

The status of
children
IN OREGON'S CHILD PROTECTION SYSTEM
1999



April 2000

Dear Oregonians,

Of all the tools we have to protect Oregon children from abuse and neglect, information is among the most important.

This year's report reflects the state's continuing commitment to provide extensive protection to children through a system that defines child abuse and neglect in broad terms.

A key factor in reported outcomes for Oregon children is the child maltreatment category called "threat of harm," which many states don't report. This includes any activities, conditions or persons that place the child at substantial risk of physical or sexual abuse, neglect or mental injury, even though actual harm may not have occurred.

Although this category contributes to higher numbers of child victims, it also puts child welfare workers in a position to identify early factors that may endanger a child.

Also included in this report are statistics that include all children in foster care – both family foster care and, new this year, other types of out-of-home placements – to ensure a focus on the needs of all foster children.

Among the lessons we learn from Oregon's "status of children" report is that government alone cannot meet the goals of child protection and permanence. We involve communities in what we do because the families we serve are not the state's families, but the families of the communities where they live.

By working together, we in state and local government and our nonprofit partners will continue to help individuals and families improve their outcomes in the best interest of Oregon's children.

A handwritten signature in black ink that reads "Gary Weeks".

Gary K. Weeks, Director
Department of Human Services

A handwritten signature in black ink that reads "Ramona L. Foley".

Ramona Foley, Administrator
State Office for Services
to Children and Families



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.

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The children



- In 1999, SCF received 34,675 reports of child abuse and neglect, an increase of 10.2 percent over 1998.
- There were 11,241 child abuse/neglect victims in 1999, a 10.8 percent increase from the previous year.
- Incidents of threat of harm rose 22 percent. Neglect rose 6.0 percent. Mental injury and physical abuse rose slightly, while sexual abuse dropped 8.0 percent.



What is child abuse?

CHILD ABUSE IS DEFINED IN ORS 419B.005

Q. If a parent spanks 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.

ORS 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

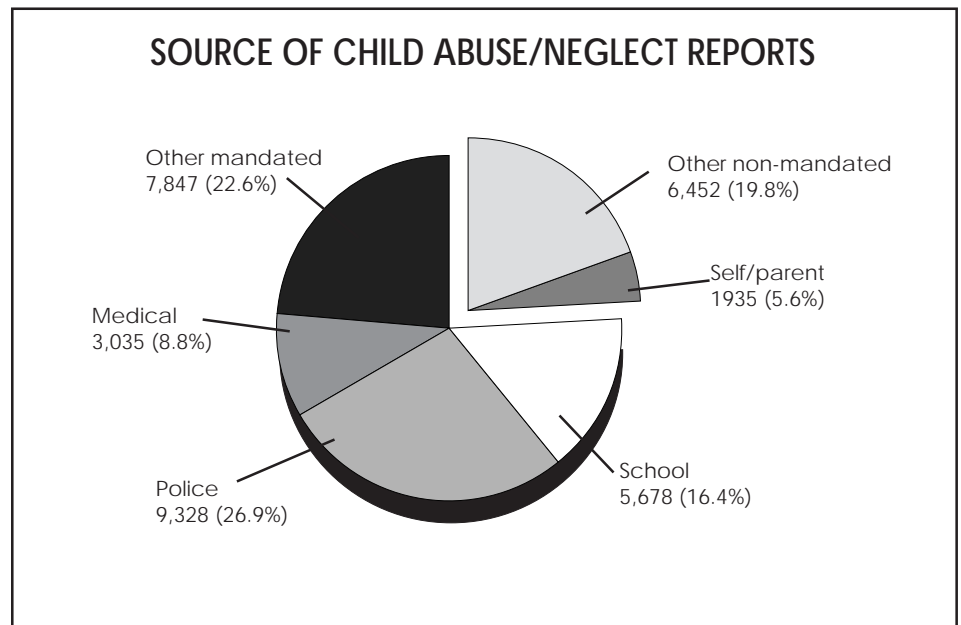
Mandatory reporters are:

- 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.

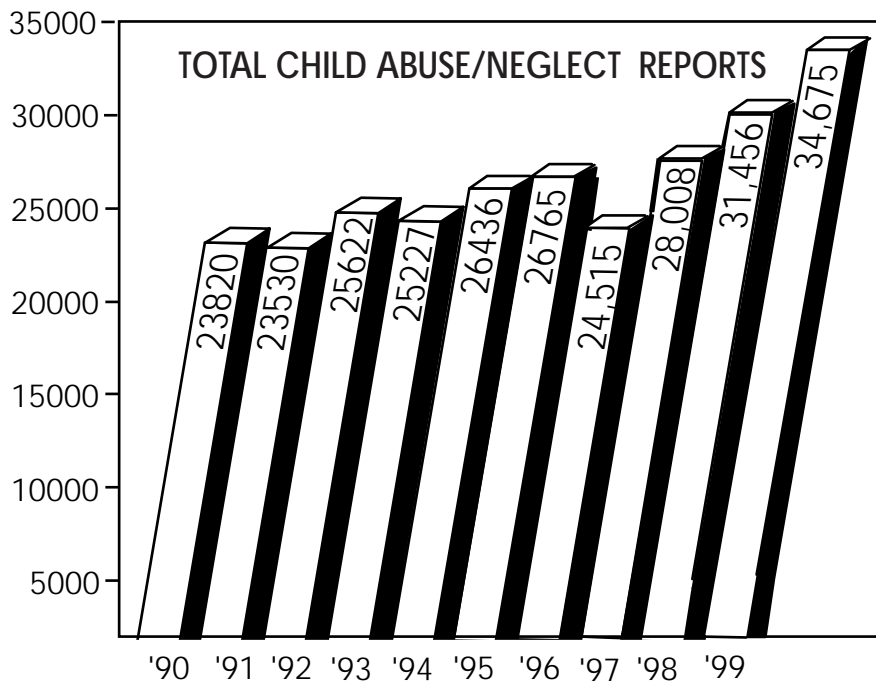


- Public and private officials who are required by law to report suspected child abuse and neglect made 75 percent of the referrals to SCF in 1999.
- Forty-three (43) percent of the referrals came from schools and law enforcement agencies.
- Former spouses accounted for only 2 percent of the referrals.



Total child abuse/neglect reports

SCF RECEIVED 34,675
REPORTS OF SUSPECTED
CHILD ABUSE AND
NEGLECT IN 1999

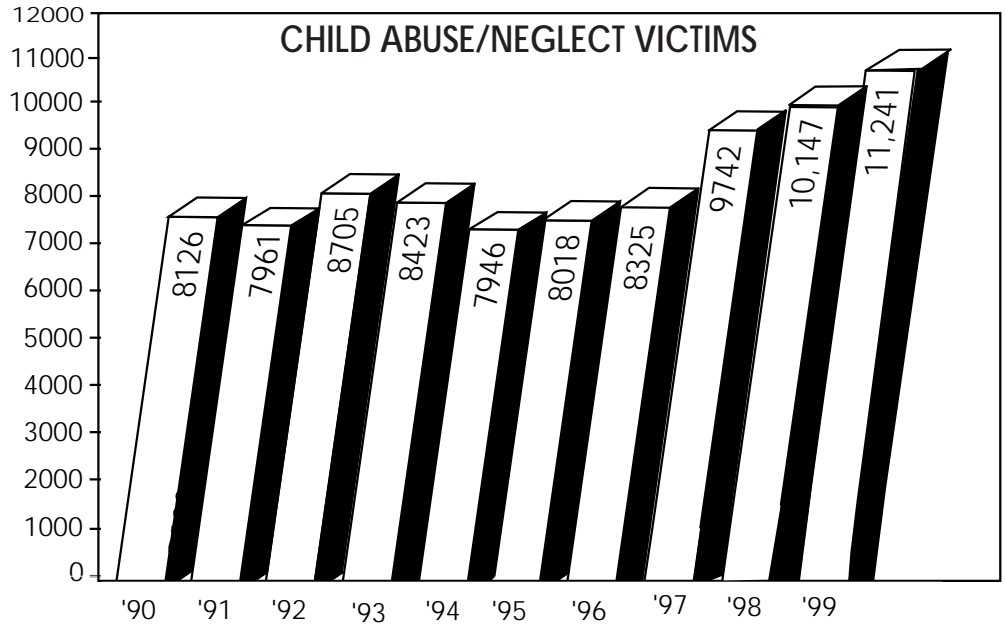


- In 1999, SCF recorded 34,675 reports of suspected child abuse/neglect. In 1990, there were 23,820 reports of suspected child abuse/neglect. This is an increase of 45.6 percent. This continuing rise in reports, as well as the intensity of family problems, presents a challenge to SCF and community partners to meet the needs of today's children.
- During the same time period, Oregon's child population increased 15.2 percent.
- There were 8,073 founded child abuse/neglect reports in 1999, up 8.2 percent from 7,461 in 1998.



Child abuse/neglect victims

THERE WERE 11,241 CHILD ABUSE/NEGLECT VICTIMS IN 1999, A 10.8 PERCENT INCREASE FROM THE PREVIOUS YEAR



■ The number of child abuse/neglect victims has increased 38.3 percent since 1990.

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

ETHNICITY	% OF OREGON CHILDREN*	% VICTIMS OF CHILD ABUSE/NEGLECT**
Asian & Pacific Islander	3.8	1.5% (Asian) 0.2% (Pacific Islander)
African American	2.4	6.9%
Caucasian	82.5	75.4%
Hispanic	9.5	12.8%
Native American	1.7	3.2%

*1998 estimates of children aged 0-19.

**The ethnicity of 30.6% of abuse/neglect victims was not recorded.

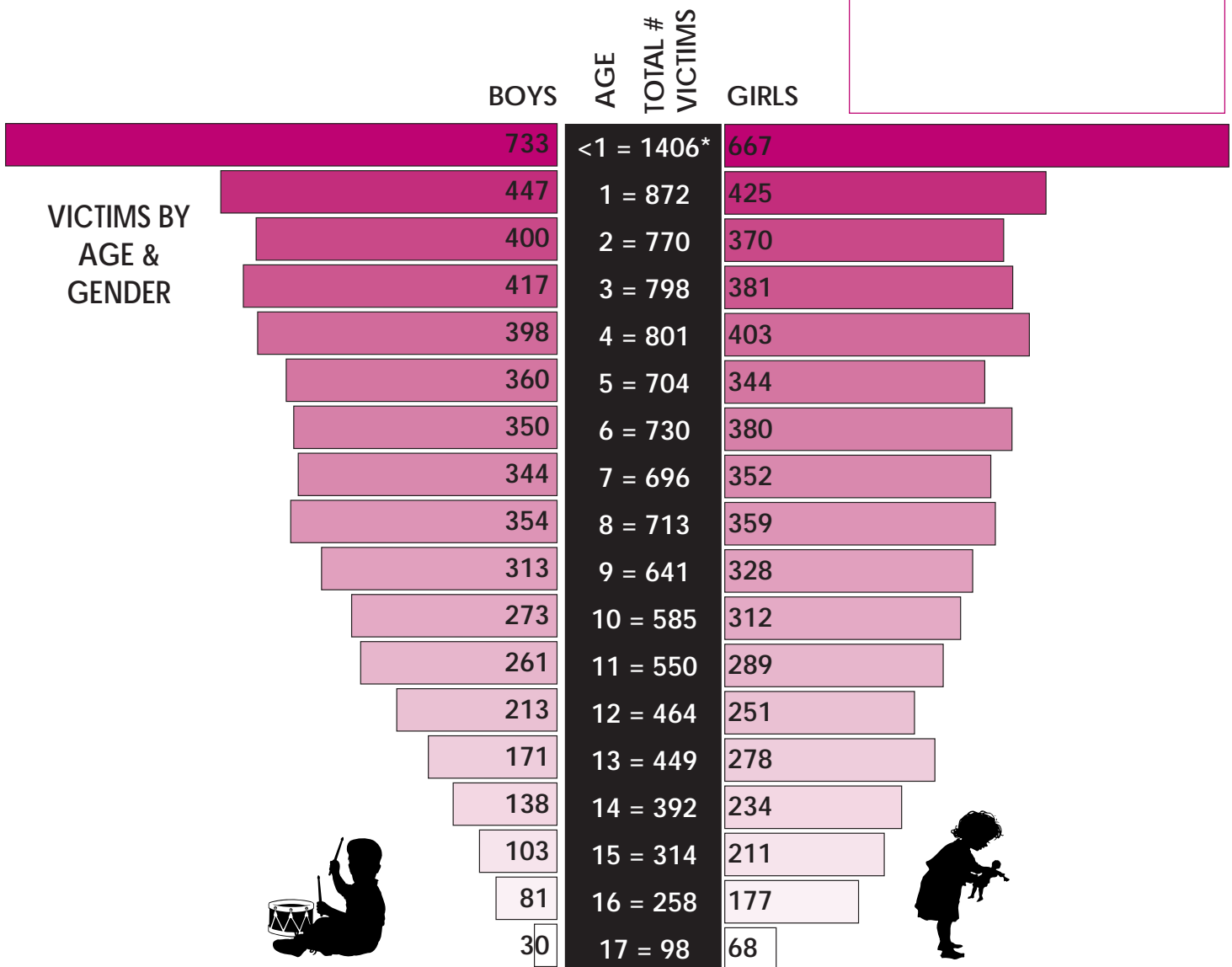


Victims by age and gender

- 48 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.



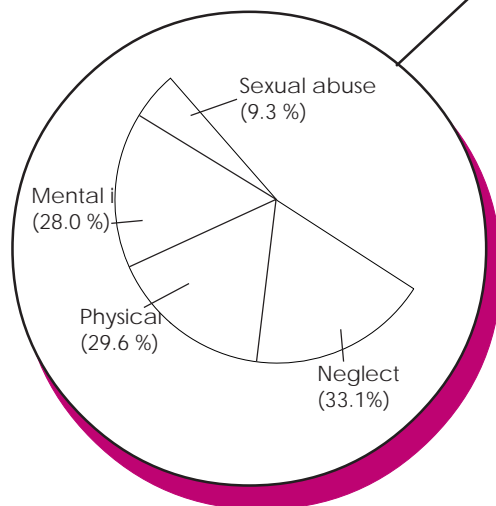
* Includes 6 victims of whose gender was not recorded.



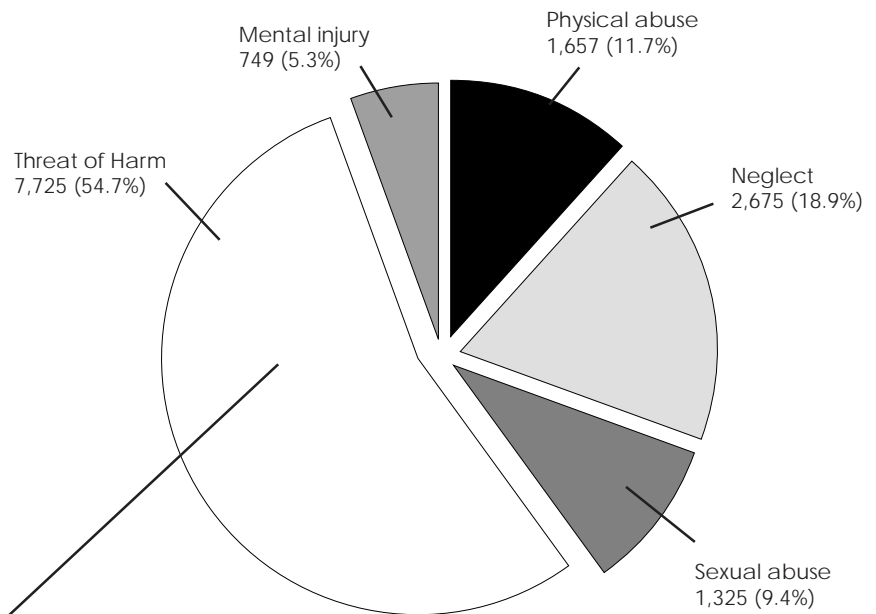
Incidents of child abuse/neglect

- In 1999, 52 percent of neglect incidents involved children aged 0-5 (10.3 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 37 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 14,131 INCIDENTS OF CHILD ABUSE/NEGLECT IN 1999; AN INCREASE OF 11.4 PERCENT FROM 1998



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).
- Young children living in a high risk domestic violence situation.
- Siblings to victims who have received a serious injury or have died from child abuse or neglect.



Fatalities Related to Child Abuse/Neglect

IN 1999, PRELIMINARY NUMBERS SHOW 18 CHILDREN DIED FROM CAUSES RELATED TO ABUSE AND/OR NEGLECT

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

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

Preliminary data indicates that 18 children died from causes related to abuse or neglect in 1999.

- Nine of the fatalities resulted from neglect.
- Nine fatalities were caused by abuse.
- In 7 of the 9 neglect fatalities, alcohol or other drugs were a factor.
- In a third of the neglect fatalities, lack of appropriate supervision was a factor.
- In 9 of the 18 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 3 years earlier.
- An additional 4 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, in utero exposure to illicit drugs, children left unsupervised with access to loaded firearms, and children left alone in dangerous environments.

In 11 fatalities, the perpetrator was a parent; in four fatalities the perpetrator was an intimate partner of the parent; and in three fatalities the perpetrator was known to the victim but was not a family member.

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 will be producing 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.



The Center for Population, Research, and Census (PRC) at Portland State University has recently revised its prior population estimates. SCF has used these revised estimates in this table. This has resulted in changes in many of the victim rates for 1997 and 1998.

Victim rate per 1000 children by county

County/Region	Population under 18 years			Victims			Rate/1000		
	1997	1998	1999	1997	1998	1999	1997	1998	1999
Multnomah Metro Region	147515	148561	151750	2217	2390	2260	15.0	16.1	14.9
Benton	16973	16920	16688	178	120	158	10.5	7.1	9.5
Clackamas	81992	83372	83819	362	482	562	4.4	5.8	6.7
Clatsop	8746	8764	8582	145	184	241	16.6	21.0	28.1
Columbia	11635	11849	11501	72	101	83	6.2	8.5	7.2
Lincoln	9628	9741	9488	285	279	301	29.6	28.6	31.7
Linn	26362	26708	26896	262	259	285	9.9	9.7	10.6
Marion	72022	73464	75686	891	952	1056	12.4	13.0	14.0
Polk	14670	15217	15297	119	162	180	8.1	10.6	11.8
Tillamook	5443	5458	5353	129	109	91	23.7	20.0	17.0
Washington	102083	105674	109662	627	791	801	6.1	7.5	7.3
Yamhill	22415	23277	23240	258	283	315	11.5	12.2	13.6
Western Region	371969	380444	386212	3327	3722	4073	8.9	9.8	10.5
Coos	14700	14603	14248	284	351	473	19.3	24.0	33.2
Curry	4231	4160	4206	58	91	100	13.7	21.9	23.8
Douglas	25208	25375	24818	338	307	364	13.4	12.1	14.7
Jackson	41548	42400	42348	605	627	671	14.6	14.8	15.8
Josephine	17336	17321	17031	363	314	222	20.9	18.1	13.0
Klamath	16082	16138	16184	282	204	441	17.5	12.6	27.2
Lake	1983	1969	1885	49	55	57	24.7	27.9	30.2
Lane	73366	74325	74244	733	659	1080	10.0	8.9	14.5
Southern Region	194454	196291	194964	2712	2608	3408	13.9	13.3	17.5
Baker	4159	4193	4095	118	116	88	28.4	27.7	21.5
Crook	4327	4426	4416	55	47	56	12.7	10.6	12.7
Deschutes	25666	26575	26635	242	288	414	9.4	10.8	15.5
Gilliam	506	545	524	12	5	9	23.7	9.2	17.2
Grant	2041	2038	2020	43	48	40	21.1	23.6	19.8
Harney	1969	1992	1937	39	34	16	19.8	17.1	8.3
Hood River	5320	5438	5463	93	127	131	17.5	23.4	24.0
Jefferson	5083	5145	5167	44	32	60	8.7	6.2	11.6
Malheur	8811	8825	9470	186	157	150	21.1	17.8	15.8
Morrow	2699	2803	3127	91	70	80	33.7	25.0	25.6
Umatilla	18302	18825	19040	215	173	175	11.7	9.2	9.2
Union	6596	6539	6478	120	111	98	18.2	17.0	15.1
Wallowa	1883	1831	1737	18	13	19	9.6	7.1	10.9
Wasco/Sherman	6508	6514	6428	207	196	164	31.8	30.1	25.5
Wheeler	340	336	331	2	10	0	5.9	29.8	0
Eastern Region	94210	96025	96868	1485	1427	1500	15.8	14.9	15.5
Total	808148	821321	829794	9742	10147	11241	12.1	12.4	13.5

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.

The families



- Mothers and fathers are the most prevalent perpetrators of child abuse/neglect. They represent approximately 69 percent of all cases.
- Familial perpetrators constitute 92.6 percent of the total cases of child abuse and neglect.
- A recent SCF study shows the major stress indicators in families where children are removed from home are suspected drug/alcohol abuse, involvement with law enforcement, and domestic violence.



Alleged perpetrators of child abuse/neglect

MOTHERS AND FATHERS ARE THE TWO MOST PREVALENT PERPETRATORS OF CHILD ABUSE/NEGLECT – THEY REPRESENT 69 PERCENT OF ALL CASES

FAMILIAL PERPETRATORS, AS LISTED IN THE TABLE, CONSTITUTE 92.6 PERCENT OF THE TOTAL

Alleged Perpetrator	Number			Percent		
	1997	1998	1999	1997	1998	1999
Familial						
Mother	3761	3706	4010	44.1	41.8	41.2
Father	2144	2417	2737	25.1	27.2	28.1
Brother	229	216	206	2.7	2.4	2.1
Sister	25	26	41	0.3	0.3	0.4
Stepfather	427	470	511	5.0	5.3	5.3
Stepmother	53	50	60	0.6	0.6	0.6
Step-sibling	43	53	50	0.5	0.6	0.5
Grandfather	87	93	102	1.0	1.0	1.0
Grandmother	72	70	79	0.8	0.8	0.8
Aunt	30	31	33	0.4	0.3	0.3
Uncle	106	113	149	1.2	1.3	1.5
Foster parent	58	81	70	0.7	0.9	0.7
Live-in companion	512	562	630	6.0	6.3	6.5
Other relative	98	88	86	1.1	1.0	0.9
Ex live-in	165	198	236	1.9	2.2	2.4
TOTAL FAMILIAL	7810	8174	9000	91.6	92.1	92.6
Non-familial						
Babysitter	73	61	66	0.9	0.7	0.7
Neighbor/friend	310	290	275	3.6	3.3	2.8
Unknown perp.	55	50	49	0.6	0.6	0.5
Other	277	300	333	3.2	3.4	3.4
TOTAL NON-FAMILIAL	715	701	723	8.4	7.9	7.4
TOTAL	8525	8875	9723	100.0	100.0	100.0

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

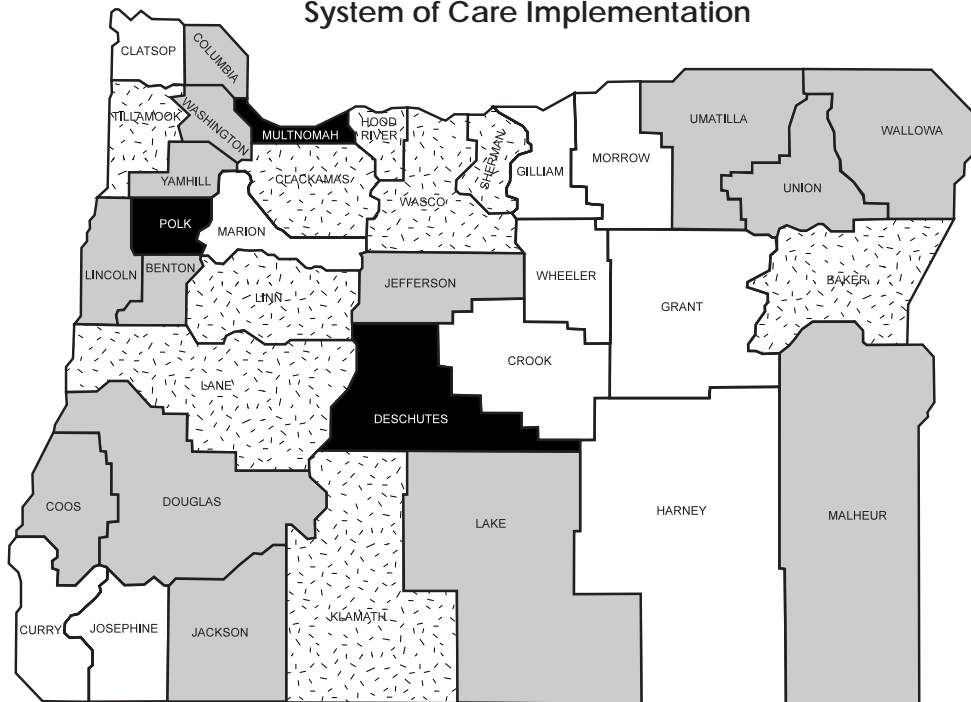
Protective services are provided by SCF to abused/neglected children and their families without regard to income. Special rehabilitative services for prevention and treatment of child abuse are provided by SCF and other community resources to children and families. Whenever appropriate, SCF works with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

WHEN APPROPRIATE, SCF WORKS WITH FAMILIES TO KEEP CHILDREN SAFE

■ 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.

System of Care Implementation



- Phase I began 8/95
- ▤ Phase II began 1/98
- Phase III slated to begin 7/2000
- Phase IV (remainder of state) on 7/1/2003



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 strengthen the natural caregiving systems for a child by involving family, extended family, community partners, and professionals who know the child. Family decision meetings create a plan for a child that provides for the child's safety and attachment needs.

■ 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 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		
	1997	1998	1999
Suspected Drug/Alcohol Abuse	41.0	38.0	37.2
Parental Involvement with Law Enforcement Agency	32.3	36.0	37.9
Domestic Violence (Physical Abuse of Spouse/Fighting)	27.6	31.9	32.3
Head of Family Unemployed	27.3	26.6	26.3
Heavy Child Care Responsibility	19.8	20.2	20.2
Parental History of Abuse as a Child	14.3	14.6	13.7

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

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

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

An SCF study of over 3,700 cases where children had been removed from their homes because of abuse/neglect found that alcohol and drug problems were pervasive in families of abused and neglected children and that substance abuse was a substantial barrier to these children returning home.

- Parental drug/alcohol involvement was one of several factors considered to put a child at high risk of serious abuse/neglect or removal from home.
- In cases where children were removed from home, 35% of mothers and 21% of fathers had drug/alcohol involvement.
- One-third of children remained in care due to parental drug or alcohol problems.
- Most single mothers with substance abuse problems required a multitude of services. Problems included inadequate housing, inadequate income, criminal involvement, frequent relocation, and domestic violence.



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. In addition, parents with alcohol/drug problems generally have other issues, such as unemployment, lack of housing, and poor parenting skills that impact their ability to remain clean and sober.

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. Some of the services available are:

- 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 in some branches provide wraparound services and involve other partners such as AFS, Mental Health, public health nurses, and Housing to support the parent to get into appropriate treatment, and to reestablish an ongoing sober lifestyle. The teams help eliminate barriers to maintaining sobriety and provide a support system for parents to succeed.
- Mutual Homes are residential settings where young mothers may stay with their babies or children while getting treatment. They are targeted for teen mothers with alcohol and drug problems.

Assuring quality foster care for children



- There are approximately 3,400 family foster homes in Oregon. These homes have an average of 2.1 foster children.
- On an average daily basis, there are 6,500 children in family foster care. An additional 600 foster children are served in other substitute care arrangements.
- A total of 11,312 children were placed in family foster care in 1999; 12,174 children were served in all substitute care arrangements.
- 28 percent of children are placed with relatives in family foster care.



Assuring quality in family foster homes

**THERE ARE APPROXIMATELY
3,400 FAMILY FOSTER HOMES
IN OREGON**

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. 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, or have another permanent family.

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 on prospective foster parents, including background checks on prospective foster parents that include a home study, criminal records check, personal references, a home safety and health inspection, and a Central Registry check.

Foster parents complete an initial orientation training and on-going training through the course of their service. Training for foster parents includes topics such as specialized parenting for medically needy children, parenting children of domestic violence, drug and alcohol abuse, and positive behavior management.

SCF is working to enhance family foster care services for children through several initiatives, including:

- Kinship Care – children residing with relative caretakers whenever possible. SCF has received two federal grants to develop new services and programs for relatives. SCF also partners with Adult and Family Services Division to explore joint ways of serving these families.
- Neighborhood Foster Care – developing communities and neighborhoods to provide foster care for the children within their own neighborhoods.
- Medical Foster Parent Program – increasing the pool of families trained to care for medically needy children within their own communities.

NOTE: Although the main focus of this section is family foster care, substitute care arrangements include family foster care, family shelter care, relative foster care, residential care, family group homes, professional shelter care, and psychiatric hospitalization.



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.

THERE ARE APPROXIMATELY 6,500 CHILDREN IN FAMILY FOSTER CARE IN OREGON

Age of Children in Foster Care		Ethnicity of children in Family Foster Care*	
0-5	33.3%	Asian	1.0%
6-13	43.7%	African American	13.2%
14-17	19.4%	Caucasian	74.0%
18+	3.6%	Hispanic	6.9%
		Native American	4.9%
		Pacific Islander	0.2%

THERE WERE 11,312 TOTAL CHILDREN IN FAMILY FOSTER CARE IN 1999

**The ethnicity of 19.6% of children in foster care was not recorded.*

The families of children who are placed in foster care face many issues. From a list of 36 family factors, families with children in care have an average of eight factors that put them at risk of abusing or neglecting their children.

FAMILY FACTORS OF CHILDREN ENTERING FOSTER CARE*			
Drug/alcohol involvement	66%	Inadequate income	46%
Poor parenting skills	60%	Emotional instability	43%
Chronically neglect their children	59%	Unemployment	40%
Teen parent at time of first birth	51%	Parent abused as a child	38%
Criminal involvement	51%	Overwhelming child care	37%
Single parent household	47%	History of abusing children	34%
Domestic violence	48%	Non-protective parent	20%
Past protective service removals	44%	Inadequate housing/homeless	20%

*From Cohort IV study of children in care between 1/95 through 6/97.



Returning a child home

WHEN APPROPRIATE, SCF WORKS TO RETURN A CHILD SAFELY HOME

When a child is placed in foster care, SCF staff and foster parents 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 find 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.
- If a child cannot return home, the law requires that an alternate plan be put into place quickly. This alternate plan may be adoption, guardianship, permanent relative care, permanent foster care, or other planned permanent living arrangement.

Youth Becoming Adults

1,287 YOUTH RECEIVE INDEPENDENT LIVING SERVICES ... 17 COMMUNITY PROVIDERS MAKE UP THE STATEWIDE ILP SERVICE NETWORK

Youth who are 16 years and older in substitute care become eligible to receive services through Independent Living Programs. The Independent Living Program (ILP) focus is to assist youth who are or were in substitute care to become successful, independent adults. The ILP does this through local community service providers and an array of services that assist the youth with life skills training, employment assistance, and education assistance.

Providing permanent families for children



- SCF adoptive placements in FY 1999 totaled 922, up from 849 in FY 1998, an increase of 8.6 percent.
- SCF is currently placing more than 70 children each month into adoptive homes.
- Children being freed for adoption quickly replace those being placed. At any given time, SCF is actively recruiting adoptive homes for about 350 children.
- Other planned permanent living arrangements, such as guardianship, may be best for some children.



Permanency for children



**SCF ADOPTIVE
PLACEMENTS IN
1999 TOTALED
922, UP FROM
849 IN 1998**

ADOPTIVE CHILDREN HAVE SPECIAL NEEDS

Most of the children placed for adoption by SCF have special needs. Those special needs include:

- *Being over 6 years old.*
- *Being a member of a sibling group of two with one of the children over age 6 or a sibling group of more than two children of any age.*
- *Having a documented disability or a history of abuse/neglect that could cause future problems and need for treatment.*
- *Being a member of an ethnic/racial/cultural minority.*

The preferred permanency plan for a child is to live with his or her parents. If a child cannot live safely and permanently with a parent, SCF staff will implement an alternative plan such as adoption, guardianship, permanent relative care, permanent foster care, or other planned permanent living arrangement.

Subsidized Guardianship

Guardianship is one way to provide a permanent family for a child. SCF has received approval from the federal government to provide a subsidy to caregivers (relative or non-relative) who are willing to become a child's guardian. This Subsidized Guardianship program also provides medical coverage for the child.

Adoption

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.

Although SCF is currently placing more than 70 children each month into adoptive homes, children being freed for adoption quickly take their place on the family recruitment list.

The following adoption statistics illustrate SCF's efforts in the adoption arena:

- Adoptive placements between July 1, 1998 and June 30, 1999 totaled 922, up from 849 the previous year.
- During this same period, the number of adopted children under three years old increased to 259, representing over 28 percent of total adoptions.
- Most adopted children (over 60 percent) were in placement with relatives or foster parents.



Meeting the best interest of the child

There is a continuing need for homes that can meet the cultural needs of children of color.

- Two hundred eighty-five (285) or 30.9 percent of children placed for adoption in 1999 were children of color.

SCF continues its recruitment efforts for adoptive homes for ethnic minority children.

An open adoption can work in the best interest of the child.

Open adoption is defined as one in which there is some communication or contact between the birth parent and the child and adoptive parent after finalization. Oregon was the first state in the nation to use mediation in parental rights termination cases. This process avoids the costly and stressful process of a court trial and lays the groundwork for the birth parents to be involved in planning for their child's future.

In this process, the birth parents voluntarily relinquish their parental rights, but play a role in planning for their child. A mediator negotiates an agreement between the birth parents and adoptive parents that allows for some level of post adoption communication. The focus of the agreement always remains the best interests of the child.

In 1998, the legislature provided funding to expand mediation services statewide. Contracted mediators are now available in all counties. In 1999, there was a significant increase in the number of cases resolved in this cooperative process.

OPEN ADOPTION CAN WORK IN THE BEST INTEREST OF THE CHILD

Q. What if a child in foster care can't be returned to a parent?

If a child cannot live safely with a parent, SCF will find an alternative plan such as adoption, guardianship, or long-term relative care. If 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 interest of the children.



After the adoption

WELL OVER 90 PERCENT OF OREGON ADOPTIONS CONTINUE WITHOUT DISRUPTION

SCF works hard to recruit families that match the needs of the child. This careful adoption process helps assure that the adoption will be successful. Statistics show well over 90 percent of Oregon adoptive placements continued without disruption.

After adoption, SCF recognizes an ongoing commitment to preserve the family that the agency has assisted in creating. The Adoption Assistance program provides benefits such as medical coverage, monthly payments, or one-time payments for unexpected needs until an adopted child turns 18. The number of children receiving Adoption Assistance grew from 4,572 to 5,156 during 1999.

The Oregon's Post Adoption Resource Center (OPARC) was established by SCF in April 1999. The center provides information, referral, and technical assistance to families statewide who have adopted an SCF child. Services include regional trainings, a lending library and resource center, a website, and assistance to start local adoption support groups.

Adopted children have life-long special needs

MANY ADOPTED CHILDREN HAVE LIFE-LONG SPECIAL NEEDS

Many adopted children have life-long special needs. For many of these children, their early lives of abuse have resulted in conditions or behaviors that will need to be dealt with for the rest of their lives.

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

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%



State Office for Services to Children and Families

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