

Foster care trends

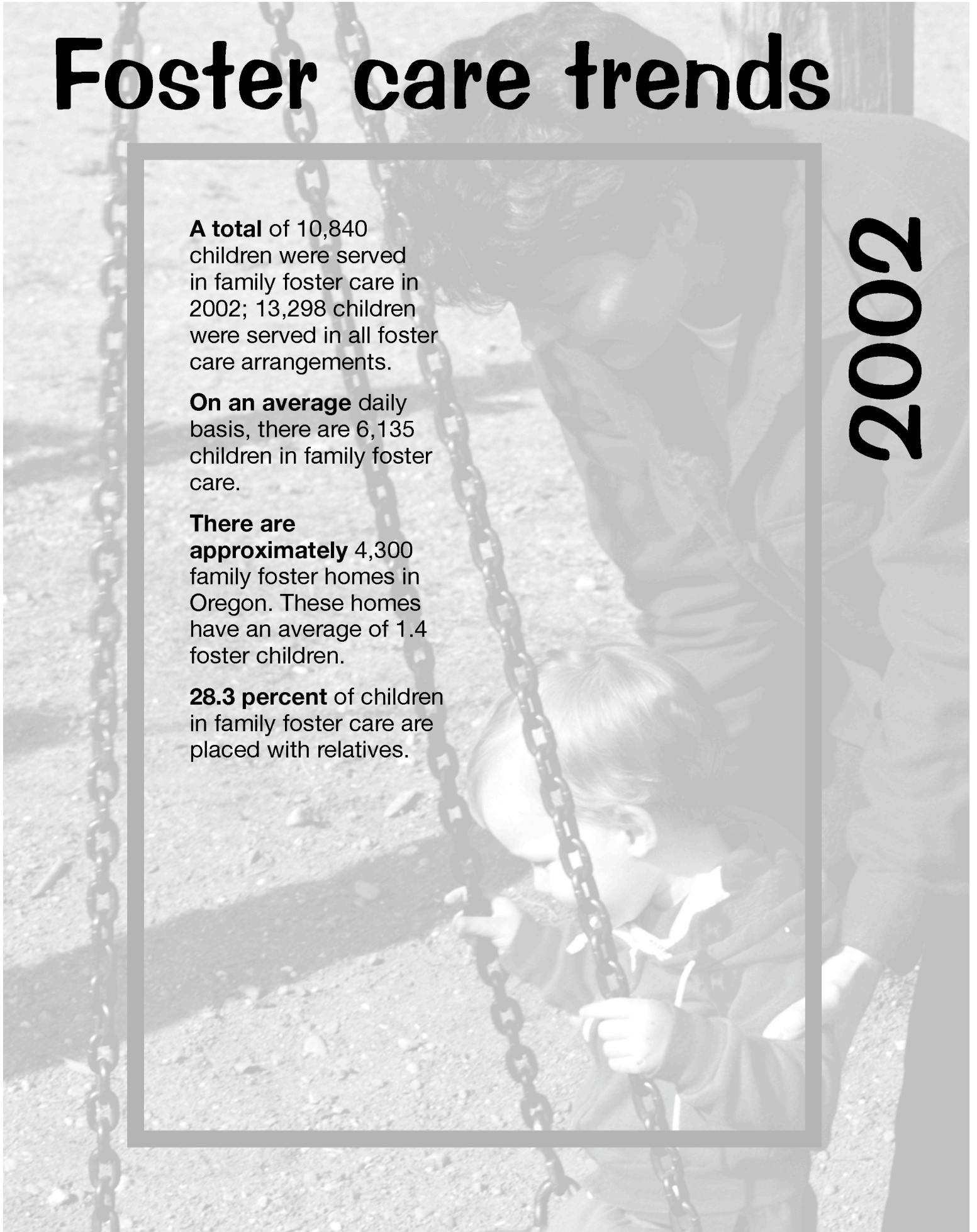
A total of 10,840 children were served in family foster care in 2002; 13,298 children were served in all foster care arrangements.

On an average daily basis, there are 6,135 children in family foster care.

There are approximately 4,300 family foster homes in Oregon. These homes have an average of 1.4 foster children.

28.3 percent of children in family foster care are placed with relatives.

2002





What is foster care — A change in definition

FOSTER CARE SETTINGS INCLUDE:

- NONRELATIVE FAMILY FOSTER HOMES
- RELATIVE FOSTER HOMES
- GROUP HOMES
- EMERGENCY SHELTERS
- RESIDENTIAL FACILITIES
- CHILD CARE INSTITUTIONS
- PRE-ADOPTIVE HOMES



During 2002, Oregon changed the state definition of foster care to be consistent with the federal definition of foster care as a result of the Adoption and Safe Families Act (ASFA). This change in definition is reflected in federal program performance measures required by the federal Child and Family Services Review.

For purposes of federal reporting, foster care includes:

- 24-hour substitute care for children outside their own homes.
- Care of children still in state custody after they return home, usually for up to six months.

The reporting system includes:

- All children who have been in foster care at least 24 hours. (Foster care settings include nonrelative family foster homes, relative foster homes, group homes, emergency shelters, residential facilities, child care institutions and pre-adoptive homes.)
- Children who have physically left a foster care placement under state agency supervision and have been returned to the principal caretaker on a trial home visit.

[45--PUBLIC WELFARE CHAPTER XIII--OFFICE OF HUMAN DEVELOPMENT SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES PART 1355-GENERAL; ACYF-PIQ-95-01.]

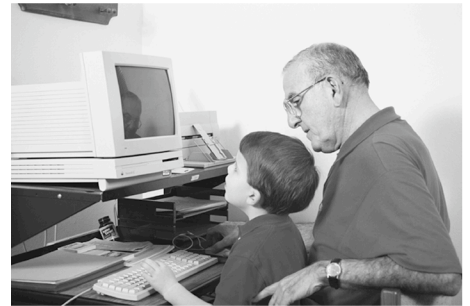
How does this impact Oregon?

The Status of Children in Oregon annual report has historically included a definition of children in foster care to be similar to this federal definition, with the exception of children on trial home visits. Children who have physically returned home have not always been reported in this report as “still in foster care.” Therefore, the total numbers of children in foster care will show an increase in 2002 as a result of this change in definition



Children in foster care

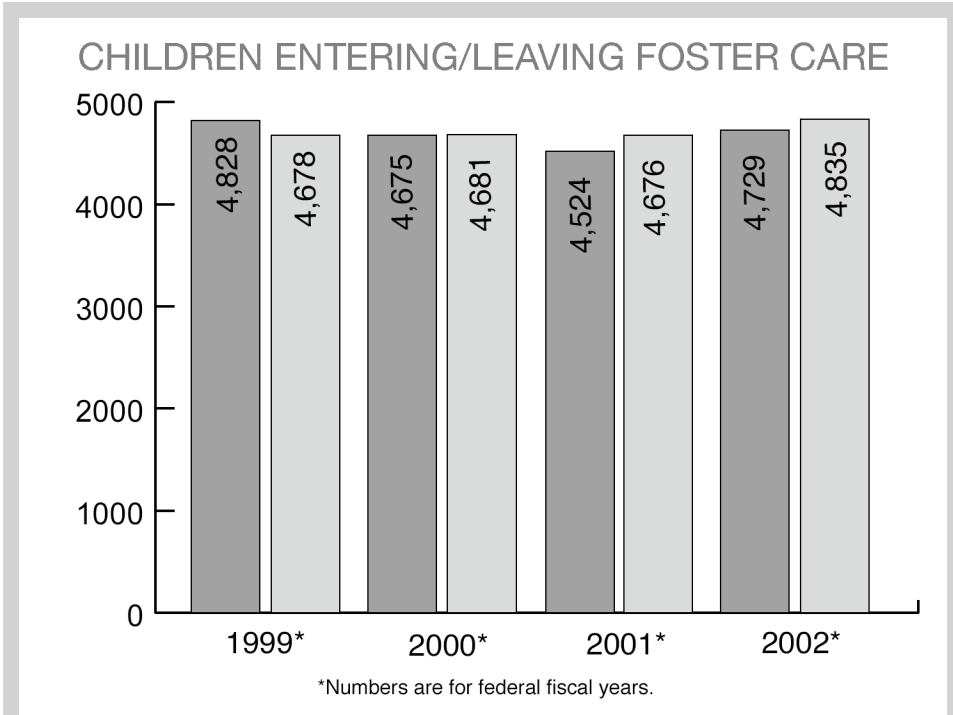
Children who need foster care may be infants, toddlers, preschoolers, grade-schoolers or teenagers. Foster children come from many backgrounds and types of families. Many children needing foster care have been emotionally, physically or sexually abused. As a result, they may have emotional, behavioral,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



IN 2002, MORE CHILDREN LEFT FOSTER CARE THAN ENTERED

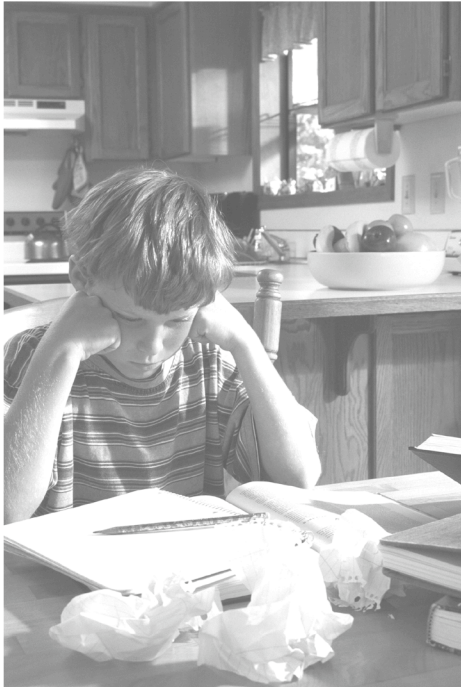
Age of Children in Foster Care		Ethnicity of Children in Foster Care*	
0-5	36.2%	Asian	0.6%
6-12	34.7%	African American	9.0%
13+	29.1%	Caucasian	69.9%
		Hispanic	11.8%
		Native American	8.3%
		Pacific Islander	0.4%

The ethnicity of 14.2 percent of children in foster care was not recorded.





Reasons children enter foster care



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 reasons children entered all kinds of foster care during federal fiscal year 2002.

REASONS CHILDREN ENTER CARE (INCLUDES ALL TYPES OF FOSTER CARE)		
Parental Drug Abuse	2,842	16.0%
Parental Alcohol Abuse	2,806	15.8%
Physical Abuse	2,762	15.5%
Parent's Inability to Cope	2,509	14.1%
Child's Behavior	2,331	13.1%
Neglect	1,880	10.6%
Inadequate Housing	1,375	7.7%
Child's Disability	529	3.0%
Sexual Abuse	374	2.1%
Child's Drug Abuse	119	0.7%
Child's Alcohol Abuse	121	0.7%
Abandonment	98	0.5%
Parental Incarceration	40	0.2%
Parental Death	5	0.03%
TOTAL		100.0%

Children can have more than one reason for entering foster care; 544 children had no reason recorded.



Assuring quality in family foster care

Foster parents care for children who have been abused or neglected and who cannot remain in their own homes. Foster parents come from all walks of life. They are essential partners whom DHS child welfare depends on to do the day-to-day parenting for these children until they can return home or, if that is not possible, be placed with a permanent family.

Family foster care includes both relatives and nonrelatives who have been certified to provide care in their homes. (Family foster care also includes family foster group care and emergency foster care.) All foster homes must be certified as meeting safety standards. The safety standards are the same for relatives, nonrelatives and families considering adoption.

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

THERE ARE APPROXIMATELY 4,300 FAMILY FOSTER HOMES LOCATED ACROSS OREGON

ON ANY GIVEN DAY, THERE WERE AN AVERAGE OF 6,135 CHILDREN IN FAMILY FOSTER CARE IN OREGON

AN UNDUPLICATED TOTAL OF 10,840 CHILDREN WERE SERVED IN FAMILY FOSTER CARE IN 2002





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



Residential treatment services

Residential treatment services are provided to a significant number of children in the DHS child welfare 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.

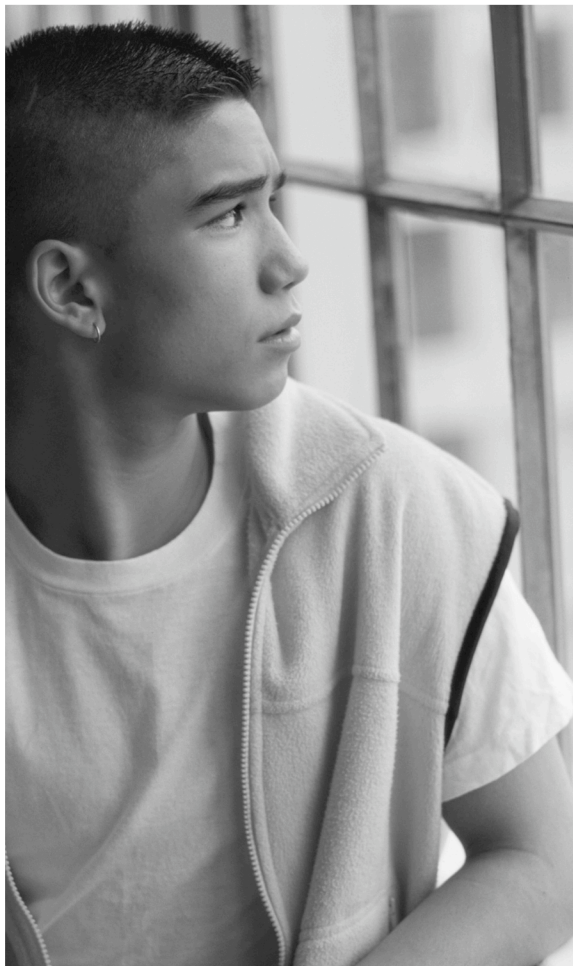
- Professional shelter programs serve children with behavioral and emotional problems in need of professional evaluation. The programs provide assessment and evaluation to assist DHS in developing a treatment or placement plan for the child.
- Residential treatment services include an array of counseling, skill building and interventions provided in facilities under the close supervision of highly trained, professional staff.
- Therapeutic foster care programs use trained professional foster parents to provide supervision and treatment under the direction of a licensed private child care 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 backup 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.



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 motional problems.
- Has not responded to outpatient counseling services provided in the community.
- Has major school problems, has been expelled or refuses to attend school.
- Needs daily training, guidance and supervision in a highly structured living environment.





Services to teens

- Teens in foster care comprise 29.1% of the total foster care population, an increase over the 24.3% in 2002.
- During 2002, 3,872 teens spent at least one day in foster care.
- Over half of the teens in foster care return home (52%).
- 13 former foster care youth received a scholarship for higher education through the Oregon Student Assistance Commission in 2002.

Foster care youth are eligible for Independent Living Programs (ILP). The number of youth receiving Independent Living Services rose from 742 served in 2001 to 903 youth served in 2002. ILP's services are provided by 17 different community-based partners throughout the state. The ILP services are directed at youth to assist them in the following ways:

- Making the transition to self-sufficiency as an adult.
- Receiving the education, training and services necessary to obtain employment.
- Attaining academic and/or vocational education, and preparing for post-secondary training and education.
- Obtaining personal and emotional support and promoting healthy interactions with dedicated adults.

17 COMMUNITY PROVIDERS MAKE UP THE STATEWIDE ILP SERVICE NETWORK

903 YOUTH RECEIVED ILP SERVICES IN THE YEAR 2002





Best practice initiatives

Child-centered, family-focused, and neighborhood-based Best Practices

DHS child welfare is placing an emphasis on strengths/needs practices that are child-centered, family-focused and neighborhood-based. Oregon has been a part of the Annie E. Casey Family to Family Initiative since 2000. Four research-based, value-laden strategies were identified by this initiative as the core strategies that will further the achievement of better outcomes for Oregon families. These strategies are:

- Recruiting, training and supporting resource families.
- Building community partnerships.
- Making decisions as a team.
- Evaluating results.

The goals of these practices are to:

- Ensure that all children who come into foster care, including teens and brother and sister groups, are routinely placed with families.
- Increase the number of quality nonrelative and relative foster families to meet projected needs.
- Involve birth parents, their relatives, foster parents and the community as team members with our agency and with one another.
- Become a neighborhood resource for children and families by investing in the capacity of communities where large numbers of families involved in the child welfare system live.
- Develop a network of family foster care that is neighborhood-based, culturally sensitive, and located primarily in communities in which children currently live.

The implementation of each of these strategies will lead to improving the results for children and families involved in the child welfare system.



Permanency for children

When a child is placed in foster care, DHS child welfare 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 in helping the child return home or be placed in another permanent home.

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

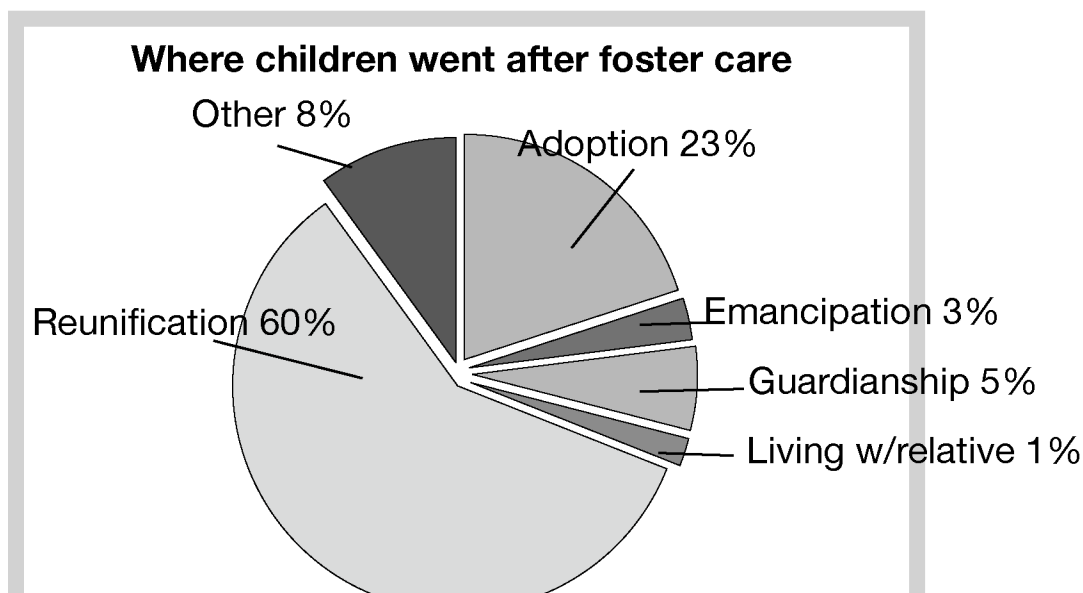
If a child cannot return home, the law requires that an alternate permanency plan be put into place quickly. If adoption is not in the best interest of the child, other alternate permanency plans may include:

- Guardianship.
- Permanent foster care.
- Permanent relative care.
- Other planned permanent living arrangement.

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



MOST CHILDREN (60 PERCENT) WERE REUNITED WITH THEIR FAMILIES



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

We practice nondiscrimination and provide reasonable accommodation for persons with disabilities. If you have questions or need a document in an alternate format, talk to your local DHS child welfare office.



Oregon Department
of Human Services

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