

THE DISPROPORTIONALITY PROJECT



Inter-City Family Resource Network, Inc.

## **Raising Our Children Together**

A Report on Recommendations for Reducing the Disproportionality  
of African American Children in San Francisco's Child Welfare System

November 2004

## ACKNOWLEDGEMENTS

### Message from the Project Principals

*We would like to thank Terri Kook, Program Officer for the Stuart Foundation, and the Stuart Foundation for funding the work of the task force. We also want to acknowledge the Youth Law Center staff, in particular Maria Ramiu, for their work with both the task force and the research team at California State University, Hayward. We appreciate the support of the Annie E. Casey Foundation for the continued technical assistance it has provided to the Disproportionality Project and the San Francisco Department of Human Services with the Family to Family Initiative and we especially appreciate the involvement of Yali Lincroft who helped facilitate the task force process. We are grateful to Susan Arding, Liz Crudo, Sophia Isom, Dan Kelly, Robin Love, Briana Moore and Harold Walker at the San Francisco Department of Human Services for providing valuable information for this report. We specifically want to thank Sid Gardner, president of Children and Family Futures, for coming to the Bay Area to share his experience, knowledge and expertise with the task force members and to Barbara Needell, principal investigator at the Center for Social Services Research, UC Berkeley, for making available the data presented in this report. We are sincerely appreciative of Supervisor Sophie Maxwell's participation on the task force and her continued commitment to making a difference for children and families in San Francisco.*

*The ongoing help from the Bayview Hunter's Point Family Resource Center staff contributed significantly to the successful functioning of the project for which we want to thank them. Lastly, we want to acknowledge Yolanda Jenkins, the project manager, for her dedicated leadership and support to the task force and the writing of the many edited versions that led to this final Recommendations Report.*

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# EXECUTIVE SUMMARY

Disproportionality, for this report, refers to the overrepresentation of African American children in foster care both in terms of numbers and in terms of the circumstances African American families experience in San Francisco. Collaboratively, the Stuart Foundation, Annie E. Casey Foundation, Youth Law Center and Bayview Hunter's Point Family Resource Center sponsored the San Francisco Disproportionality Project, an eight-month planning project. The purpose of the project was to examine the persistent problem of disproportionality and develop recommendations to seriously address it.

Statistics provide a picture of the magnitude of disproportionality as evident by the fact that African American children comprise 11% of the population in San Francisco but make up 70% of the children in foster care. The data indicate that although disproportionality is a national problem, it is particularly acute in San Francisco. The high cost of living, the economic downturn and the flight of families from the city have resulted in an erosion of the African American community. In many instances, the families that have remained are

those too poor to leave. These circumstances are contributing factors to the disproportionate number of African American foster children. According to the San Francisco Department of Human Services (SF-DHS), in 2003, African American families made up 45% of all child abuse referrals, and of those referrals, 49% were substantiated. The most frequent types of allegations made against African American families are general neglect and caretaker

absence or incapacity, which refers to when a child is at serious risk of harm or illness due to the parent's absence or inability to care for their children. In the past two years, the number of first time entries and re-entries of African American children into foster care has increased and is substantially higher than other racial/ethnic groups. Additionally, African American children tend to stay in foster care longer than other children. This longer length of stay is partially due to the high percentage (55%) of African American children who are placed with relatives.

The three main goals of the project were:

1. Establish a representative task force to develop comprehensive recommendations that significantly reduce the existing disproportionality in San Francisco's child welfare system.
2. Conduct exploratory research (focus groups and interviews) to document the perceptions for the overrepresentation of African American children in foster care.
3. Garner public support for the implementation of the recommendations.

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*The data indicate  
that although  
disproportionality  
is a national  
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## The Disproportionality Project

Dr. Benjamin Bowser, co-director of the Urban Institute at California State University, Hayward, and his research team conducted the exploratory research. Fifty-one social workers and 80 parents participated in the focus groups. There were also four individual interviews with child welfare administrators. The focus groups and interviews generated findings that illuminated the different perspectives of the child welfare system and the foster care process.

The task force consisted of 33 members representing diverse disciplines and backgrounds. The task force met monthly beginning in February 2004 and worked on recommendations in 3 separate work groups. The work groups were:

- **Community Involvement and Family Factors**
- **Models** (referring to model programs, initiatives and services related to disproportionality), and
- **System Analysis** (an examination of San Francisco's child welfare system and areas for change).

The task force also decided the recommendations would concentrate on the 5 communities with the highest percentages of referrals and removals, which are Bayview/Hunter's Point, Potrero Hill, Tenderloin, Visitacion Valley and Western Addition.

The work of the task force concluded in July 2004 and resulted in 9 major recommendations which include specific actions and strategies for achieving these recommendations. The **nine recommendations** are:

1. Implement *Circles of Support* within the community that support and mentor individuals/families struggling to move out of crisis.

2. Launch a targeted, focused "positive message" campaign that saturates the city, especially the five priority areas, to influence community thinking and actions regarding disproportionality.
3. Develop effective family support strategies and programs for priority areas and populations.
4. Strengthen interdepartmental collaboration among San Francisco Department of Human Services (SF-DHS), Department of Public Health and other key city departments to support parents and adult caregivers who are substance abusers (and related problems, such as mental illness).
5. Focus on youth permanence, i.e., permanent placement of foster youth through legal guardianship, adoption or reunification.
6. Implement policies and practices that ensure continuity, consistency, equity and effectiveness within SF-DHS, especially in family placements.
7. Focus on preventive, culturally competent and family responsive services.
8. Improve and expand city departments' data systems.
9. Initiate and maintain interdepartmental and community collaborations.

The next steps of the project are to:

- Hold a Board of Supervisor's public hearing on disproportionality.
- Establish a legislated task force sponsored by the office of Supervisor Sophie Maxwell.
- Present the task force recommendations to the Human Services Commission for their endorsement.

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# PROJECT OVERVIEW

*terms hold the same meaning and are used interchangeably, but in fact they are not equivalent.*

This definition implies that to understand disproportionality it is not sufficient to look only at the disproportionate numbers of African American children in foster care but also at the situation underlying those numbers. In other words, the African American experience in this country and, specifically, in San Francisco as well as the risk factors associated with that experience have to be taken into account. The San Francisco Disproportionality Project understood the importance of both the statistics and the context of disproportionality, which is reflected in the recommendations presented in this report.

## WHAT IS DISPROPORTIONALITY?

The Casey Family Programs in collaboration with the Children and Family Research Center at the University of Illinois at Champaign-Urbana, defined the term *disproportionality* and its complexity.<sup>1</sup>

*Overrepresentation — particularly in reference to African American children — has traditionally been used to define the high **numbers** of children of color in the child welfare system that are larger than their proportion in the general population.*

*However, with more frequency the term *disproportionality* is being used to identify a broader concept of*

*this problem...By contrast, *disproportionality* refers to a **situation** in which a particular racial/ethnic group of children are represented... at a higher percentage than other racial/ethnic groups. For many people, both*

Without question, preventing abuse, neglect, and entry into the foster care system is the best way to promote healthy child development. It is also true that foster care is a necessary lifeline that undoubtedly saves thousands of maltreated children each year. Nevertheless, placing children into state custody is an extremely invasive governmental intervention into family life and, as such, the government bears a special responsibility for children placed in state care...The lives of children and families should be enhanced, not diminished, by the foster care experience. (p. 9)

*Children, Families and Foster Care,*  
from *The Future of Children*, Winter 2004  
The David and Lucile Packard Foundation

## BACKGROUND

The overrepresentation of African American children in foster care is a significant problem nationally but it has reached crisis proportions in San Francisco. Statistics from the 2000 census and the San Francisco Department of Human Services (SF-DHS) clearly illustrate the problem of disproportionality. Based on the 2000 census, African American children make up 11% of the child population in San Francisco yet in 2003 they constitute 70% of the children

in foster care. The percentage of African American children in foster care in San Francisco is more than twice that for the state of California (33%).

## The Disproportionality Project

### The Persistence of Disproportionality

To understand the severity of disproportionality in San Francisco, one must understand its' context. The African American community's struggle to survive and thrive in San Francisco has been a focus of attention for years. Groups have come together to develop a call for action to improve the quality of life for African Americans. As an example, there was a report on strategies for change in Bayview Hunter's Point (San Francisco's most predominant African American community) by the BVHP Roundtable in 1987.<sup>2</sup> In 1988, there was also a comprehensive citywide plan for providing services to black men.<sup>3</sup> Yet, today the African American community in San Francisco is descending further into poverty and supportive services for African American males are practically nonexistent. In fact, two of the perceived reasons for the current disproportionality that emerged from the exploratory research were poverty and the lack of support for African American fathers. In addition, the lack of accessible resources and the ineffective use of existing services were also identified as significant contributing factors.

The large percentage of African American children in foster care in San Francisco has been a persistent problem for almost two decades. According to SF-DHS' preliminary analysis, the ethnic disparity in foster care can be traced back to the late 1980's and early 1990's when the crack cocaine epidemic was at its peak.\* Children were removed when the child welfare worker perceived that their well-being was at risk. Once the agency had more knowledge of the exposure to crack, the policy was modified so that more weight was given to family factors to help mitigate the need for removal. In addition, during the crack epidemic, kinship care placements grew dramatically across the country.

\*The emergence of disproportionality probably occurred much earlier than the 1980's, but the tracking of the data did not exist, consequently there is no way to document exactly when the disparity began.

Although practices and policies at SF-DHS regarding placement of children in foster care have evolved since the late 1980's, disproportionality still exists. While the rate of entry of African American children into foster care had decreased, in the past two years, new entries have risen.

Currently, the spotlight is again on the troubling issue of the large numbers of African American children entering and languishing in foster care. In 2003, the Stuart Foundation, the Annie E. Casey Foundation's Family to Family Initiative, the Youth Law Center and the Bayview Hunter's Point Family Resource Center decided to collaborate on finding solutions to the over representation of African American children in the foster care system. The Bayview Hunter's Point Family Resource Center and the Youth Law Center submitted proposals and received funding from the Stuart Foundation for the Disproportionality Project.

### The Promise of Change

Although there have been plans and strategies in the past that focused on disproportionality, it is timely now to move forward to substantively deal with the multiple factors contributing to this problem. At present, there is a convergence of projects, initiatives, reforms and legislation that directly impact disproportionality.

First, there is the Disproportionality Project. The effort of the Disproportionality Project's task force, however, was to bring together key leaders with different areas of expertise to participate in working sessions that would result in a comprehensive set of recommendations. In addition, the work of the task force was supplemented with existing data that substantiated the problem of disproportionality in San Francisco and with findings from the exploratory research that revealed the various perceptions of the causes of disproportionality.

In no way has this task force heard all the voices that need to be heard on this subject in San Francisco. We are clear, however, that the county, over the next five years, must provide the environment in which those voices can be heard and that the consumers of services are included in the development and implementation of policies and practices aimed at ending disproportionality in San Francisco. In addition to the work of the task force, The Annie E. Casey Foundation's Family to Family Initiative, the California Child Welfare Redesign, and proposed legislation on the national level offer promising venues for the implementation of the recommendations contained in this report.

San Francisco is one of twenty-two California counties currently participating in the Annie E. Casey Foundation's **Family to Family Initiative**. The basic tenets of the initiative are simple but profound; children do best in families; families do best in communities that support them; and the child welfare system cannot do this alone. The child welfare system must do its work, ultimately, with everyone who touches the lives of the children and families and that includes families themselves. Some of the major outcomes of the initiative are to reduce the number, rate and length of stay of children in foster care as well as to increase the number and rate of children reunified with their birth parents. The strategies employed to achieve these outcomes are:

- Building community partnerships with everyone who touches the lives of children and families with the ultimate long term goal of

strengthening the communities in which these families live;

- Team decision making that engages the family and community in decisions about placement and safety including the decision to initially remove a child;
- Recruitment, retention, training and support to recruit homes in the communities where families live and to support those resource families so that they can work with the child's family both to reduce the trauma of the initial separation from their family but also to work from the very beginning on reunifying the family when it is safe to do so.
- Self-evaluation which uses outcomes to measure progress of the work of the reforms that the agency initiates but, more importantly, to communicate to everyone about what is happening to children in the system so that it is no longer a mystery

or something that appears hidden behind a cloak of confidentiality. Ultimately, it intends to support the partnerships with the community so that everyone knows what is happening; what they need to work on together; and how to measure their progress in this joint effort.

The Family to Family Initiative, housed in the San Francisco Department of Human Services, creates a framework for the department to transition from a centralized bureaucracy to a decentralized, community-based system of support for children "at risk" of removal from their families.

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*The overrepresentation of African American children in foster care in San Francisco has been a persistent problem for almost two decades.*

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## The Disproportionality Project

The **California Child Welfare Redesign** is the state's plan to overhaul the current child welfare system. A key aspect of the redesign is *differential response*, which is a responsive, collaborative method of providing services and supports to families at risk of losing their children. For example, *differential response* provides a way of using the child abuse hotline to better connect families to prevention resources. The redesign effort focuses on a strengths-based approach to supporting families to prevent their children from entering the foster care system. The Family to Family Initiative is very compatible with the state's redesign plan and the California Department of Social Services is a partner in this initiative.

The California Department of Social Services has also requested a comprehensive IVE waiver from the federal government. If approved, this waiver would allow for a percentage of foster care funds to be spent flexibly over five years and would allow for reinvestment of any savings incurred each year. For example, if an innovative program resulted in a reduction in the numbers of children in foster care and thus a reduction in aid payment costs, the county would be able to keep the savings and reinvest it in programs that were effective. The federal government has made their initial review of this request and is currently in negotiation with the state on the proposal. This funding mechanism, if approved, would greatly enhance the ability of the county to implement the recommendations of the Task Force.

Lastly, in July 2004, Senators Hillary Clinton and Olympia Snowe introduced the **Kinship Caregiver Support Act** to provide assistance to the growing number children being raised by their grandparents or relatives other than their parents. If passed, this act will provide these families with the guidance they need to learn how to obtain health care coverage, housing assistance, childcare, school enroll-

ment and access to other services. More importantly, it will put the mechanism in place to waive the categorical restrictions of current federal funding to support relative guardianships. Currently, relatives must remain within the child welfare system to get this level of support. If passed, the legislation would allow relatives to continue to receive support without remaining within the child welfare system. This new program is commonly referred to as "subsidized guardianship" and has been piloted in Illinois as a demonstration project.

Together these initiatives, reforms and legislation can provide the foundation to reduce or eliminate the glaring disproportionality of African American children in foster care.

### PROJECT PURPOSE AND GOALS

The purpose of the Disproportionality Project was to assemble representative voices of community and faith-based organizations, business establishments, city departments and families to collectively determine how to decrease the number of African American children entering into the foster care system. As part of the project, exploratory research was conducted to capture the perceptions of SF-DHS staff, parents and foster parents regarding the reasons for the current disproportionality.

Specifically, the Disproportionality Project's goals were to:

- Develop comprehensive recommendations that address the problem of disproportionality.
- Initiate exploratory research to find out the perceptions of the reasons for the overrepresentation of African American children in foster care in San Francisco.
- Garner public support for the implementation of the recommendations.

### ORGANIZATIONAL STRUCTURE

Four main components made up the project's organizational structure, which were:

#### 1. The Task Force

The project's 33-member task force included representatives from city agencies, community-based organizations, local businesses, faith-based and educational institutions, private service providers as well as foster parents, community leaders, and other concerned individuals. The charge of the task force was to leverage the group's collective knowledge and experiences to define the issues and develop solutions for disproportionality.

#### 2. The Youth Law Center/SF-DHS Team

Dr. Benjamin Bowser, co-director of the Urban Institute at California State University, Hayward, was contracted by the Youth Law Center to design and carry out the exploratory research for the Disproportionality Project. Dan Kelly, director of research and planning for SF-DHS, provided the statistical data on disproportionality.

#### 3. Advisory Council

The advisory council consisted of eight members from the task force who represented different areas of expertise in child welfare. The tasks of the advisory council were to:

- Provide insights and knowledge of child welfare to assist Dr. Bowser's research team with the design and implementation of the exploratory research study.
- Offer feedback and context for the focus group findings.
- Act as the liaison between the task force and the research team to maintain two-way communication and information exchange.

#### 4. Core Project Personnel

Patricia Doyle, executive director of the Bayview Hunter's Point Family Resource Center and CEO of the Inter City Family

Resource Network, Bill Bettencourt, consultant for the Annie E. Casey Foundation Family to Family Initiative, and the Youth Law Center, through its staff attorney, Maria Ramiu, were the project principals responsible for developing the project and overseeing the start-up phase. Yolanda Jenkins was the project manager responsible for handling project logistics and operations, managing the task force and advisory council, and writing the final report. Oversight of the entire project was the responsibility of Patricia Doyle and Bill Bettencourt.

### PROJECT IMPLEMENTATION

The Disproportionality Project officially began in the winter of 2003 and was divided into the following three phases.

#### Startup Phase

The startup phase involved:

- Hiring a project manager
- Identifying and recruiting task force members
- Designing the project structure, format and process
- Contracting a research institution to conduct focus groups and interviews.

#### Workgroup and Exploratory Research Phase

The most important phase of the project was this phase.

#### Workgroup Activities

Individual interviews of the task force members generated a list of project priorities. At the first task force meeting, the task force selected the top three priority areas:

- Community Involvement and Family Factors
- Models
- System Analysis

## The Disproportionality Project

Next, the task force was divided into three work groups – one for each area. The task force workgroups met monthly, from February through July 2004, to work on recommendations for their specific priority area.

### **Exploratory Research Activities**

The exploratory research activities under the direction of Dr. Benjamin Bowser, began in February 2004 and concluded in June 2004. The research focused on key informant interviews and focus groups. Child welfare personnel participated in one set of focus groups and in the individual interviews. Parents and foster parents made up the other set of focus groups. The parent focus groups included: 1) parents whose children have been removed from the home; 2) parents receiving counseling and family support; and 3) foster parents.

### **Integration and Documentation Phase**

After the task force work groups generated the recommendations for their specific priority area, the advisory council then worked on adding the details, which included potential funding sources, the primary lead department or agency for each recommendation, the priority neighborhood areas, and the mechanism for how each recommendation would be achieved. At the last task force meeting, the task force came together as a whole group to review, consolidate and approve the detailed recommendations. Once the task force approved the recommendations then the preparation of this report began.

The flow chart on the next page lays out the project's planning process.

## Descriptions of the Priority Areas

### **Work Group 1: Community Involvement and Family Factors**

The group's focus was both community and family since they are inextricably linked. The community focus included identifying effective strategies to involve the community in supporting its children, reducing the removal of children from their home and carrying on the work of the Disproportionality Project. The family focus involved identifying family factors associated with out-of-home placement that can be changed, developing strategies and interventions to change them, and creating new approaches to support parents in raising their children and preventing their removal.

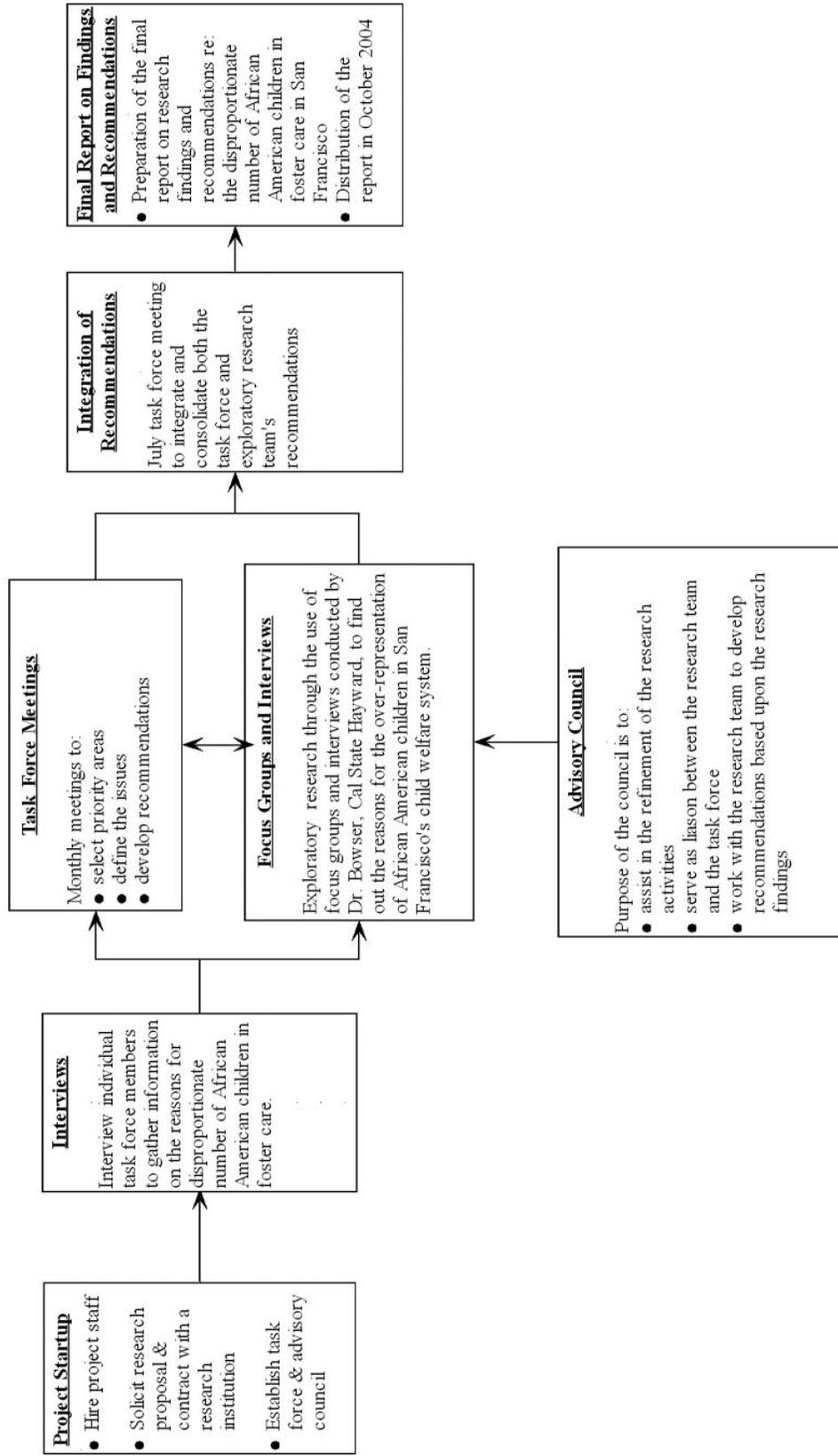
### **Work Group 2: Models**

This work group researched national and international models that are effective in reducing the incidence of foster care placements, especially placements of African-American children. The group examined elements of various models that apply or can be adapted to San Francisco and made recommendations for their implementation.

### **Work Group 3: System Analysis**

This group worked closely with the research team to examine the critical decision points in the child welfare system that contribute to the overrepresentation of African American children in foster care. They identified and recommended strategies, actions, policies and practices to make the system more responsive and supportive of African-American families.

**FIGURE 1**  
**The Disproportionality Project Planning Process, December 2003 to October 2004**





# CURRENT STATUS OF DISPROPORTIONALITY

polarization are an increase in the number of first-time entries and re-entries of children into the foster care system, longer lengths of stay in foster care, and the emergence of “high risk” communities, i.e., communities that are more likely to have children placed into foster care.

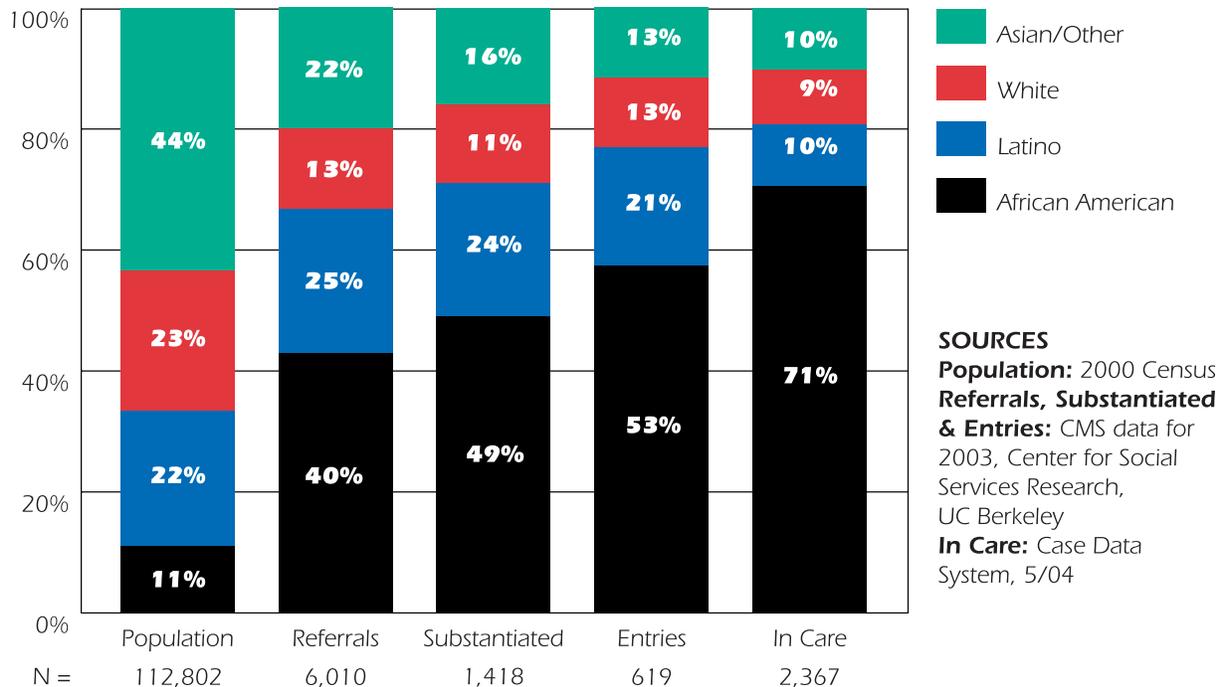
## THE DEMOGRAPHICS OF DISPROPORTIONALITY

Although disproportionality is a national problem, it is more pronounced in San Francisco. An economic downturn and a high cost of living have forced many families to move out of San Francisco. This exodus has resulted in a polarization by income and ethnicity of families who remained. Some of the consequences of this

This part of the report presents data that illustrate the extent of African American disproportionality in San Francisco’s child welfare system. The planning unit of SF-DHS and the Center of Social Services Research, UC Berkeley, provided the data contained in this section.

The following bar chart (Figure 2) highlights the increasing disparity of African American children as they move through the child welfare system. At each succeeding stage of the child welfare system, the percentage of African American children increases.

**FIGURE 2**  
**Ethnic Proportions of San Francisco Children in Child Welfare System, 2003**



## The Disproportionality Project

### Child Abuse Allegations

At the allegation stage of the child welfare process, the data reveal ethnic differences in the types of allegations reported (Figure 3). For African Americans, the two most frequent reasons for removal of the child from the home are neglect (including caretaker absence/incapacity) and physical abuse. *Neglect* occurs when a child has suffered or is at substantial risk of suffering serious physical harm or illness due to the parent's failure or inability to care for their child. *Caretaker absence or incapacity* refers to a *category of neglect* where the child is not provided for due to the parent's absence or incapacity. There are many contributing factors to a parent being labeled negligent, absent, incapacitated or physically abusive and some of these factors were vividly expressed in the focus groups.

According to the statistics collected by SF-DHS, over the past five years the number of child abuse reports has increased but the number of reports substantiated has not. Those reporting allegations of child abuse fall into two categories; mandated reporters and non-mandated reporters. Mandated reporters are those who are required by law to report any suspected incidences of child abuse. These reporters, typically, are personnel who work with children and families in some capacity, e.g., school personnel, health and mental health professionals, law enforcement authorities, and

The law that health and school officials are mandated to report any suspicion of abuse, neglect or violence against a child is a cause of disproportionate reports on African Americans. Those who mentioned mandatory reporting believe that this law and African American poverty and drug abuse are driving disproportionate reports in San Francisco.

#### *Focus Group Findings*

Urban Institute, Cal State Hayward  
Spring 2004

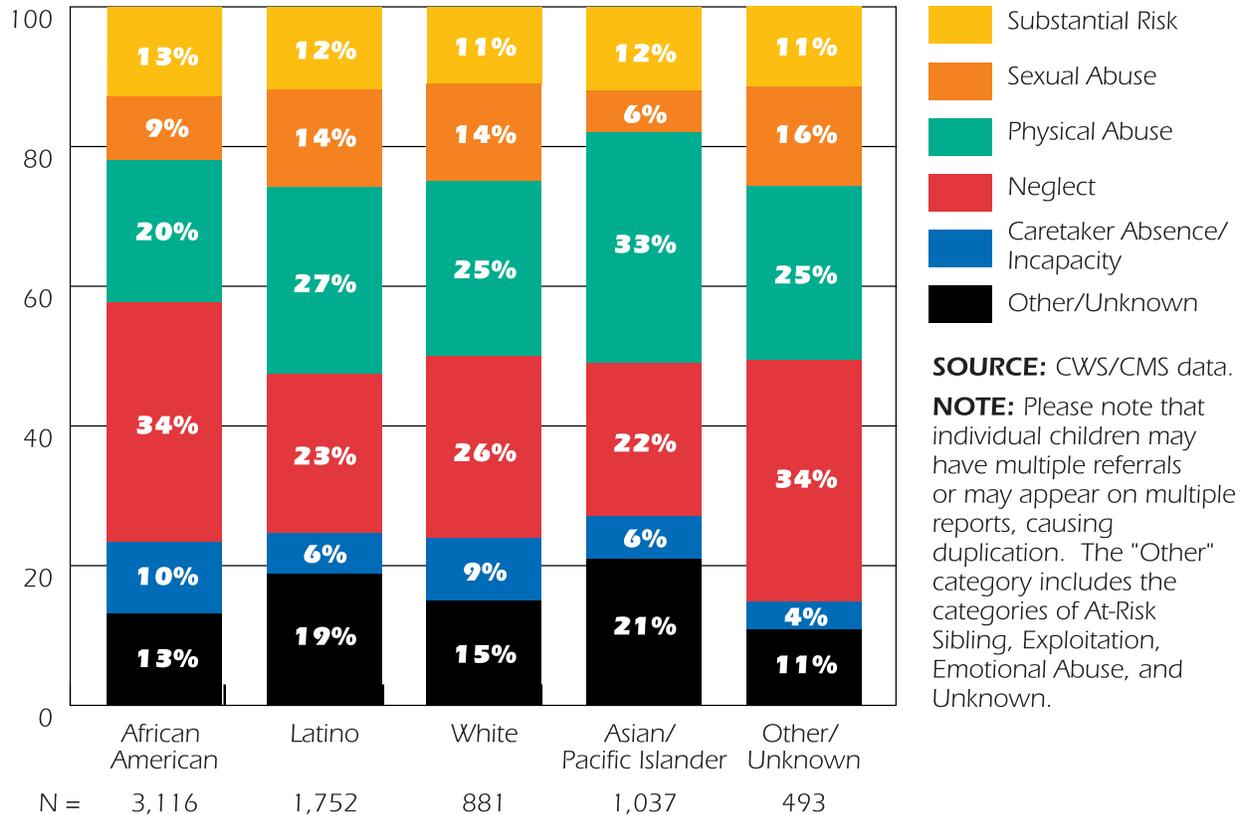
child welfare workers. Non-mandated reporters, on the other hand, voluntarily report any suspicions of child abuse. These reporters tend to be family members, relatives, neighbors or concerned community residents.

Figure 4 indicates that disproportionality begins at the very initial stages of the foster care process. Approximately half (3,161) of the child abuse allegations reported are regarding African American children. The highest percentage of child abuse allegations made by mandated reporters were from counselors or therapists and school personnel. Interestingly, almost 40% of child abuse allegations concerning African American children came from non-mandated reporters who were either family members or concerned individuals who made the allegations anonymously. Of all the different ethnic groups, African Americans had the highest percentage of non-mandated reporters. Hispanic and Asian families had the lowest percentages.

An analysis of San Francisco homicide data on African American males under the age of 22 revealed a startling finding. Of the 30 young African American males who were victims of homicide, 18 of them (60%) had child welfare cases recorded in the child welfare database. (This number is likely an undercount since the child welfare database has only been in existence for 6 years). The victims ranged in age from 52 days to 22 years.

*The Foster Care Quarterly Report*, May 2004  
San Francisco Department of Human Services, Planning Unit

**FIGURE 3**  
Types of Allegations within Ethnic Groups, 2003



**FIGURE 4**  
Child Abuse Reporters within Ethnic Groups, 2003

	African American	%	Latino	%	White	%	Chinese	%
Counselor/Therapist*	685	21.7%	534	32.9%	295	26.7%	110	25.2%
Medical Professional*	343	10.9%	169	10.4%	121	11.0%	31	7.1
Law Enforcement*	220	7.0%	130	8.0%	89	8.1%	36	8.2
Child Welfare Staff*	250	7.9%	84	5.2%	52	4.7%	8	1.8
Relative	311	9.8%	79	4.9%	72	6.5%	14	3.2
Anonymous	501	15.8%	134	8.3%	143	13.0%	21	4.8
School*	421	13.3%	294	18.1%	134	12.1%	161	36.8
Other	430	13.6	200	12.3%	198	17.9%	56	12.8
<b>Total</b>	<b>3,161</b>	<b>100%</b>	<b>1,624</b>	<b>100%</b>	<b>1,104</b>	<b>100%</b>	<b>437</b>	<b>100%</b>

\* = mandated reporter

**SOURCE:** CWS/CMS Data

## The Disproportionality Project

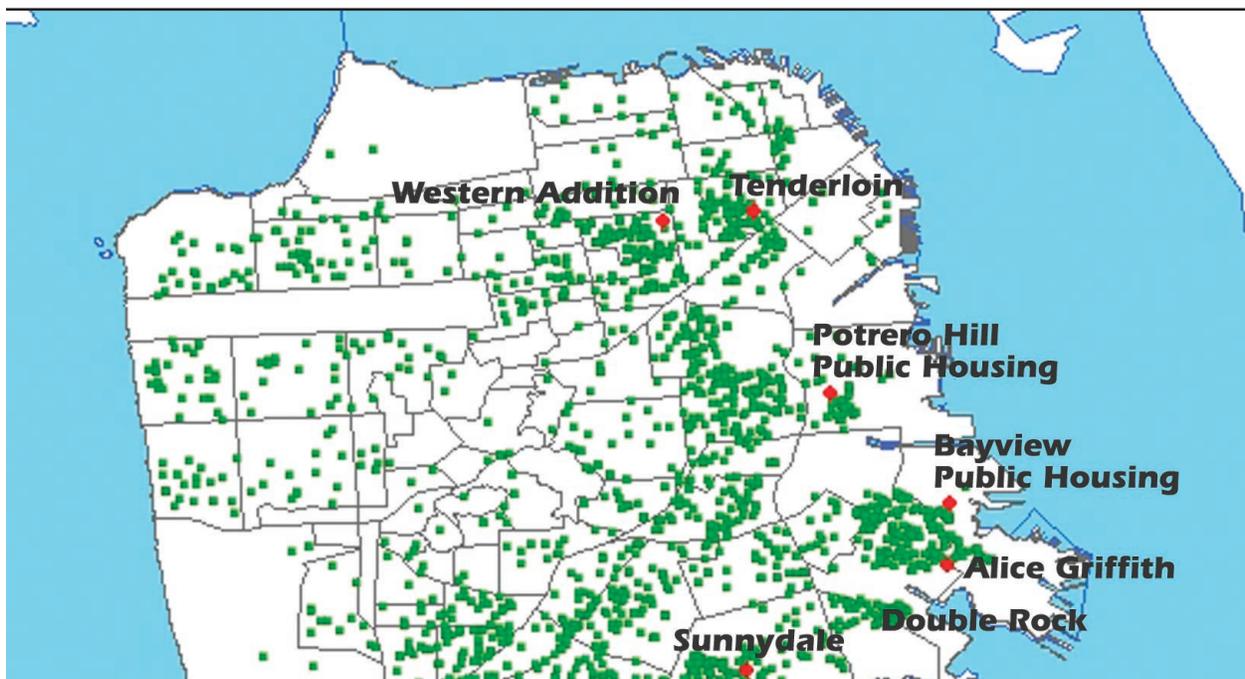
According to the focus group findings from the exploratory research, African American relatives use the system in two ways that other ethnic groups are less willing to do or simply do not know about. First, some African Americans use the system to discipline and get help for a relative with children whose behavior is beyond the family's control. The second circumstance is when relatives are caring for children but have no legal authority over their care, they will call the county as a way to protect themselves and the children from the birth parent's arbitrary and destructive parenting.

### Geographic Concentration of Child Abuse Reports and Removals

A mapping of where child abuse reports originate displayed a clustering of reports in specific geographic areas, particularly areas with public housing complexes. In Figure 5, we see the locations of the "evaluated out" child abuse reports, which means that the allegation was recorded but either the situation stabilized or the allegation was not at a level to require a response. The five areas with the highest concentration of child abuse reports are Western Addition, Tenderloin, Potrero Hill, Bayview/Hunter's Point and Visitacion Valley.

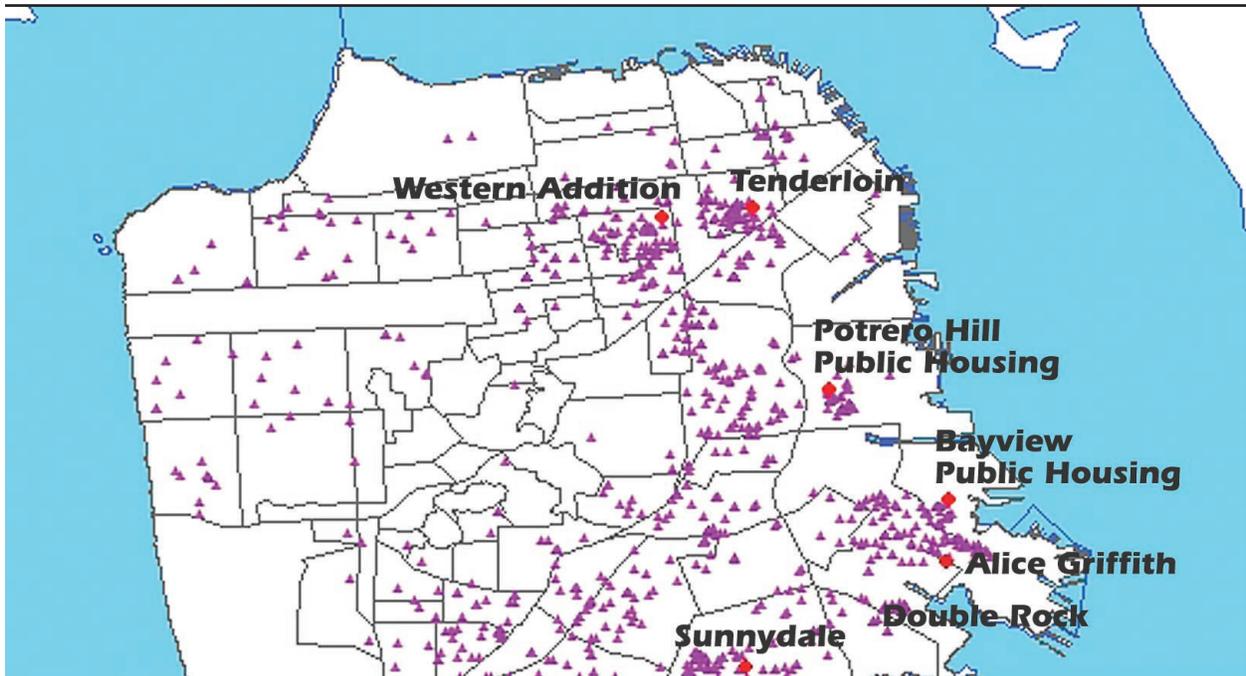
The same geographic pattern occurs for both substantiated child abuse reports (Figure 6) and removals of children from the home (Figure 7).

**FIGURE 5**  
"Evaluated Out" Child Abuse Reports, 2003



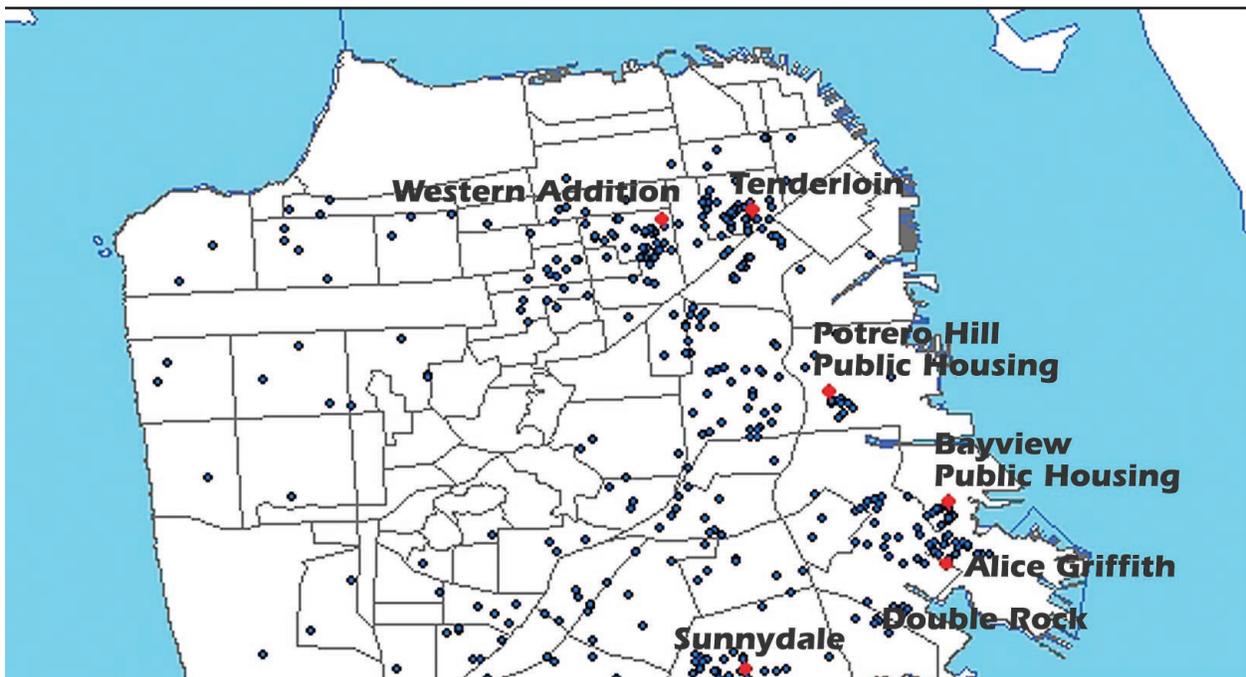
SOURCE: CWS/CMS Data

**FIGURE 6**  
Substantiated Child Abuse Reports, 2003



SOURCE: CWS/CMS Data

**FIGURE 7**  
Child Removals, 2003



SOURCE: CWS/CMS Data

## ENTERING THE CHILD WELFARE SYSTEM

### Entry into Foster Care

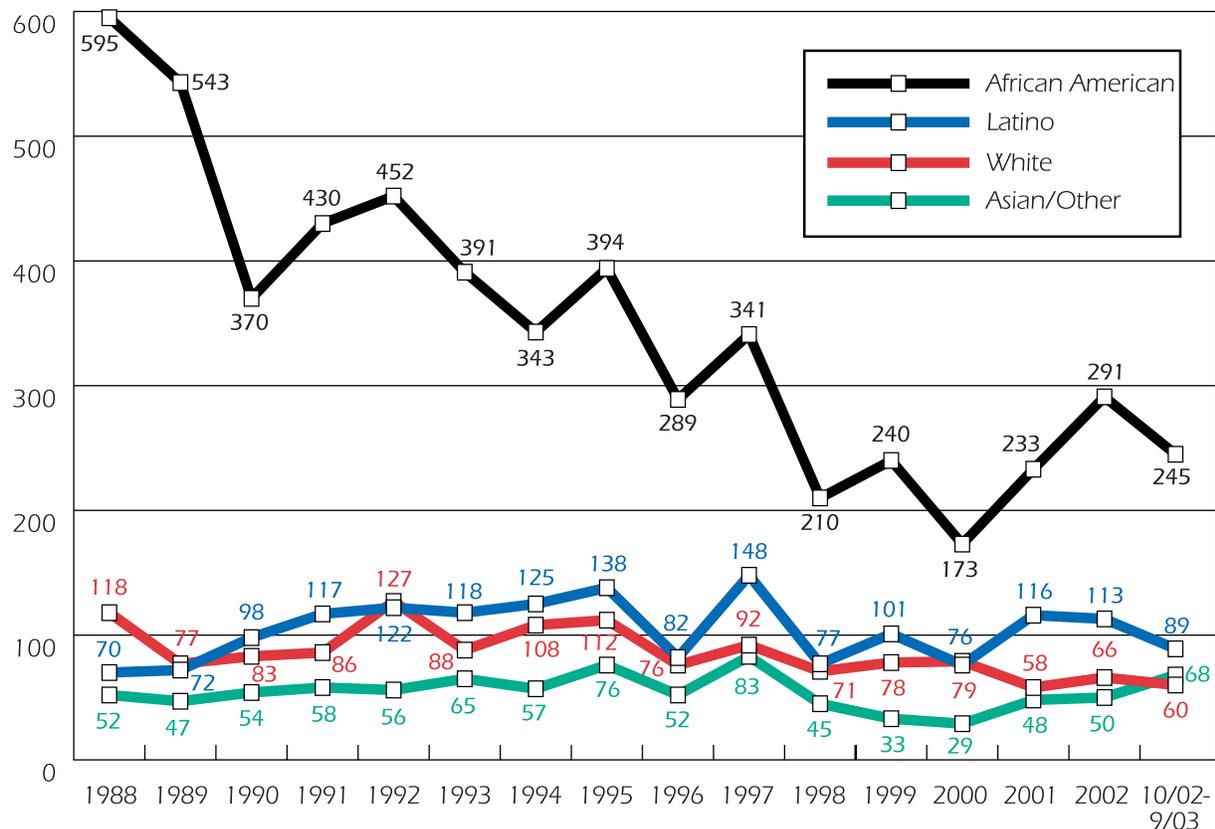
After an allegation has been substantiated and a determination is made to remove the child from their parent's home then the child officially enters into foster care. First time entry means that the child is removed from his biological parent and placed into foster care for the first time. Looking at first time entries into foster care over a 15 year time period (Figure 8), it is evident that first time entries for African American children were on the decline from 1988 to 2000 but began to rise again in 2001. The same is true for re-entries into foster care (Figure 9). Typically, a child re-enters foster

Social workers reported that some African American parents and other members of their extended family look upon the investigation as an opportunity to get services and financial support from the state...In substantiated cases, their (the parents') goal is to have the child or children placed with a relative who will benefit in whatever way possible. This is viewed as a "win-win" proposition because the parent gets help; the relative foster-parent gets help; and the child or children stay in the family.

*Focus Group Findings*

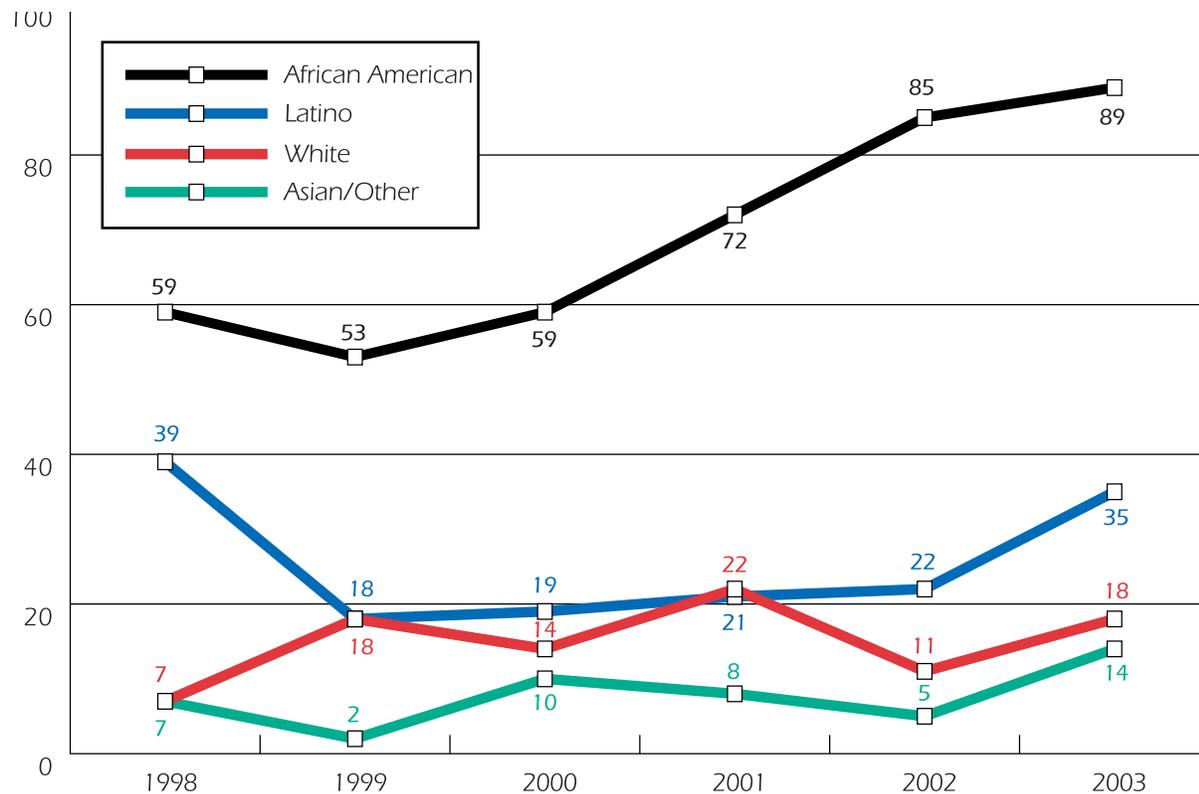
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**FIGURE 8**  
**First Entries into Foster Care by Ethnicity, 1988-September 2003**



**SOURCE:** Center for Social Services Research, UC Berkeley.

**FIGURE 9**  
**San Francisco Re-Entries into Care, 1988-2003**



**SOURCE:** Center for Social Services Research, UC Berkeley.

care when reunification with the biological parents fails. In an analysis of a sample of children re-entering foster care in the first quarter of 2003, SF-DHS discovered that approximately half of the general neglect cases had substance abuse identified in the child abuse report.

Often, a child re-enters foster care because the parent, after completing substance abuse treatment, relapses. Additionally, the analysis found that the re-entry cases had multiple prior referrals (an average of 5.5 referrals). The re-entry data in Figure 9 reveals that in 2003 there was an increase in the number of re-entries for all ethnic groups but it was much higher for African American children.

Although there is no definitive data as to why first-time entries and re-entries are on the rise, many of the focus group findings from the exploratory research underscore the extreme pressures African American families in San Francisco are facing. These pressures may be contributing to the increase in these rates. As an example, the condition of “chronic marginality” was attributed to African American families. Chronic marginality describes the effect of long-term poverty and isolation. “Chronically marginal” families are deprived of supports and opportunities and, consequently, fall into a dysfunctional malaise where their ability to care for their children becomes impaired.

## The Disproportionality Project

### Staying in Foster Care

In addition to entering and re-entering foster care at a higher rate than other ethnic groups, African American children also stay longer in the foster care system (Figure 10).

One explanation for the longer length of stay is that the majority (55%) of African American children are placed with relatives (Figure 11).

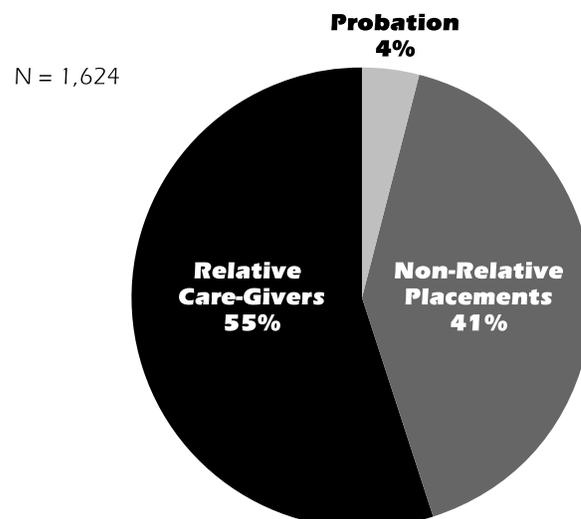
In the parent focus groups, parents stated that they felt their children were safe and well cared for when they were placed with relatives. There was also less urgency for reunification because the threat of their child being adopted was virtually eliminated. Since their children were living with a relative, the parents felt they had more time to prepare for their return.

**FIGURE 10**  
**Median Length of Stay by Ethnicity, 1998-2001 Entries**

	San Francisco		California	
	Kin	Non-Kin	Kin	Non-Kin
African American	854	486	749	592
White	539	392	535	421
Hispanic	614	394	615	484
Asian/Other	597	173	542	270
Native American	**	360	540	406
<b>Total</b>	<b>744</b>	<b>426</b>	<b>607</b>	<b>464</b>

**SOURCE:**  
Center for  
Social Services  
Research, UC  
Berkeley

**FIGURE 11**  
**Placement Categories for African American Children, May 2004**



**SOURCE:** Case Data System (CDS)

Re-unification with birth parents is slowest in relative foster care and most African American children in foster care are placed with relatives.

*Focus Group Findings*

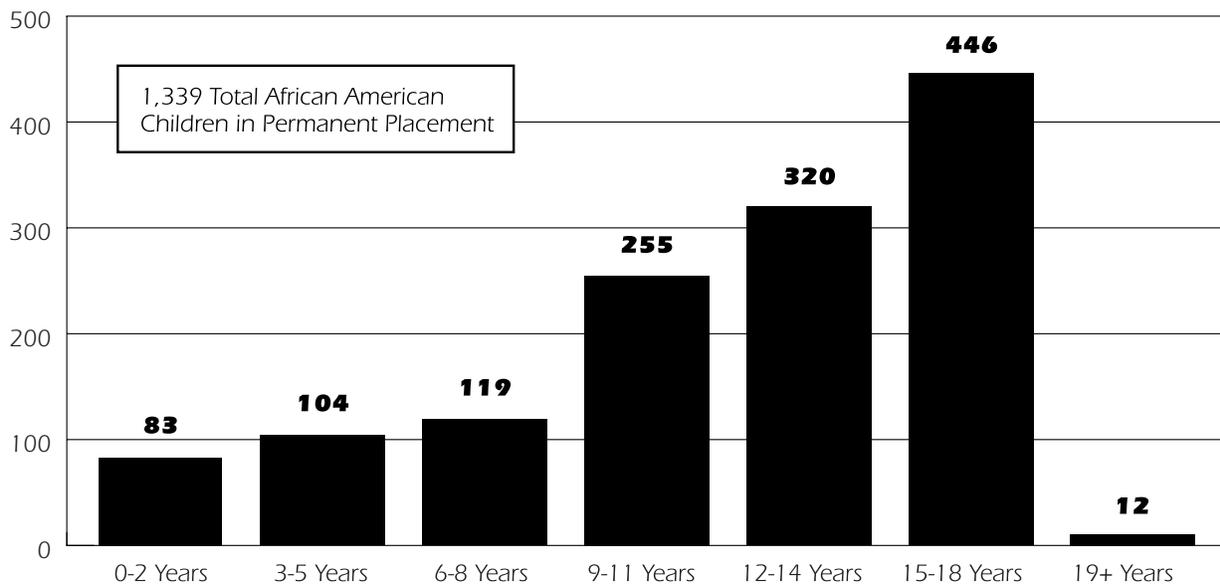
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emancipated (i.e., aging out of the foster care system) in the next five years. Currently, 58% of the African American children in foster care are 12 years old or older (Figure 12). The question that has to be asked is: *What kinds of supports and services will be available to this population that will help them to become productive, independent adults?*

One of the detrimental effects of disproportionality confronting San Francisco is the number of African American children who have lingered in foster care for years and will be

The data depict the severity of the problem as well as frame the issues that need to be addressed by the task force. The next section presents the focus group highlights which portray the personal, human context for the data.

**FIGURE 12**  
**Ages of African American Children in Permanent Placement, August 2004**



SOURCE: CWS/CMS Data



# FOCUS GROUP HIGHLIGHTS AND RECOMMENDATION FRAMEWORK

## OVERVIEW

Throughout the course of the Disproportionality Project two parallel activities were operating — the exploratory research activities and the task force activities. Although these two activities functioned independently, they complemented and reinforced each other. **The research provided perceptions about the world of child welfare, its impact on families and some of the underlying reasons for the overrepresentation of African American children in foster care.** The SF-DHS data described the prevalence of disproportionality but the research provided perspectives as to why disproportionality continues to prevail.

## RESEARCH HIGHLIGHTS

The research team engaged in conversations with those directly involved with or affected by the child welfare system, i.e., the social workers in SF-DHS' Family and Children Services division who assess and investigate

allegations, the parents who have had their children removed from their homes and the foster parents who are the children's temporary caregivers. Focus groups and individual interviews were the methods used to engage the different groups in discussion. The questions to the social workers focused on family and community background and organizational structure and processes.

Questions for the parents were structured to elicit their experiences with the different

stages of the child welfare process. The team talked to 51 social workers and 80 parents over a three-month timeframe. The juxtaposition of the social workers and the parents' responses to the various questions revealed some of the complexities, contradictions and constraints within the child welfare system

that contribute to the disproportionality of African American children in foster care in San Francisco.

## Societal and Familial Factors Impacting Disproportionality

A few of the focus group highlights are presented here to illustrate the myriad factors leading to disproportionality. For example, some of the societal/historical/familial factors related to disproportionality articulated by the focus group participants were:

- poverty
- drug abuse
- mental health problems
- incarceration
- chronic marginality

Reforming foster care will require concerted and coordinated efforts at the state and local level to ensure that state policies and frontline practices are responsive to the specific needs of children and families. Moreover, it will require all of those who touch the lives of foster children — families, communities, caseworkers, courts, and policymakers — to claim shared responsibility for improving their lives (p. 1).

*Children, Families and Foster Care,*  
from *The Future of Children*, Winter 2004  
The David and Lucile Packard Foundation

## The Disproportionality Project

Poverty is the number one reason for the disproportion in reports of African Americans to the Child Protective Services hotlines. Virtually all of the African American families reported on are impoverished.

### *Focus Group Findings*

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- intergenerational dependency on the child welfare system
- institutional racism

The parents' discussion of two of these factors - chronic marginality and institutional racism - are given as examples.

Intractable conditions such as “chronic marginality” play a significant role in forcing African American children into foster care. Chronic marginality is generally caused by a combination of poverty, isolation, discrimination and lack of support. It affects the family financially, socially and emotionally and often results in involvement with the system due to general neglect. Because of the chronic nature of these families, they often have multiple episodes of involvement with the child welfare system. It particularly affects African American families in San Francisco because many are very poor and are living in eroding African American communities in a city with an extremely high cost of living.

Some of the focus group parents expressed what it means to be “chronically marginal” and the vicious cycle it creates.

- *Fathers in the focus group who had been in jail had great difficulty finding jobs. Those who found low paying jobs received virtually no income because of overdue child support. Not only could they not support themselves, their back child support payments were strikes against their credit and prevented them from getting access to loans and financing.*

They (the parents) see a system that has an appetite for their children. One mother spoke of being angry, exhausted and depressed all the time. She found it difficult to deal with her children's constant wants and to care for them. She had to seek medication to function but eventually turned to drugs to escape it all. Her

mother was already the primary caretaker of her two oldest children and could not take another. Child Protective Services had to step in and put the youngest children in foster care.

Institutional racism undergirds many of the factors contributing to the overrepresentation of African American children

in foster care. The parents said that everything about the foster care process is “racial.”

- *They (the parents) see a system that has an appetite for their children. In their view, if their children were not taken into foster care, a lot of social workers and foster care providers would be without jobs and money. The fathers clearly saw earlier racial discrimination in jobs and education... They believe the government has driven them out of society and into invisibility because they are not worth helping.*

---

*They (the parents)  
see a system that  
has an appetite for  
their children.*

---

## Focus Group Highlights and Recommendation Framework

There is a higher proportion of African American families that are "chronically marginal" in San Francisco than there are among other ethnic groups.

*Focus Group Findings*  
*Urban Institute, Cal State Hayward*  
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A participant in one of the social worker focus groups said that:

- *This (disproportionality) stems from institutionalized racism and this is not just a fluke. She said she was raised up poor, but has never been in the system. Back then, parents were allowed to raise their children. Now these values no longer exist.*

### Systemic Factors

The other set of focus group findings refer to systemic factors that affect disproportionality. The major themes related to the child welfare system that emerged from the research were:

- The numerous and sometimes rigid rules and regulations
- Organizational challenges

Social workers in the focus groups talked about the repercussions of one of the regulations governing the foster care process — the mandatory reporting requirements. The group consensus was:

- *It is virtually impossible for a family that is economically marginal to not come to the attention of mandated reporters, in particular, teachers and medical staff. It was pointed out that when mandatory reporters are in doubt, they would err on the side of caution and report.*

Organizational issues also factor into the disproportionality equation. When there is insufficient staffing to handle the caseloads the substantiation rates tend to increase because there is insufficient time to conduct thorough investigations. It also depends, however, upon the experience, background and bias of the case-worker responsible for handling the case.

- *When there is a rush of cases that must be investigated within two days and there is a shortage of staff, decisions must be made in less than ideal time... rather than regret a wrong decision, they (the social workers) will avoid potential liability by substantiating rather than declare an allegation unfounded or inconclusive.*

The focus group and interview findings provided information that was helpful for putting the task force recommendations into a more authentic context.

### RECOMMENDATION FRAMEWORK

The task force work groups were instructed to develop recommendations that could translate into practices, programs or services, training/professional development, policies or communication strategies. They were given criteria and a format to guide the development of their recommendations.

#### Recommendation Criteria

The criteria were that the recommendations had to be:

- **Sustainable**  
The recommendations had to fit within a five-year plan. For sustainability they also had to have identified funding sources (whenever possible) and a primary lead department or agency responsible for carrying out the recommendations.

## The Disproportionality Project

### ■ Actionable

The recommendations had to be specific and achievable so they can be implemented within a five year timeframe.

### ■ Comprehensive

All the recommendations together had to be comprehensive in that they address the most critical issues related to disproportionality at the family, community and system levels.

### ■ Collaborative

Whenever possible, the recommendations had to promote collaborations among departments and within communities to effectively use resources and build partnerships.

### ■ Proven

The recommendations, where appropriate, had to incorporate proven, effective models and methods. The two strategies used to meet this criterion were:

- Build on current community-based reforms and initiatives
- Utilize past and present models that have demonstrated effectiveness in eliminating or reducing factors impacting disproportionality.

### ■ Focused

The work groups were to use SF-DHS data to determine priority communities and family populations.

### ■ Community and Family-Centered

Recommendations had to be responsive to family needs and promote community involvement.

## 5 Priority Areas

Based on the SF-DHS data, the Disproportionality Project selected five priority areas:

- Bayview/Hunter's Point
- Potrero Hill
- Visitacion Valley
- Western Addition
- Tenderloin

## Recommendation Format

Each recommendation was required to have the following four elements:

### ■ Funding Lead

Identification of existing or potential funding sources that can support the recommendation

### ■ Implementation Lead

Specification of the city departments or community-based organizations most appropriate for assuming the lead to carry out the recommendation.

### ■ Priority Areas

Selection of the communities to focus on for the specific recommendation.

### ■ Mechanism

Description of how the recommendation will be implemented, e.g., what method, personnel or vehicle to use.

The combination of the SF-DHS data and the exploratory research findings created the platform and context for developing the recommendations. The recommendation criteria and format provided the framework to integrate the diverse and broad ranging recommendations into a cohesive set.

# TASK FORCE RECOMMENDATIONS

The issue of disproportionality is not a child welfare issue but a citywide and county issue and it will require the city and county's response to craft a solution. This project was predicated on the belief that to eradicate disproportionality, families and communities have to have the necessary resources. Traditional resources are not enough. Families need people who understand them and their communities; and who have access to funds and resources to build in supports for families within their communities. The more families have natural supports, the less likely they will become involved with child welfare.

The task force recommendations presented in this section emphasize community supports, preventive services, systemic reform and the application of exemplary programs and practices.

The recommendations have different levels of specificity. There are **nine major overarching recommendations**. In addition, there are specific recommendations of actions and strategies for achieving the major recommendations. The model initiatives, reforms, programs and services referenced in the recommendations are described in the matrix on page 30. The complete recommendations including details on potential funding sources, implementation leads, priority areas and mechanisms for attaining the recommendations are contained in the chart, *Timeline for Implementation of the Task Force Recommendations*, on page 32.

## RECOMMENDATIONS FOR COMMUNITY INVOLVEMENT

The *Community Involvement/Family Factors*

Work Group discussions emphasized the need for re-establishing community networks, building on community strengths (especially the spiritual strengths in the community) and raising the level of awareness and involvement with the issues facing African American families. The outcomes from this work group

resulted in two major recommendations – one focusing on building community supports for “at risk” families and the other on “getting the word out” to stimulate community participation.

The impact of racism and discrimination, and the need to develop skills for negotiating a sometimes hostile social world, distinctly shape an individual and cannot be discounted. For example, the ability to function “biculturally” — that is, within the larger society as well as within a specific community — is an important survival skill for children of color. Communities of color teach children how to negotiate being bicultural in a healthy and safe manner (p. 82).

*Children, Families and Foster Care,*  
from *The Future of Children*, Winter 2004  
The David and Lucile Packard Foundation

## The Disproportionality Project

### **1 Implement Circles of Support within the community that support and mentor individuals/families struggling to move out of crisis.**

#### **Year 1**

**1-A.** Build on Family-to-Family strategies to engage the community in working for change in the system. Bring key grass-roots leaders and groups together to get them involved in supporting families.

#### **Year 1**

**1-B.** Use the Bayview Hunter's Point Family Resource Center and other FRC's in the priority areas to inform the community about the disproportionality plans by inviting community residents to a series of informational workshops.

#### **Year 1**

**1-C.** Continue to offer stipends\* to increase the number of community members involved in informing and participating in the implementation of the disproportionality work.

#### **Year 1**

**1-D.** Work on the critical problem of unemployment confronting many "at risk" parents, by addressing the GED requirements for work. Recruit volunteers to help parents complete their GED at family resource centers.

#### **Years 1-5**

**1-E.** Establish community wraparound programs, e.g., analyze the Ruth E. Smith Project to identify elements applicable for community wraparound programs.

#### **Years 2 & 3**

**1-F.** Identify block leaders and establish a neighborhood council to integrate community resources and provide families with the information they need.

### **2 Launch a targeted, focused "positive message" campaign that saturates the city, especially the 5 priority areas, to influence community thinking and actions regarding disproportionality.**

#### **Years 1-5**

**2-A.** Use a wide variety of media and respected community leaders to get message out about realities facing the African American community to mobilize residents to get involved. African-American communities need to be given facts about multiple issues affecting them but, specifically, about how to keep their children in their homes and communities and how to support their families.

**2-A.1** Use media more extensively to provide information to the community about services, parental rights, workplace opportunities, etc.

## Circles of Support

Circles of Support consist of significant people in a family's life who are willing to participate in a formal capacity to support a family in crisis to transform their lives and circumstances. These circles create "extended family" type networks to support individuals and families. A formal mechanism is established to insure a flow of communication among "Circle" members and to hold everyone accountable to each other. Circles of Support also form a base for innovative community organizing and community building.

*\* The Bayview Hunter's Point Family Resource Center offered stipends to parents who participated in the research study's focus groups.*

Critical knowledge about a family can be gotten faster and more easily by community service staff who are known and trusted by the community than by an unknown social worker. Community agencies should be developed as partners to assist in investigations either by providing information or going out and getting it. This solution would also include expanding the network of community agencies that families could be referred to for stabilization.

*Focus Group Findings*

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**2-A.2** Outreach into natural gathering places for families and young people (e.g., clinics, community centers, laundromats, churches, tenants associations, etc.).

**Years 1-5**

**2-B.** Use the media to engage community residents in “community conversations.”

**Years 2-3**

**2-C.** Put a structure in place to improve communication by leveraging technology to facilitate ongoing flow of information among providers, community and families (e.g., automated phone system to send automated messages to community residents).

### **RECOMMENDATIONS TO ESTABLISH MODEL PROGRAMS, SERVICES AND INITIATIVES**

The Models Work Group used their working sessions to review existing models effective in reducing disproportionality and to select those that applied to San Francisco’s unique situation. Besides reviewing model programs and services, the group invited Sid Gardner, president of Children and Family Futures, and a nationally recognized expert on substance

abuse, child welfare and family support to discuss the interrelationship between substance abuse and child welfare. The results of this work group were three major recommendations that focused on preventive programs and services, the interdepartmental collaborations and permanent placement for foster youth facing emancipation.

### **3 Develop effective family support strategies and programs for priority areas and populations.**

**Year 1**

**3-A.** Target and track specific populations (e.g., SF-DHS families who move multiple times) to ensure continuity of services and the children’s ongoing attendance at school.

**Year 1**

**3-B.** Use data mapping to provide better services for “at risk” families. The mapping can:

- Identify high concentration of referrals
- Identify existing resources
- Target case workers
- Target prevention resources

They (fathers) were angry because their children had been removed from their mothers and they, the fathers, were never informed. Their calls to investigative social workers were not returned and, if they got through, they were ignored. They shared that their families were never explored as possible placements. They also pointed out that there are absolutely no services and regard for fathers although many want to be active in their children’s lives, including raising them.

*Focus Group Findings*

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# The Disproportionality Project

## Year 1

**3-C.** Ensure that every incarcerated parent whose child is a dependent of the state receives referrals to Incarcerated Parent Services, assistance with finding family members or relatives, and with engaging incarcerated parents for reunification.

**3-C.1** Create supports for those entering community and their family after incarceration

## Years 1-3

**3-D.** Implement model programs, such as the FAST program, to involve fathers and paternal relatives as care givers.

## Years 1-3

**3-E.** Develop and support relevant, coordinated and culturally accessible services for high-risk families, especially fathers.

**3-E.1** Establish and/or enhance family resource centers with satellite services to reach into housing developments and other geographic areas with concentrations of poor African-American families.

**3-E.2** Develop specific programs to address the needs of African American fathers living in poverty.

**3-E.2.1** Add supports to existing job preparation/training programs.

**3-E.2.2** Support faith-based efforts seeking to support African American fathers.

## Years 2-3

**3-F.** Set up a citywide system to map funding sources and client services (identify who clients are, where there are duplication of clients and services, etc).

## 4 Strengthen interdepartmental collaboration among SF-DHS, Department of Public Health (SF-DPH) and other key city departments to support parents and adult caregivers who are substance abusers (and related problems, such as, mental illness).

### Year 1

**4-A.** Make parents and adult caregivers with children a priority in treatment admissions.

**4-A.1** Include data field in the SF-DPH data system to identify individuals entering substance abuse treatment who have children.

**4-A.2** Incorporate drug abuse prevention, intervention strategies and priority access to services in the 5 priority areas through SF-DPH's prenatal outreach efforts and the reactivation of the FIRST Program.

**4-A.3** Expand the capacity of treatment options so that parents can keep their children with them while receiving services and training.

**4-A.4** Collect data on the type of substance abuse treatment parents are receiving in the priority areas.

**4-A.5** Provide information on employment, job readiness, parental rights and other relevant information at residential treatment facilities where parents are being transitioned out.

After poverty, front-line investigators believed that drug abuse is the most common precipitating factor of reports on African Americans to the hotline. This is also the leading cause of overrepresentation in foster care nationally (Sagatun 1995).

*Focus Group Findings*  
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Emergency response and investigative social workers mentioned that the most difficult cases they have to deal with are of parents, in particular, mothers who have mental health issues that show up in neglect or abuse of their children.

### *Focus Group Findings*

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### Year 1

**4-B.** Mandate that caseworkers use the alcohol/substance abuse field in the Child Welfare Services Case Management System (CMS) to provide data to further collaborative services between SF-DHS and SF-DPH.

### Year 2

**4-C.** Research and implement model substance abuse treatment and mental health programs effective in reducing disproportionality (e.g. FIRST program)

### Year 2

**4-D.** Update the 1992 study, *Profile of Alcohol and Drug Use During Pregnancy in California* (University of California, Berkeley's School of Public Health and the Western Consortium for Public Health) by conducting a similar blind study.

## **5 Focus on Youth Permanence, i.e., permanent placement of foster youth through legal guardianship, adoption or reunification.**

### Years 1-5

**5-A.** Obtain project funding from Walter S. Johnson Foundation, the Stuart Foundation and the IVE Waiver for subsidized guardianship, community wraparound, after care supports and the Foster Youth Transitions Initiative.

**5-A.1** Engage the California Permanency for Youth Project for technical assistance.

**5-A.2** Execute the *Foster Youth Transitions Initiative* (Walter S. Johnson Foundation and the Stuart Foundation).

**5-A.3** Explore approval of the IVE Waiver for subsidized guardianship, community wrap-around and after care supports.

## **RECOMMENDATIONS FOR SYSTEM CHANGE**

System change and reform is a long-term commitment and SF-DHS is taking major steps to fulfill that commitment. One of the challenges to change is that the child welfare system is not one system but multiple systems that intersect throughout the child welfare process. The outcomes from the *System Analysis Work Group* define four major recommendations that support many of the current planning efforts of SF-DHS but it also expands the scope of what needs to be done internally within the department over the next five years.

## **6 Implement policies and practices that ensure continuity, consistency, equity and effectiveness within the San Francisco Department of Human Services, especially in family placements.**

### Year 1

**6-A** Administer a standardized, culturally sensitive assessment tool for families to improve SF-DHS practices.

### Year 1

**6-B** Strengthen existing SF-DHS accountability system to support implementation of the Disproportionality Task Force recommendations.

## The Disproportionality Project

...the child welfare system faces daunting challenges in the 21st century. Not a single system at all, but a network of multiple intersecting and overlapping agencies, the overtaxed child welfare system has had to take on more children who are suffering more complex problems than ever before—all under the white-hot spotlight of media scrutiny... However, crisis can also be a window of opportunity for change. The challenge before the child welfare system is how best to capitalize on the momentum initiated by crisis, mobilize agents for change, and steer the system toward reforms that will truly improve the lives of children who come into foster care (p.9).

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The David and Lucile Packard Foundation

### Years 1-2

**6-C** Develop clear communication channels about SF-DHS practices throughout the chain of command.

### Years 1-3

**6-D.** Establish clear communication, support and education to families around alternatives within the system, out of home placement and the court process.

### Years 1-3

**6-E.** Limit length of stay in out of home placement with relative caregivers through permanency planning, such as, subsidized guardianship.

**6-E.1** Develop policy and guidelines that are specific and appropriate for the selection of relative caregivers for subsidized guardianship.

**6-E.2** Develop an ongoing monitoring and assessment strategy for out of home placements with relative caregivers.

**6-E.3** Provide ongoing training for child welfare workers on relative caregiver placement.

**6-E.4** Develop specific guidelines for families on relative caregiver placements and concurrent planning.

## **7 Focus on preventive, culturally competent and family responsive services.**

### Year 1

**7-A.** Provide in-depth, culturally competent, people skills-oriented training to child welfare staff.

### Year 1

**7-B.** Train staff how to engage and effectively work with family members.

### Years 1-5

**7-C.** Emphasize prevention by utilizing resources, linkages and consultations to provide more support to families “in crisis” and minimize removal.

**7-C.1** Recruit community agencies to support families in their response to Child Protective Services’ (CPS) reports by assisting families in accessing services and navigating SF-DHS mandates.**Year 1**

**7-D.** Proactively work with Workforce Development to offer parents good “job readiness” programs, e.g., Dress for Success.

### Years 1-5

**7-E.** Ensure that SF-DHS policies, procedures and training offer high quality “customer service” to families and providers.

## Task Force Recommendations

### Years 1-5

**7-F.** Hold group forums for SF-DHS staff to provide support and feedback about daily work encounters and core beliefs.

### Years 2-5

**7-G.** Create a policy through the Mayor's Office that mandates coordination of relevant services (housing, employment, drug treatment, food programs, etc.) to support families in a one-stop intervention model for SF-DHS families.

**7-G.1.** The Board of Supervisor's Task Force on Disproportionality will provide the Mayor's Office with an assessment tool to take the lead in identifying compatible values and potential collaborations among different city departments.

Workers expressed some frustration at having unrealistic criteria to impose on suspected parents. Fragmentation of services to families also poses a problem to social workers' effectiveness...Consequently, SF-DHS has to work closely with housing, drug treatment, food programs, etc.

#### *Focus Group Findings*

Urban Institute, Cal State Hayward  
Spring 2004

## 8 Improve and expand city departments' data systems.

### Years 1-2

**8-A.** Conduct data and resource mapping of priority areas to understand community needs, existing resources and lack of resources.

### Years 1-5

**8-B.** Collect ongoing data on the Disproportionality Project's priority areas and populations.

### Years 1-5

**8-C.** Improve consistency of documentation recorded by child welfare workers through assessment and accountability procedures.

### Years 1-5

**8-D.** Ensure accuracy and thoroughness of court reports by implementing an objective feedback mechanism for attorneys, providers and parents.

## 9 Initiate and maintain interdepartmental and community collaborations.

### Year 1

**9-A.** Offer joint training on cultural competency for child welfare workers and attorneys from dependency court. Expand training to include others involved in the child welfare process, e.g., family resource centers, police, etc.

### Years 1-5

**9-B.** Continue efforts to create work opportunities and training through collaboration with educational institutions, community-based organizations (CBO's), and businesses.

### Years 2-3

**9-C.** Re-open onsite resource centers in public housing in support of recommendations of the Mayor's Project Connect.

**FIGURE 13**  
**MODEL INITIATIVES, REFORMS, PROGRAMS AND SERVICES**

<b>Model</b>	<b>Disproportionality Focus</b>	<b>Description</b>	<b>Recommendation References</b>
<b>Differential Response (Child Welfare Design)</b>	To provide more preventive services in the 5 priority areas for “at risk” families	Strategy which allows a public child welfare agency to respond to reports of child abuse and neglect with alternatives other than traditional investigation.	7C
<b>Family to Family Initiative</b>	To facilitate community involvement in the 5 priority areas	Annie E. Casey Foundation community-based initiative that concentrates on: <ul style="list-style-type: none"> <li>■ building community partnerships,</li> <li>■ team decision making that engages families in decisions re: their children</li> <li>■ recruitment, retention, training and support of foster families and relative caregivers</li> <li>■ data-driven self-evaluation</li> </ul>	1A, 1C, 2B
<b>FAST (Family Assessment and Stabilization Team)program</b>	To use fathers and paternal relatives as resources and caregivers for out-of-home children.	Core strategy is to conduct an extensive search for family including the paternal side of the family to provide placement in a stable environment for children removed from their home. This program primarily serves older foster children and youth.	3D, 3E
<b>FIRST (Family Intervention and Recovery Services Team) program (no longer active)</b>	To establish a strong connection between substance abuse treatment and child welfare to provide addicted parents with the appropriate treatment and the entire family with the right supports.	This program included outreach and primary prevention efforts housed in a family resource center and a secondary prevention effort that co-located substance abuse specialists within the child welfare agency. The purpose of the program was to transition addicted parents into treatment and provide after care support for the entire family.	4A, 4C

<p><b>Foster Youth Transition Initiative</b></p>	<p>To provide employment, housing, educational, personal and social asset supports to youth while also ensuring that permanence is established for foster youth who are being emancipated from the child welfare system.</p>	<p>Collaborative effort of 4 Family to Family counties in the Bay Area to strengthen the work they do with youth in the system so that the transition of youth is strengthened and they leave the system with permanency. This project is funded by the Walter S. Johnson and Stuart Foundations in collaboration with the Annie E. Casey Foundation's Family to Family Initiative.</p>	<p>5A</p>
<p><b>Incarcerated Parent Services</b></p>	<p>To offer outreach services to incarcerated parents to ensure that they have access and participate in their children's lives.</p>	<p>Under the auspices of SF-DHS, this program has dedicated coordinators at prison and jail facilities to work with incarcerated parents to ensure that they are engaged with their children and, upon release, to help facilitate reunification.</p>	<p>3C, 3E</p>
<p><b>Ruth E. Smith Project</b> <i>(no longer active)</i></p>	<p>To create community wraparound programs that offer comprehensive services and resources within the community to support families especially families "at risk."</p>	<p>Community-based project that provided child welfare families with services such as family mentoring, family conferencing, youth mentoring, a 24 hour response for parents and flexible funds to help stabilize families and decrease risk of abuse and neglect.</p>	<p>1E, 1F, 6D</p>
<p><b>Workforce Development Initiative</b></p>	<p>To stimulate economic opportunities within the 5 target areas, offer job training and job opportunities for parents.</p>	<p>Developed by the Private Industry Council to establish One Stop Career Centers and Access Points in multiple locations that offer information and training services to individuals and provide employers access to workers.</p>	<p>1D, 3E, 4A, 7D, 9B</p>

**FIGURE 14**  
**TIMELINE FOR IMPLEMENTATION OF TASK FORCE RECOMMENDATIONS**

Recommendation	Funding Source	Implementation Lead	Priority Areas	Mechanism	Year 1	Year 2	Year 3	Year 4	Year 5
<b>1. Implement Circles of Support within the community to support and encourage individuals/ families struggling to move out of crisis.</b>					X	X	X	X	X
<b>1-A.</b> Build on Family to Family Strategies	SF-DHS	Family to Family Building Community Partnerships Work Group	5 Priority Areas	Identify lead agencies to partner with SF-DHS to build community networks	X				
<b>1-B.</b> Inform the community about the disproportionality plans	TBD	Family Resource Centers (FRC's)	5 Priority Areas	Speaker's Bureau	X				
<b>1-C.</b> Continue to offer stipends to increase community involvement	SF-DHS	Family to Family Building Community Partnerships Work Group	5 Priority Areas	Family to Family Building Community Partnerships Work Group	X				
<b>1-D.</b> Address the GED requirements for parents to get work	SF-DHS	Workforce Development Initiative	5 Priority Areas	GED classes at family resource centers	X				
<b>1-E.</b> Establish community wraparound programs	SF-DHS	Family Resource Centers	5 Priority Areas	IVE Waiver	X	X	X	X	X
<b>1-F.</b> Identify block leaders and establish a neighborhood council	SF-DHS IVE Waiver	Family Resource Centers	5 Priority Areas	Community wrap-around programs, e.g., Ruth E. Smith project		X	X		



**FIGURE 14**  
**TIMELINE FOR IMPLEMENTATION OF TASK FORCE RECOMMENDATIONS**

Recommendation	Funding Source	Implementation Lead	Priority Areas	Mechanism	Year 1	Year 2	Year 3	Year 4	Year 5
<b>3. Develop effective family support strategies and programs for priority populations and areas</b>					X	X	X	X	X
<b>3-A.</b> Target and track specific populations, e.g., highly mobile SF-DHS families	SF-DHS	SF-DHS Research and Planning	5 Priority Areas	SF-DHS and SFUSD Data Systems	X				
<b>3-B.</b> Use data mapping to provide better services for “at risk” families	SF-DHS	SF-DHS Research and Planning	5 Priority Areas	SF-DHS Data Systems	X				
<b>3-C.</b> Ensure that every incarcerated parent receives referrals to Incarcerated Parent Services	SF-DHS	SF-DHS	Incarcerated parents with children in foster care	Incarcerated Parent Services, SF-DHS child welfare workers	X				
<b>3-C.1.</b> Create supports for those entering the community after incarceration	SF-DHS	SF-DHS	Incarcerated parents with children in foster care	Incarcerated Parent Services, SF-DHS child welfare workers	X				

<b>3-D.</b> Implement model programs (FAST program) to involve fathers and paternal relatives as caregivers	TBD	SF-DHS	Citywide	Blended Funding	X	X	X	
<b>3-E.</b> Develop relevant, coordinated and culturally accessible services for “high risk” families especially fathers	SF-DHS, SF-DPH	SF-DPH, family resource centers	5 Priority Areas	FRC services and programs	X	X	X	
<b>3-E.1</b> Establish FRC’s with satellite services in public housing developments	SF-DHS, SF-DPH	SF-DPH, family resource centers	5 Priority Areas	FRC’s in 5 priority areas	X	X	X	
<b>3-E.2</b> Develop specific programs to address the needs of poor African American fathers	SF-DHS SF-DPH	SF-DPH, family resource centers	5 Priority Areas	FRC’s in 5 priority areas	X	X	X	
<b>3-E.2.1</b> Add supports to existing job preparation/training programs	SF-DHS SF-DPH	SF-DPH, family resource centers	5 Priority Areas	Workplace Development Initiative	X	X	X	
<b>3-E.2.2</b> Support faith-based efforts seeking to support African American fathers	SF-DHS SF-DPH	SF-DPH, family resource centers	5 Priority Areas	Churches in African American communities	X	X	X	
<b>3-F.</b> Set up citywide system to map funding sources and client services	SF-DHS, DCYF	SF-DHS, DCYF	5 Priority Areas	SF-DHS and DCYF data systems	X	X	X	

**FIGURE 14**  
**TIMELINE FOR IMPLEMENTATION OF TASK FORCE RECOMMENDATIONS**

Recommendation	Funding Source	Implementation Lead	Priority Areas	Mechanism	Year 1	Year 2	Year 3	Year 4	Year 5
<b>4. Strengthen inter-departmental collaborations to support parents and adult caregivers who are substance abusers</b>					X	X	X	X	X
<b>4-A.</b> Make parents and adult caregivers with children a priority in treatment admissions	SF-DPH	SF-DPH	5 Priority Areas	New policy	X				
<b>4-A.1</b> Include data field to identify individuals entering substance abuse treatment who have children	SF-DPH	SF-DPH	Citywide	SF-DPH data system	X				
<b>4-A.2</b> Incorporate drug abuse prevention in prenatal outreach efforts	SF-DPH	SF-DPH	5 Priority Areas	Health workers	X				
<b>4-A.3</b> Expand capacity of treatment options for parents to keep their children	SF-DPH	SF-DPH	5 Priority Areas	SF-DPH	X				

<b>4-A.4</b> Collect data on types of substance abuse treatment	SF-DPH	SF-DPH	Citywide	SF-DPH data system	X	X	X	X	X	X
<b>4-A.5</b> Provide employment information at residential treatment facilities	SF-DHS	SF-DHS	Citywide	Workplace Development Initiative	X	X	X	X	X	X
<b>4-B.</b> Mandate use of the alcohol/substance abuse field in the CMS system	SF-DHS	SF-DHS	Citywide	Mandatory Implementation	X					
<b>4-C.</b> Research and implement model substance abuse treatment programs	Blended Funding	SF-DHS, SF-DPH	Citywide	SF-DHS, SF-DPH programs		X				
<b>4-D.</b> Update the 1992 blind study of substance-exposed births	First 5	First 5	Citywide	Research project		X				

**FIGURE 14**  
**TIMELINE FOR IMPLEMENTATION OF TASK FORCE RECOMMENDATIONS**

Recommendation	Funding Source	Implementation Lead	Priority Areas	Mechanism	Year 1	Year 2	Year 3	Year 4	Year 5
<b>5. Focus on Youth Permanence</b>					X	X	X	X	X
<b>5-A.</b> Obtain project funding for subsidized guardianship, community wrap-around, after care supports and Foster Youth Transitions Initiative	SF-DHS, IVE Waiver, Walter S. Johnson and Stuart Foundations	SF-DHS	Citywide	Collaboration between Walter S. Johnson Foundation, Stuart Foundation and SF-DHS	X	X	X	X	X
<b>5-A.1</b> Engage the California Permanency for Youth Project for technical assistance.	SF-DHS	Safe and Stable Families Program	Citywide	Contract for technical assistance	X	X	X	X	X
<b>5-A.2</b> Execute the Foster Youth Transitions Initiative	Walter S. Johnson and Stuart Foundations	SF-DHS	Citywide	Walter S. Johnson and Stuart Foundation Initiative	X	X	X	X	X
<b>5A.3</b> Explore approval of IVE Waiver for subsidized guardianship, community wraparound and after care supports	IVE Waiver	SF-DHS	Citywide	Policy change and case reviews to move cases to permanence	X	X	X	X	X

<p><b>6. Implement policy and practices that ensure continuity, consistency, equity and effectiveness within SF-DHS and, especially, in family placements</b></p>					X	X	X	X	X
<p><b>6-A.</b> Administer a standardized, culturally sensitive assessment tool for families</p>	SF-DHS	SF-DHS	Internal SF-DHS	Safety Assessment Tool (pending approval by state)	X				
<p><b>6-B.</b> Strengthen existing SF-DHS accountability system to support implementation of the task force recommendations</p>	SF-DHS	SF-DHS	Internal SF-DHS	Work plans, performance reviews, promotion practices, Pay for Performance	X				
<p><b>6-C.</b> Develop clear communication channels about SF-DHS practices</p>	SF-DHS	SF-DHS	Internal SF-DHS, care providers, community partners	Department communication plan	X	X			
<p><b>6-D.</b> Establish clear communication, support and education to families</p>	IVE Waiver	SF-DHS parent mentors- graduates of the system	5 Priority Areas	Community wrap-around programs	X	X	X		

**FIGURE 14**  
**TIMELINE FOR IMPLEMENTATION OF TASK FORCE RECOMMENDATIONS**

Recommendation	Funding Source	Implementation Lead	Priority Areas	Mechanism	Year 1	Year 2	Year 3	Year 4	Year 5
<b>6-E.</b> Limit length of stay in out of home placements with relative caregivers through permanency planning	IVE Waiver	SF-DHS	Citywide	Subsidized guardianship	X	X	X		
<b>6-E.1</b> Develop appropriate policies and guidelines for selecting relative caregivers	SF-DHS	SF-DHS	Citywide	Internal SF-DHS work group	X				
<b>6-E.2</b> Develop monitoring and assessment strategy for relative caregivers	SF-DHS	SF-DHS	Citywide	Administrative reviews, permanency reviews (inter- nal), Team Decision Making	X				
<b>6-E.3</b> Provide ongoing training on relative caregiver placements	SF-DHS	SF-DHS	Internal SF-DHS	Improved Planning Process, SF Training Project, Bay Area Training Academy, SF-DHS	X	X	X	X	X
<b>6-E.4</b> Develop guidelines for families on relative caregiver placements and concurrent planning	SF-DHS	SF-DHS	Citywide	Internal SF-DHS work group	X				



**FIGURE 14**  
**TIMELINE FOR IMPLEMENTATION OF TASK FORCE RECOMMENDATIONS**

Recommendation	Funding Source	Implementation Lead	Priority Areas	Mechanism	Year 1	Year 2	Year 3	Year 4	Year 5
<b>7-E.</b> Ensure that SF-DHS policies, procedures and training provide high quality “customer service” to families and providers	SF-DHS	SF-DHS	Internal SF-DHS	Training, accountability, i.e., performance reviews, promotion criteria, satisfaction surveys, parent mentors, ombudsman	X	X	X	X	X
<b>7-F.</b> Hold group forums for SF-DHS staff to provide support and feedback	SF-DHS	Bay Area Training Academy	Internal SF-DHS	Facilitated lunch sessions on a regular basis	X	X	X	X	X
<b>7-G.</b> Create a policy through the Mayor’s Office to mandate coordination of relevant services	Mayor’s Office	Mayor’s Office	Citywide	New policy		X	X	X	X
<b>7-G.1.</b> Bd. of Supervisors to provide the Mayor’s Office with assessment tool to facilitate interdepartmental collaborations	Mayor’s Office	Mayor’s Office	City departments	Interdepartmental Task force		X			



**FIGURE 14**  
**TIMELINE FOR IMPLEMENTATION OF TASK FORCE RECOMMENDATIONS**

Recommendation	Funding Source	Implementation Lead	Priority Areas	Mechanism	Year 1	Year 2	Year 3	Year 4	Year 5
<b>9. Initiate and maintain interdepartmental and community collaborations</b>					X	X	X	X	X
<b>9-A.</b> Offer joint training on cultural competency for child welfare workers and attorneys from dependency court	SF-DHS	Bay Area Training Academy	SF-DHS and Dependency Court	Improved mandatory cultural competency training series	X				
<b>9-B.</b> Continue efforts to create job opportunities through collaborations with education, CBO's and businesses	SF-DHS	Workforce Development Initiative (W/DI)	5 Priority Areas	W/DI staff, Building Community Partnerships Work Group	X	X	X	X	X
<b>9-C.</b> Re-open onsite resource centers in public housing that support recommendations of the Mayor's Project Connect	SF-DHS, IVE Waiver, SF-PHA	Family Resource Centers, SF-PHA	5 Priority Areas	Expand existing FRC's		X	X		

# SUMMARY AND NEXT STEPS

## SUMMARY

The Disproportionality Project successfully completed the planning phase by conducting exploratory research to identify some of the perceived reasons for disproportionality in San Francisco and by establishing a representative body of expert stakeholders who came together to put together a strong set of recommendations that the city and county of San Francisco can execute. The task force concentrated its recommendations on community involvement, model programs and systemic change. Although the task force encompassed a highly diverse body of individuals involved with children and families in San Francisco, there were some important members missing that need to be involved in the implementation phase of the project.

### Missing Elements

A dominant and recurring theme that emerged from the task force activities was the need for interdepartmental, interagency and community collaborations. Participation on the task force helped foster collaboration, nonetheless, there were critical departments and organizations

not represented on the task force. Some of the key departments and organizations that need to participate in this effort are:

- San Francisco Unified School District
- Juvenile Dependency Court
- Juvenile Probation
- San Francisco Public Housing Authority
- Faith-based community
- Mayor's Office of Community Development
- Mayor's Office of Homelessness
- Department of Children, Youth and Their Families (DCYF)
- First Five

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*A child needs to be assured that San Francisco as a community will come together to raise its children.*

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This is not an exhaustive list by any means. All the players that affect the lives of children and families caught up in foster care have to participate in these recommendations if disproportionality is to diminish and, ultimately, disappear.

## NEXT STEPS

The next steps of the Disproportionality Project are to move from the planning stage that culminated in a comprehensive set of recommendations to the action stage. In the action stage the objectives are to have the issues and solutions for disproportionality gain widespread visibility and to get the county and communities of San Francisco to actively assume responsibility for remedying the disproportionality problem. The immediate actions include:

### Public Hearing on Disproportionality

In July, the project principals and project manager met with Supervisor Sophie Maxwell to discuss the project's recommendations and outcomes. Supervisor Maxwell expressed strong

## The Disproportionality Project

interest in the problem of overrepresentation of African American children in foster care especially since she is the district representative for three of the five priority areas. She recommended holding a public hearing to gain public awareness and engage a broad cross-section of the San Francisco community. A formal request for the hearing was submitted and approved by the Board of Supervisors on August 17. The hearing is currently scheduled for December 2004. As a follow-up to the hearing, Supervisor Maxwell's office will create a legislated task force composed of major stakeholders to oversee the execution of the recommendations.

### **Coordination with the Mayor's Office**

Trent Rhorer, executive director of the San Francisco Department of Human Services, has agreed to initiate meetings with the mayor and key members of his staff to inform them about the work of the project. Mr. Rhorer will coordinate SF-DHS' disproportionality efforts with related initiatives from the mayor's office.

### **Presentation to the Human Services Commission**

In the fall of 2004, members of the Disproportionality Project will present the recommendations to the Human Services Commission, the governing body for SF-DHS. The purpose of the presentation is to obtain the commission's endorsement and approval for action.

### **ADDITIONAL STEPS**

It will require multiple approaches and multidisciplinary involvement to deal with the persistent problem of disproportionality. Below are several suggested steps to sustain the efforts necessary to reduce or eliminate disproportionality.

#### **Dedicated Internal SF-DHS Team**

Since foster care is primarily under the auspices of the Department of Human Services,

the department must be the principal agent for change. To accomplish change, it is important that SF-DHS appoint a dedicated, internal team to develop an action plan addressing disproportionality as well as assume major responsibility for initiating interdepartmental collaborations described in the recommendations. The team would also provide regular progress reports to the Board of Supervisor's Task Force on Disproportionality.

### **Cross-Departmental Data Collection**

The research and data clearly document the problem of disproportionality. Some of the difficulties in trying to disentangle the web of causes and conditions is the absence of critical information as well as the lack of centralization of pertinent information to guide decisions regarding disproportionality. A good example is the lack of data on fathers of children in foster care. An important first step is to define the data needed to improve programs and services and to develop more effective policies. Secondly, this data needs to be coordinated across city departments so that information can be shared to eliminate duplication or gaps in services to families in need.

### **MAKING A DIFFERENCE**

The overrepresentation of African American children in the foster care system is a national problem. Fortunately, San Francisco has the potential to be a leader in addressing this problem. We have the opportunity, at this point in time, to make a real difference in the lives of African American children who have experienced the trauma of separation from their families and their communities. It is imperative that a child knows that s/he does not have to end up self-parenting or living in an alienating environment. Instead, a child needs to be assured that San Francisco as a community will come together to raise its children.

# END NOTES & REFERENCES

## End Notes

<sup>1</sup> Green, M. "Minorities as Majority: Disproportionality in Child Welfare and Juvenile Justice," *Children's Voice* (Washington, D.C.: Child Welfare League of America, November - December 2002), <http://www.cwla.org/articles/cv0211minorities.htm>.

<sup>2</sup> Bayview/Hunter's Point Roundtable. *Directions to the Future: Issues and Strategies in the Bayview/Hunter's Point Community*, (San Francisco, CA, October 1987).

<sup>3</sup> Institute for the Advanced Study of Black Family, Life & Culture, Inc. *A Comprehensive City-Wide Plan for Providing Services to Black Men in San Francisco*, (Oakland, CA, July 1988).

<sup>4</sup> San Francisco Department of Human Services. City and County of San Francisco *Child Welfare Redesign Self Assessment*, (San Francisco, CA, 2004).

<sup>5</sup> Bowser, B. and Jones, T. *Understanding the Over-Representation of African Americans in the Child Welfare System: San Francisco* (unpublished report, California State University, Hayward, 2004).

<sup>6</sup> Bowser and Jones, 2004.

## References

Sagatun, E., Inger, J., Saylor, C., Shifflett, B. (1995). "Drug Exposed Infants in the Social Welfare System and Juvenile Court." *Child Abuse and Neglect*, 19 (1): 83-91.



# GLOSSARY OF TERMS and ACRONYMS

### **IVE Waiver**

Flexible federal funding to support appropriate service delivery.

### **After Care Supports**

Services for families upon significant transition points (e.g., reunification, adoption, case closure) to ensure family stability and reduce re-entry rates into foster care.

### **Caretaker Absence or Incapacity**

A category of neglect where a parent or guardian is unable to provide care for a child, for example, due to failure or inability to adequately supervise or protect a child, incarceration, institutionalization, unknown whereabouts, etc.

### **Case Data System**

Payment database for foster care shared by a coalition of counties.

### **Circles of Support**

The commitment of significant people in a child/family's life to form an "extended family" type network to provide ongoing support to a child/family who are in crisis to assist them in moving through the crisis and positively transforming their lives.

### **Community Case Management**

Strength-based, family-centered, 1 on 1 support for parents/families provided by a case manager at a neighborhood or community site. It is a formal intervention and coordination of actions in partnership with a parent (child or family members) to help the family develop priorities, goals and action steps.

### **Community Conversations**

A forum that provides an opportunity for community service providers, community leaders, public agency representatives and individuals to dialogue and discuss relevant issues around child safety and how to promote, support and enhance the well-being of children and families residing in a particular community.

### **Community Wraparound**

Flexible services funded by foster care dollars that are designed to meet the unique and specific needs of children/families. Child welfare staff works collaboratively with community to provide services and respond to families 24 hours/7 days a week.

### **Concurrent Planning**

The development of a back-up permanency plan for a child in the event reunification fails while simultaneously working with the parent towards reunification.

### **CWS/CMS**

The Child Welfare Services Case Management System, the statewide child welfare data management system.

### **DCYF**

The Department of Children, Youth and Their Families

### **Differential Response**

A graduated system for addressing referrals to the Child Abuse Hotline/Intake involving an initial assessment designed to identify immediate steps necessary to assure child safety and

## The Disproportionality Project

family engagement in such services as may be required to support them in performance of their parenting responsibilities.

### **Dress for Success**

Workshops offered by Workforce Development to teach individuals what is proper attire for job interviews and work environments.

### **First Five**

Proposition 10, passed by California voters in November 1998, created a state California Children and Families Commission, and 58 county Children and Families Commissions, collectively known as First 5 California. These commissions provide for and monitor the funding of programs to improve the health status, development and family functioning among young children.

### **First-Time Entry into Foster Care**

A child is removed from his biological family and placed in foster care for the first time.

### **GED**

General Equivalency Diploma that is the equivalent of a high school diploma.

### **Juvenile Dependency Court**

A division of the county superior court that handles child abuse and neglect cases and has ultimate authority over what happens to children who are at risk of or have suffered abuse or neglect while in their parent's or guardian's care. The court has the authority to remove children from the care and custody of their parents if such action is necessary to keep them safe.

### **Neglect**

Neglect occurs when a child has suffered, or is at substantial risk of suffering, serious physical harm or illness as a result of the failure or inability of his or her parent or guardian to

adequately supervise or protect the child. This includes harm or the risk of harm that is the result of the caretaker's failure to adequately supervise or protect the child from the conduct of a custodian that the child has been left with or the failure to provide adequate food, clothing, shelter, or medical treatment.

### **Parents' Anonymous**

An international organization that promotes mutual support and parent leadership in order to build and support strong, safe families.

### **Pay for Performance**

Merit increases that SF-DHS managers can receive for achieving their goals identified in their annual evaluations.

### **Permanency Planning**

The provision of a legal plan to ensure a child has a permanent home in the event that family reunification does not happen. There are three types of permanent plans – adoption, legal guardianship and long-term foster care.

### **Re-entry into Foster Care**

The return of the child into foster care after having been reunified with their families or having achieved a permanent plan of adoption or guardianship.

### **Safe and Stable Families Program**

Promoting Safe and Stable Families/Safe Families and Adoption Act was reauthorized in 2003. It is a federal initiative designed to focus on service delivery and system reform in 4 areas – family support, family preservation, time-limited reunification and adoptions.

### **SF-PHA**

San Francisco Public Housing Authority

### **SFUSD**

San Francisco Unified School District



## Notes



**Inter-City Family Resource Network, Inc.**  
**Bayview Hunter's Point Family Resource Center**

1325A Evans Avenue  
San Francisco, CA 94124  
(415) 920-2850

This report can be downloaded from  
the Family to Family California website at  
[www.f2f.ca.gov](http://www.f2f.ca.gov)

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