

The status of
children
in Oregon's child protection system
2004



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

This report also available on the Web:

www.oregon.gov/DHS/abuse/publications/children/index.shtml



May 2005

Dear Oregonians,

The information contained in this annual report is invaluable to the safety and protection of Oregon's children and is one of the best tools available to guide and shape the work we do. This report presents data about child abuse and neglect known to Oregon's child protection system.

In 2004, Oregon received more than 46,000 child maltreatment reports, a 9.6 percent increase over the previous year. Of those, about 10,600 were confirmed victims of abuse or neglect, an increase of 12.4 percent.

The numbers, however, only tell part of the story of what has been happening this past year in Oregon's child protection system.

The safety and well-being of children has been a priority of our Governor, who is taking pro-active and aggressive steps to ensure their protection. In 2004, he called for increased accountability and timely response to sensitive child welfare issues. In December, the first Critical Incident Response Team (CIRT) was activated when a 5-year-old foster child was severely injured. Through the CIRT process, we have learned how our child protection system is working and how we can make it stronger.

The Governor also directed the agency to bring in an outside expert to conduct a comprehensive review of child safety practices. We anticipate the findings and recommendations from the National Resource Center for Child Protective Services this month.

To ensure that vulnerable TANF families receive help to prevent the need for their children to enter foster care, the Governor introduced the TANF Children's Initiative. In Oregon, about one third of the abused or neglected children entering foster care were receiving TANF within the previous 12 months.

Abuse of all types increased in 2004, including neglect, physical abuse, sex abuse, mental injury and threat of harm. For families with founded abuse or neglect, the four major problems continue to be parental drug or alcohol abuse, parental involvement with law enforcement, head of household unemployed, and domestic violence.

As family needs increase and intensify, the work of child welfare professionals becomes more complex. At the Governor's direction, caseworkers now have access to the Law Enforcement Data System (LEDS). LEDS information is one of many risk, safety and protective factors workers must consider when making child safety, worker safety and child abuse determinations.

While we successfully protect and rehabilitate thousands of children and families every year, we continue to face increased challenges. The methamphetamine epidemic alone is driving our system in a way that none of us could have anticipated 10 years ago. We must continue to evolve and explore every opportunity to identify best practices so that Oregon's children can grow in safe and stable environments.



Gary K. Weeks, Director
Oregon Dept. of Human Services

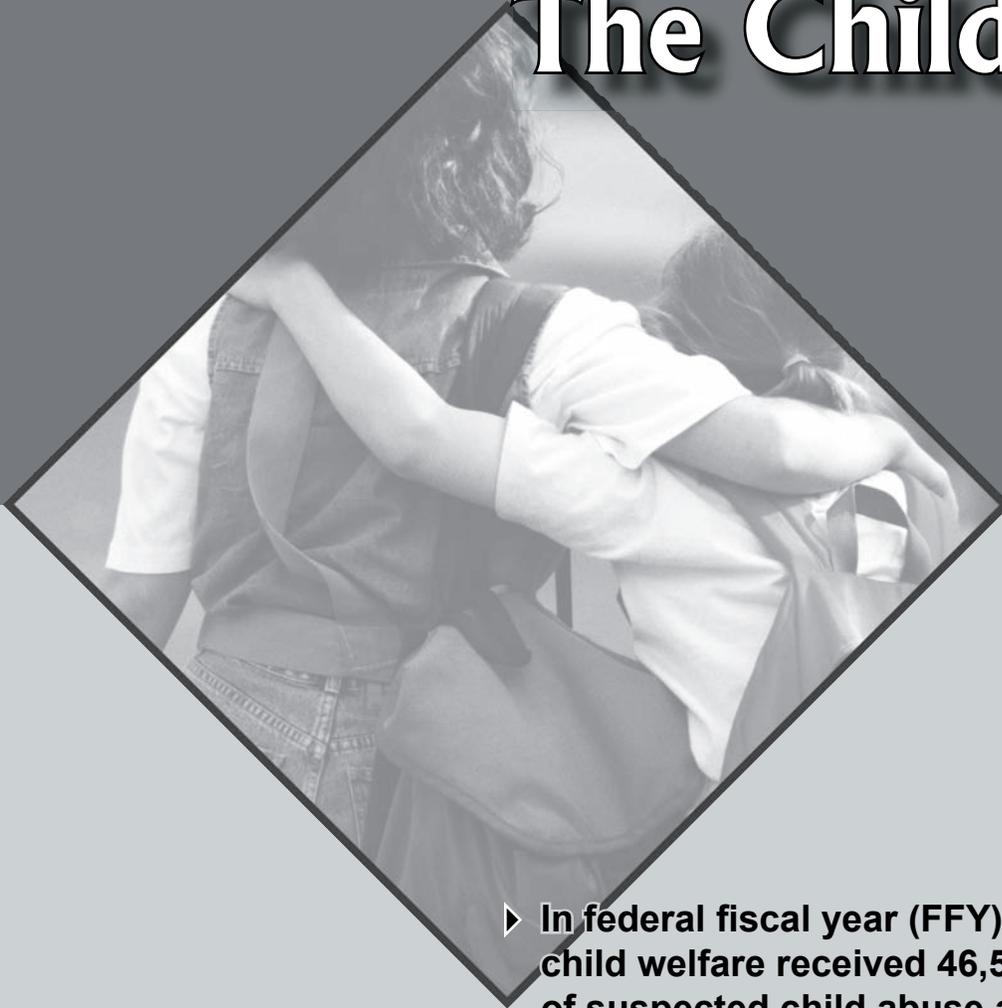


Ramona Foley, Assistant Director
Children, Adults and Families
Oregon Dept. of Human Services

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The Children



- ▶ In federal fiscal year (FFY) 2004, DHS child welfare received 46,524 reports of suspected child abuse and neglect, an increase of 9.6 percent over FFY 2003.

- ▶ There were 10,622 child abuse/neglect victims in FFY 2004, a 12.4 percent increase from FFY 2003.

- ▶ In FFY 2004, all types of abuse increased:
 - Threat of harm ▲ 15.9 percent
 - Neglect ▲ 18.4 percent
 - Mental injury ▲ 15.3 percent
 - Physical abuse ▲ 2.8 percent
 - Sexual abuse ▲ 3.5 percent

Last year, the reporting period in this publication changed to federal fiscal year to conform with federal reporting requirements. The federal fiscal year 2004 was from October 1, 2003 through September 30, 2004.

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



**Q. IF A PARENT SPANKS A
CHILD, IS IT CONSIDERED
CHILD ABUSE?**

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

What is child abuse?

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 that 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.
- ▶ Permitting a person under 18 years of age to enter or remain in a place where methamphetamine is being manufactured.

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 child abuse assessment is appropriate. If not, the referral is said to be closed at screening.
- ▶ For those allegations requiring a face-to-face assessment, law enforcement and CPS investigate the allega-

tions and determine responsibility for maltreatment of the child.

- ▶ A CPS-trained worker completes a safety assessment of the child, assesses caregiver protective capacity, and assesses supportive resources available to the family.
- ▶ After the investigation and assessment, an assessed referral is classified in one of three ways: founded, unfounded or unable to determine because of insufficient information.

CPS caseworkers identify and provide services to keep children safe. 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 alone. 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."

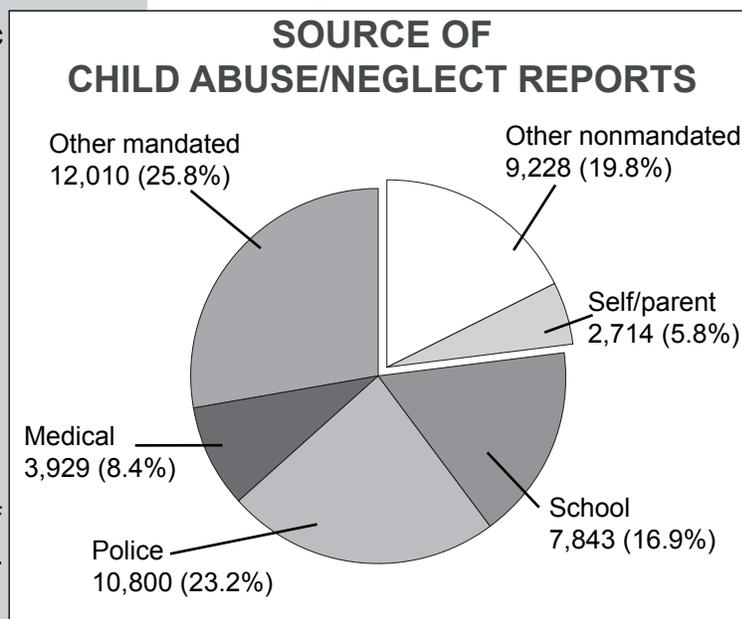
MANDATORY REPORTERS:

- 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, a county health department, a 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
- Member of the clergy
- Licensed clinical social worker • Optometrist • Chiropractor • Certified provider of 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 • A child care provider registered or certified under ORS 657A.030 and 657A.250 to 657A.450 • Member of the Legislative Assembly.

Who must report child abuse/neglect?

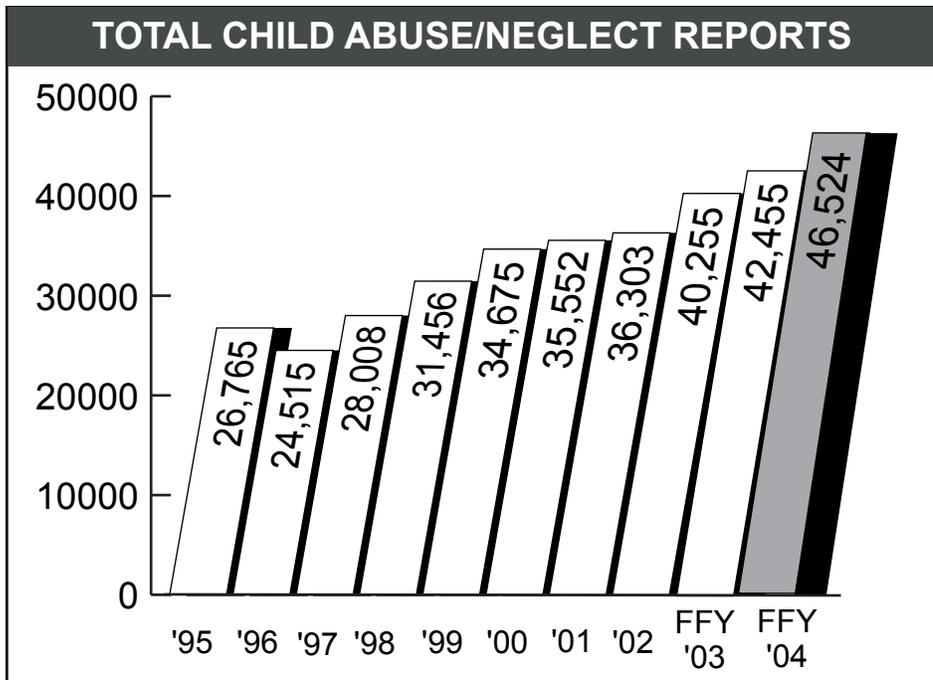
Certain people are required by Oregon law to report suspected cases of child abuse and neglect to the local DHS child welfare office or a law enforcement agency. These people are required to report because they have frequent contact with children and are able to identify children who are at risk from 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 (available on the Web at <<http://egov.oregon.gov/DHS/abuse/publications/children/mandrptlaw04.pdf>>). 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 74.3 percent of reports to DHS child welfare in FFY 2004.
- ▶ 40.1 percent of reports came from schools and law enforcement agencies.
- ▶ Former spouses accounted for only 1.1 percent of reports.

Total child abuse/neglect reports



Reporting changed to FFY in 2003 to conform with federal reporting requirements.

- ▶ In FFY 2004, DHS child welfare reviewed 46,524 reports of suspected child abuse/neglect. (Some of these were reported to DHS at the end of FFY 2003.) In 1995, DHS child welfare reviewed 26,765 reports of suspected child abuse/neglect. This is an increase of 73.8 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 period, Oregon's child population increased 9.4 percent.
- ▶ 7,307 child abuse/neglect referrals were "founded" in FFY 2004, an increase of 12.2 percent from the 6,510 in FFY 2003. "Founded" means that there was reasonable cause to believe that abuse/neglect occurred.

**DHS CHILD WELFARE
REVIEWED 46,524
REPORTS OF
SUSPECTED
CHILD ABUSE AND
NEGLECT IN FFY 2004.**



**DHS RECEIVES
REPORTS OF
ALLEGED ABUSE,
WHICH MAY
INCLUDE:**

- **MORE THAN ONE REPORT ON THE SAME INCIDENT.**
- **REPORTS ABOUT MORE THAN ONE INCIDENT WITHIN A FAMILY.**

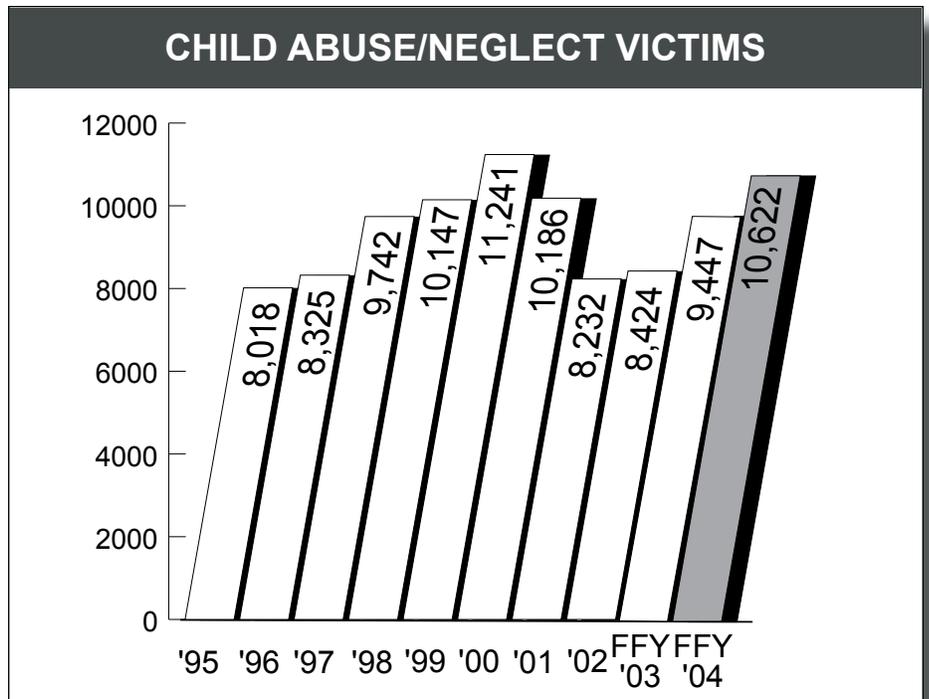
THERE WERE 10,622 CHILD ABUSE/NEGLECT VICTIMS IN FFY 2004, AN INCREASE OF 12.4 PERCENT FROM FFY 2003.



THE “DUPLICATE” VICTIM COUNT FOR FFY 2004 WAS 11,759, UP 13.4 PERCENT FROM THE 10,368 VICTIMS IN FFY 2003.

(“Duplicate” counts a child each time he or she is identified as a victim on a separate referral.)

Child abuse/neglect victims



Reporting period changed to FFY in 2003 to conform with federal reporting requirements.

**RACE COMPARISON:
CHILDREN IN OREGON TO CHILD ABUSE/NEGLECT VICTIMS**

RACE	% OF OREGON CHILDREN*	% VICTIMS OF CHILD ABUSE/NEGLECT**
Asian	3.2%	1.0%
Pacific Islander	0.3%	0.3%
African American	2.0%	6.0%
Caucasian	74.7%	67.3%
Hispanic (any race)	14.5%	16.2%
Native American	1.4%	9.1%
Two or more race groups	3.8%	

*2003 estimates of population under 18, U.S. Census Bureau.
**The race of 16.7 percent of abuse/neglect victims was not recorded.

Victims by age and gender

- ▶ Generally, the total number of victims drops as children get older.
- ▶ 49.2 percent of victims were younger 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.

INFANTS MAKE UP THE LARGEST SINGLE AGE GROUP OF VICTIMS.



81.2 PERCENT OF SEXUAL ABUSE VICTIMS ARE FEMALE.

TOTAL VICTIMS OF ABUSE/NEGLECT BY AGE & GENDER

AGE	TOTAL # VICTIMS	BOYS	GIRLS
<1	1,471	762	709
1	826	431	395
2	776	400	376
3	756	389	367
4	726	375	351
5	670	316	354
6	665	325	340
7	617	287	330
8	561	279	282
9	532	281	251
10	471	227	244
11	461	227	234
12	478	216	262
13	488	170	318
14	396	149	247
15	323	103	220
16	262	82	180
17	143	39	104

- ▶ 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.
- ▶ Girls represent 52.4 percent of abuse/neglect victims.

VICTIMS OF SEXUAL ABUSE

Data for federal fiscal year 2004.

AGE	MALE	FEMALE	TOTAL
0-1	4	8	12
2-5	45	129	174
6-9	79	233	312
10-13	51	290	341
14-17	37	274	311
TOTALS	216	934	1,150

- ▶ 81.2 percent of sexual abuse victims are female.
- ▶ 36.5 percent of female victims age 14 or older are victims of sexual abuse.

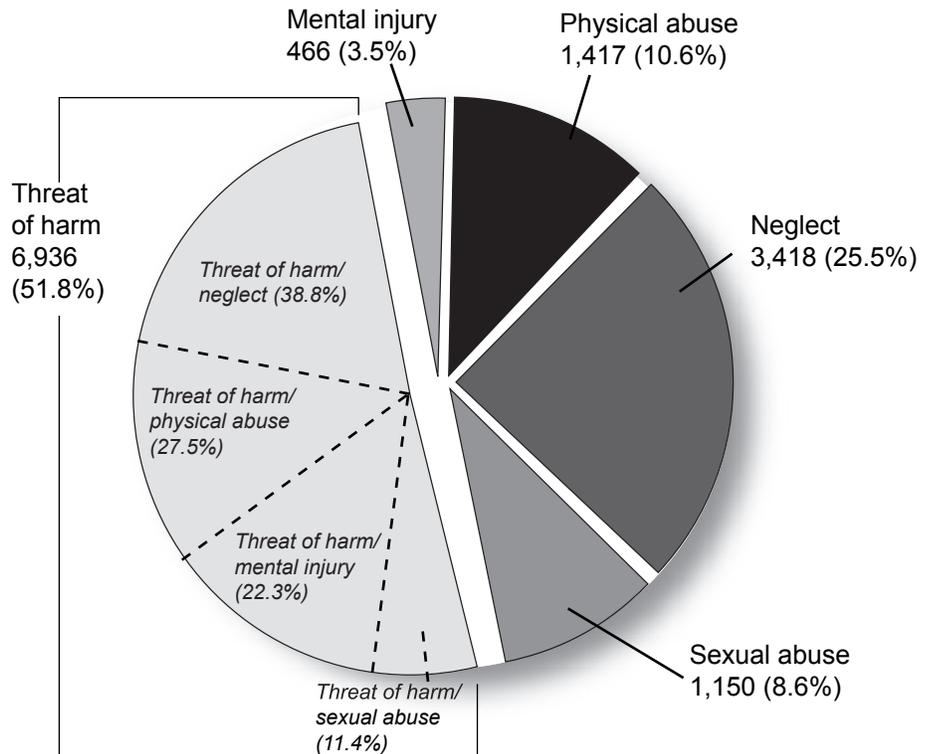
Incidents of child abuse/neglect

THERE WERE 13,387 INCIDENTS OF CHILD ABUSE/NEGLECT IN FFY 2004, AN INCREASE OF 13.8 PERCENT FROM FFY 2003.

THREAT OF HARM IS A TYPE OF ABUSE AND NEGLECT.

Threat of harm includes all activities, conditions and circumstances that place the child at threat of substantial harm of maltreatment. Threat of substantial harm means threat of immobilizing impairment, life threatening damage, or significant or acute injury to a child's physical, sexual, psychological or mental development or functioning. 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.



- ▶ 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 FFY 2004, 53.5 percent of neglect incidents involved children aged 0-5 (9.9 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 38.1 percent of children served in foster care.
- ▶ The incidents of abuse and neglect for children age 13 or older increased by 18.5 percent from 1,666 incidents in FFY 2003 to 1,974 incidents in FFY 2004.

Fatalities

related to familial child abuse/neglect

NUMBER OF CHILD FATALITIES					
	ABUSE	NEGLECT		ABUSE	NEGLECT
FFY 2004	5	3	1999	9	9
FFY 2003	9*	6*	1998	6	11
2002	14	7	1997	12	22
2001	5	3	1996	13	17
2000	9	12	1995	8	28

** One fatality due to both abuse and neglect.*

IN FFY 2004, DATA SHOW 8 CHILDREN DIED FROM CAUSES RELATED TO FAMILIAL/CAREGIVER ABUSE AND/OR NEGLECT.

ALL 8 VICTIMS WERE UNDER THE AGE OF 5, DEMONSTRATING THE VULNERABILITY OF THIS AGE GROUP.

Data indicate that eight children died in FFY 2004 from causes related to abuse or neglect.

- ▶ Five fatalities were caused by abuse.
- ▶ Three fatalities were a result of neglect.
- ▶ In four of the eight fatalities, at least one parent was a perpetrator.
- ▶ In one of the fatalities, a parent's live-in companion was a perpetrator.
- ▶ In two fatalities, both a parent and live-in companion were identified as perpetrators.
- ▶ In one fatality, the perpetrator was not the parent or live-in companion.
- ▶ In two of the eight fatalities, alcohol or other drugs were a factor.
- ▶ In all three of the neglect fatalities, lack of appropriate supervision was a factor.
- ▶ One family had an open DHS child welfare case at the time of the child's death.



Victim rate per 1 000 children by county

Population estimates are 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.

Reporting period changed to FFY in 2003 to conform with federal reporting requirements.

COUNTY/REGION	POPULATION UNDER 18 YEARS			VICTIMS			RATE/1,000		
	2002	2003	2004	2002	FFY 2003	FFY 2004	2002	FFY 2003	FFY 2004
Baker	4,000	3,921	3,894	93	119	81	23.3	30.4	20.8
Benton	17,105	17,157	17,342	80	51	74	4.7	3.0	4.3
Clackamas	90,118	90,527	91,029	324	285	437	3.6	3.1	4.8
Clatsop	8,495	8,531	8,538	79	109	92	9.3	12.8	10.8
Columbia	12,002	12,062	12,126	70	119	94	5.8	9.9	7.8
Coos	13,709	13,783	13,685	257	304	214	18.7	22.1	15.6
Crook	5,234	5,231	5,311	66	65	101	12.6	12.4	19.0
Curry	3,945	3,892	3,866	55	62	64	13.9	15.9	16.6
Deschutes	30,950	31,926	33,129	292	282	276	9.4	8.8	8.3
Douglas	24,040	24,090	24,108	223	322	228	9.3	13.4	9.5
Grant	1,925	1,887	1,895	34	58	52	17.7	30.7	27.4
Harney	1,972	1,882	1,954	29	37	74	14.7	19.7	37.9
Hood River	5,774	5,795	5,943	52	87	80	9.0	15.0	13.5
Jackson	45,525	45,851	46,327	489	610	737	10.7	13.3	15.9
Jefferson	5,908	5,844	5,927	53	69	98	9.0	11.8	16.5
Josephine	17,796	17,859	17,933	190	254	174	10.7	14.2	9.7
Klamath	16,624	16,584	16,565	342	382	410	20.6	23.0	24.8
Lake	1,822	1,811	1,829	32	38	26	17.6	21.0	14.2
Lane	75,046	75,182	75,861	1,012	958	873	13.5	12.7	11.5
Lincoln	9,555	9,683	9,468	175	120	157	18.3	12.4	16.6
Linn	27,068	27,176	27,429	372	442	535	13.7	16.3	19.5
Malheur	8,877	8,825	8,713	68	80	129	7.7	9.1	14.8
Marion	79,993	81,167	81,829	988	1,188	1,306	12.4	14.6	16.0
Morrow	3,311	3,448	3,446	55	56	69	16.6	16.2	20.0
Multnomah	153,196	154,590	156,216	1,383	1,591	2,100	9.0	10.3	13.4
Polk	15,942	16,125	16,448	142	126	184	8.9	7.8	11.2
Tillamook	5,393	5,453	5,487	115	92	66	21.3	16.9	12.0
Umatilla	19,529	19,632	19,592	175	203	223	9.0	10.3	11.4
Union	6,137	6,149	6,177	101	136	102	16.5	22.1	16.5
Wallowa	1,695	1,680	1,683	19	17	13	11.2	10.1	7.7
Wasco/Sherman	6,461	6,406	6,454	93	136	142	14.4	21.2	22.0
Washington	124,298	127,115	129,111	667	787	1,161	5.4	6.2	9.0
Wheeler/Gilliam	771	764	760	17	15	12	22.0	19.6	15.8
Yamhill	23,573	23,763	23,924	282	247	238	12.0	10.4	9.9
Total	867,789	875,790	883,999	8,424	9,447	10,622	9.7	10.8	12.0

The Families



- ▶ **Mothers and fathers are the most prevalent perpetrators of child abuse/neglect. They represent approximately 72.9 percent of all perpetrators.**
- ▶ **Familial perpetrators constitute 94.4 percent of child abuse and neglect perpetrators.**
- ▶ **The major stress indicators in families with founded child abuse/neglect reports are suspected drug/alcohol abuse, head of family unemployed, involvement with law enforcement and domestic violence.**

FAMILIAL PERPETRATORS, AS LISTED IN THE TABLE, CONSTITUTE 94.4 PERCENT OF ALL PERPETRATORS.



MOTHERS AND FATHERS ARE THE TWO MOST PREVALENT PERPETRATORS OF CHILD ABUSE/NEGLECT. THEY REPRESENT 72.9 PERCENT OF ALL PERPETRATORS.

Alleged perpetrators of child abuse/neglect

ALLEGED PERPETRATORS OF CHILD ABUSE/NEGLECT						
ALLEGED PERPETRATOR	NUMBER			PERCENT		
	2002	FFY 2003	FFY 2004	2002	FFY 2003	FFY 2004
Familial						
Mother	3,295	3,591	4,105	45.8	44.4	44.7
Father	1,973	2,276	2,593	27.4	28.2	28.2
Brother	129	169	174	1.8	2.1	1.9
Sister	27	23	18	0.4	0.3	0.2
Stepfather	381	405	437	5.3	5.0	4.8
Stepmother	50	39	39	0.7	0.5	0.4
Stepsibling	28	35	51	0.4	0.4	0.6
Grandfather	66	67	82	0.9	0.8	0.9
Grandmother	64	62	86	0.9	0.8	0.9
Aunt	23	20	33	0.3	0.2	0.4
Uncle	87	95	95	1.2	1.2	1.0
Foster parent/home	54	92	118	0.8	1.1	1.3
Live-in companion	414	448	485	5.8	5.5	5.3
Other relative	82	84	105	1.1	1.0	1.1
Ex live-in	169	220	258	2.4	2.7	2.8
TOTAL FAMILIAL	6,842	7,626	8,679	95.2	94.3	94.4
Nonfamilial						
Babysitter	26	34	27	0.4	0.4	0.3
Neighbor/friend	118	149	164	1.6	1.8	1.8
Unknown perpetrator	46	57	50	0.6	0.7	0.5
Other	158	217	271	2.2	2.7	2.9
TOTAL NONFAMILIAL	348	457	512	4.8	5.7	5.6
TOTAL	7,190	8,083	9,191	100.0	100.0	100.0

Reporting period changed to FFY in 2003 to conform with federal reporting requirements.

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. Child safety plans are developed for these families.

Services are intended to improve parental protective capacities and may include teaching parenting skills, 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 in foster care while the parents work on changes that will allow their child to return home safely.

Problems facing families

The major problems facing families of abused and neglected children are drug/alcohol abuse, parental involvement with law enforcement, unemployment and 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 stress factors in families of child abuse/neglect victims.

What is Domestic Violence

Domestic violence is a pattern of assaultive and/or coercive behaviors including physical, sexual, and emotional abuses, as well as economic coercion that adults use against their intimate partners to gain power and control in that relationship.

DHS child protective service's authority to intervene with families is based on whether a child is being physically abused, sexually abused, neglected, suffering mental injury, or is subjected to a substantial risk of harm. Domestic violence may be present in cases where other types of abuse were the reason for the referral. Domestic violence may be the reason for the referral when it presents a substantial threat of harm to the child.

Over the last several years, DHS has increased staff training on domestic violence, refined the criteria on when a child experiencing domestic violence necessitates a mandatory child abuse report, and published a staff guide on responding to domestic violence cases (available on the DHS Abuse Web page at http://egov.oregon.gov/DHS/children/abuse/cps/dom_violence.shtml.)

THERE ARE USUALLY SEVERAL STRESS FACTORS IN FAMILIES OF CHILD ABUSE/NEGLECT VICTIMS.



STRESS FACTORS IN FAMILIES

STRESS FACTOR	% of FOUNDED ABUSE REPORTS		
	2002	FFY 2003	FFY 2004
Suspected Drug/Alcohol Abuse	44.8	43.3	44.7
Head of Family Unemployed	36.2	35.3	32.8
Parental Involvement with Law Enforcement Agency	41.5	38.7	31.9
Domestic Violence (Physical Abuse of Spouse/Fighting)	27.1	25.7	24.6
New Baby/Pregnancy	18.5	18.5	18.4
Heavy Child Care Responsibility	20.1	18.7	16.6
Inadequate Housing	13.9	13.8	12.8
Parental History of Abuse as a Child	11.8	11.9	10.0

Families may have more than one stress factor.

Reporting period changed to FFY in 2003 to conform with federal reporting requirements.

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 provides funding to develop alcohol/drug treatment and housing. DHS child welfare has joined the Office of 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.
- ▶ **Addiction Recovery 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 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 each of the 16 DHS service delivery areas around the state.
- ▶ **Training and Education:** DHS child welfare and the Office of Mental Health and Addiction Services have joined forces to:
 - Educate and train foster parents, community members and other agencies serving 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.

Strengthening families

DHS child welfare works to develop case plans and provide services that are designed to meet each child's safety, permanency and well-being needs. DHS, as well as other community resources, provides special rehabilitative services for the prevention and treatment of child abuse and neglect. Wherever appropriate, DHS works with families to develop plans that will keep children safe and strengthen the family.

Strengths/Needs-Based System of Care

DHS approaches case planning from a strength-based perspective. This practice builds on the strengths of families, while ensuring the safety of children who are in foster care, living with relatives or remaining in their own home. DHS involves community partners in the development and delivery of services designed to meet the specific safety, permanency and well-being needs of the child and family.

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

- ▶ Throughout the time a family is involved with DHS, the needs of a child for safety, permanency and well-being are assessed regularly.
- ▶ The responsibility to strengthen the ability of families to 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, culturally appropriate foster care.

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



COMMUNITY SAFETY NETS

Community Safety Nets (CSN) connect existing community services to families 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. CSN services vary across the state, but all work with high-risk families in need of services. Family advocates help families locate and access resources, such as support for single parents, assessment and treatment for drug/alcohol problems, respite services, or parent education.

DHS WORKS WITH
COMMUNITY
PARTNERS TO
PROVIDE SERVICES TO
STRENGTHEN FAMILIES.



FAMILY DECISION MEETINGS

Family decision meetings (FDMs) bring together people who can look at the needs of the child and the strengths of the family. FDMs are a collaborative process that may include immediate and extended family members, selected family network persons, and community professionals who know the parents and child. The participants discuss the safety, permanence and well-being needs of children and work to identify family strengths and outside resources to help meet those needs.

Strengthening families (cont.)

Family-Based Services Program

The Family-Based Services (FBS) program involves an array of services offered to children and families with whom DHS is involved. The intent of these services is to strengthen families to prevent foster care placements for children or to return a child home as soon as possible. FBS services are provided in every county. DHS uses foster care prevention funds, such as the IV-E waiver, to provide a variety of specific services in each county to prevent children from entering foster care. Additional family-based services include:

- ▶ Family Sexual Abuse Treatment – Provided to children who have been sexually abused and to their nonoffending parents. Services provided are age appropriate group treatment for victims, group treatment and support for non-offending parents.
- ▶ Parent Training Services – Provided to many families to increase safety and well-being for the child, thereby avoiding foster care or allowing children to be returned home sooner.
- ▶ Intensive Family Services – Provided to client families where abuse or neglect has occurred or to foster/adoptive families struggling with placement issues. Services include family decision meetings such as the statutory Oregon Family Decision Meeting or Team Decision Meeting facilitation and family therapy services.
- ▶ Intensive Home-Based Services – Provided to families who need short-term, intensive crisis intervention to maintain children in their own homes. These are contracted family treatment services provided to client families where abuse or neglect has occurred, or for foster/adoptive families struggling with placement issues.
- ▶ Supportive Remedial Day Care (Respite day care services) – Provided to prevent out-of-home placement for high-risk families or to help a child return home sooner through specialized day care planning.
- ▶ Housekeeping Services – Provided to client families where a child is at risk of out-of-home placement. These services can be used when the child's caretaker cannot carry out routine, necessary housekeeping duties.

Foster Care



- ▶ **A total of 11,958 children were served in family foster care in FFY 2004; 14,485 children were served in all foster care arrangements.**
- ▶ **On an average daily basis, there are 6,824 children in family foster care; 8,523 children were in all foster care arrangements on an average daily basis.**
- ▶ **There are more than 4,830 family foster homes in Oregon. These homes have an average of 1.4 foster children.**
- ▶ **30.0 percent of children in family foster care are placed with relatives.**



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

- ▶ 24-hour substitute care for children outside their own 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, usually up to six months.

Children who have physically returned home have not always been reported in this report as “still in foster care.” Therefore, the total number of children in foster care shows an increase, starting in 2002, as a result of this change in definition.

Best practices

Child Centered, Family Focused, Community Based

DHS remains committed to strengths/needs-based practice, which has been a foundation of Oregon’s child welfare system for the past several years. This practice emphasizes keeping children in their immediate families and with extended relatives. When children are not able to remain with their families or relatives, neighborhood or community-based services are utilized. Keeping children within their communities whenever possible continues to be a guiding principle in serving children and families.

Services supporting best practice, such as Team Decision Making meetings, improve the department’s decision making process by encouraging the support and inclusion of the family, extended family and the community. The goal of all services provided to the family is to develop specific, individualized and appropriate interventions for children and families in a strengths/needs-based manner.

DHS child welfare continues to develop community resources by working closely with community partners, schools, hospitals and communities of faith. In addition, the department continues to coordinate services for children and families through formalized relationships with organizations such as the Oregon Foster Parent Association, Oregon Post Adoption Resource Center, Annie E. Casey Foundation, Court Appointed Special Advocates (CASA), Citizen Review Boards (CRB) and the Juvenile Rights Project (JRP).

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.



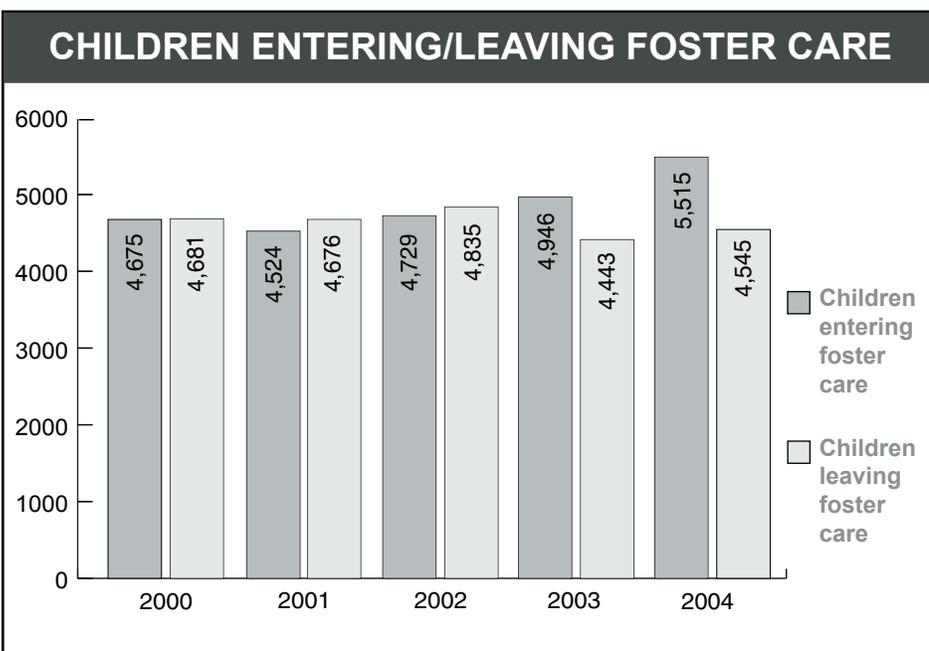
Age of Children in Foster Care		Race of Children in Foster Care during FFY 2004	
0-5	38.1%	Asian	0.7%
6-12	32.8%	African American	7.7%
13+	29.2%	Caucasian	66.3%
		Hispanic	12.6%
		Native American	12.3%
		Pacific Islander	0.3%

**The race of 13.9 percent of children in foster care was not recorded.*

Total served during FFY 2004.

FOSTER CARE SETTINGS INCLUDE :

- ▶ Nonrelative family foster homes.
- ▶ Relative care homes.
- ▶ Family group homes.
- ▶ Emergency shelters.
- ▶ Residential treatment programs.
- ▶ Child care institutions.
- ▶ Pre-adoptive homes.



Data are for federal fiscal years.

Children in foster care (cont.)



PARENTAL DRUG AND ALCOHOL ABUSE CONTINUES TO BE A DRIVING FACTOR IN THE REASONS WHY CHILDREN ENTER FOSTER CARE.

IN FFY 2004, 53 PERCENT OF CHILDREN WHO ENTERED FOSTER CARE HAD FOUR OR MORE REASONS FOR REMOVAL.

MOST CHILDREN (63 PERCENT) WERE REUNIFIED WITH THEIR FAMILIES.

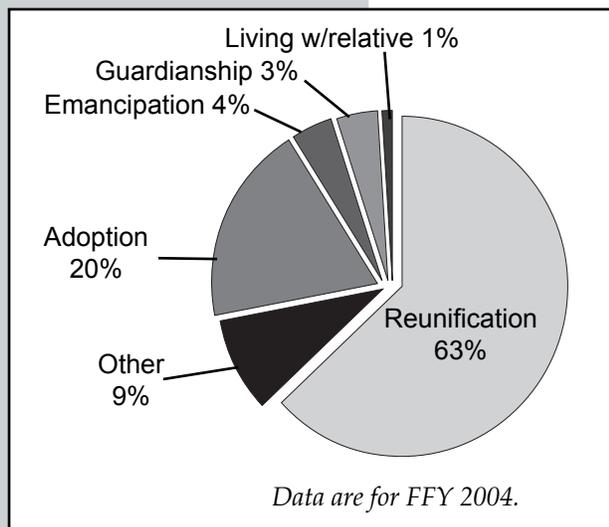
Children who cannot live at home enter foster care for various reasons. These children most often enter foster care as a result of their parents' actions and not as a result of the child's behavior. The percentages below reflect the proportion of foster care entrants with that reason for removal. In FFY 2004, 53 percent of children who entered foster care had four or more reasons for removal.

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

Physical Abuse	3,986	72.3%
Parental Drug Abuse	3,925	71.2%
Parental Alcohol Abuse	3,731	67.7%
Parent's Inability to Cope	3,217	58.3%
Child's Behavior	2,823	51.2%
Neglect	2,626	47.6%
Inadequate Housing	1,836	33.3%
Child's Disability	518	9.4%
Sexual Abuse	572	10.4%
Parental Incarceration	185	3.4%
Child's Alcohol Abuse	167	3.0%
Abandonment	164	3.0%
Child's Drug Abuse	110	2.0%
Parental Death	5	0.1%
TOTAL ENTRANTS	5,515*	

Data are for FFY 2004.

**Children can have more than one reason for entering care. 261 children had no reason recorded.*



Where children went after foster care

The majority of children entering foster care are reunified with their parents. But for other children, a plan to reunify them with their parents does not occur for many reasons. These children who exit foster care may move on to various other living arrangements and permanent plans, such as adoption or guardianship.

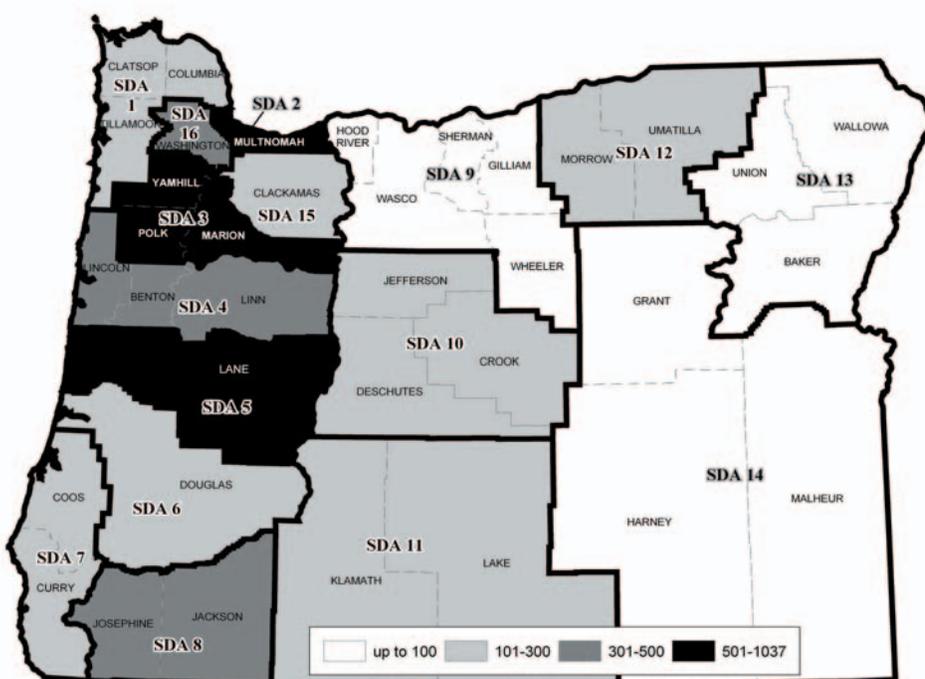
Assuring quality in family foster care

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 on whom DHS child welfare depends 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.

All foster homes must be certified as meeting safety standards. The safety standards are the same for relatives, nonrelatives and families considering adoption.

A significant factor contributing to the safety and stability of children is keeping them involved with their families, school and communities as much as safely possible. DHS works toward keeping children in their neighborhoods by having an adequate number of families available for children in need throughout the state. The map below shows how many homes are available for children in each of the 16 DHS service delivery areas of Oregon.

FAMILY FOSTER HOMES BY DHS SERVICE DELIVERY AREA



**ON AN AVERAGE
DAILY BASIS, THERE
ARE 6,824 CHILDREN
IN FAMILY FOSTER
CARE.**

**A TOTAL OF 11,958
CHILDREN WERE
SERVED IN FAMILY
FOSTER CARE IN
FFY 2004.**

DHS child welfare conducts complete assessment and background checks on prospective foster parents. This includes a home study, criminal records check, personal reference check, home safety and health inspection, and a check for previous child abuse/neglect charges.

**THERE ARE MORE
THAN 4,830
FAMILY FOSTER
HOMES LOCATED
ACROSS OREGON.**

Residential treatment services



**ON ANY GIVEN DAY,
712 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. Programs provide assessment and evaluation to assist DHS in developing a treatment or placement plan for each 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 who still require the intense level of services and back-up offered by residential treatment 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

During the legislative session in 2003, Senate Bill 808 was passed, which requires DHS to develop a Comprehensive Transition Plan for youth who are receiving services through DHS as a result of dependency and report this plan to the court. These transition plans are to include assessing and planning for the needs and goals of the youth related to housing, physical and mental health, education, employment, community connections and supportive relationships.

- ▶ Teens comprise 24.2 percent of the foster care population.
- ▶ During FFY 2004, 3,505 teens spent at least one day in foster care.
- ▶ Over half of the teens who left foster care returned home (52.8 percent).
- ▶ 52 former foster care youth received scholarships for higher education through the Oregon Student Assistance Commission in 2004.

Foster care youth are eligible for Independent Living Programs (ILP). The number of youth receiving Independent Living Services rose from 1,017 served in FFY 2003 to 1,161 youth served in FFY 2004. ILP's services are provided by 20 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.

**20 COMMUNITY
PROVIDERS MAKE UP
THE STATEWIDE ILP
SERVICE NETWORK.**



**1,161 YOUTH
RECEIVED ILP
SERVICES IN
FFY 2004, A
14.2 PERCENT
INCREASE FROM THE
PREVIOUS YEAR.**

Permanency for children



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

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.

During FFY 2004, 63.0 percent of children who left foster care were reunified with their families. 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 permanency plans may include:

- ▶ Guardianship.
- ▶ Permanent relative care.
- ▶ Another planned permanent living arrangement.

Adoptions



- ▶ **DHS child welfare finalized 943 adoptions in FFY 2004, an increase of 10.4 percent from FFY 2003.**
- ▶ **Adoptions for children 9 and older totaled 220, or over 23.3 percent of all adoptions.**
- ▶ **Most children (almost 64.0 percent) were adopted by relatives or foster parents.**
- ▶ **The median time to adoption reached an historic annual low in FFY 2004, at 34.6 months from the date of the child's last removal from home to finalized adoption.**

**DHS FINALIZED
943 ADOPTIONS IN
FFY 2004.**



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 10/01/03 through 9/30/04.

Adoptions

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." Children with special needs:

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

IN FFY 2004, 534 CHILDREN WHO WERE ADOPTED HAD SIBLINGS ALSO ADOPTED DURING THE YEAR. OF THESE CHILDREN, 509 (95.3 PERCENT) WERE ADOPTED BY THE SAME FAMILY AS ONE OR MORE OF THEIR SIBLINGS.

The children who were adopted

Of the 943 children adopted in the federal fiscal year which ended September 30, 2004, 183 were under the age of 3 at the time of finalization. As children get older, the chances for an adoptive placement decrease dramatically, creating a critical need for adoptive homes for children over age 7.

AGE of ADOPTED CHILDREN

Age	# of children	Percent of children
less than 3	183	19.4%
3-4 years	228	24.2%
5-8 years	312	33.1%
9-10 years	92	9.8%
11-13 years	92	9.8%
14 and older	36	3.8%

GENDER

Finalized adoptions in FFY 2004 were about evenly split between boys and girls.

466 (49.4%)	Males
477 (50.6%)	Females

CHILD'S RACE

Race	# of children	Percent of children
White	683	72.4%
African American	63	6.7%
Hispanic	125	13.3%
Native American	3	0.3%
Asian	0	0.0%
Hawaiian/ Pacific Islander	0	0.0%
Unknown ethnic	1	0.1%
Multiracial	68	7.2%

27.5 percent of children adopted in the federal fiscal year, which ended September 30, 2004, belonged to ethnic minorities.



AS CHILDREN GET OLDER, EFFORTS TO RECRUIT POTENTIAL ADOPTIVE FAMILIES FOR THEM BECOME MORE CHALLENGING.

The children who were adopted (cont.)

Adoptive families are caring people who are ready to make a commitment to a child. No two families look alike. They are as varied as the children needing homes. Families of every background are needed to provide children with a stable, caring and nurturing environment.



RECRUITING HOMES

- ▶ Oregon families recruited by DHS child welfare adopted 686 children (72.7 percent).
- ▶ Families recruited by Oregon private adoption agencies adopted 50 children (5.3 percent).
- ▶ Families recruited by out-of-state, private agencies adopted 113 children (12.0 percent).
- ▶ Families recruited by out-of-state, public agencies adopted 94 children (10.0 percent).

CHILDREN ADOPTED IN FFY 2004

AREA OF STATE	CHILDREN	
	CAME FROM	WENT TO
SDA 1 Clatsop/Columbia/Tillamook	36	28
SDA 2 Multnomah	242	135
SDA 3 Marion/Polk/Yamhill	152	108
SDA 4 Benton/Lincoln/Linn	51	51
SDA 5 Lane	118	85
SDA 6 Douglas	33	20
SDA 7 Coos/Curry	37	26
SDA 8 Jackson/Josephine	62	43
SDA 9 Gilliam/Wheeler/Hood River/ Wasco/Sherman	*1-5	6
SDA 10 Crook/Deschutes/Jefferson	26	22
SDA 11 Klamath/Lake	37	23
SDA 12 Morrow/Umatilla	18	20
SDA 13 Baker/Union/Wallowa	**6-15	10
SDA 14 Grant/Harney/Malheur	**6-15	10
SDA 15 Clackamas	63	72
SDA 16 Washington	44	27
Oregon private licensed adoption agencies or out of state		257

*Between 1 and 5 children. **Between 6 and 15 children.

Data ranges given to assure confidentiality.

A total of 24 children were from SDAs 9, 13 and 14.

Adoptive families

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.

63.9 PERCENT OF THE CHILDREN ADOPTED FROM DHS ARE ADOPTED BY RELATIVES OR NONRELATED FOSTER PARENTS.

- ▶ Nonrelative foster parents became adoptive parents for 290 (30.8 percent) of the finalized adoptions.
- ▶ 282 finalized adoptions (29.9 percent) were with relatives providing foster care.
- ▶ An additional 31 finalized adoptions (3.3 percent) were with relatives who were not providing foster care.



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

Cooperative adoption planning for children



In FFY 2004, 269 families who adopted children from DHS participated in mediation with one or more of their adopted children's birth parents. Through mediation, many of these families were able to reach an agreement regarding communication after finalization of the adoption.

Since 1997, the number of children in state custody freed for adoption has increased from fewer than 500 per year to an average of more than 900 per year. In FFY 2004, 887 children were legally freed for adoption. Of these children, 23.0 percent were voluntarily released by their parents; 43.0 percent were freed through a court process called termination of parental rights. The remaining children were freed through a combination of voluntary release by one or more parents and termination of the parental rights of one or more parents.

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. Typically, the scope of this communication ranges from an annual exchange of letters and/or pictures through confidential intermediary means to periodic telephone and/or face-to-face contact which includes the child, his or her adoptive family, and the child's family of origin. When incorporated into the child's adoption decree, such an agreement for post-adoption communication is legally binding.

Establishing adoptive placements

DHHS 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 93.1 percent of Oregon adoptive placements continued without disruption in FFY 2004.

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 12 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 four dozen out-of-state private adoption agencies that bring forward prospective adoptive families.



**93.1 PERCENT OF
OREGON ADOPTIONS
CONTINUE TO
FINALIZATION
WITHOUT
DISRUPTION.**

After the adoption



**MANY ADOPTED
CHILDREN HAVE
LIFE-LONG SPECIAL
NEEDS.**

**FOR MANY ADOPTED CHILDREN,
THEIR EARLY HISTORIES OF
ABUSE AND NEGLECT HAVE
RESULTED IN CONDITIONS
OR BEHAVIORS THAT WILL
REQUIRE SPECIALIZED SERVICES
THROUGHOUT THEIR LIVES.**

DHS provides services to preserve adoptive families. As of December 2004, 8,473 adopted Oregon children with identified special needs were receiving one or more adoption support services. In addition to the diagnosed special needs listed in the table below, children who are members of sibling groups, ethnic minority groups, or age 6 or older are also recognized as having special needs surrounding their placement and adoption. Of the 943 children adopted in FFY 2004, 866 (91.8 percent) had one or more special needs, and 856 of those special needs children received adoption support services, primarily in the form of Adoption Assistance.

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 174.0 percent from 1995 to 2004.

CHILDREN WITH ADOPTIONS FINALIZED IN FFY 2004	
IDENTIFIED SPECIAL NEED	% OF CHILDREN
Emotional disability	36.2%
Mental disability	16.6%
Visual or hearing impairment	1.3%
Physical disability	1.1%
Other medically diagnosed condition	26.5%

Most adopted children have multiple special needs.

Since 1999, the Oregon Post Adoption Resource Center (ORPARC) has provided regional training, 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.

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.**
- **Live in all communities and neighborhoods in Oregon**

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

1-800-331-0503



500 Summer Street NE
Salem, OR 97301
DHS1535 (Rev. 05/05)