


The status of  
**CHILDREN**



in Oregon's  
**CHILD  
PROTECTION**  
system  
2002



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June 2003



Dear Oregonians:

One of our agency's most critical goals continues to be 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 2002.

In 2002, there were 8,424 child abuse and neglect victims, a 2.3 percent increase from the previous year. While incidents of mental injury, physical abuse and sexual abuse declined, there was a slight increase in the categories of neglect and threat of harm.

But overall, the statistics reflect the major problems Oregon's families are facing, including parental involvement with drugs and alcohol, parental involvement with law enforcement, domestic violence and unemployment. These factors influence the level of risk of maltreatment for many children in our state.

Each year it becomes more and more evident that we cannot rely upon a single discipline to provide for the safety and protection for Oregon's children. As documented in this report, the problems of Oregon's families cut across systems – substance abuse treatment, employment, law enforcement, justice, housing and mental health. The expertise and resources of all agencies and professionals in these areas are needed to keep children safe and families together.

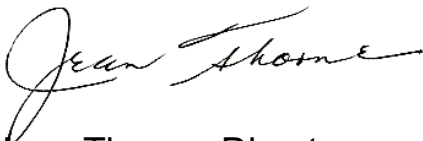
The state foster care system served more than 13,000 children in 2002. Teens represented 29.1 percent of this population, an increase of almost 5 percent over the previous year. This speaks to the fact that abuse and neglect of teens is a significant issue and that we must continue to develop strategies for appropriately serving this population.

For the second consecutive year, we had more children exiting foster care than entering foster care. This reflects the diligent efforts of our staff, who work to ensure children's safety by providing their families with services so the children can remain in or can safely return to their own homes. Sixty percent of children entering foster care are reunited with their families.

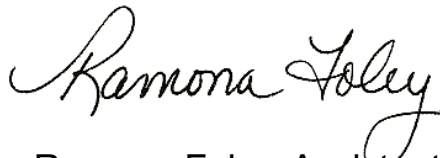
When reunification is not possible, our staff seek alternative permanent homes, including placement with relatives and adoption.

This past year, Oregon finalized 1,118 adoptions, an increase of 4.4 percent over 2001. The success of the state's adoption program is partially the result of strong relationships with community partners.

We hope you will find the data in this report useful as we work collectively to achieve positive outcomes for Oregon's children and families.



Jean Thorne, Director  
Oregon Dept. of Human Services

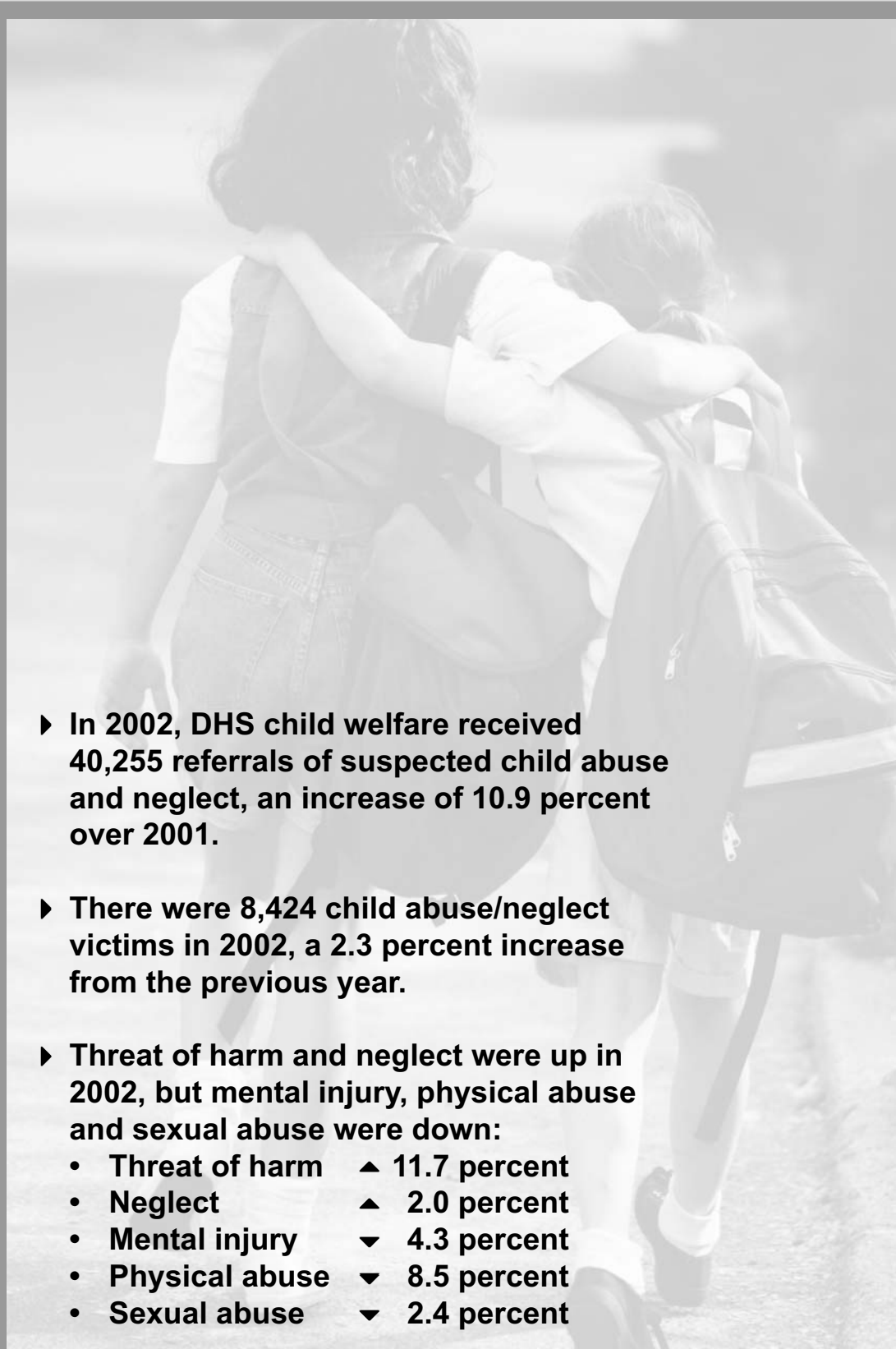


Ramona Foley, Assistant Director  
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# The Children



- ▶ In 2002, DHS child welfare received 40,255 referrals of suspected child abuse and neglect, an increase of 10.9 percent over 2001.
- ▶ There were 8,424 child abuse/neglect victims in 2002, a 2.3 percent increase from the previous year.
- ▶ Threat of harm and neglect were up in 2002, but mental injury, physical abuse and sexual abuse were down:
  - Threat of harm ▲ 11.7 percent
  - Neglect ▲ 2.0 percent
  - Mental injury ▼ 4.3 percent
  - Physical abuse ▼ 8.5 percent
  - Sexual abuse ▼ 2.4 percent

## What is child abuse?

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



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

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

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 referral 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. If no home visit is necessary, the referral is said to be closed at screening.
- ▶ For those allegations requiring a home visit and assessment, 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, an assessed referral is classified as 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?

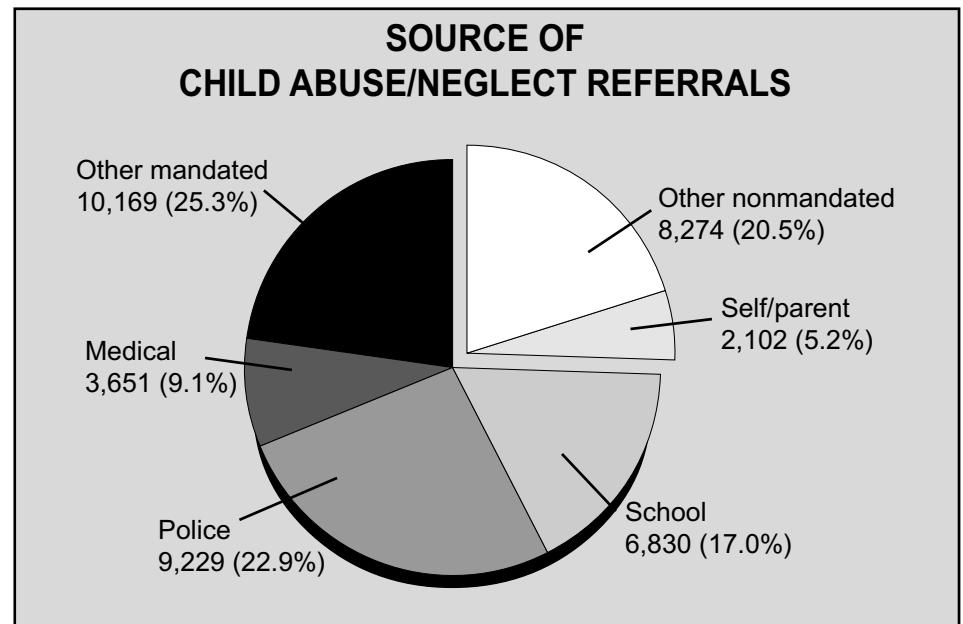
### MANDATORY REPORTERS ARE REQUIRED BY LAW TO REPORT CHILD ABUSE AND NEGLECT

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

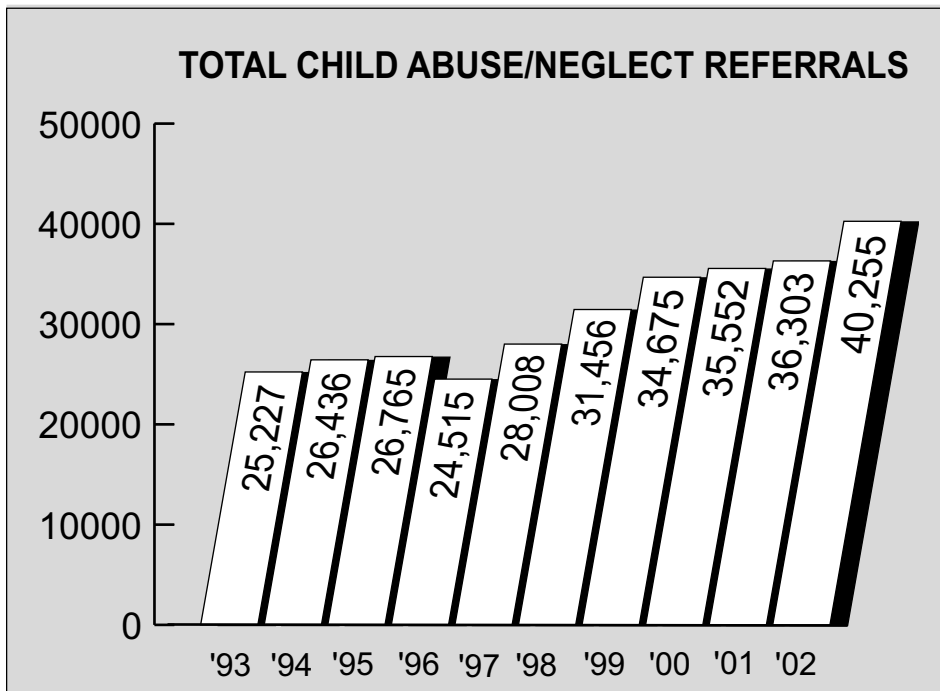
Certain people are required by Oregon law to report suspected cases of child abuse and neglect to the local DHS child welfare office or a law enforcement agency. These people are required to report because they have frequent contact with children and are able to identify children who are at risk from 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 2002.
- ▶ Forty percent of referrals came from schools and law enforcement agencies.
- ▶ Former spouses accounted for only 1.5 percent of referrals.

## Total child abuse/neglect referrals



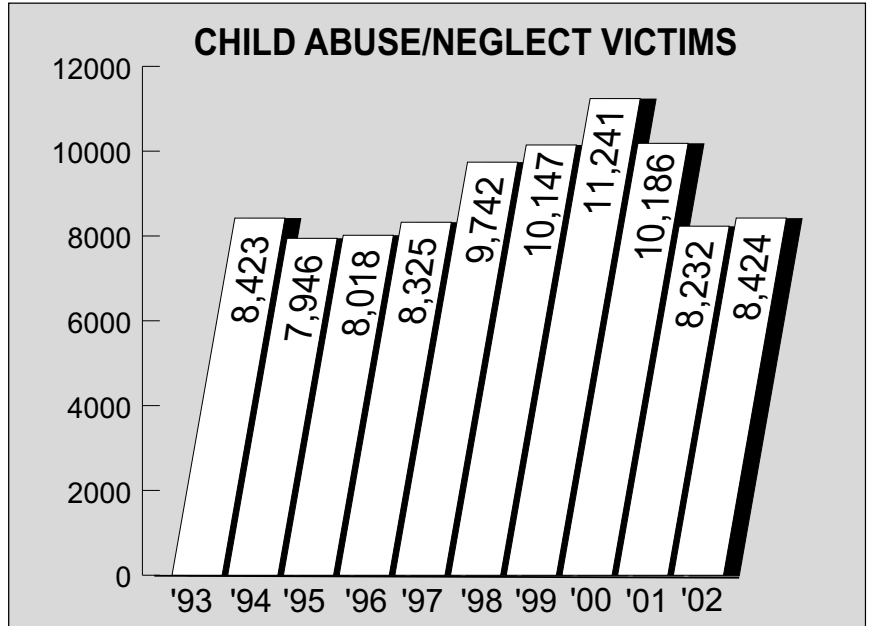
DHS CHILD WELFARE  
REVIEWED 40,255  
REFERRALS OF  
SUSPECTED  
CHILD ABUSE AND  
NEGLECT IN 2002



- ▶ In 2002, DHS child welfare reviewed 40,255 referrals of suspected child abuse/neglect. (Some of these referrals were reported to DHS at the end of 2001.) In 1993, DHS child welfare reviewed 25,227 referrals of suspected child abuse/neglect. This is an increase of 59.6 percent over a 10-year period. This continuing rise in referrals, 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 10.9 percent.
- ▶ 5,862 child abuse/neglect referrals were "founded" in 2002, essentially unchanged from 5,863 in 2001. "Founded" means that there was reasonable cause to believe that abuse/neglect occurred.

# Child abuse/neglect victims

THERE WERE 8,424 CHILD ABUSE/NEGLECT VICTIMS IN 2002, A 2.3 PERCENT INCREASE FROM THE PREVIOUS YEAR



- ▶ The number of child abuse and neglect victims increased 2.3 percent from 2001.
- ▶ The “duplicate” victim count for 2002 was 9,228, up 2.4 percent from the 9,011 victims in 2001. “Duplicate” counts a child each time he or she is identified as a victim on a separate referral.



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

ETHNICITY	% OF OREGON CHILDREN*	% VICTIMS OF CHILD ABUSE/NEGLECT**
Asian & Pacific Islander	3.8%	1.1% (Asian) 0.5% (Pacific Islander)
African American	2.4%	5.9%
Caucasian	82.5%	70.6%
Hispanic	9.5%	15.2%
Native American	1.7%	6.6%

\*1998 estimates of children aged 0-19.

\*\*The ethnicity of 21.5% of abuse/neglect victims was not recorded.

# Victims by age and gender

- ▶ Fifty 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 one victim whose gender was not recorded.

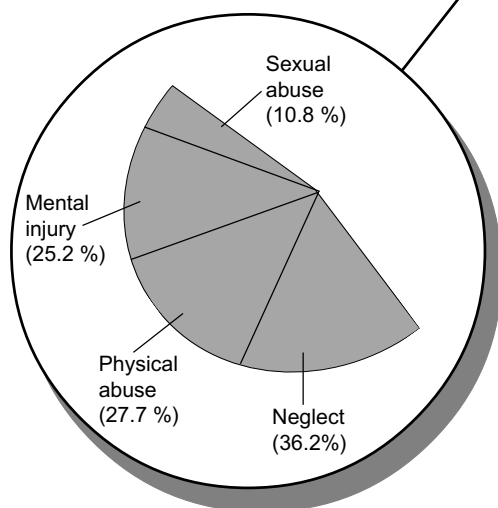
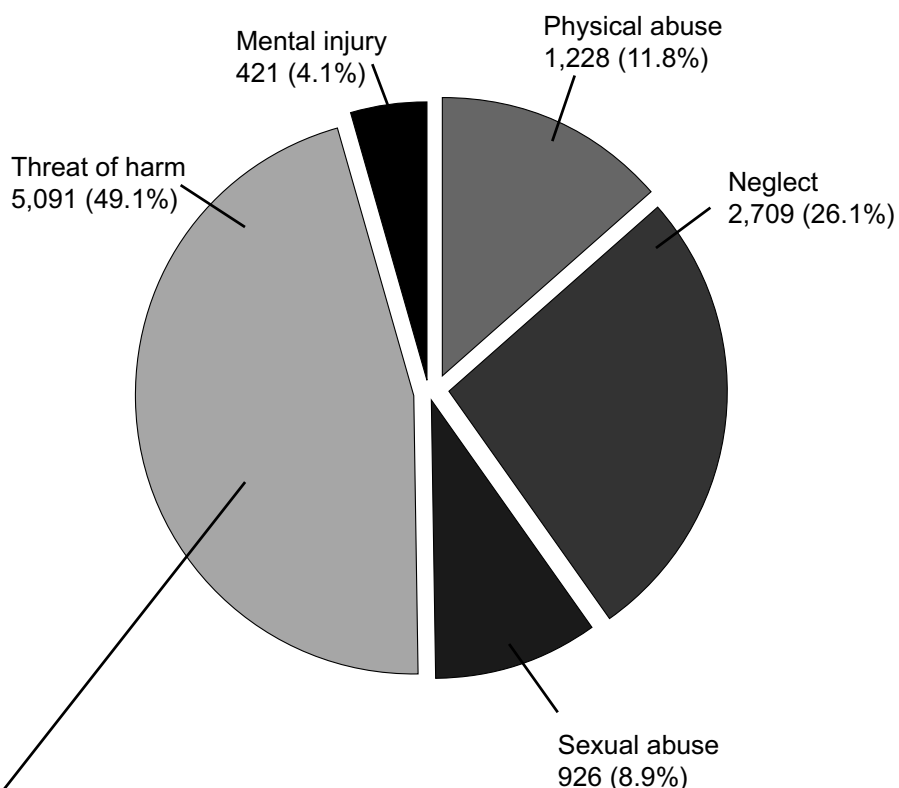
## Incidents of child abuse/neglect

▶ Each type of maltreatment experienced by a victim in a founded referral counts as an incident of child abuse/neglect. The number of incidents is larger than the number of victims because victims may have suffered more than one type of maltreatment and/or may have been involved in more than one founded referral.

▶ In 2002, 55.4 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. Children under age 6 represent over 35 percent of children in foster care.

**THERE WERE 10,375 INCIDENTS OF CHILD ABUSE/NEGLECT IN 2002, AN INCREASE OF 4.3 PERCENT FROM 2001**



### 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 familial child abuse/neglect

PRELIMINARY NUMBER OF CHILD FATALITIES					
	ABUSE			NEGLECT	
2002	14	7	1997	12	22
2001	5	3	1996	13	17
2000	9	12	1995	8	28
1999	9	9	1994	11	22
1998	6	11	1993	7	4

Numbers printed here are preliminary pending in-depth review.

Preliminary data indicate that 21 children died in 2002 from causes related to abuse or neglect.

- ▶ Seven of the fatalities were victims of familicide, in which multiple family members were murdered by another family member.
- ▶ Fourteen fatalities were caused by abuse.
- ▶ Seven of the fatalities resulted from neglect.
- ▶ In five of the 21 fatalities, alcohol or other drugs were a factor.
- ▶ In two of the seven neglect fatalities, lack of appropriate supervision was a factor.
- ▶ Seven families had an open DHS child welfare case at the time of the child's death.

In 17 fatalities, the perpetrator was a parent. In four of the fatalities, the perpetrator was a live-in companion of a parent.

### IN 2002, PRELIMINARY DATA SHOW 21 CHILDREN DIED FROM CAUSES RELATED TO FAMILIAL 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.*

*The Health Services cluster of the Department of Human Services will provide their annual report on child fatalities at the end of calendar year 2003.*



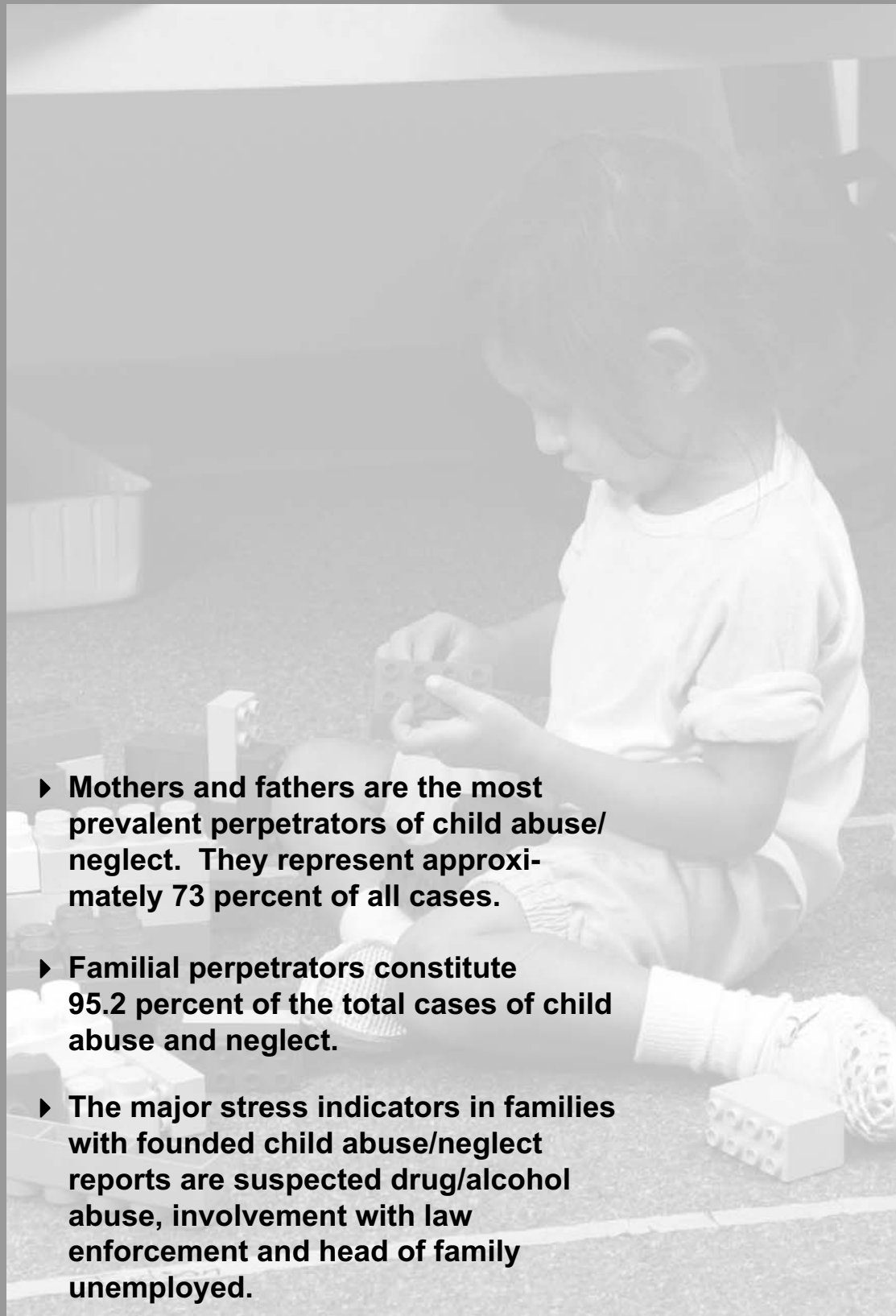


Population estimates from The Center for Population Research and Census, Portland State University. The population numbers represent the number of children under age 18 in each county. The rate per 1,000 represents the number of victims per 1,000 children. The rate per 1,000 is affected by numerous factors, 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		
	2000	2001	2002	2000	2001	2002	2000	2001	2002
Baker	4,041	3,908	4,000	106	77	93	26.2	19.7	23.3
Benton	16,603	18,482	17,105	136	88	80	8.2	4.8	4.7
Clackamas	86,874	88,106	90,118	668	425	324	7.7	4.8	3.6
Clatsop	8,354	8,423	8,495	161	88	79	19.3	10.4	9.3
Columbia	11,794	11,718	12,002	121	94	70	10.3	8.0	5.8
Coos	13,512	13,777	13,709	405	291	257	30.0	21.1	18.7
Crook	4,828	5,009	5,234	84	93	66	17.4	18.6	12.6
Curry	4,070	3,975	3,945	60	58	55	14.7	14.6	13.9
Deschutes	27,181	29,568	30,950	521	344	292	19.2	11.6	9.4
Douglas	24,216	23,856	24,040	422	291	223	17.4	12.2	9.3
Gilliam	476	428	435	9	3	13	18.9	7.0	29.9
Grant	2,064	1,911	1,925	34	49	34	16.5	25.6	17.7
Harney	1,976	1,934	1,972	49	31	29	24.8	16.0	14.7
Hood River	5,712	5,743	5,774	98	51	52	17.2	8.9	9.0
Jackson	43,688	44,462	45,525	616	454	489	14.1	10.2	10.7
Jefferson	5,543	5,717	5,908	51	47	53	9.2	8.2	9.0
Josephine	17,290	17,384	17,796	216	149	190	12.5	8.6	10.7
Klamath	16,202	16,476	16,624	431	320	342	26.7	19.4	20.6
Lake	1,843	1,770	1,822	47	28	32	25.5	15.8	17.6
Lane	72,845	75,625	75,046	1,168	1,020	1,012	16.0	13.5	13.5
Lincoln	9,384	9,373	9,555	210	180	175	22.4	19.2	18.3
Linn	26,780	26,773	27,068	291	307	372	10.9	11.5	13.7
Malheur	8,611	8,927	8,877	96	86	68	11.1	9.6	7.7
Marion	77,816	79,359	79,993	1,029	794	988	13.2	10.0	12.4
Morrow	3,095	3,275	3,311	64	49	55	20.7	15.8	16.6
Multnomah	145,797	153,089	153,196	1,644	1,356	1,383	11.3	8.9	9.0
Polk	15,545	16,079	15,942	113	125	142	7.3	7.8	8.9
Tillamook	5,372	5,345	5,393	90	130	115	16.8	24.3	21.3
Umatilla	19,182	19,434	19,529	172	155	175	9.0	8.0	9.0
Union	6,027	6,165	6,137	124	140	101	20.6	22.7	16.5
Wallowa	1,750	1,619	1,695	13	12	19	7.4	7.4	11.2
Wasco/Sherman	6,281	6,452	6,461	113	102	93	18.0	15.8	14.4
Washington	114,998	121,299	124,298	604	528	667	5.3	4.4	5.4
Wheeler	363	313	336	6	15	4	16.5	47.9	11.9
Yamhill	22,542	23,435	23,573	214	251	282	9.5	10.7	12.0
<b>Total</b>	<b>832,655</b>	<b>859,208</b>	<b>867,789</b>	<b>10,186</b>	<b>8,232</b>	<b>8,424</b>	<b>12.2</b>	<b>9.6</b>	<b>9.7</b>

# The Families



- ▶ **Mothers and fathers are the most prevalent perpetrators of child abuse/neglect. They represent approximately 73 percent of all cases.**
- ▶ **Familial perpetrators constitute 95.2 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 head of family unemployed.**



# Alleged perpetrators of child abuse/neglect

MOTHERS AND FATHERS ARE THE TWO MOST PREVALENT PERPETRATORS OF CHILD ABUSE/NEGLECT – THEY REPRESENT 73 PERCENT OF ALL CASES



FAMILIAL PERPETRATORS, AS LISTED IN THE TABLE, CONSTITUTE 95.2 PERCENT OF THE TOTAL

ALLEGED PERPETRATORS OF CHILD ABUSE/NEGLECT						
ALLEGED PERPETRATOR	NUMBER			PERCENT		
	2000	2001	2002	2000	2001	2002
<b>Familial</b>						
Mother	3,712	3,200	3,295	42.1	44.4	45.8
Father	2,446	2,023	1,973	27.7	28.0	27.4
Brother	197	167	129	2.2	2.3	1.8
Sister	42	12	27	0.5	0.2	0.4
Stepfather	521	385	381	5.9	5.3	5.3
Stepmother	52	36	50	0.6	0.5	0.7
Stepsibling	52	39	28	0.6	0.5	0.4
Grandfather	88	79	66	1.0	1.1	0.9
Grandmother	82	63	64	0.9	0.9	0.9
Aunt	24	30	23	0.3	0.4	0.3
Uncle	112	84	87	1.3	1.2	1.2
Foster parent	73	69	54	0.8	1.0	0.8
Live-in companion	532	402	414	6.0	5.6	5.8
Other relative	93	61	82	1.1	0.8	1.1
Ex live-in	226	178	169	2.6	2.5	2.4
<b>TOTAL FAMILIAL</b>	<b>8,252</b>	<b>6,828</b>	<b>6,842</b>	<b>93.5</b>	<b>94.7</b>	<b>95.2</b>
<b>Nonfamilial</b>						
Babysitter	38	28	26	0.4	0.4	0.4
Neighbor/friend	205	116	118	2.3	1.6	1.6
Unknown perpetrator	45	50	46	0.5	0.7	0.6
Other	285	191	158	3.2	2.6	2.2
<b>TOTAL NONFAMILIAL</b>	<b>573</b>	<b>385</b>	<b>348</b>	<b>6.5</b>	<b>5.3</b>	<b>4.8</b>
<b>TOTAL</b>	<b>8,825</b>	<b>7,213</b>	<b>7,190</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

When it is safe to do so, the victim of child abuse or neglect 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, he or she 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**

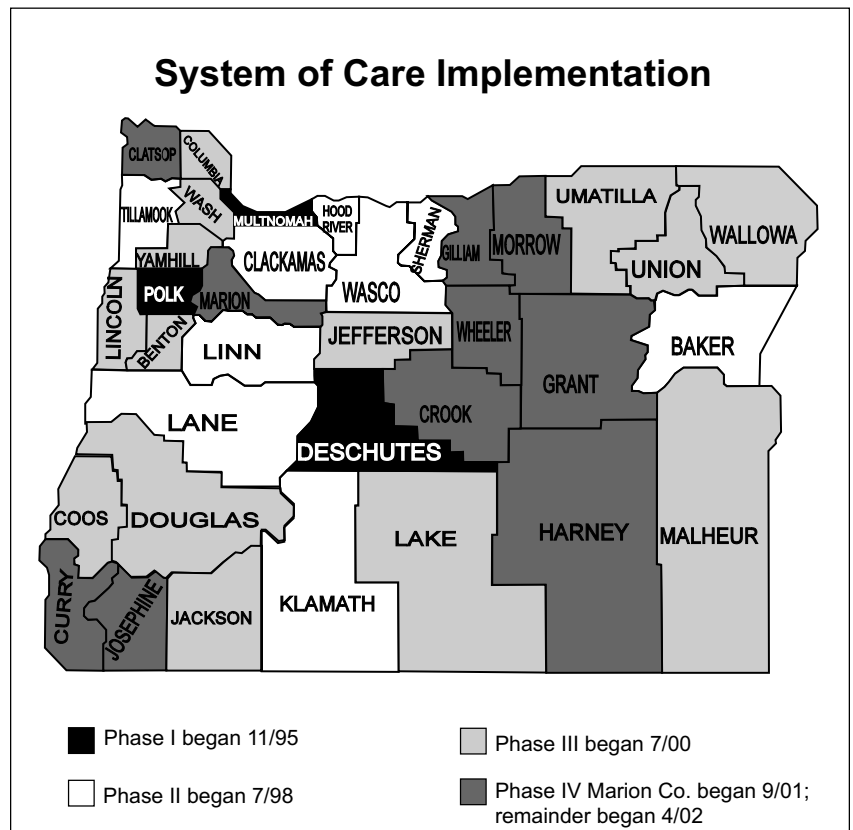
## Strengths/Needs-Based System of Care

A strengths/needs-based system of care became fully implemented across the state in 2002. 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. The participants discuss the best ideas for the safety and permanent care of the child. Oregon has been making increasing use of Team Decision Meetings, which are Family Decision Meetings convened to make placement-related decisions. Participants in Family Decision Meetings may include immediate and extended family, support persons, neighbors, clergy, community service providers, foster parents and school officials. Everyone meets to discuss the child'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

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

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

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		
	2000	2001	2002
Suspected Drug/Alcohol Abuse	38.5	41.6	44.8
Parental Involvement with Law Enforcement Agency	39.1	39.9	41.5
Head of Family Unemployed	29.0	32.5	36.2
Domestic Violence (Physical Abuse of Spouse/Fighting)	31.2	28.3	27.1
Heavy Child Care Responsibility	19.8	17.9	20.1
New Baby/Pregnancy	16.7	18.3	18.5
Inadequate Housing	13.1	15.1	13.9
Parental History of Abuse as a Child	13.4	13.8	11.8

## Drug/alcohol problems impact children

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



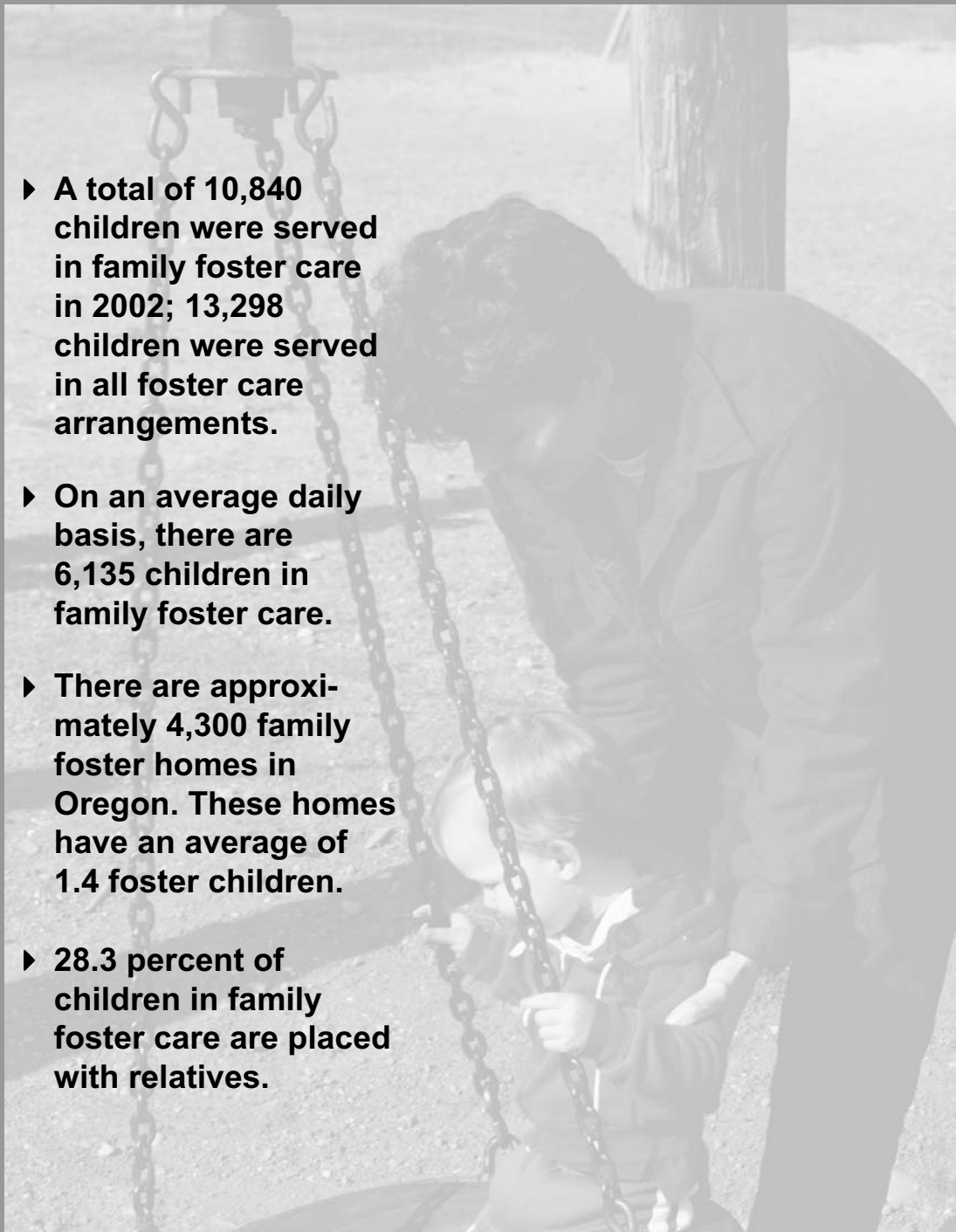
The Adoption and Safe Families Act (ASFA) limits the time parents have to show they can safely care for their children. However, experts know that recovery from alcohol/drug addiction can be a long process. Parents with alcohol/drug problems usually have other issues, such as unemployment and lack of 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.

# Foster Care

- ▶ **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.**



## Foster care services

### FOSTER CARE SETTINGS INCLUDE:

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



### Change in definition

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.

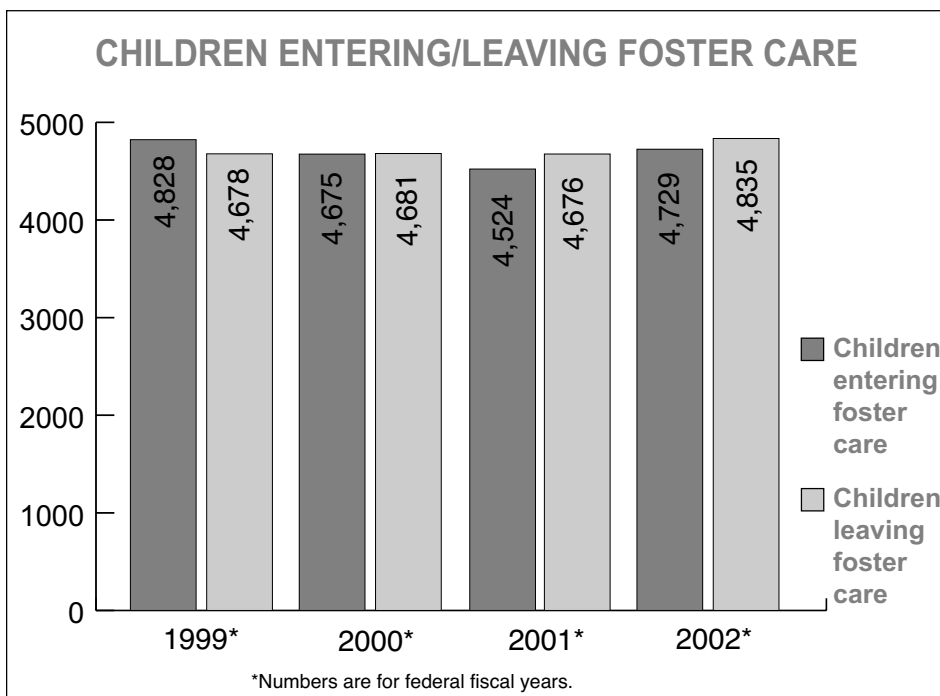
## Children in foster care

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.



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.*

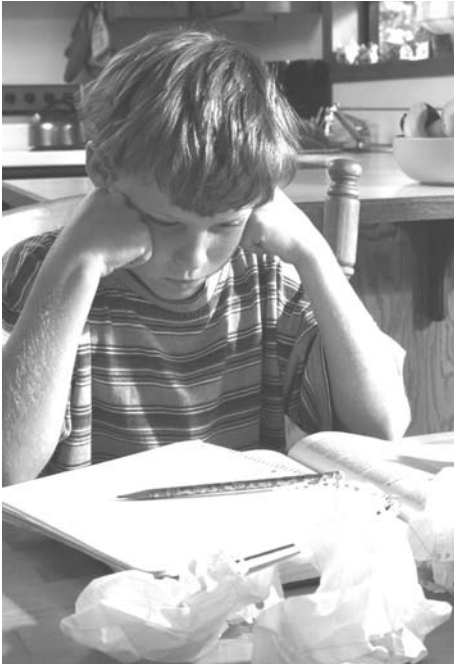


IN 2002, MORE CHILDREN LEFT FOSTER CARE THAN ENTERED





## 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%
<b>TOTAL</b>		<b>100.0%</b>

*Children can have more than one reason for entering 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**



## Residential treatment services

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



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 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.

### 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 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.

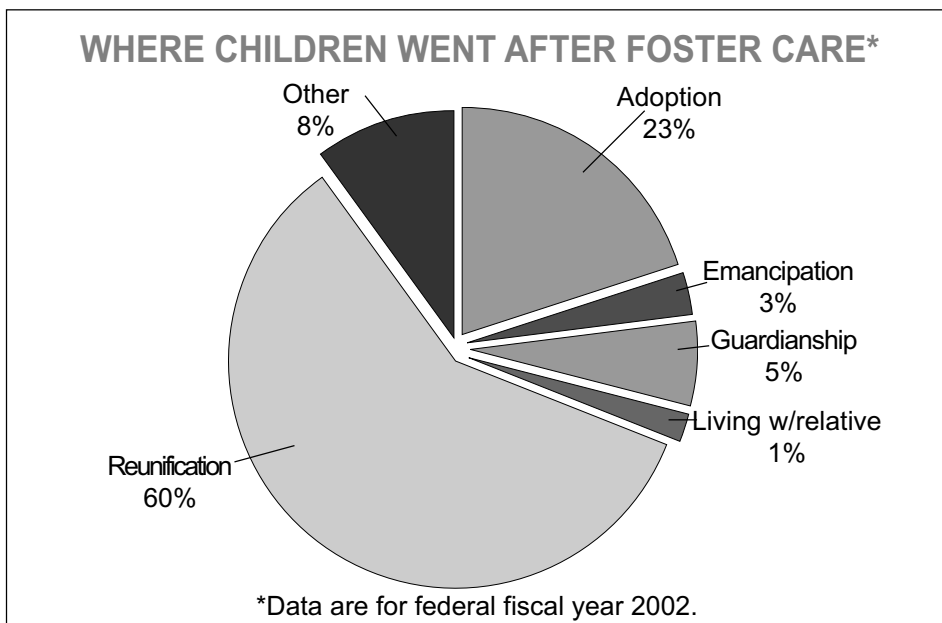
If a child cannot return home, the law requires that an alternate permanency plan be put into place quickly. If adoption is not in the best interest of the child, other alternate permanency plans may include:

- ▶ Guardianship.
- ▶ Permanent relative care.
- ▶ Permanent foster 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**

# Adoptions

- 
- ▶ **DHS child welfare finalized 1,118 adoptions in federal fiscal year 2002, an increase of 4.4% over the previous year.**
  - ▶ **Adoptions for children 14 and older totaled 43, or over 3.8 percent of all adoptions.**
  - ▶ **DHS child welfare finalized 207 adoptions with children under 3 years old in 2002 – 18.5 percent of total adoptions.**
  - ▶ **Most children (over 74 percent) were adopted by relatives or foster parents, a 4 percent increase over the previous year.**



# Adoptions

**DHS FINALIZED  
1,118 ADOPTIONS IN  
FEDERAL FISCAL YEAR\*  
2002**



*\*In 1998 the federal government began requiring states to use a single system to report where children go when they leave foster care. This report on adoption trends is the data Oregon reported to the federal government for the federal fiscal year from October 1, 2001 through September 30, 2002.*

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

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

**DHS PLACES A HIGH VALUE ON PRESERVING AND PROMOTING RELATIONSHIPS BETWEEN SIBLINGS, PLACING THEM TOGETHER IN THE SAME ADOPTIVE FAMILY WHENEVER IT IS SAFE AND POSSIBLE TO DO SO.**

## Special needs

Most of the children placed for adoption by DHS child welfare have "special needs."

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

**IN 2002, 680 CHILDREN WHO WERE ADOPTED HAD SIBLINGS ALSO NEEDING ADOPTIVE PLACEMENT. OF THESE CHILDREN, 632 (92.9 PERCENT) WERE ADOPTED BY THE SAME FAMILY AS ONE OR MORE OF THEIR SIBLINGS.**

## The children who were adopted

Of the 1,118 children adopted in the federal fiscal year which ended September 30, 2002, 207 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.

### CHILDREN ADOPTED IN 2002

Area of State	Children	
	came from	went to
SDA 1 Clatsop/Columbia/Tillamook	46	42
SDA 2 Multnomah	359	214
SDA 3 Marion/Polk/Yamhill	163	107
SDA 4 Benton/Lincoln/Linn	40	56
SDA 5 Lane	112	83
SDA 6 Douglas	34	35
SDA 7 Coos/Curry	32	26
SDA 8 Jackson/Josephine	83	59
SDA 9 Gilliam-Wheeler/Hood River/ Wasco-Sherman	6	10
SDA 10 Crook/Deschutes/Jefferson	18	27
SDA 11 Klamath/Lake	49	29
SDA 12 Morrow/Umatilla (Pendleton/Hermiston)	18	21
SDA 13 Baker/Union/Wallowa	15	5
SDA 14 Grant/Harney/Malheur	14	26
SDA 15 Clackamas	59	57
SDA 16 Washington	70	65
Central Office		7
Oregon private licensed adoption agencies or out of state		249

### AGE of ADOPTED CHILDREN

less than 3	207	18.5%
3-4 years	272	24.3%
5-7 years	277	24.8%
8-10 years	199	17.8%
11-13 years	120	10.7%
14 and older	43	3.8%

AGE

### CHILD'S ETHNICITY

White	752	67.3%
African American	92	8.2%
Hispanic	171	15.3%
Native American	10	0.9%
Asian	8	0.7%
Hawaiian/ Pacific Islander	1	0.1%
Unknown ethnic	2	0.2%
Multiracial	82	7.3%

ETHNICITY

*32.5 percent of children adopted in the federal fiscal year which ended September 30, 2002 belonged to ethnic minorities.*

Finalized adoptions in 2002 included more girls than boys:

589 (53%)	Females
529 (47%)	Males

GENDER

## 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.

**74 PERCENT OF THE CHILDREN ADOPTED FROM DHS ARE ADOPTED BY RELATIVES OR NONRELATED FOSTER PARENTS**

- ▶ Nonrelative foster parents became adoptive parents for 413 (36.9 percent) of the finalized adoptions.
- ▶ 358 finalized adoptions (32 percent) were with relatives providing foster care.
- ▶ An additional 59 finalized adoptions (5.3 percent) were with relatives who were not providing foster care.

## Recruiting/families focus on child

Since 1990, the number of children in state custody freed for adoption has increased from fewer than 500 per year to more than 1,000 per year. About one-third of these children are voluntarily released for adoption by their parents. The remaining two-thirds are freed through a court process called termination of parental rights (TPR).

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 and, in some cases, have ongoing communication with the child after the adoption is finalized.

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.

In 2002, over 300 families who adopted more than 450 children participated in mediation with one or more of their adopted children's birth parents. Through mediation, they were able to reach an agreement regarding communication after finalization of the adoption.



### Recruiting homes



- ▶ Families recruited by DHS child welfare adopted 869 children (77.7 percent).
- ▶ Families recruited by Oregon private adoption agencies adopted 37 children (3.3 percent).
- ▶ Families recruited by out-of-state private agencies adopted 78 children (7.0 percent).
- ▶ Families recruited by out-of-state public agencies adopted 134 children (12.0 percent).

## After the adoption

### 93.4 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 93.4 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.



## After the adoption

DHS provides services to preserve adoptive families. As of December 2002, 8,313 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 179 percent from 1995 to 2002.

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.



### 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%

### 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.*



Oregon Department  
of Human Services

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PAM 1535 (Rev. 06/03)