, community mental health and developmental disabilities program, a county juvenile department, a licensed child-serving agency, or an alcohol and drug treatment program
- Peace officer
- Psychologist
- Clergyman
- Licensed clinical social worker
- Optometrist
- Chiropractor
- Certified provider of day care, foster care or an employee thereof
- Attorney
- Naturopathic physician
- Firefighter
- Emergency medical technician
- Licensed professional counselor
- Licensed marriage and family therapist
- Court appointed special advocate as defined in ORS 412A.004

Certain people are required by Oregon law to report suspected cases of child abuse and neglect to the local SCF office or law enforcement agency. These people are required to report because they have frequent contact with children and are able to identify children who are at risk from abuse and neglect. In addition, any other person may make a report of suspected child abuse/neglect.

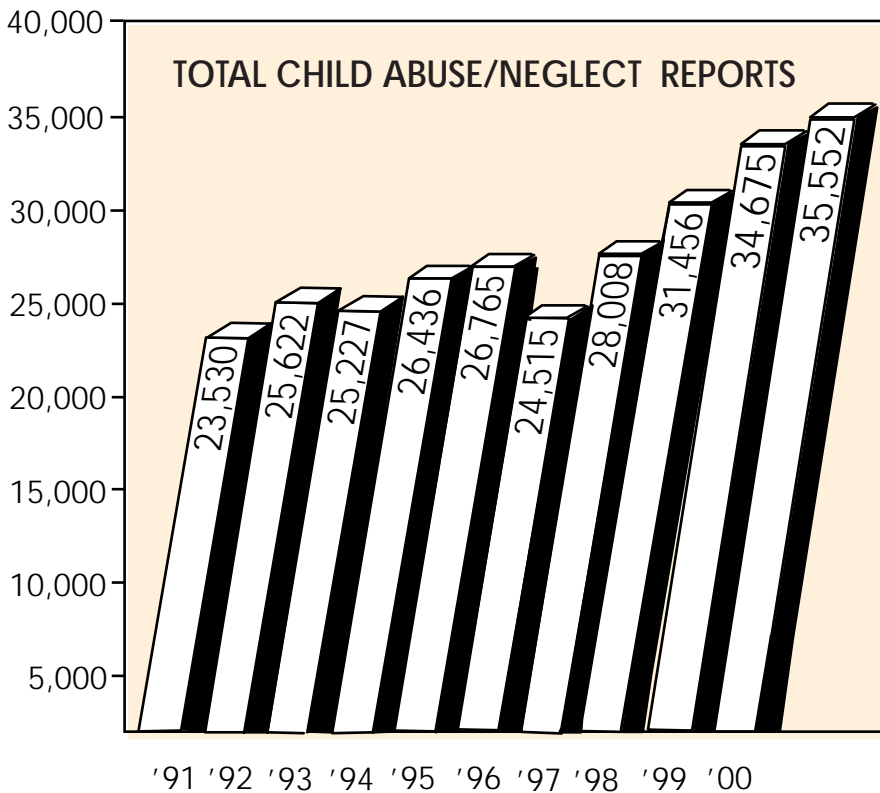
Mandatory reporters are listed in ORS 419B.005(3). In addition, an SCF publication, "Recognizing and Reporting Child Abuse & Neglect," provides more detailed information on Oregon's Mandatory Reporting Law. Mandatory reporters must inform either SCF or a law enforcement agency if they have reasonable cause to believe they have had contact with a child who has suffered abuse/neglect or a person who has abused/neglected a child. The law applies to any contact a mandatory reporter has with such a child or other person.



- Public and private officials who are required by law to report suspected child abuse and neglect made 74 percent of the referrals to SCF in 2000.
- Forty-three (43) percent of the referrals came from schools and law enforcement agencies.
- Former spouses accounted for only 1.4 percent of the referrals.



## Total child abuse/neglect reports



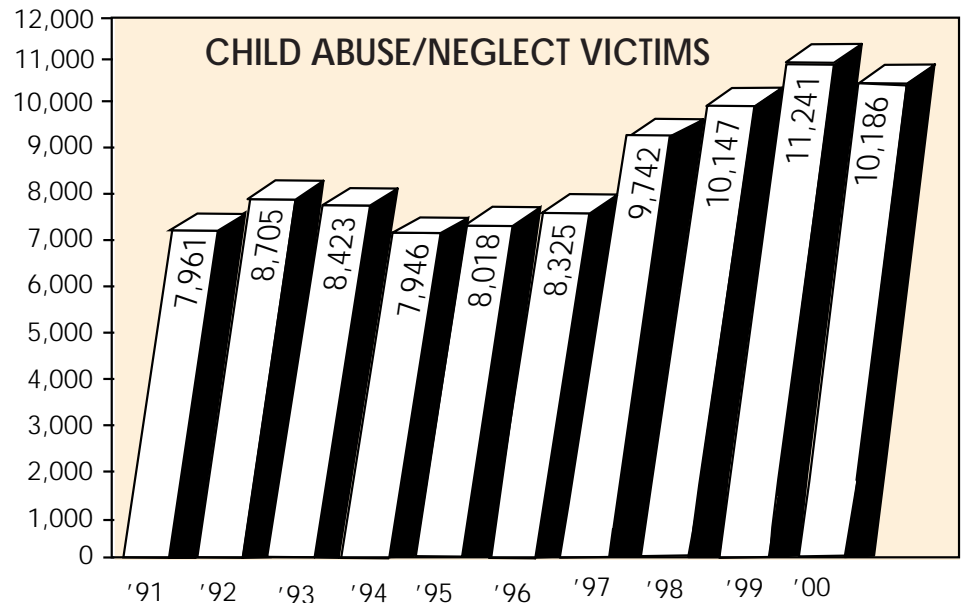
SCF RECEIVED 35,548  
REPORTS OF SUSPECTED  
CHILD ABUSE AND  
NEGLECT IN 2000



- In 2000, SCF recorded reports of suspected child abuse/neglect. In 1991, there were 23,530 reports of suspected child abuse/neglect. This is an increase of 51.1 percent. This continuing rise in reports, as well as the intensity of family problems, presents a challenge to SCF and community partners to meet the needs of today's children.
- During the same time period, Oregon's child population increased 9.7 percent.
- There were 7,302 founded child abuse/neglect reports in 2000, down 9.6 percent from 8,073 in 1999.

## Child abuse/neglect victims

THERE WERE 10,186 CHILD ABUSE/NEGLECT VICTIMS IN 2000, A 9.4 PERCENT DECREASE FROM THE PREVIOUS YEAR



- The number of child abuse and neglect victims shows a decrease of 9.4 percent since 1999.

### ETHNICITY COMPARISON: CHILDREN IN OREGON TO CHILD ABUSE/NEGLECT VICTIMS

ETHNICITY	% OF OREGON CHILDREN*	% VICTIMS OF CHILD ABUSE/NEGLECT**
Asian & Pacific Islander	3.8%	1.1% (Asian) 0.2% (Pacific Islander)
African American	2.4%	6.3%
Caucasian	82.5%	75.9%
Hispanic	9.5%	12.7%
Native American	1.7%	3.8%

\*1998 estimates of children aged 0-19.

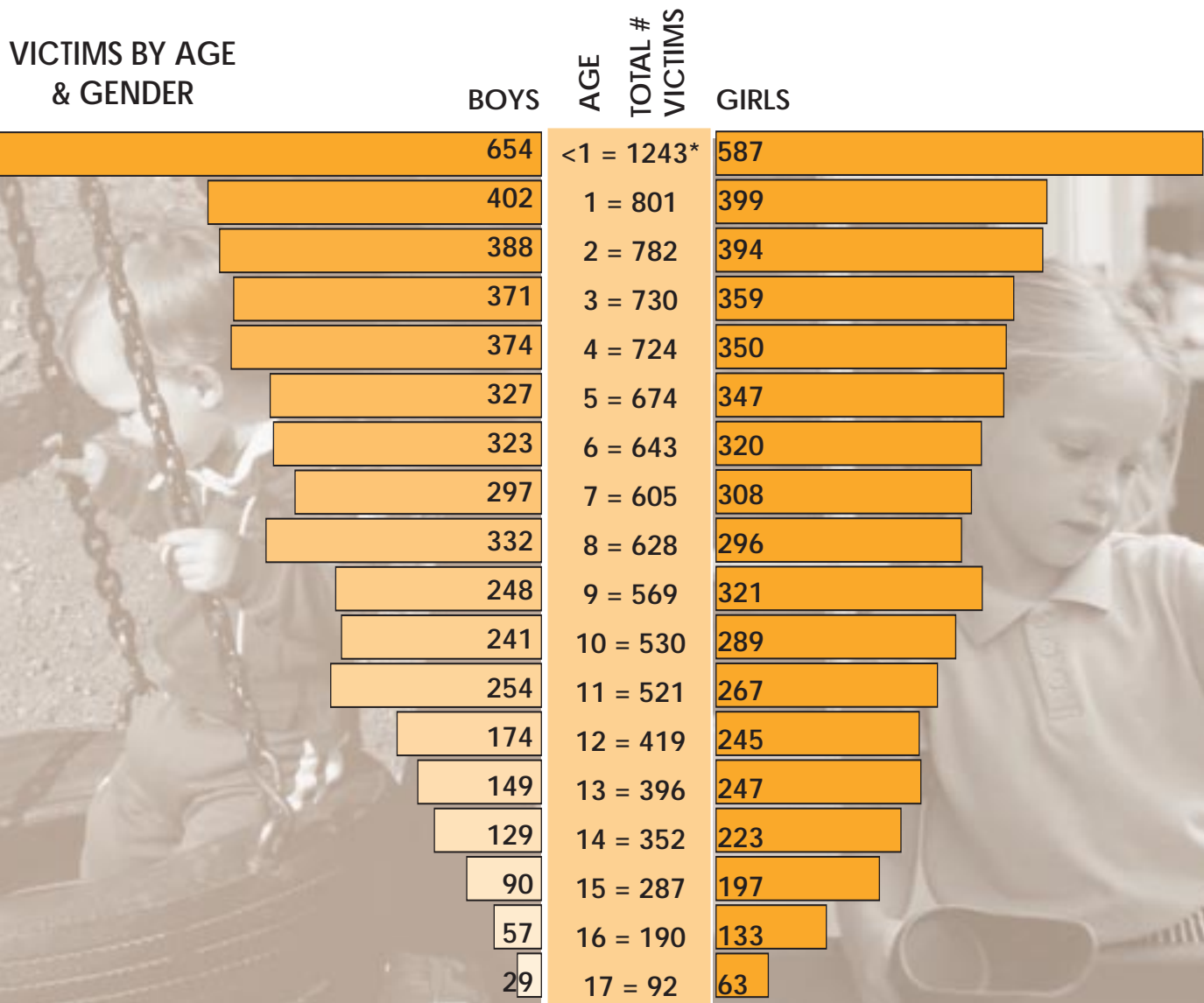
\*\*The ethnicity of 32.5% of abuse/neglect victims was not recorded.

## Victims by age and gender

- 49 percent of victims were less than 6 years old. The increasing number of young victims, as well as the intensity of family problems, result in more difficult cases that take longer to resolve.
- Girls represent 52 percent of abuse/neglect victims.
- This chart shows the number of victims drops as children get older. However, of those older victims, a larger proportion are girls – in large part due to sexual abuse.

### INFANTS MAKE UP THE LARGEST SINGLE AGE GROUP OF VICTIMS

*The large number of infant victims reflects several factors: the number of children who were found to be drug-affected at birth, the extreme vulnerability of this population, and the stresses that occur in families when children are born.*



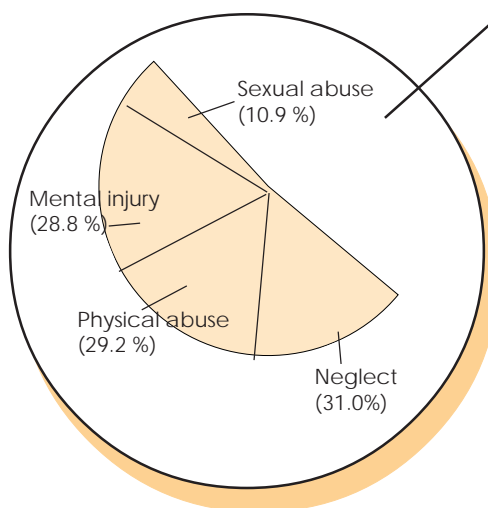
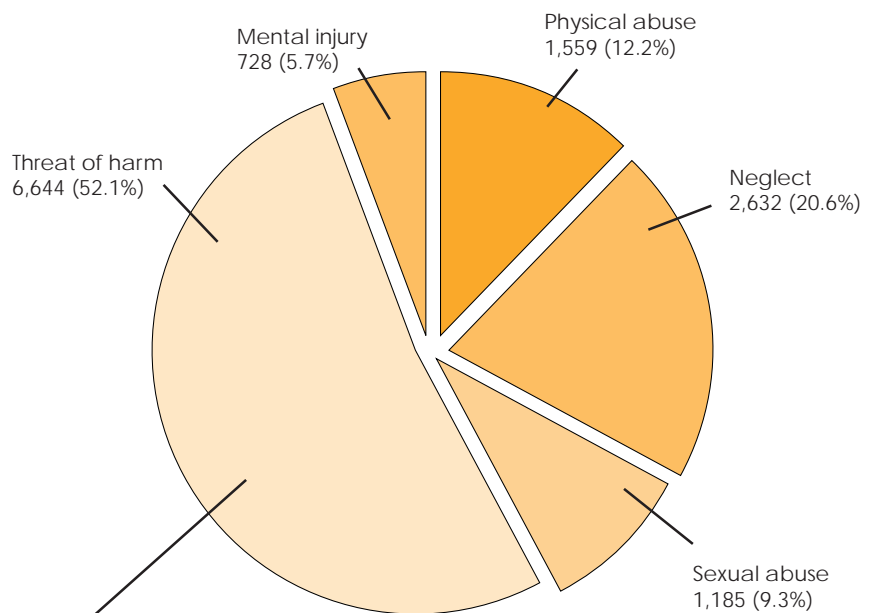
\* Includes 2 victims whose gender was not recorded.

## Incidents of child abuse/neglect

- In 2000, 57 percent of neglect incidents involved children aged 0-5 (9.8 percent were infants). Neglect is potentially as lethal as abuse, and often requires more services over a longer period of time.
- The young age of children needing services also impacts foster care. Ten years ago, 30 percent of children in foster care were younger than 6 years old. Today, that age group represents 35 percent of foster care.

*(The number of incidents is larger than the number of victims because victims may have suffered more than one type of abuse.)*

**THERE WERE 12,748 INCIDENTS OF CHILD ABUSE/NEGLECT IN 2000; A DECREASE OF 9.8 PERCENT FROM 1999**



### THREAT OF HARM PLACES CHILDREN AT RISK

Threat of harm includes all activities, conditions, and persons that subject a child to substantial risk of physical abuse, sexual abuse, neglect, or mental injury.

Examples of threat of harm include:

- Children living with a convicted sex offender (perhaps mother's boyfriend).
- Children living in a serious domestic violence situation where they are likely to be injured.
- Siblings to victims who have received a serious injury or have died from child abuse or neglect.

## Fatalities related to child abuse/neglect

PRELIMINARY NUMBER OF CHILD FATALITIES					
	ABUSE	NEGLECT		ABUSE	NEGLECT
2000	9	12	1995	8	28
1999	9	9	1994	11	22
1998	6	11	1993	7	4
1997	12	22	1992	21	11
1996	13	17			

**Numbers printed here are preliminary pending in-depth review by STAT.**

### IN 2000, PRELIMINARY NUMBERS SHOW 21 CHILDREN DIED FROM CAUSES RELATED TO ABUSE AND/OR NEGLECT

*The 1995 Oregon Legislature established the State Technical Assistance Team (STAT) to track and analyze all child deaths. (STAT is housed at the DHS Health Division.)*

*STAT produces a more comprehensive report on all child deaths with the goal of directing attention and resources to reduce the number of deaths.*

*The in-depth review of child fatalities, which sometimes takes place many months after the fatality occurs, may change the number of fatalities listed below that are caused by abuse or neglect.*

*The numbers printed here are preliminary.*

Preliminary data indicates that 21 children died from causes related to abuse or neglect in 2000.

- Twelve of the fatalities resulted from neglect.
- Nine fatalities were caused by abuse.
- In four of the 12 neglect fatalities, alcohol or other drugs were a factor.
- In a third of the neglect fatalities, lack of appropriate supervision was a factor.
- In five of the 21 fatalities, a family member or other intimate partner had a history of being the perpetrator of domestic violence.
- Three families had an open SCF case at the time of the child's death. One of those children died of injuries sustained six years earlier.
- An additional three cases had contact with or referral to SCF within the previous year.

Neglect fatalities were related to serious acts of omission and negligence, such as operating a motorized vehicle recklessly or being under the influence of intoxicants, and children left alone in dangerous environments.

In 11 fatalities, the perpetrator was a parent; in three fatalities the perpetrator was an intimate partner of the parent; in three fatalities the perpetrator was known to the victim but was not a family member; and in one fatality, a sibling was the perpetrator. In the other three fatalities, a perpetrator has not been determined.

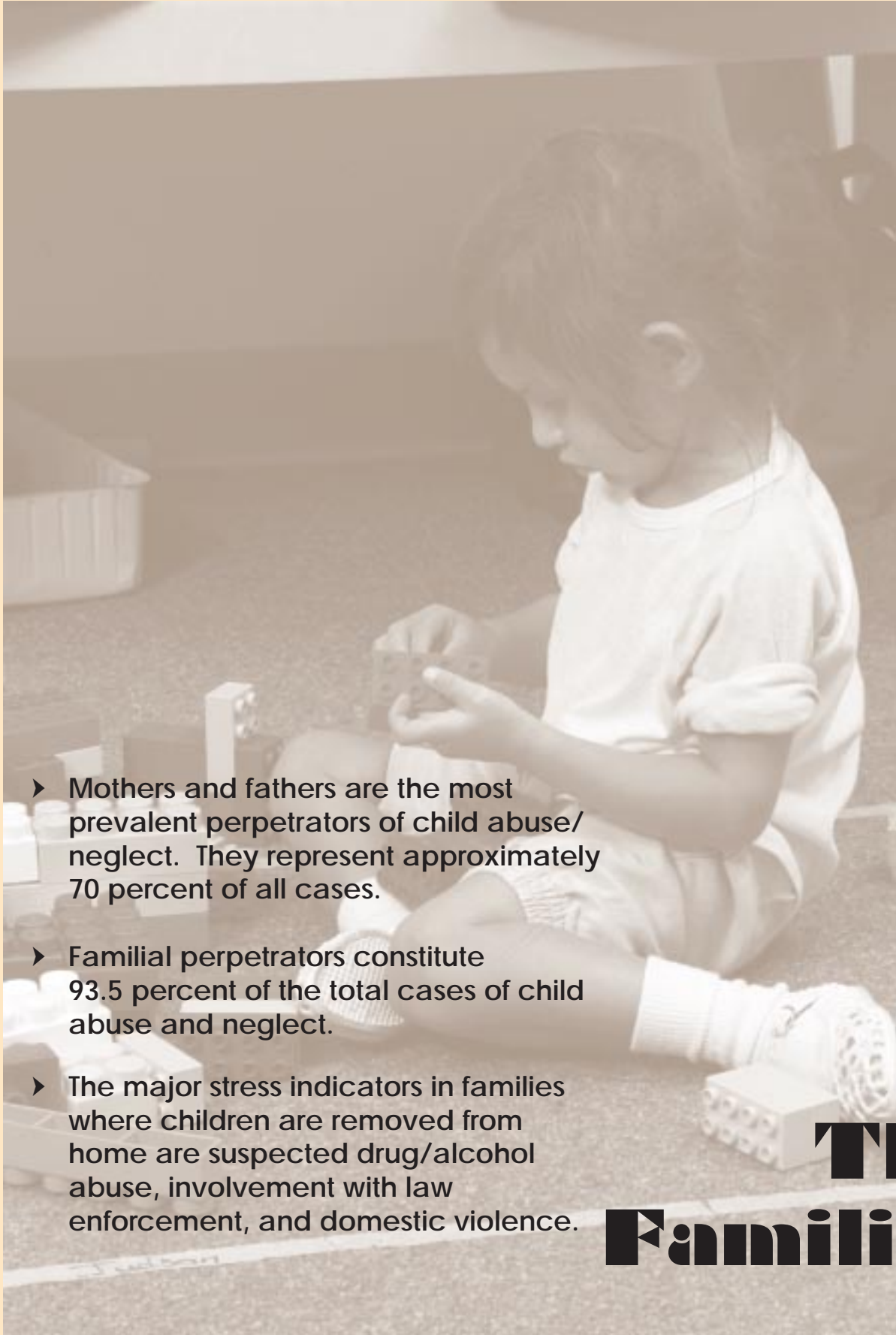


Population estimates from The Center for Population Research and Census, Portland State University. The population numbers represent the number of children under age 18 in each county. The rate per 1000 represents the number of victims per 1000 children. The rate per 1000 is affected by numerous factors, including screening procedures, public awareness, and extent of other community resources.

## Victim rate per 1000 children by county

County/Region	Population under 18 years			Victims			Rate/1000		
	1998	1999	2000	1998	1999	2000	1998	1999	2000
Multnomah Metro Region	148561	151750	145797	2390	2260	1644	16.1	14.9	11.3
Benton	16920	16688	16603	120	158	136	7.1	9.5	8.2
Clackamas	83372	83819	86874	482	562	668	5.8	6.7	7.7
Clatsop	8764	8582	8354	184	241	161	21.0	28.1	19.3
Columbia	11849	11501	11794	101	83	121	8.5	7.2	10.3
Lincoln	9741	9488	9384	279	301	210	28.6	31.7	22.4
Linn	26708	26896	26780	259	285	291	9.7	10.6	10.9
Marion	73464	75686	77816	952	1056	1029	13.0	14.0	13.2
Polk	15217	15297	15545	162	180	113	10.6	11.8	7.3
Tillamook	5458	5353	5372	109	91	90	20.0	17.0	16.8
Washington	105674	109662	114998	791	801	604	7.5	7.3	5.3
Yamhill	23277	23240	22542	283	315	214	12.2	13.6	9.5
Western Region	380444	386212	396062	3722	4073	3639	9.8	10.5	9.2
Coos	14603	14248	13512	351	473	405	24.0	33.2	30.0
Curry	4160	4206	4070	91	100	60	21.9	23.8	14.7
Douglas	25375	24818	24216	307	364	422	12.1	14.7	17.4
Jackson	42400	42348	43688	627	671	616	14.8	15.8	14.1
Josephine	17321	17031	17290	314	222	216	18.1	13.0	12.5
Klamath	16138	16184	16202	204	441	431	12.6	27.2	26.6
Lake	1969	1885	1843	55	57	47	27.9	30.2	25.5
Lane	74325	74244	72845	659	1080	1168	8.9	14.5	16.0
Southern Region	196291	194964	193666	2608	3408	3371	13.3	17.5	17.4
Baker	4193	4095	4041	116	88	106	27.7	21.5	26.2
Crook	4426	4416	4828	47	56	84	10.6	12.7	17.4
Deschutes	26575	26635	27181	288	414	521	10.8	15.5	19.2
Gilliam	545	524	476	5	9	9	9.2	17.2	18.9
Grant	2038	2020	2064	48	40	34	23.6	19.8	16.5
Harney	1992	1937	1976	34	16	49	17.1	8.3	24.8
Hood River	5438	5463	5712	127	131	98	23.4	24.0	17.2
Jefferson	5145	5167	5543	32	60	51	6.2	11.6	9.2
Malheur	8825	9470	8611	157	150	96	17.8	15.8	11.1
Morrow	2803	3127	3095	70	80	64	25.0	25.6	20.7
Umatilla	18825	19040	19182	173	175	172	9.2	9.2	9.0
Union	6539	6478	6027	111	98	124	17.0	15.1	20.6
Wallowa	1831	1737	1750	13	19	13	7.1	10.9	7.4
Wasco/Sherman	6514	6428	6281	196	164	113	30.1	25.5	18.0
Wheeler	336	331	363	10	0	6	29.8	0	16.5
Eastern Region	96025	96868	97130	1427	1500	1540	14.9	15.5	15.9
Total	821321	829794	832655	10147	11241	10186	12.4	13.5	12.2





- ▶ Mothers and fathers are the most prevalent perpetrators of child abuse/neglect. They represent approximately 70 percent of all cases.
- ▶ Familial perpetrators constitute 93.5 percent of the total cases of child abuse and neglect.
- ▶ The major stress indicators in families where children are removed from home are suspected drug/alcohol abuse, involvement with law enforcement, and domestic violence.

# The Families

## Alleged perpetrators of child abuse/neglect

MOTHERS AND FATHERS ARE THE TWO MOST PREVALENT PERPETRATORS OF CHILD ABUSE/NEGLECT – THEY REPRESENT 70 PERCENT OF ALL CASES



FAMILIAL PERPETRATORS, AS LISTED IN THE TABLE, CONSTITUTE 93.5 PERCENT OF THE TOTAL

ALLEGED PERPETRATORS OF CHILD ABUSE/NEGLECT						
ALLEGED PERPETRATOR	NUMBER			PERCENT		
	1998	1999	2000	1998	1999	2000
<b>Familial</b>						
Mother	3706	4010	3712	41.8	41.2	42.1
Father	2417	2737	2446	27.2	28.1	27.7
Brother	216	206	197	2.4	2.1	2.2
Sister	26	41	42	0.3	0.4	0.5
Stepfather	470	511	521	5.3	5.3	5.9
Stepmother	50	60	52	0.6	0.6	0.6
Step-sibling	53	50	52	0.6	0.5	0.6
Grandfather	93	102	88	1.0	1.0	1.0
Grandmother	70	79	82	0.8	0.8	0.9
Aunt	31	33	24	0.3	0.3	0.3
Uncle	113	149	112	1.3	1.5	1.3
Foster parent	81	70	73	0.9	0.7	0.8
Live-in companion	562	630	532	6.3	6.5	6.0
Other relative	88	86	93	1.0	0.9	1.1
Ex live-in	198	236	226	2.2	2.4	2.6
<b>TOTAL FAMILIAL</b>	<b>8174</b>	<b>9000</b>	<b>8252</b>	<b>92.1</b>	<b>92.6</b>	<b>93.5</b>
<b>Non-familial</b>						
Babysitter	61	66	38	0.7	0.7	0.4
Neighbor/friend	290	275	205	3.3	2.8	2.3
Unknown perp.	50	49	45	0.6	0.5	0.5
Other	300	333	285	3.4	3.4	3.2
<b>TOTAL NON-FAMILIAL</b>	<b>701</b>	<b>723</b>	<b>573</b>	<b>7.9</b>	<b>7.4</b>	<b>6.5</b>
<b>TOTAL</b>	<b>8875</b>	<b>9723</b>	<b>8825</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

When safely possible, the child remains in the home. SCF offers services to strengthen the family so the child is safe in his or her own home. Family resource workers teach basic physical and emotional care of children, hygiene practices, nutrition, and how to run a household, including budgeting.

Other services may include teaching parenting skills, developing child safety plans, designing behavior modification programs, teaching conflict resolution, and linking the family to broad-based community resources after treatment.

If a child cannot remain safely at home, s/he is placed with relatives or in foster care while the parents work on changes that will allow their child to return home safely.



## Strengthening families

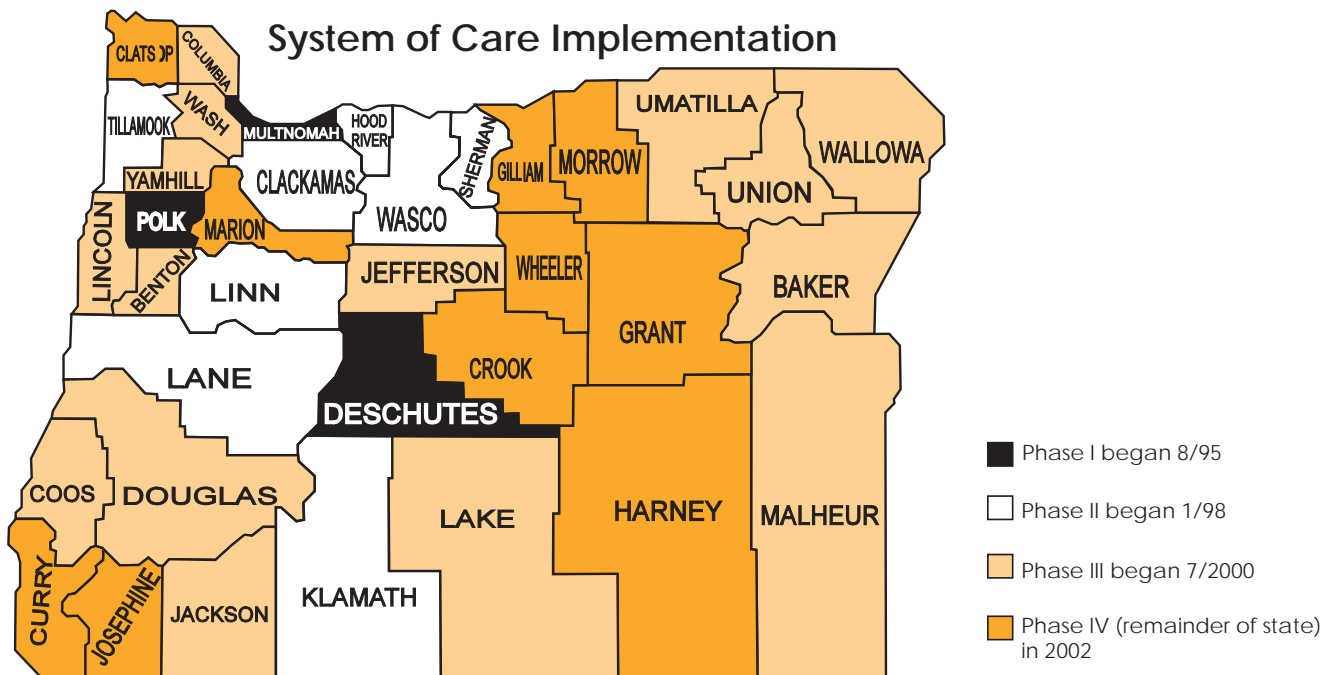
Protective services are provided by SCF to abused/neglected children and their families without regard to income. Special rehabilitative services for prevention and treatment of child abuse are provided by SCF and other community resources to children and families. Whenever appropriate, SCF works with families to develop plans that will keep children safe and strengthen the family.

### ● Strengths/Needs-Based System of Care

Strengths/Needs-Based System of Care is being phased in across the state. This practice approach plans for the specific needs of children and builds on the strengths of families while ensuring the safety of the children.

- This approach balances safety and attachment needs of children.
- System of Care promotes family decision making meetings as a tool for reaching agreement on the needs of children and on identifying services to meet children’s needs.
- The responsibility of assisting families is shared with other community partners and extended families to develop resources to meet a child’s needs, perhaps in nontraditional ways.

SCF OFFERS SERVICES TO STRENGTHEN FAMILIES SO CHILDREN ARE SAFE IN THEIR OWN HOMES



## Strengthening families

SCF WORKS WITH  
COMMUNITY PARTNERS TO  
PROVIDE SERVICES TO  
STRENGTHEN FAMILIES



### ● Title IV-E foster care waiver

The Title IV-E foster care waiver allows flexible use of federal dollars to fund services to families and children. Traditionally, this money has been used only for foster care services.

### ● Family Decision Meetings

Family Decision Meetings in Oregon are defined as family focused interventions facilitated by professional staff that are designed to build and strengthen the natural care giving system for the child. Participants may include: immediate and extended family members, support persons identified by the family, neighbors, clergy and other participants working with the family such as community service providers, foster parents and school officials. Everyone meets together to discuss the children's needs and reach agreement on a plan that provides for the safety, attachment and permanency needs of the child (ORS 417.365 through 417.376).

### ● Community Safety Nets

Community Safety Nets serve children who are at high risk for abuse and neglect, but do not cross the legal threshold for intervention by SCF or law enforcement.

Safety Net services vary from county to county, but all work with high-risk families in need of specific services. Family advocates assist families in locating and accessing appropriate resources. These could include support for single parent households, assessment and treatment for drug/alcohol problems, respite services, or parent education.

Community Safety Nets connect existing community services to prevent child abuse and neglect.

## Problems facing families of child abuse/neglect victims

The major problems facing families of abused and neglected children are:

- Drug/alcohol abuse.
- Parental involvement with law enforcement.
- Domestic violence (physical abuse of spouse/fighting).
- Unemployment.

Many families also have significant child care responsibilities. Some parents were abused as children. There are usually several stressors in families of child abuse/neglect victims.

THERE ARE USUALLY SEVERAL STRESSORS IN FAMILIES OF CHILD ABUSE/NEGLECT VICTIMS



Stress Indicator	Percent of Founded Abuse Reports		
	1998	1999	2000
Suspected Drug/Alcohol Abuse	38.0	37.2	38.5
Parental Involvement with Law Enforcement Agency	36.0	37.9	39.1
Domestic Violence (Physical Abuse of Spouse/Fighting)	31.9	32.3	31.2
Head of Family Unemployed	26.6	26.3	29.0
Heavy Child Care Responsibility	20.2	20.2	19.8
Parental History of Abuse as a Child	14.6	13.7	13.4

## Drug/alcohol problems impact children

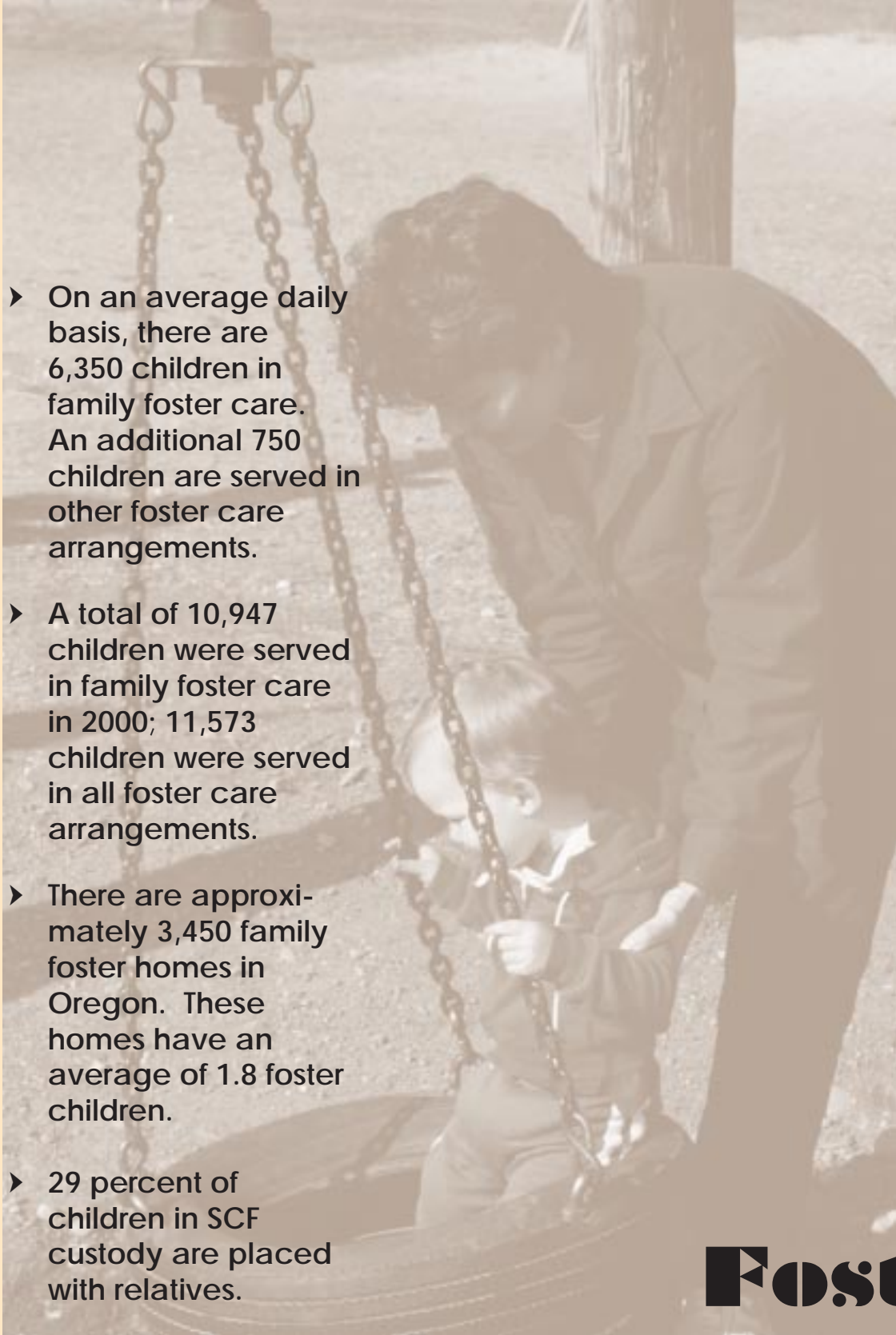
### PARENTAL DRUG/ALCOHOL INVOLVEMENT PUTS A CHILD AT HIGH RISK OF SERIOUS ABUSE/NEGLECT



The Adoption and Safe Families Act (ASFA) limits the time parents have to show they can safely care for their children. However, experts realize that recovery from alcohol/drug addiction is a long-term process. Parents with alcohol/drug problems generally have other issues, such as unemployment and lack of housing. Their ability to remain clean and sober also impacts their parenting skills.

The Oregon Legislature provided additional funding to develop alcohol/drug treatment and housing. SCF has also joined with the Office of Alcohol and Drug Abuse Programs to tackle some of the barriers to treatment for parents. Services available include:

- Alcohol and Drug Specialists, who are utilized immediately after the safety assessment has been completed. The specialist makes immediate contact with the parent and helps the parent get to assessment and treatment as quickly as possible.
- Family Support Teams are interdisciplinary teams based at SCF in partnership with community resources to serve young families with serious substance abuse issues. These teams are available in 13 counties.

- 
- A photograph of a man and a young child on a swing set. The man is leaning over the child, who is sitting on a tire swing. The scene is outdoors and appears to be a park or playground. The image is semi-transparent, allowing text to be overlaid on it.
- ▶ On an average daily basis, there are 6,350 children in family foster care. An additional 750 children are served in other foster care arrangements.
  - ▶ A total of 10,947 children were served in family foster care in 2000; 11,573 children were served in all foster care arrangements.
  - ▶ There are approximately 3,450 family foster homes in Oregon. These homes have an average of 1.8 foster children.
  - ▶ 29 percent of children in SCF custody are placed with relatives.

**Foster  
Care**

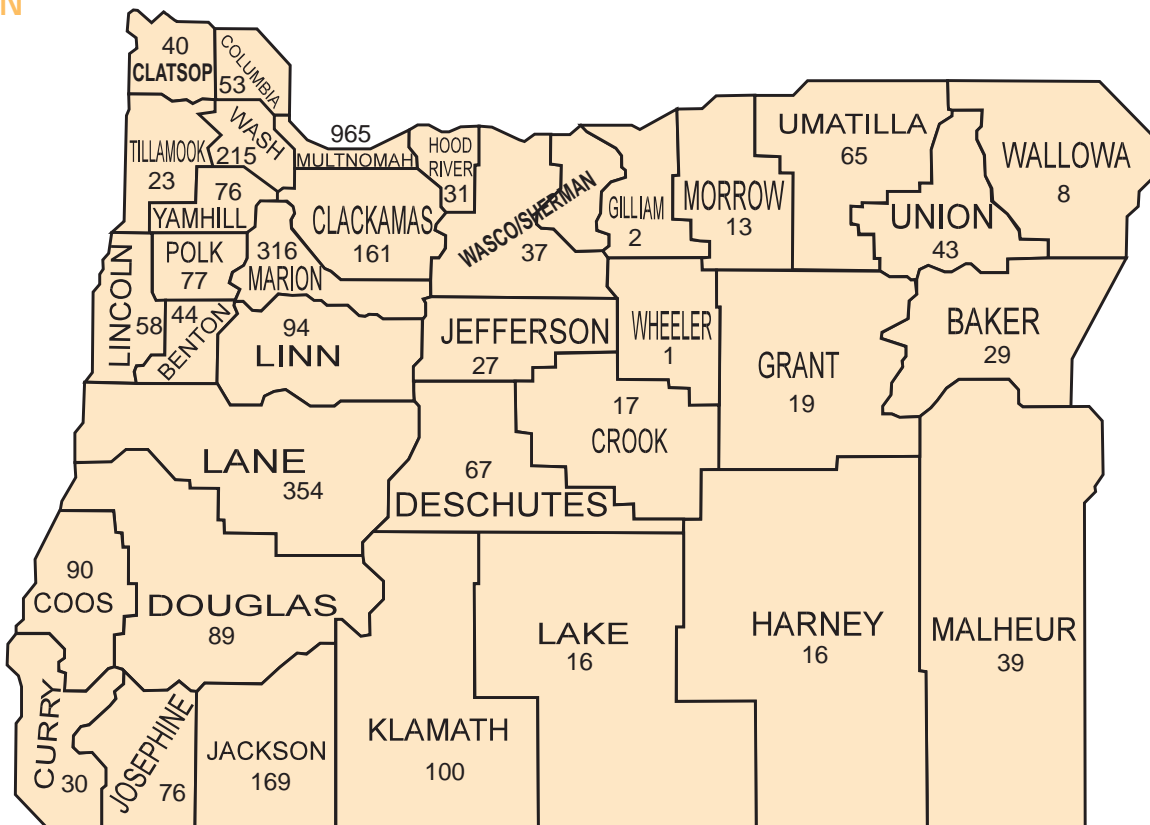
Assuring quality in family foster homes

Family Foster Homes

Foster parents care for children who have been abused or neglected and who cannot remain in their own homes. Foster parents are essential partners of SCF. Foster families come from all walks of life and demonstrate a great variety of abilities in caring for children. SCF depends on foster parents to do the day-to-day parenting for these children until they can return home or, if that is not possible, be placed with another permanent family. Family foster care includes relatives who have been certified to provide care. All foster homes and relative homes must be certified as meeting safety standards. The safety standards are the same for relatives, foster homes, and families considering adoption.

To assure the safety and well-being of children placed in foster care, SCF works intensively with prospective foster parents. SCF conducts a complete assessment and background checks on prospective foster parents, including a home study, criminal records checks, personal references, a home safety and health inspection, and a check for previous child abuse/neglect charges.

THERE ARE APPROXIMATELY 3,450 FAMILY FOSTER HOMES LOCATED ACROSS OREGON

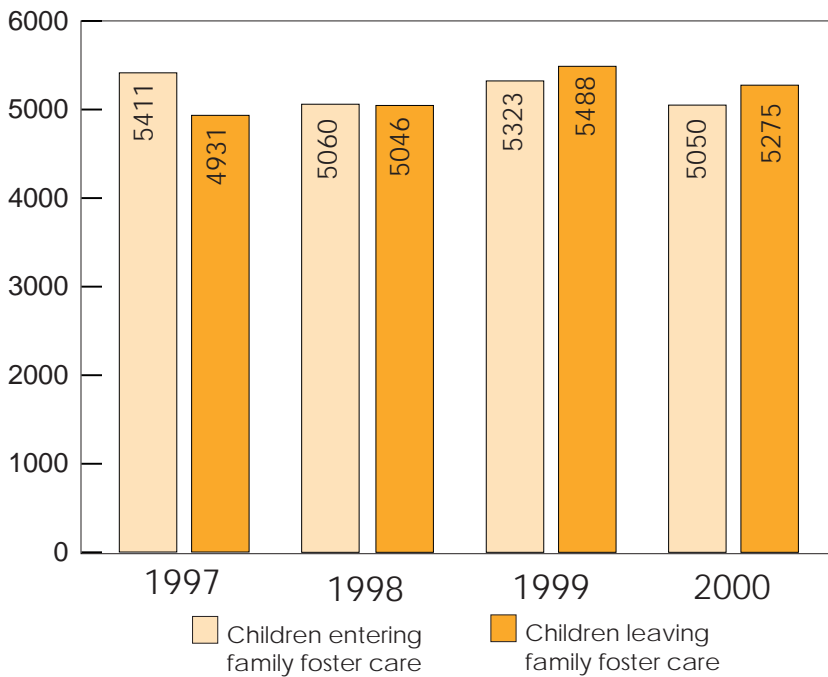


## Needs of children in family foster care

Children who need family foster care may be infants, toddlers, preschoolers, in grade school, or teenagers. They come from many backgrounds and types of families. Many foster children have been emotionally, physically, or sexually abused. As a result, they may have emotional, behavioral, mental, or physical problems which require special services.

### The Children

**CHILDREN ENTERING/LEAVING FAMILY FOSTER CARE**



**IN 2000, MORE CHILDREN LEFT FAMILY FOSTER CARE THAN ENTERED**

**ON ANY GIVEN DAY, THERE WERE AN AVERAGE OF 6,350 CHILDREN IN FAMILY FOSTER CARE IN OREGON**



**AN UNDUPLICATED TOTAL OF 10,947 CHILDREN WERE SERVED IN FAMILY FOSTER CARE IN 2000**

Age of Children in Family Foster Care		Ethnicity of Children in Family Foster Care*	
0-5	38.5%	Asian	0.9%
6-12	38.9%	African American	11.5%
13+	22.6%	Caucasian	71.4%
		Hispanic	9.9%
		Native American	6.1%
		Pacific Islander	0.2%

*\*The ethnicity of 22.6% of children in family foster care was not recorded.*



## Other Foster Care Placements



Some children cannot live at home or in family foster care due to their serious behavioral or emotional problems. These are generally children who have experienced severe abuse and/or neglect.

The chart below shows the primary reasons children entered all kinds of foster care during the six-month period from 4/1/00 through 9/30/00. These children may have gone to family foster care placements or to other types of foster care such as those described on the next page.

### Foster Care Placements Include:

- FAMILY FOSTER CARE
- RELATIVE FOSTER CARE
- SHELTER CARE
- RESIDENTIAL TREATMENT PROGRAMS
- THERAPEUTIC FOSTER CARE
- FAMILY GROUP HOMES
- PROFESSIONAL SHELTER CARE
- PSYCHIATRIC HOSPITALIZATION

PRIMARY REASONS CHILDREN ENTER CARE (INCLUDES ALL TYPES OF FOSTER CARE)		
Physical Abuse	1,362	17.71%
Parental Drug Abuse	1,150	14.95%
Parental Alcohol Abuse	1,138	14.80%
Parent's Inability to Cope	1,069	13.90%
Child's Behavior	981	12.76%
Neglect	712	9.26%
Inadequate Housing	657	8.54%
Child's Disability	261	3.39%
Sexual Abuse	212	2.76%
Abandonment	45	0.59%
Child's Alcohol Abuse	43	0.56%
Child's Drug Abuse	41	0.53%
Parental Incarceration	16	0.21%
Parental Death	3	0.04%
<b>TOTAL</b>	<b>**2,405</b>	<b>100.00%</b>

*\*\*Children can have more than one condition for removal. The "TOTAL" of 2,405 represents total number of unduplicated children.*



## Residential treatment services

**R**esidential treatment services are provided to a significant number of children in the SCF system. Children served require intensive supervision and treatment because they have experienced severe abuse and neglect and/or have emotional problems that cannot be managed in a family setting.

- **Residential treatment services** include an array of counseling, skill building, and interventions provided in facilities under the close supervision of highly trained professional staff.
- **Professional shelter programs** serve children with behavioral and emotional problems in need of professional evaluation. The programs provide assessment and evaluation to assist SCF in developing a treatment or placement plan for the child.
- **Therapeutic foster care programs** utilize trained professional foster parents to provide supervision and treatment under the direction of a licensed private child caring agency. Children served have abuse histories and behavior problems that are more appropriately treated in a family setting but require the intense level of services and back up offered by residential providers.

In addition, some children have problems so severe that they require psychiatric hospitalization or placement in a mental health psychiatric residential treatment program.

ON ANY GIVEN DAY, 750 CHILDREN WERE SERVED IN SOME TYPE OF RESIDENTIAL TREATMENT



### ● ● ● ● ● ● ● A typical child served in residential treatment

- Has been severely abused and/or neglected.
- Is unable to be maintained at home or in family foster care due to uncontrollable behaviors and emotional problems.
- Has not responded to outpatient counseling services provided in the community.
- Has major school problems, has been expelled, or refuses to attend.
- Needs daily training, guidance, and supervision in a highly structured living environment.

## Services to teens

**17 COMMUNITY PROVIDERS  
MAKE UP THE STATEWIDE ILP  
SERVICE NETWORK**

**790\* YOUTH RECEIVED ILP  
SERVICES IN THE YEAR 2000**

*(\*This figure is a change from previous years in that it does not include teens from the Oregon Youth Authority.)*

**Y**outh who are 16 years of age and older and were in substitute care become eligible to receive services through Independent Living Programs (ILP). The ILP philosophy is to empower, encourage, and allow youth to move into adulthood with the knowledge and skills to become responsible and contributing members of society.

The ILP services are provided by 17 different community providers around the state who serve youth in their communities. The ILP providers offer an array of services for life skills to assist in money management, personal health care, housing, employment, and education assistance.

During the year 2000, the federal grant was increased and has allowed some flexibility for states to define more broadly the age of youth eligible for services and the type of services to assist their transition into adulthood.

## Responding to emerging needs ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●

**S**CF is currently placing emphasis on several initiatives designed to respond to the emerging needs of children in foster care and their families:

- Integration of Foster Care and Relative Care to require the same safety levels for relatives and foster families, as well as to strengthen supports for relative caregivers. Safety standards have been revised to comply with both federal standards and to better meet state goals.
- Family to Family joint project financed by the Annie E. Casey Foundation with three pilot branches at East Multnomah, Jackson, and Klamath. This model supports family decision meetings held shortly after initial placements and at critical points in the case.
- Neighborhood Foster Care is developing communities and neighborhoods to provide foster care for the children within their own neighborhoods. This is a joint project with the Casey Family Program in two demonstration sites in Multnomah County.
- Increased emphasis on services to teens.



## Permanency for children

**W**hen a child is placed in foster care, SCF staff, foster parents, and other partners work together to ensure the child's needs are met.

The child will be returned home whenever it is possible to do so safely. However, the federal Adoption and Safe Families Act passed by Congress in 1997 limits the time parents have to make changes to keep their child safe. The role of foster parents or other caregivers is vital to help the child return home or be placed in another permanent home.

Parents, extended family, foster parents, and community partners work with SCF to make a plan for a permanent home for a child. Foster parents or relative caregivers can help facilitate visits and encourage parents to become involved in their children's activities. They can also help the child and parents get to school or counseling appointments.

**SCF INVOLVES PARENTS IN PLANNING TO MAKE THEIR HOME A SAFE AND HEALTHY ENVIRONMENT BEFORE THEIR CHILD RETURNS**



## Where children went after foster care

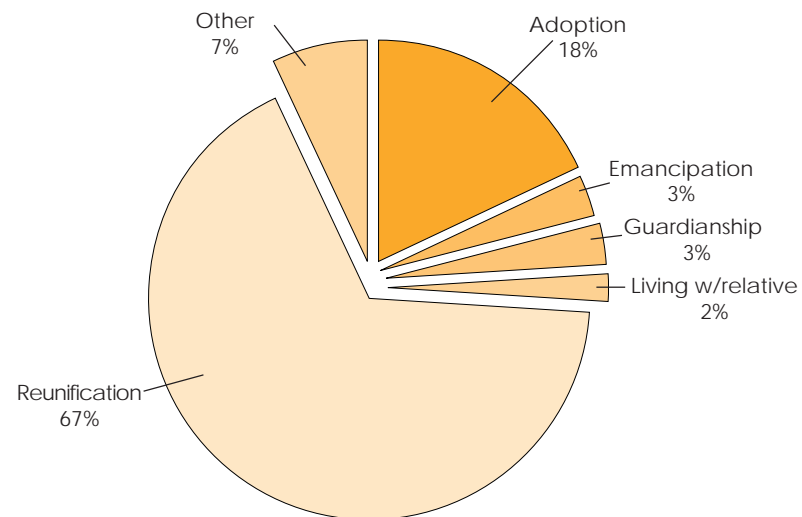


If a child cannot return home, the law requires that an alternate plan be put into place quickly. If adoption is not in the best interest of the child, alternate permanency plans may include:

- **Subsidized Guardianship**  
 Since July 1999, assisted guardianship agreements have been established for 57 children in 33 guardian homes. Both the children and guardian must meet certain criteria for this federally approved program. This Subsidized Guardianship program also provides medical coverage for the child.
- Permanent relative care
- Permanent foster care
- Other planned permanent living arrangement

## Where children went after foster care

**MOST CHILDREN  
 (67 PERCENT) WERE  
 REUNITED WITH THEIR  
 FAMILIES**





- ▶ SCF finalized 831 adoptions in federal fiscal year 2000.
- ▶ Adoptions for children 14 and older reached a record high of 43, or over 5 percent of all adoptions.
- ▶ SCF finalized 155 adoptions with children under 3 years old in 2000 – nearly 19 percent of total adoptions.
- ▶ Most children (over 64 percent) were adopted by relatives or foster parents.

# **Adoptions**

## Adoptions

SCF FINALIZED  
831 ADOPTIONS IN FEDERAL  
FISCAL YEAR\* 2000



Adoptions of children from foster care have continued to increase dramatically because of adoption reform initiatives begun in 1997 at both the state and national level. The Adoption and Safe Families Act (ASFA) passed by Congress in 1997 and Oregon's SB408 (passed in 1999 to conform to ASFA) share the goal of moving children more quickly from temporary foster care to permanency.

When adoption is the goal, a family is recruited that best matches the child's needs. Many factors are considered, including keeping siblings together if it is in the best interests of the children.

OREGON WAS ONE OF TWO STATES HONORED  
IN 1999 BY THE U.S. DEPARTMENT OF HEALTH  
AND HUMAN SERVICES WITH THE ADOPTION  
2002 AWARD FOR INNOVATIVE PRACTICES  
LEADING TO INCREASED ADOPTIONS.

### Special needs ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●

Most of the children placed for adoption by SCF have "special needs."

- Are 6 years of age or older.
- Are part of a sibling group.
- Have a physical, emotional, or mental handicapping condition.
- Are part of an ethnic/racial/cultural minority.

*\*In 1998 the federal government began requiring states to use a single system to report where children go when they leave foster care. This report on adoption trends is the data Oregon reported to the federal government for the federal fiscal year from October 1, 1999 through September 30, 2000.*



## The Children

One-hundred-fifty-five (155) children under the age of three years were adopted in the federal fiscal year which ended September 30, 2000. As children get older, the chances for an adoptive placement decrease dramatically, creating a severe need for adoptive homes for children over age 7.

### Age

#### AGE of ADOPTED CHILDREN

less than 3	155	18.7%
3-4 yrs	194	23.3%
5-7 yrs	206	24.8%
8-10 yrs	157	18.9%
11-13 yrs	76	9.1%
14 and older	43	5.2%

### Ethnicity

#### CHILD'S ETHNICITY

White	590	71.0%
African-American	96	11.6%
Hispanic	100	12.0%
Native American	36	4.3%
Asian	4	0.5%
Unknown ethnic	3	0.4%
Multiracial	2	0.2%

28.6% of children adopted in the federal fiscal year which ended September 30, 2000 belonged to ethnic minorities.



### The 831 children adopted in 2000

	Came from:	Went to:
Metro Region	312	189
Western Region	231	242
Eastern Region	60	76
Southern Region	226	164
Oregon private licensed adoption agencies or out of state		160

### Gender

Finalized adoptions in 2000 included more girls than boys:

444 (53.4%)	Females
387 (46.6%)	Males

## The Families

### ADOPTIVE HOMES FOR OLDER CHILDREN, CHILDREN OF COLOR, AND SIBLING GROUPS CONTINUE TO BE IN HIGH DEMAND



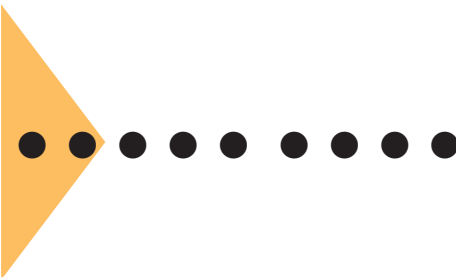
Federal and Oregon statutes both require that consideration must be given to relatives as the placement of choice for children unable to live safely with their parent(s). Relative caregivers, including both those who foster and those who adopt, must meet the same criteria for safety that non-related caregivers must meet.

The length of time to achieve adoption depends on the complexity and severity of a child's needs and the availability of appropriate caregivers already known to the child.

SCF completed more than 1,200 adoption home studies during 1999 and 2000.

### TWO-THIRDS OF THE CHILDREN ADOPTED FROM SCF ARE ADOPTED BY THEIR RELATIVES OR NON-RELATED FOSTER PARENTS

- Non-relative foster parents became adoptive parents for 260 (31.3%) of the finalized adoptions.
- 239 finalized adoptions (28.8%) were with relatives who were providing foster care.
- An additional 35 finalized adoptions (4.2%) were with relatives who were not providing foster care.







## After the adoption

### Low disruptions

92.5 PERCENT OF OREGON ADOPTIONS CONTINUE TO FINALIZATION WITHOUT DISRUPTION

SCF works diligently to recruit families who match the needs of the child. This careful adoption process helps assure that the adoption will be successful. Statistics show 92.5 percent of Oregon adoptive placements continued without disruption. The national average is 85-90 percent.

The success of SCF's Adoptions Program in achieving timely adoptions for children relies on strong partnerships with a wide variety of private sector agencies and individuals. These partnerships include the Special Needs Adoption Coalition, a group of 11 licensed Oregon private adoption agencies that recruit, train, and link adoptive families with children; the Boys and Girls Aid Society, which coordinates recruitment, training, screening families, and contracts to operate the foster/adopt family inquiry telephone line; Northwest Adoption Exchange for nationwide recruitment of qualified adoptive families; and more than three dozen out-of-state private adoption agencies who bring forward prospective adoptive families.

### Life-long special needs

MANY ADOPTED CHILDREN HAVE LIFE-LONG SPECIAL NEEDS

For many of these children, their early histories of abuse and neglect have resulted in conditions or behaviors that will require specialized services for throughout their lives.

A recent survey of SCF adoptive parents conducted by the Oregon Post-Adoption Resource Center (see box) showed that almost 73 percent of adopted children have more than one special need, condition, or behavior.

SCF provides services to preserve adoptive families. As of December 2000, 6,641 adopted Oregon children had identified special needs and were receiving one or more adoption support services. The Adoption Assistance program provides benefits such as medical coverage, monthly payments, or one-time payments for unexpected needs until a special needs adopted child reaches the age of 18. The number of children receiving Adoption Assistance has increased 123 percent from 1995 to 2000.

The 1999 opening of the Oregon Post Adoption Resource Center (OPARC) to serve the families of children adopted from foster care has gained national attention as a model support program for adoptive families. Services include regional trainings, a lending library and resource center, a website, and assistance to start local adoption support groups.

#### SPECIAL NEEDS OF ADOPTIVE CHILDREN

Behavioral/emotional problems	62%
Learning disabilities	59%
Fetal Alcohol Syndrome	57%
Attention deficit/hyperactivity	50%
Attachment problems	39%
Speech or language problems	35%
Developmental delays	26%
Sensory problems	25%

## **FOSTER OR ADOPTIVE PARENTS:**

- **Are single, married, or divorced.**
- **Live in a house or apartment.**
- **Work inside or outside their home.**
- **Are caring, patient, and flexible.**
- **Are able to meet the needs of a child.**

If you would like to become a foster or adoptive parent, call

**1-800-331-0503.**



State Office for Services to Children and Families  
500 Summer Street NE, Salem, OR 97301  
PAM 1535 (Rev. 4/01)