

2001

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



If you have a disability and need this document in an alternate format, contact [your local DHS child welfare office.]

For more information about this report, call DHS child protective services at (503) 945-5683

Web site: <http://www.scf.hr.state.or.us/cps/index.htm>



May 2002

Dear Oregonians:

One of our agency's most critical goals is to ensure the safety of Oregon's abused and neglected children. This report presents annual state data about child abuse and neglect known to the state's child protective services for calendar year 2001.

What we have been experiencing in Oregon continues to be a reflection of what is happening nationally – a decrease in child abuse and neglect victims, stabilization in the number of children requiring out-of-home care, and an increase in finalized adoptions.

Over the past two years, our department has made policy changes and improvements in practice that result in our intervening earlier and more effectively to help families. Early Team Decision Making meetings, the due process afforded to individuals as "substantiated" perpetrators, and our revised policy on face-to-face contacts are system improvements to ensure we are achieving better outcomes for children and families known to child welfare and that we are holding ourselves accountable as we go about our work.

We also are receiving consultation from the National Resource Center on Child Maltreatment regarding our child protective services practice in ongoing cases. This is an effort to increase child safety, reduce re-abuse, and reduce the necessity for re-entry into foster care.

As our department continues with reorganization, we are encouraged about the work and positive outcomes that we and our partners are achieving on behalf of Oregon's children and families.

A handwritten signature in black ink that reads "Bobby S. Mink".

Bobby S. Mink
Director
Department of
Human Services

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

Ramona Foley
Assistant Director
Children, Adults
and Families

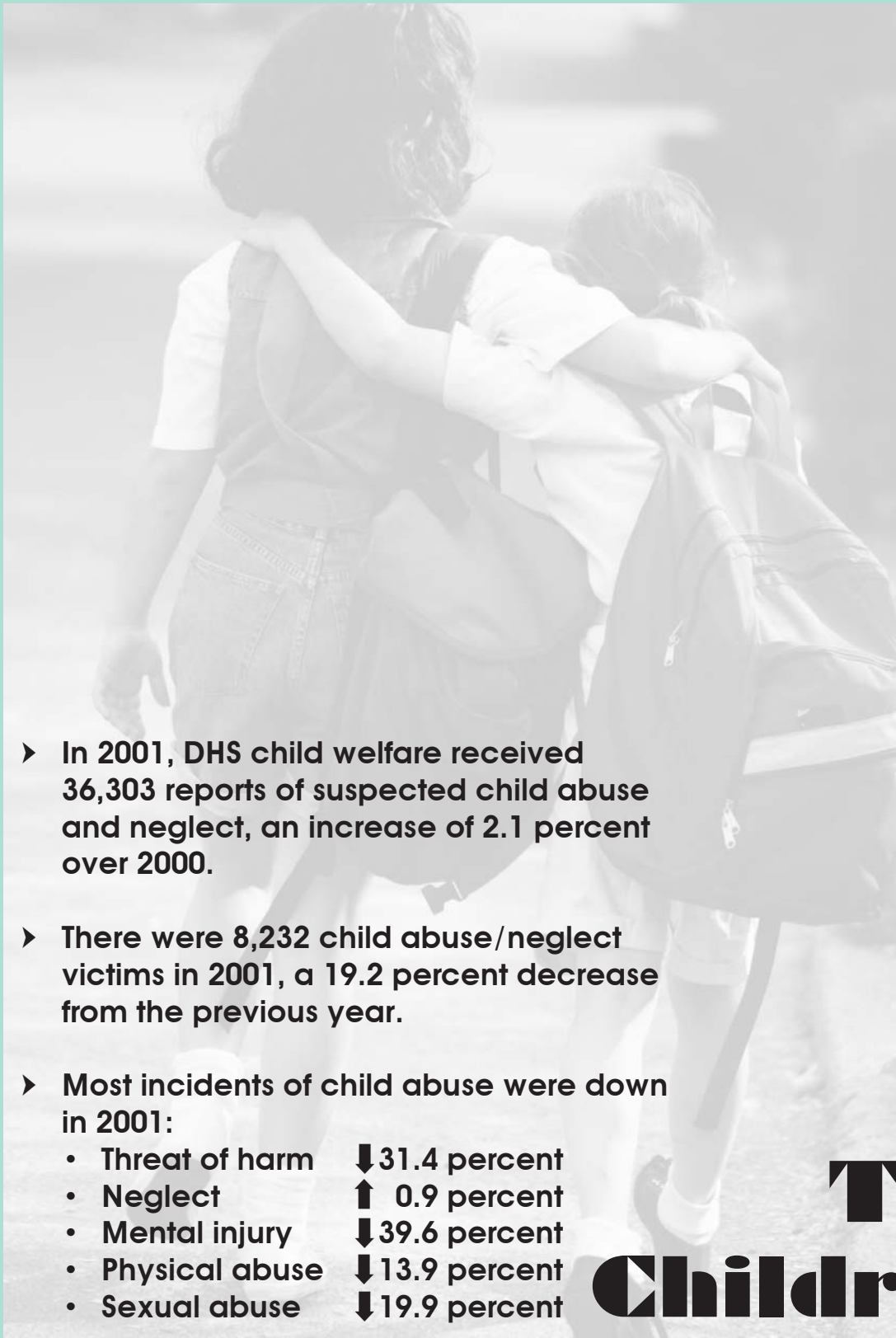
A handwritten signature in black ink that reads "William T. Fink".

William T. Fink
Assistant Director
Community Human Services



Table of contents

The children	1
What is child abuse	2
What are child protective services	3
Who must report child abuse/neglect	4
Total child abuse/neglect reports	5
Child abuse/neglect victims	6
Victims by age and gender	7
Incidents of child abuse/neglect	8
Fatalities related to child abuse/neglect	9
Victim rate per 1,000 children by county	10
The families	11
Alleged perpetrators of child abuse/neglect	12
Strengthening families	13
Problems facing families of child abuse/neglect victims	15
Drug/alcohol problems impact children	16
Foster care	17
Assuring quality in family foster homes	18
Children in foster care	19
Other foster care placements	20
Residential treatment services	21
Services to teens	22
Permanency for children	23
Where children went after foster care	24
Adoptions	25
The children who were adopted	27
Adoptive families	28
Recruiting/families focus on child	29
After the adoption	30



- ▶ In 2001, DHS child welfare received 36,303 reports of suspected child abuse and neglect, an increase of 2.1 percent over 2000.
- ▶ There were 8,232 child abuse/neglect victims in 2001, a 19.2 percent decrease from the previous year.
- ▶ Most incidents of child abuse were down in 2001:
 - Threat of harm ↓ 31.4 percent
 - Neglect ↑ 0.9 percent
 - Mental injury ↓ 39.6 percent
 - Physical abuse ↓ 13.9 percent
 - Sexual abuse ↓ 19.9 percent

The Children

What is child abuse?

CHILD ABUSE IS DEFINED IN ORS 419B.005



Q. *If a parent spans 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. This includes any injury that appears to be at variance with the explanation of the injury.
- Any mental injury to a child. This includes only observable and substantial impairment of the child's mental or psychological abilities to function caused by cruelty to the child. The child's culture will be considered.
- Rape of a child 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 includes but is 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 means subjecting a child to substantial risk of harm to the child's health and welfare.
- Child selling 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, DHS child protective services (CPS) or a law enforcement agency responds. State policy requirements and protocols of the local multidisciplinary team are followed.
- The allegations are reviewed to determine if a home visit is appropriate.
- Law enforcement and CPS investigate the allegations and determine responsibility for maltreatment of the child.
- A CPS-trained worker 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 decided 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 10 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?

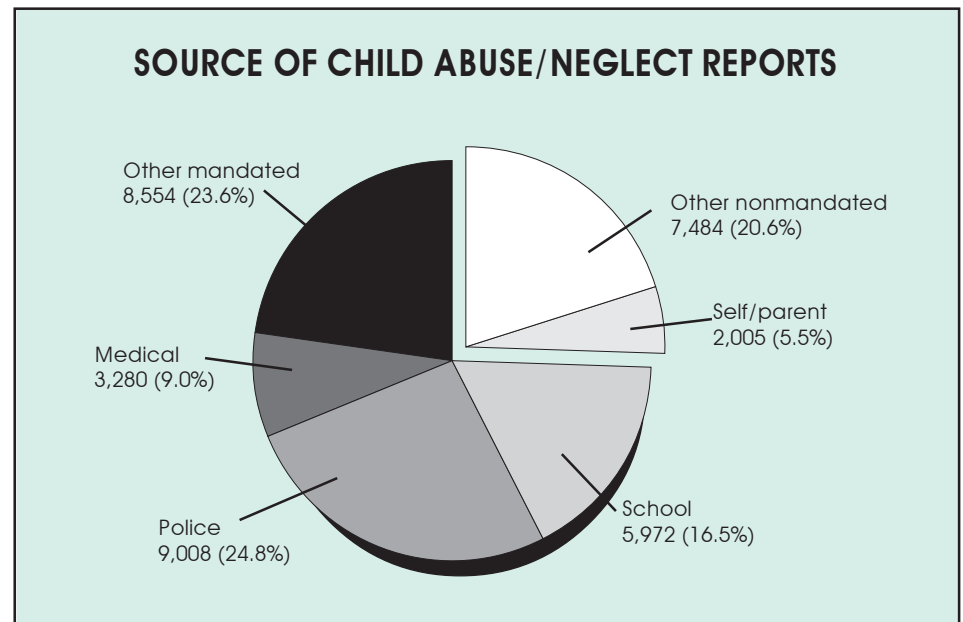
MANDATORY REPORTERS ARE REQUIRED BY LAW TO REPORT CHILD ABUSE AND NEGLECT

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

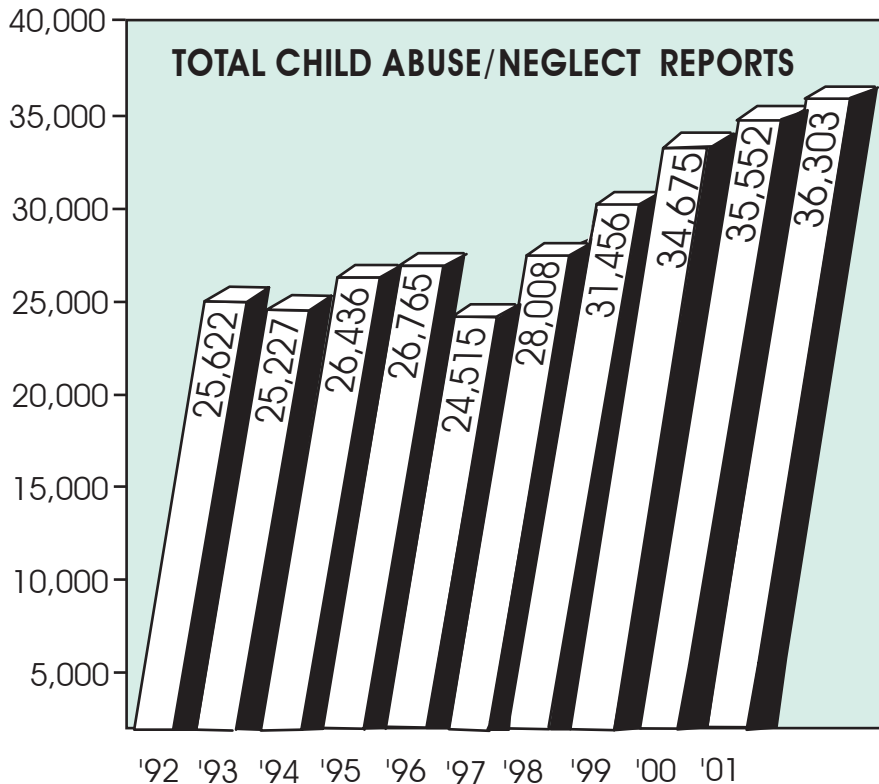
Certain people are required by Oregon law to report suspected cases of child abuse and neglect to the local DHS child welfare office or law enforcement agency. These people are required to report because they have frequent contact with children and are able to identify children who are at risk from abuse 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). A DHS publication, "Recognizing and Reporting Child Abuse & Neglect," provides more detailed information on Oregon's Mandatory Reporting Law. Mandatory reporters must inform either DHS child welfare 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 referrals to DHS child welfare in 2001.
- Forty-one percent of referrals came from schools and law enforcement agencies.
- Former spouses accounted for only 1.6 percent of referrals.

Total child abuse/neglect reports



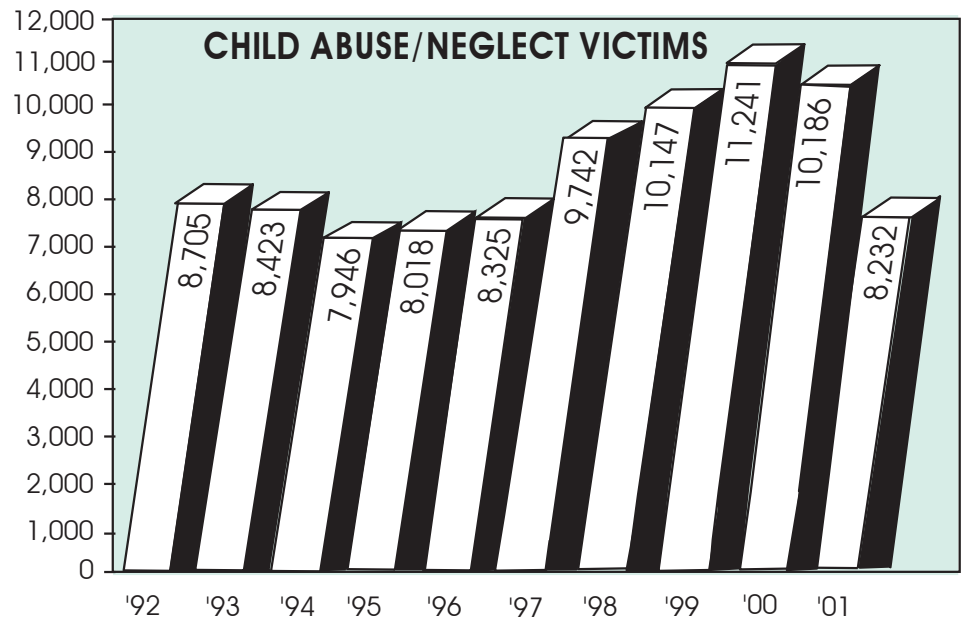
DHS CHILD WELFARE RECEIVED 36,303 REPORTS OF SUSPECTED CHILD ABUSE AND NEGLECT IN 2001



- In 2001, DHS child welfare recorded 36,303 reports of suspected child abuse/neglect. In 1992, there were 25,622 reports of suspected child abuse/neglect. This is an increase of 41.7 percent over a 10-year period. This continuing rise in reports, as well as the intensity of family problems, presents a challenge to DHS and community partners to meet the needs of today's children.
- During the same time period, Oregon's child population increased 11.7 percent.
- There were 5,863 founded child abuse/neglect reports in 2001, down 19.7 percent from 7,302 in 2000.

Child abuse/neglect victims

THERE WERE 8,232 CHILD ABUSE/NEGLECT VICTIMS IN 2001, A 19.2 PERCENT DECREASE FROM THE PREVIOUS YEAR



- The number of child abuse and neglect victims decreased 19.2 percent since 2000.
- The “duplicate” victim count for 2001 was 9,011, down 20.8 percent from the 11,381 victims in 2000. “Duplicate” counts a child each time s/he is identified as a victim on a separate report.

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

ETHNICITY	% OF OREGON CHILDREN*	% VICTIMS OF CHILD ABUSE/NEGLECT**
Asian & Pacific Islander	3.8%	0.8% (Asian) 0.4% (Pacific Islander)
African American	2.4%	6.1%
Caucasian	82.5%	74.4%
Hispanic	9.5%	13.9%
Native American	1.7%	4.3%

*1998 estimates of children aged 0-19.

**The ethnicity of 24.5% of abuse/neglect victims was not recorded.

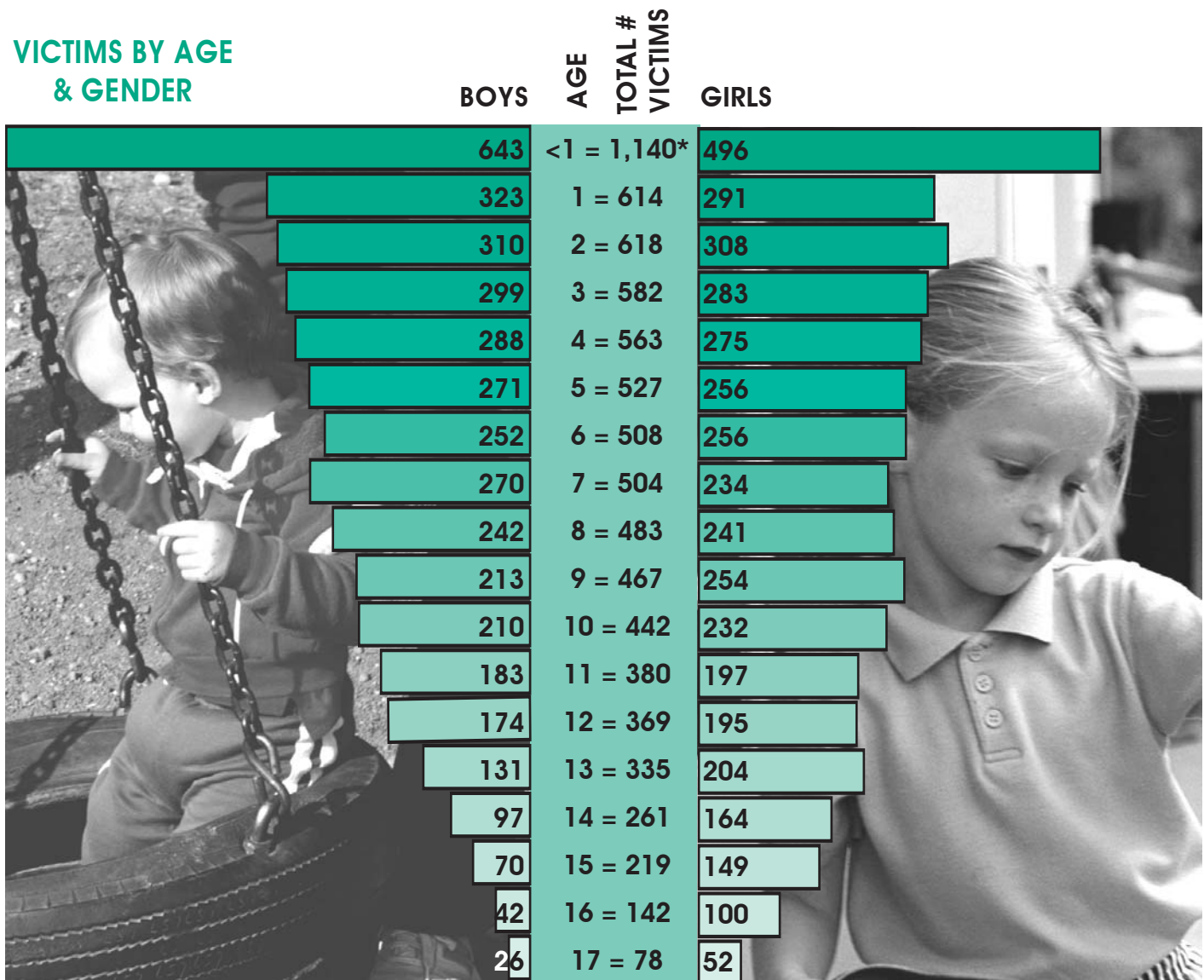
Victims by age and gender

- Forty-nine 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 51 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.

VICTIMS BY AGE & GENDER

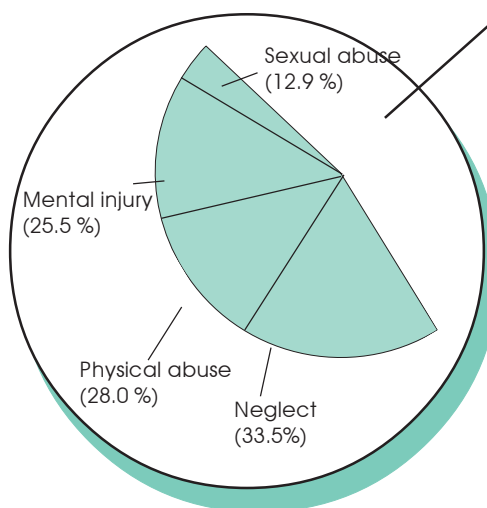


* Includes 1 victim whose gender was not recorded.

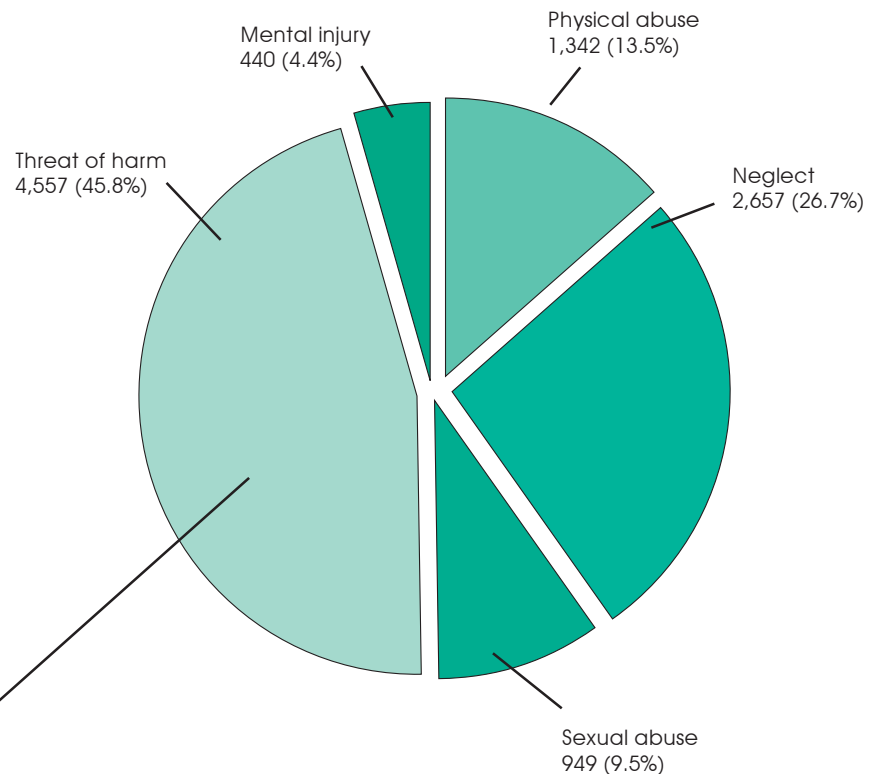
Incidents of child abuse/neglect

- In 2001, 56 percent of neglect incidents involved children aged 0-5 (10.8 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 over 35 percent of children in 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 9,945 INCIDENTS OF CHILD ABUSE/NEGLECT IN 2001, A DECREASE OF 22.0 PERCENT FROM 2000



THREAT OF HARM PLACES CHILDREN AT RISK

In 2001, practice guidelines were clarified to assure that only conditions, activities and circumstances which were determined to represent a substantial risk of harm resulted in a finding of threat of harm.

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
2001	5	3	1996	13	17
2000	9	12	1995	8	28
1999	9	9	1994	11	22
1998	6	11	1993	7	4
1997	12	22	1992	21	11

Numbers printed here are preliminary pending in-depth review.

Preliminary data indicates that eight children died in 2001 from causes related to abuse or neglect.

- Three of the fatalities resulted from neglect.
- Five fatalities were caused by abuse.
- In one of the eight fatalities, alcohol or other drugs were a factor.
- In one of the three neglect fatalities, lack of appropriate supervision was a factor.
- Three families had an open DHS child welfare case at the time of the child's death.
- The fatalities due to neglect had no previous DHS child welfare history.

Neglect fatalities were related to serious acts of omission and negligence, and children left alone in dangerous environments.

In four fatalities, the perpetrator was a parent or stepparent. In one fatality the perpetrator was known to the victim but was not a family member. In the other three fatalities, a perpetrator has not been determined.

IN 2001, PRELIMINARY NUMBERS SHOW EIGHT CHILDREN DIED FROM CAUSES RELATED TO ABUSE AND/OR NEGLECT

These numbers represent data from the DHS Child Protective Service data system and do not include numbers previously submitted from the State Technical Assistance Team (STAT). STAT was eliminated due to budget cuts. Oregon's 2001 numbers reflect methodology more closely aligned to the process used by other states.

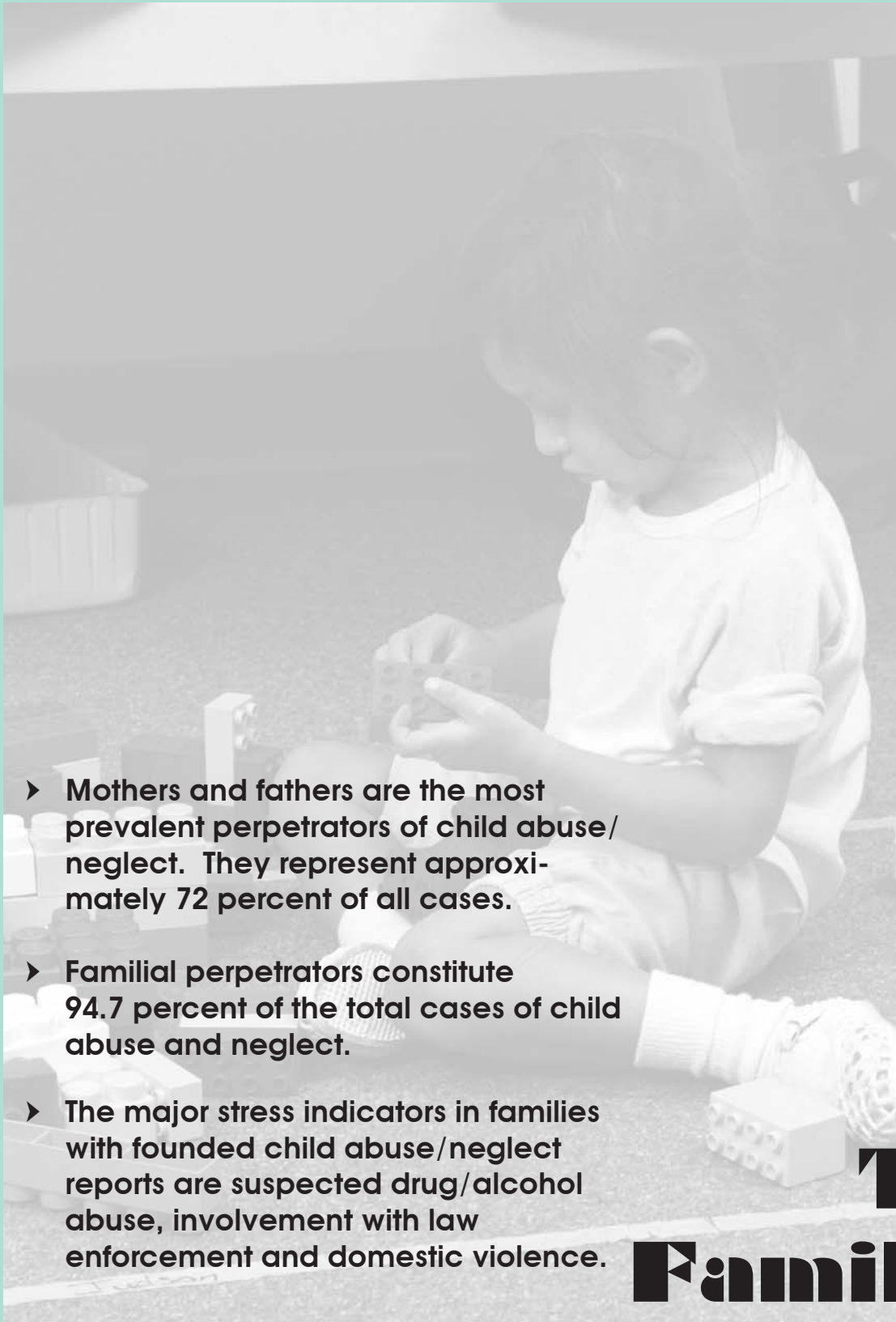
The Health Services cluster of the Department of Human Services will provide their annual report on child fatalities at the end of calendar year 2002.



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 1,000 represents the number of victims per 1,000 children. The rate per 1,000 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/1,000		
	1999	2000	2001	1999	2000	2001	1999	2000	2001
Baker	4,095	4,041	3,908	88	106	77	21.5	26.2	19.7
Benton	16,688	16,603	18,482	158	136	88	9.5	8.2	4.8
Clackamas	83,819	86,874	88,106	562	668	425	6.7	7.7	4.8
Clatsop	8,582	8,354	8,423	241	161	88	28.1	19.3	10.4
Columbia	11,501	11,794	11,718	183	121	94	7.2	10.3	8.0
Coos	14,248	13,512	13,777	473	405	291	33.2	30.0	21.1
Crook	4,416	4,828	5,009	156	84	93	12.7	17.4	18.6
Curry	4,206	4,070	3,975	100	60	58	23.8	14.7	14.6
Deschutes	26,635	27,181	29,568	414	521	344	15.5	19.2	11.6
Douglas	24,818	24,216	23,856	364	422	291	14.7	17.4	12.2
Gilliam	524	476	428	9	9	3	17.2	18.9	7.0
Grant	2,020	2,064	1,911	40	34	49	19.8	16.5	25.6
Harney	1,937	1,976	1,934	16	49	31	8.3	24.8	16.0
Hood River	5,463	5,712	5,743	131	98	51	24.0	17.2	8.9
Jackson	42,348	43,688	44,462	671	616	454	15.8	14.1	10.2
Jefferson	5,167	5,543	5,717	60	51	47	11.6	9.2	8.2
Josephine	17,031	17,290	17,384	222	216	149	13.0	12.5	8.6
Klamath	16,184	16,202	16,476	441	431	320	27.2	26.65	19.4
Lake	1,885	1,843	1,770	57	47	28	30.2	25.5	15.8
Lane	74,244	72,845	75,625	1,080	1,168	1,020	14.5	16.0	13.5
Lincoln	9,488	9,384	9,373	301	210	180	31.7	22.4	19.2
Linn	26,896	26,780	26,773	285	291	307	10.6	10.9	11.5
Malheur	9,470	8,611	8,927	150	96	86	15.8	11.1	9.6
Marion	75,686	77,816	79,359	1,056	1,029	794	14.0	13.2	10.0
Morrow	3,127	3,095	3,275	80	64	49	25.6	20.7	15.8
Multnomah	151,750	145,797	153,089	2,260	1,644	1,356	14.9	11.3	8.9
Polk	15,297	15,545	16,079	180	113	125	11.8	7.3	7.8
Tillamook	5,353	5,372	5,345	91	90	130	17.0	16.8	24.3
Umatilla	19,040	19,182	19,434	175	172	155	9.2	9.0	8.0
Union	6,478	6,027	6,165	98	124	140	15.1	20.6	22.7
Wallowa	1,737	1,750	1,619	19	13	12	10.9	7.4	7.4
Wasco/Sherman	6,428	6,281	6,452	164	113	102	25.5	18.0	15.8
Washington	109,662	114,998	121,299	801	604	528	7.3	5.3	4.4
Wheeler	331	363	313	0	6	15	0	16.5	47.9
Yamhill	23,240	22,542	23,435	315	214	251	13.6	9.5	10.7
Total	829,794	832,655	859,208	11,241	10,186	8,232	13.5	12.2	9.6



- ▶ **Mothers and fathers are the most prevalent perpetrators of child abuse/neglect. They represent approximately 72 percent of all cases.**
- ▶ **Familial perpetrators constitute 94.7 percent of the total cases of child abuse and neglect.**
- ▶ **The major stress indicators in families with founded child abuse/neglect reports 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 72 PERCENT OF ALL CASES



FAMILIAL PERPETRATORS, AS LISTED IN THE TABLE, CONSTITUTE 94.7 PERCENT OF THE TOTAL

ALLEGED PERPETRATORS OF CHILD ABUSE/NEGLECT						
ALLEGED PERPETRATOR	NUMBER			PERCENT		
	1999	2000	2001	1999	2000	2001
Familial						
Mother	4,010	3,712	3,200	41.2	42.1	44.4
Father	2,737	2,446	2,023	28.1	27.7	28.0
Brother	206	197	167	2.1	2.2	2.3
Sister	41	42	12	0.4	0.5	0.2
Stepfather	511	521	385	5.3	5.9	5.3
Stepmother	60	52	36	0.6	0.6	0.5
Step-sibling	50	52	39	0.5	0.6	0.5
Grandfather	102	88	79	1.0	1.0	1.1
Grandmother	79	82	63	0.8	0.9	0.9
Aunt	33	24	30	0.3	0.3	0.4
Uncle	149	112	84	1.5	1.3	1.2
Foster parent	70	73	69	0.7	0.8	1.0
Live-in companion	630	532	402	6.5	6.0	5.6
Other relative	86	93	61	0.9	1.1	0.8
Ex live-in	236	226	178	2.4	2.6	2.5
TOTAL FAMILIAL	9,000	8,252	6,828	92.6	93.5	94.7
Non-familial						
Babysitter	66	38	28	0.7	0.4	0.4
Neighbor/friend	275	205	116	2.8	2.3	1.6
Unknown perp.	49	45	50	0.5	0.5	0.7
Other	333	285	191	3.4	3.2	2.6
TOTAL NON-FAMILIAL	723	573	385	7.4	6.5	5.3
TOTAL	9,723	8,825	7,213	100.0	100.0	100.0

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

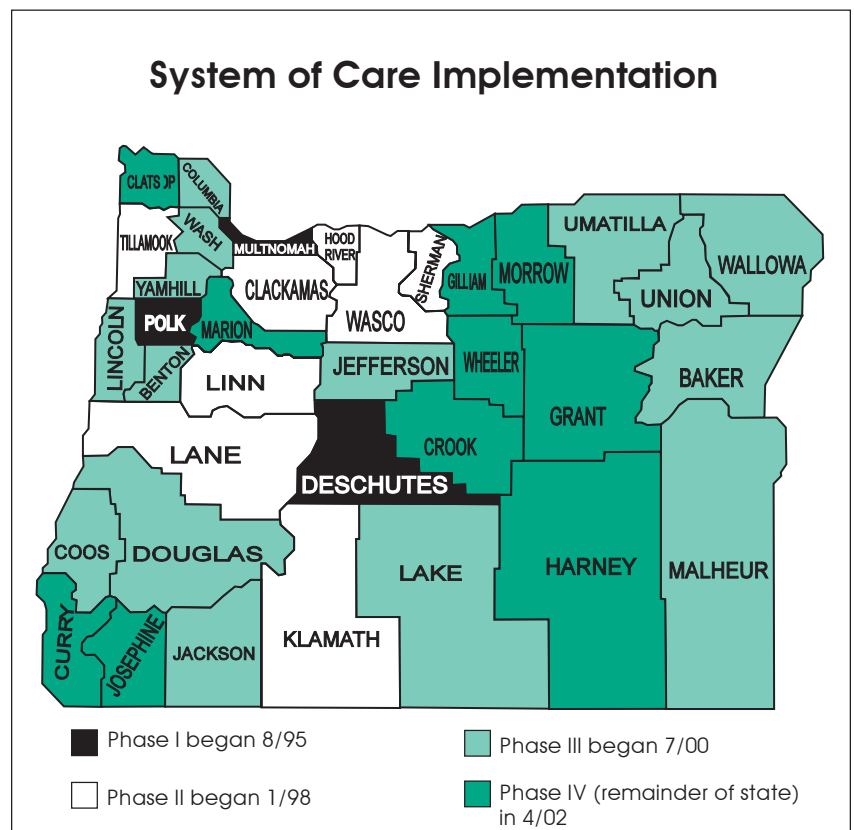
DHS OFFERS SERVICES TO STRENGTHEN FAMILIES SO CHILDREN ARE SAFE IN THEIR OWN HOMES

Strengths/Needs-Based System of Care

A strengths/needs-based system of care is in the final stages of implementation across the state. This practice of case planning builds on the strengths of families, while ensuring the safety of children who are in foster care or in their own homes.

Key elements of strengths/needs-based practice are found throughout child welfare:

- During the life of each case, the needs of a child for safety, permanency, attachment and well-being are assessed.
- The responsibility to strengthen how well families meet the needs of a child is shared. Parents, extended family, foster parents and community partners can all help meet the needs of a child.
- Case plans are crafted around individual needs. Unique services are delivered to the child and family in flexible ways.
- Coaching, mentoring, child-centered facilities and therapeutic supervision are used during visits to improve the bond between parent and child.
- Foster care reform focuses on:
 - Developing foster care in a child's neighborhood.
 - Increasing provider diversity.
 - Recruiting and keeping foster parents.
 - Providing quality foster care.



Strengthening families (cont.)

DHS 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 bring together people who can look at the needs of the child and the strengths of the family. They also talk about the best ideas for the safety and permanent care of the child. Participants may include immediate and extended family, support persons, neighbors, clergy, community service providers, foster parents and school officials. Everyone meets 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 DHS child protective services 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 help families locate and access 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



STRESSORS IN FAMILIES

Stress Indicator	Percent of Founded Abuse Reports		
	1999	2000	2001
Suspected Drug/Alcohol Abuse	37.2	38.5	41.6
Parental Involvement with Law Enforcement Agency	37.9	39.1	39.9
Head of Family Unemployed	26.3	29.0	32.5
Domestic Violence (Physical Abuse of Spouse/Fighting)	32.3	31.2	28.3
New Baby/Pregnancy	*	16.7	18.3
Heavy Child Care Responsibility	20.2	19.8	17.9
Inadequate Housing	*	13.1	15.1
Parental History of Abuse as a Child	13.7	13.4	13.8

*No figures available.

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 know that recovery from alcohol/drug addiction can be a long process. Parents with alcohol/drug problems usually have other issues, such as unemployment and lack of housing. Their inability to remain clean and sober may also impact their parenting skills.

The Oregon legislature provided funding to develop alcohol/drug treatment and housing. DHS child welfare has joined Mental Health and Addiction Services to tackle some of the barriers to treatment for parents. Services available include:

- Alcohol and Drug Outreach Workers: These workers help parents get into alcohol and drug treatment as soon as possible. They help clients get on track with such things as transportation, finding child care, and getting funds for treatment. They help identify and remove any barriers that might hinder a parent from staying clean and sober.
- Family Support Teams: These teams work with local resources to serve families with young children and alcohol/drug problems. At the center of each team is an alcohol and drug specialist. This specialist works with community providers, courts, attorneys and health care professionals to build a support system to help assist parents reach recovery. Team members may also help clients find a place to live. They support clients with the changes necessary to stay clean and sober. These teams are located in 14 child welfare sites around the state.
- Training and Education: Child welfare and Mental Health and Addiction Services have joined forces to:
 - Educate and train foster parents, community members and other agencies that serve high-risk parents.
 - Help staff and community partners better understand the issues of addiction and treatment.
 - Learn new strategies to help parents and families reach and sustain the recovery that can change their lives.

- 
- A photograph of a man in a dark jacket pushing a young child on a swing. The man is leaning forward, and the child is sitting on the swing seat, holding the chains. The background is a simple outdoor setting with a wooden post.
- ▶ **On an average daily basis, there are 6,185 children in family foster care. An additional 655 children are served in other foster care arrangements.**
 - ▶ **A total of 10,893 children were served in family foster care in 2001; 11,604 children were served in all foster care arrangements.**
 - ▶ **There are approximately 4,450* family foster homes in Oregon. These homes have an average of 1.4 foster children.**
 - ▶ **29 percent of children in family foster care are placed with relatives.**

Foster Care

*In 2001, Oregon Safety Standards were revised. These standards now include certification of relative caregivers. Including relatives increases the total number of family foster homes that are certified.

Assuring quality in family foster homes

Family Foster Homes

**THERE ARE APPROXIMATELY
4,450* FAMILY FOSTER
HOMES LOCATED ACROSS
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 DHS. Foster families come from all walks of life and demonstrate a great variety of abilities in caring for children. DHS child welfare 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, 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.

**In 2001, Oregon Safety Standards were revised. These standards now include certification of relative caregivers. Including relatives increases the total number of family foster homes that are certified.*



Children in foster care

Children who need 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.

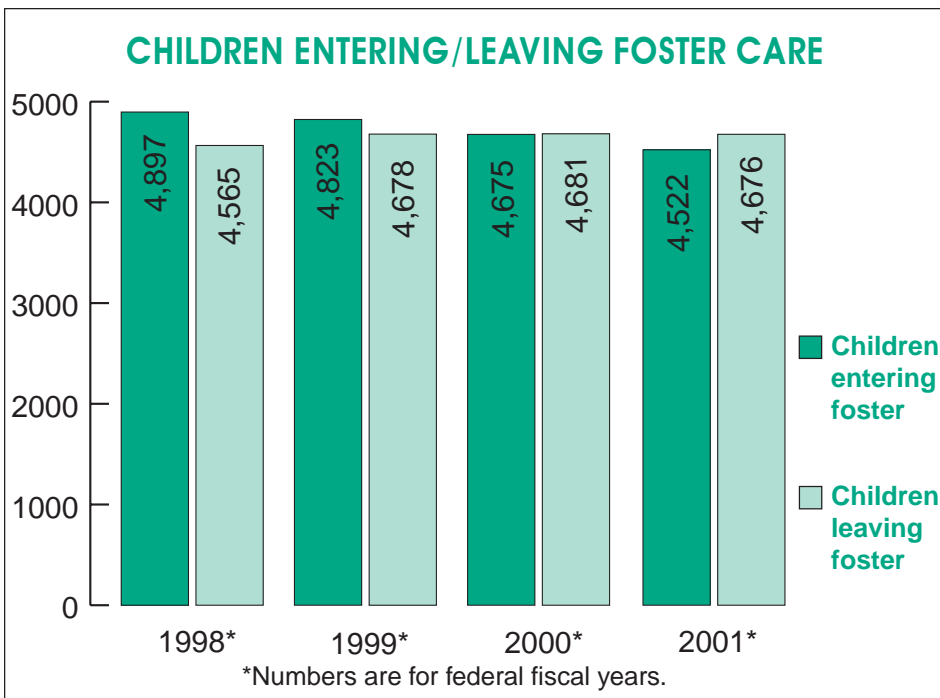
Age of Children in Family Foster Care		Ethnicity of Children in Family Foster Care*	
0-5	38.7%	Asian	0.7%
6-12	37.0%	African American	10.4%
13+	24.3%	Caucasian	70.5%
		Hispanic	11.2%
		Native American	6.9%
		Pacific Islander	0.2%

*The ethnicity of 15.9 percent of children in family foster care was not recorded.

ON ANY GIVEN DAY, THERE WERE AN AVERAGE OF 6,185 CHILDREN IN FAMILY FOSTER CARE IN OREGON



AN UNDUPLICATED TOTAL OF 10,893 CHILDREN WERE SERVED IN FAMILY FOSTER CARE IN 2001

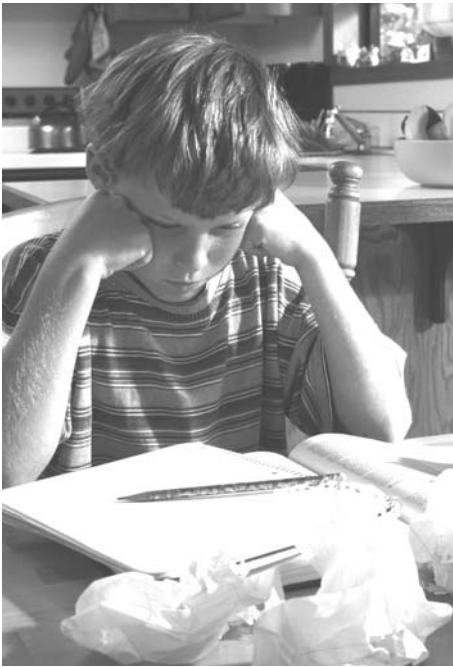


IN 2001, MORE CHILDREN LEFT FOSTER CARE THAN ENTERED



Data for the number of children entering and leaving foster care has been recalculated from previous reports as Oregon has revised definitions to comply with federal definitions. For example, the federal definition includes children who have physically left foster care, but remain in the state's legal custody.

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 federal fiscal year 2001. 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.

PRIMARY REASONS CHILDREN ENTER CARE (INCLUDES ALL TYPES OF FOSTER CARE)

Physical Abuse	2,425	16.60%
Parental Drug Abuse	2,257	15.45%
Parental Alcohol Abuse	2,236	15.31%
Child's Behavior	2,027	13.88%
Parent's Inability to Cope	1,956	13.39%
Neglect	1,372	9.39%
Inadequate Housing	1,240	8.49%
Child's Disability	542	3.71%
Sexual Abuse	310	2.12%
Child's Drug Abuse	86	0.59%
Abandonment	79	0.54%
Child's Alcohol Abuse	61	0.42%
Parental Incarceration	12	0.08%
Parental Death	2	0.01%
TOTAL	**4,262	100.00%

***Children can have more than one condition for removal. The "TOTAL" of 4,262 represents total number of unduplicated children.*

Foster Care Placements Include:

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

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.

- **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 DHS in developing a treatment or placement plan for the child.
- **Therapeutic foster care programs** use 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, 665 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**

**742 YOUTH RECEIVED ILP
SERVICES IN THE YEAR 2001**

Youth who are 14 years of age and older and are/were in substitute care are 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.

ILP services are provided by 17 different community providers. These ILP providers serve youth in their communities around the state. Services for life skills include money management, employment, education assistance and financial assistance for housing.

During the year 2000, the federal ILP grant was increased. This has allowed some flexibility to define the age of youth eligible and the type of services to help teens transition into adulthood.



Responding to emerging needs



DHS child welfare is currently placing emphasis on several initiatives to respond to the emerging needs of children in foster care and their families:

- Relatives caring for children.
- Teens in foster care and moving out of foster care.
- Neighborhood Foster Care, which is developing communities and neighborhoods to provide foster care for the children within their own neighborhoods and schools. This collaboration between the Casey Family Programs and DHS is in Multnomah County.
- The Family to Family grant is funded by the Annie E. Casey Foundation. Four initial sites are located in East Multnomah, Marion, Jackson and Klamath counties. This model supports family and team decision-making meetings at the beginning of a case and at critical points throughout the life of the case.



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.

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



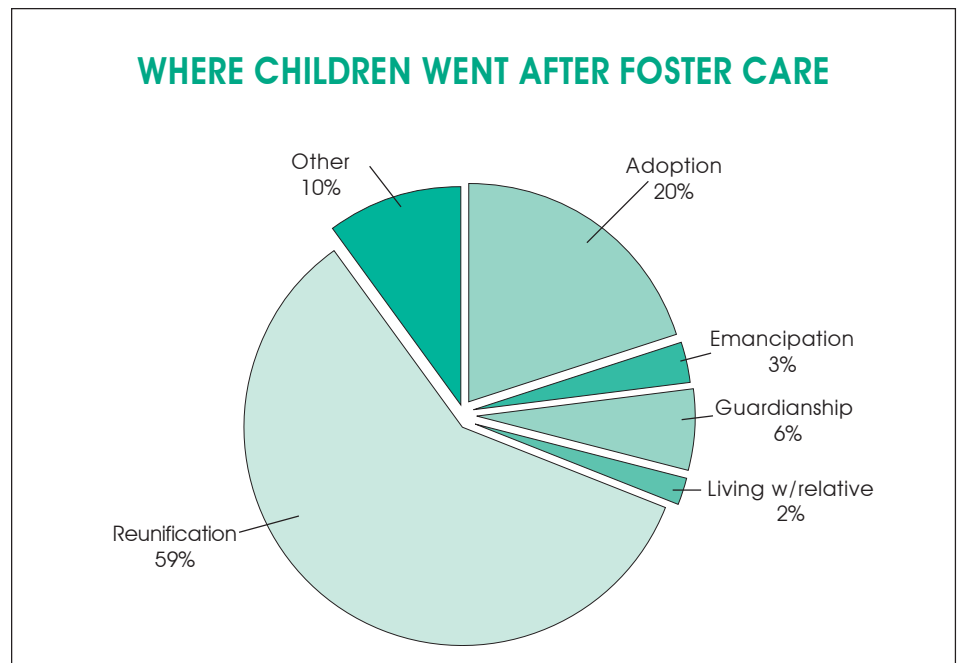
Where children went after foster care



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

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: From July 1999 through December 31, 2001, assisted guardianship agreements have been established for 155 children in 101 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.





- ▶ **DHS child welfare finalized 1,071 adoptions in federal fiscal year 2001.**
- ▶ **Adoptions for children 14 and older reached a record high of 48, or over 4.5 percent of all adoptions.**
- ▶ **DHS child welfare finalized 208 adoptions with children under 3 years old in 2001 – 19 percent of total adoptions.**
- ▶ **Most children (over 70 percent) were adopted by relatives or foster parents, a 6 percent increase over the previous year.**

Adoptions

The children who were adopted

Of the 1,071 children adopted in the federal fiscal year which ended September 30, 2001, 208 were under the age of three. As children get older, the chances for an adoptive placement decrease dramatically, creating a severe need for adoptive homes for children over age seven.



less than 3	208	19.4%
3-4 years	215	20.1%
5-7 years	270	25.2%
8-10 years	208	19.4%
11-13 years	122	11.4%
14 and older	48	4.5%

Area of State	Children came from	Children went to
SDA 1 Clatsop/Columbia/Tillamook	33	29
SDA 2 Multnomah	391	225
SDA 3 Marion/Polk/Yamhill	143	119
SDA 4 Benton/Lincoln/Linn	47	54
SDA 5 Lane	134	104
SDA 6 Douglas	29	24
SDA 7 Coos/Curry	28	17
SDA 8 Jackson/Josephine	61	62
SDA 9 Gilliam-Wheeler/Hood River/Wasco-Sherman	7	15
SDA 10 Crook/Deschutes/Jefferson	38	37
SDA 11 Klamath/Lake	39	27
SDA 12 Morrow/Umatilla (Pendleton/Hermiston)	21	16
SDA 13 Baker/Union/Wallowa	15	18
SDA 14 Grant/Harney/Malheur	12	27
SDA 15 Clackamas	39	48
SDA 16 Washington	31	33
Central Office	3	
Oregon private licensed adoption agencies or out of state		216



Ethnicity

White	763	71.2%
African American	90	8.4%
Hispanic	141	13.2%
Native American	41	3.8%
Asian	4	0.4%
Unknown ethnic	8	0.7%
Multiracial	24	2.2%

28.0 percent of children adopted in the federal fiscal year which ended September 30, 2001 belonged to ethnic minorities.

Finalized adoptions in 2001 included more girls than boys:
 578 (54%) Females
 493 (46%) Males



Adoptive 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 those who foster and those who adopt, must meet the same criteria for safety that nonrelated 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.

TWO-THIRDS OF THE CHILDREN ADOPTED FROM DHS ARE ADOPTED BY RELATIVES OR NONRELATED FOSTER PARENTS

- Nonrelative foster parents became adoptive parents for 359 (33.5 percent) of the finalized adoptions.
- 357 finalized adoptions (33.3 percent) were with relatives providing foster care.
- An additional 36 finalized adoptions (3.4 percent) were with relatives who were not providing foster care.

After the adoption



Low disruptions

92.4 PERCENT OF OREGON ADOPTIONS CONTINUE TO FINALIZATION WITHOUT DISRUPTION

DHS child welfare works diligently to recruit families who match the needs of the child. This careful adoption process helps assure the adoption will be successful. Statistics show 92.4 percent of Oregon adoptive placements continued without disruption. The national average is 85-90 percent.

The success of the DHS 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:

- Special Needs Adoption Coalition, a group of 11 licensed Oregon private adoption agencies that recruit, train, and link adoptive families with children.
- 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
- More than three dozen out-of-state private adoption agencies who bring forward prospective adoptive families.

DHS provides services to preserve adoptive families. As of December 2001, 7,538 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 153 percent from 1995 to 2001.

PAFT (Post Adoption Family Therapy) provides specialized counseling and other support services for adoptive families. Since 1999, the Oregon Post Adoption Resource Center (ORPARC) has provided regional trainings, a lending library and resource center, a Web site and assistance to start local adoption support groups for families adopting children from DHS foster care.



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 throughout their lives.

A 2000 survey of 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.

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.





Oregon Department
of Human Services

500 Summer Street NE, Salem, OR 97301

PAM 1535 (Rev. 5/02)