



San Francisco Child Welfare Report 2022

Prepared by
Family and Children's Services
San Francisco Human Services Agency

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SAN FRANCISCO
HUMAN SERVICES AGENCY

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Introduction

Purpose

The overrepresentation of Black/African American and Latinx children in the foster care system is a long-standing national, state and local issue that requires ongoing attention and efforts to address.

To help maintain focus on this problem and encourage a spirit of transparency and collaboration, Family and Children's Services (FCS) has developed the following disproportionality report. This report will be released to the public annually.

Additional resources such as the Family and Children Services Policy Manual and A Parent's Guide to Child Welfare Services which includes an overview of how the child welfare system works can be found here: [SF HSA Family Services](#)

Key Findings

- The number of children in San Francisco foster care has steadily declined.
- While there is disproportionality throughout the state, Black/African American and Latinx children are overrepresented in initial FCS hotline reports from the community and mandated reporters which further drives disproportionality in San Francisco.
- At later junctures, Black/African American children are amongst those more likely to experience deeper child welfare involvement but disparities are not as stark as the initial report/referral stage.
- Black/African American children in care has decreased over the last 5 years but they remain more likely than children of other races to be in foster care.
- Over the last 5 years, there has been a slight uptick in the number and rate of Latinx children in foster care.

Background

San Francisco’s child population demographic changes

Between 2000 and 2022, the total number of children residing in San Francisco has increased, from 112,000 to 137,000 children. The most notable demographic shift has been the sharp decrease in the Black/African population which declined from 11% to 5% of the total child population since 2000. Please see the Child Welfare Referrals section of this document for more information on the demographic makeup of San Francisco children.

Factors Contributing to Disproportionality

Some of these factors are external to the child welfare system and speak to broader inequities in our society. For example, poverty and child welfare involvement are strongly related, and Black/African American children are much more likely to be impoverished in San Francisco (2).

Other factors may be internal to the child welfare system and demand our accountability. We strive for racially equitable decision making especially with the pervasiveness of explicit and implicit biases in our society.

SFHSA Strategies to Address Disproportionality

Partnering with other organizations and advocating for policy change at the federal, state and local level are strategies we pursue to address these broader inequities and assure families of all races and backgrounds are able to meet their basic needs and flourish in our city.

The development of our Racial Equity plan builds a number of key actions the agency has taken to advance racial equity in recent years. In 2020 the agency created the Office of Diversity, Equity, Inclusion & Belonging whose sole purpose is to lead and advance racial equity frameworks in every aspect of our work.

Recruiting a diverse workforce, education on implicit bias, and incorporating cultural humility and respect in our work are other ways that we try to assure all families connected to the child welfare system are treated consistently and fairly. In addition, there is also mandatory racial equity training for all City and County employees along with diverse panels for recruiting.

Implementing the Family First Prevention Services Act (FFPSA) to collaborate with community based organizations to provide prevention oriented services through community pathways. This should reduce disproportionality by decreasing incidences of abuse and neglect, entries into foster care, and addressing systemic and historical traumas.

For more details on what we are doing to advance racial equity in our agency, please see our [Advancing Racial Equity webpage](#).

Data Notes

- The report notes racial differences at critical junctures in the child welfare process. Definitive data is not available on whether the observed differences are caused by biased decision-making or other factors.
- The overall Native American children population in San Francisco is relatively low (<500) where small changes in the total number of child welfare involvement could appear as dramatic year-over-year changes for this group. We provide a 5-year average for Native American children in some of the following graphs to give a better overall sense of this population's child welfare involvement.
- **Data source:**
 1. Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Williams, C., Miramontes, A., Ayat, N., Sandoval, A., Benton, C., Hoerl, C., McMillen, B., Wade, B., Yee, H., Flamson, T., Hunt, J., Carpenter, W., Casillas, E., & Gonzalez, A. (2020). CCWIP reports. Retrieved 7/13/2023, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <https://ccwip.berkeley.edu/>
 2. The City and County of San Francisco (2023). Poverty in San Francisco. Website: <https://sfgov.org/scorecards/safety-net/poverty-san-francisco>
 3. Internal analysis from Family and Children Services of CWS/CMS data
- Primary ethnicity, secondary ethnicity and a Latinx indicator are collected in our child welfare data system. If Latinx indicator= 'Yes', then race is Latinx in following graphs. Otherwise, race is categorized based on Primary ethnicity. See CCWIP for full methodology. URL: <https://ccwip.berkeley.edu/cwscmsreports/methodologies/>

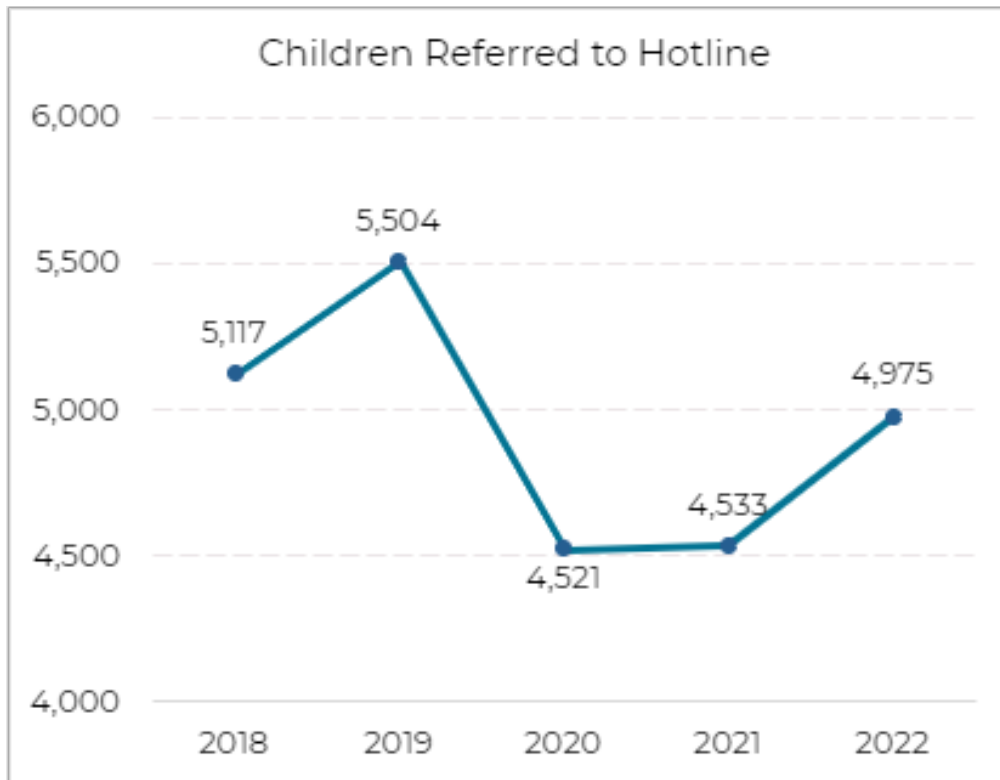
Report

Child Welfare Referrals

Community members are encouraged to call Family and Children Services Hotline when they believe a child is being abused or neglected. FCS then screens referrals and determine whether an in-person investigation is warranted.

Hotline referrals per year ranged from 4,521 to 5,504 over the last 5 years. Since the implementation of the current child welfare data system in 1998, San Francisco County received the lowest number of children abuse referrals in 2020 and 2021. . The decline is partially attributed to fewer professionals' face-to-face interactions with children during the COVID-19 pandemic. In 2022, the number of children referred to the hotline increased but did not reach the peak in 2019.

Fig. 1

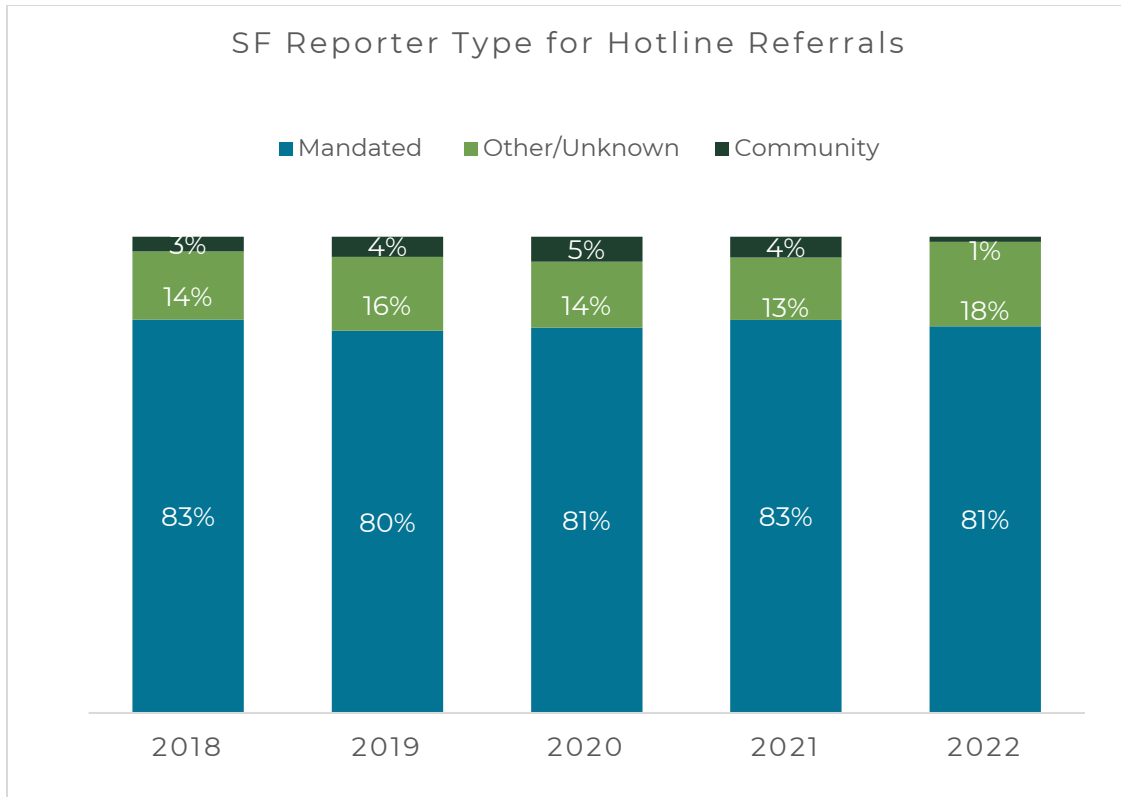


San Francisco Reporter Type for Hotline Referrals

It is not the job of the mandated reporter to determine whether the allegations are valid and it is required by law for mandated reporters to report all suspected or known cases of child abuse or neglect.

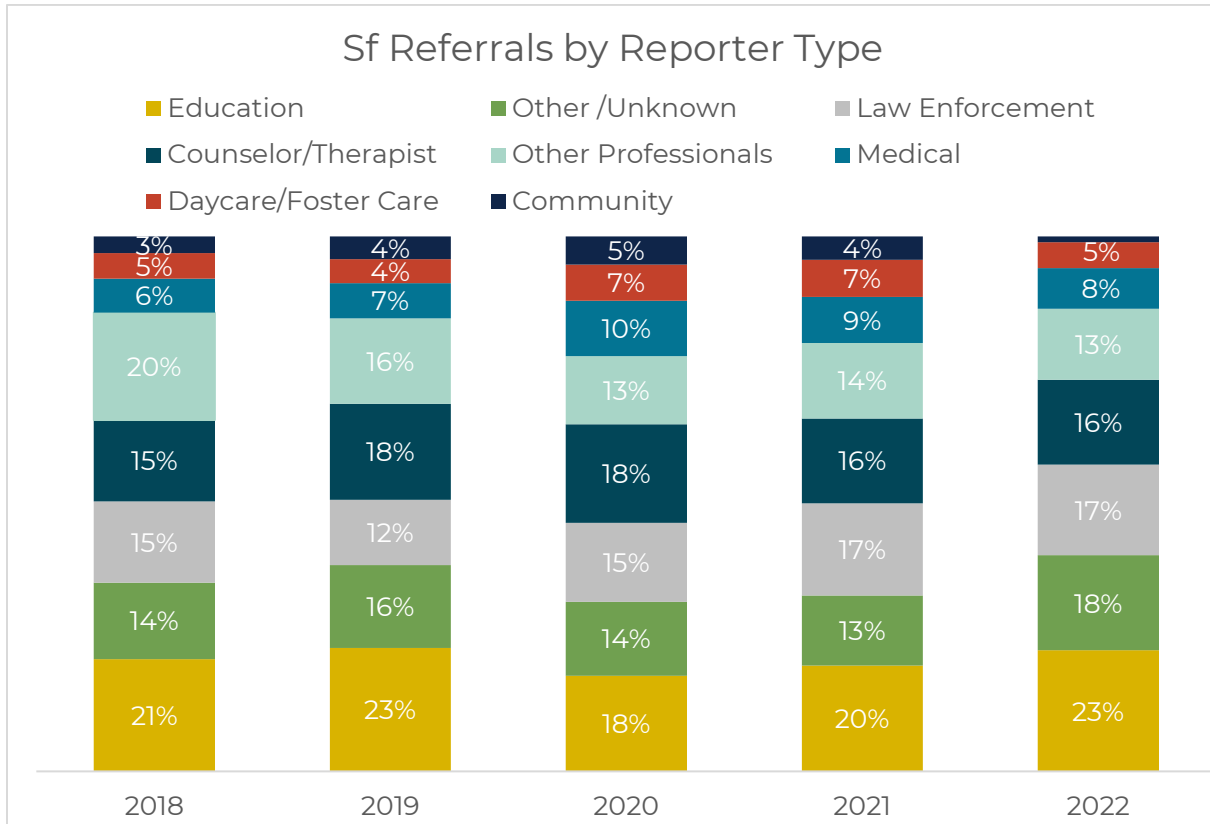
In 2022, 81% of the 4,975 referrals were made by mandated reporters which includes counselors/therapists, law enforcement, therapist education professionals or medical professionals. 18% of the reporters were listed as other or unknown and 1% of the reports were from members of the community such as friends, relatives or neighbors.

Fig 2



The figure below displays the reporter type of each individual making child welfare reports. Family and Children Services received the most referrals from the following three categories: 23% from the education sector, 18% were indicated as other or unknown and 17% were from law enforcement.

Fig 3

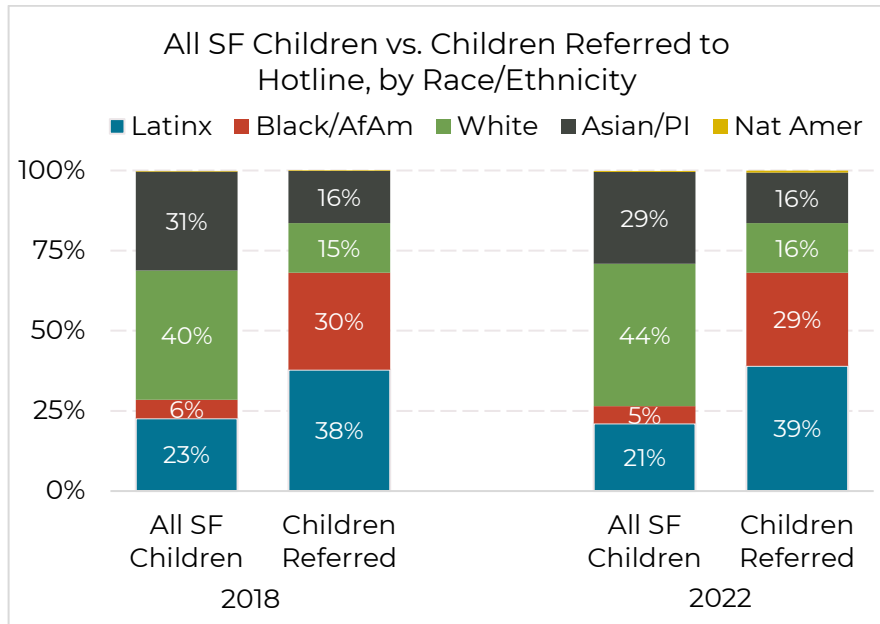


All San Francisco Children vs. Children Referred to Hotline, by Race/Ethnicity

The demographic makeup of children in San Francisco and the racial/ethnic distribution of children referred to our Hotline have remained stable over the last 5 years. Black/African American and Latinx children continue to comprise a disproportionate number of referrals to our Hotline relative to their total population in San Francisco.

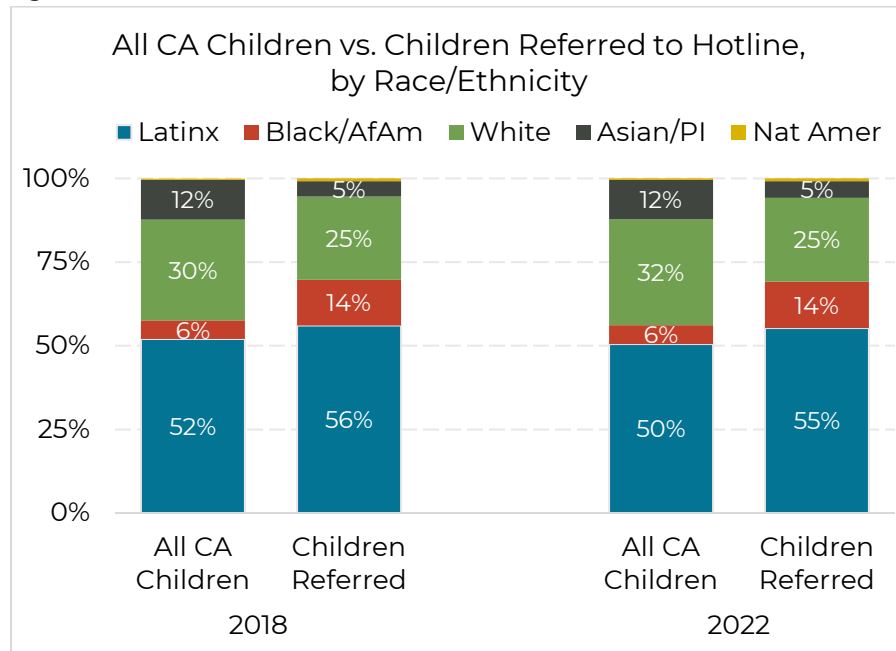
In 2022, Latinx children comprised the highest proportion of total referrals (39%), followed by Black/African American children (29%), White (16%), and Asian/Pacific Islander children (16%). Less than 1% of the referrals were Native American children due to their low population in San Francisco.

Fig. 4



Disproportionality for African/ American and Latinx children continues to be evident when comparing the demographics of all children in California and all referrals received statewide as show below.

Fig. 5



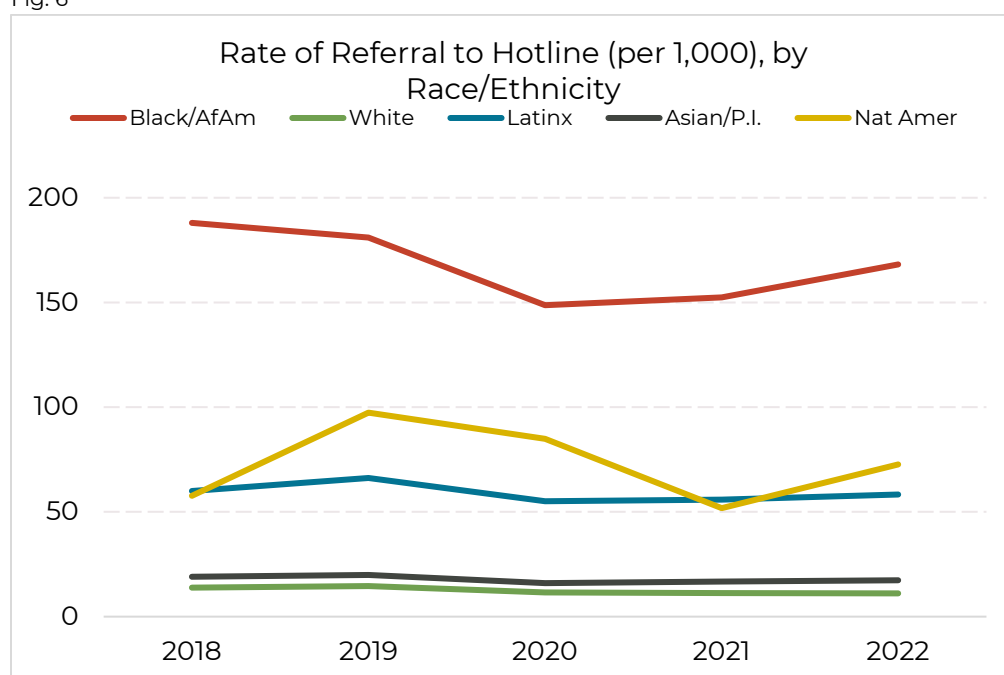
Rate of Referral to Hotline (per 1,000), By Race/Ethnicity

Comparing how many children are referred to our Hotline relative to their total population is one way to evaluate disproportionality. The chart below displays the rate of referral to the Hotline (per 1,000 in population) by race/ethnicity.

2022 Referral Rate by Race/Ethnicity

- Black/African American (168 per 1,000)
- Native American (73 per 1,000)
- Latinx children (58 per 1,000)
- Asian/PI (17 per 1,000)
- White children (11 per 1,000)

Fig. 6

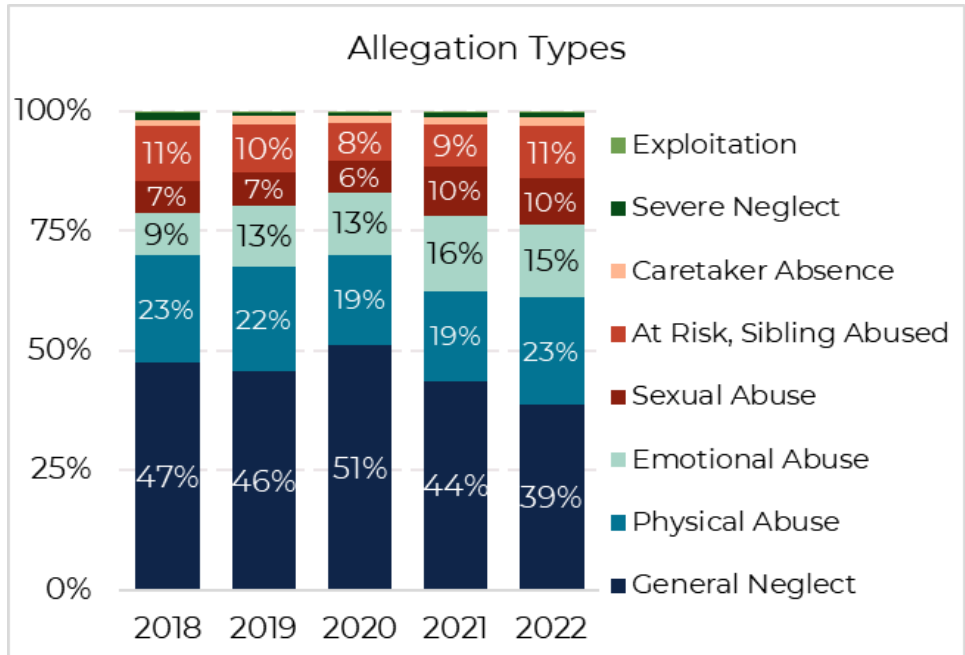


Child Welfare Referrals - Allegation Types

The distribution of allegation types has shifted in recent years. General neglect has remained the most common allegation type with an increasing proportion of emotional abuse allegations and declining proportion of physical abuse allegations.

In 2022, the most common allegation type was general neglect (39%), followed by physical abuse (23%), emotional abuse (15%), sexual abuse (10%), at risk sibling abused (11%), caretaker absence/incapacity (1%), severe neglect (1%) and exploitation (<1%). Over the last 3 years, general neglect allegations decreased significantly despite being the most common allegation.

Fig. 7

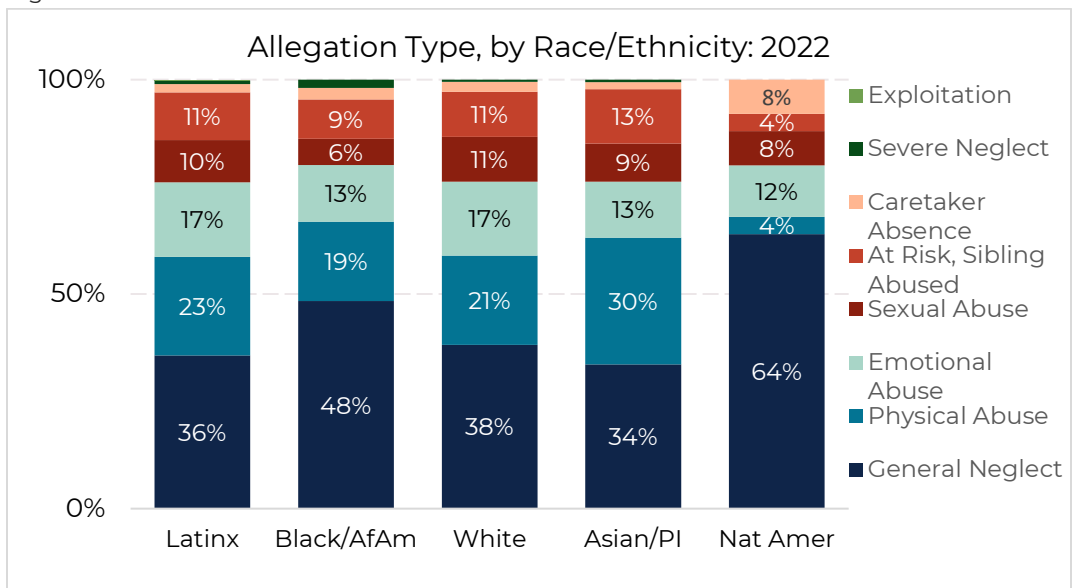


Allegation Type by Race/Ethnicity: 2022

There is slight variation in the allegation types received across race/ethnicity. Only data for calendar year 2022 is displayed but this data has been consistent over the past 5 years where the most common allegation received is general neglect.

Black/African American and Native American children receive the highest proportion of neglect allegations as seen below. Please note that Native American children account for less than 1% of the referrals received due to their low population in San Francisco.

Fig. 8



Methodology Note

Children are counted once per year. The most severe allegation type is documented if multiple allegation types are reported in the same year.

Allegation Listed by Severity

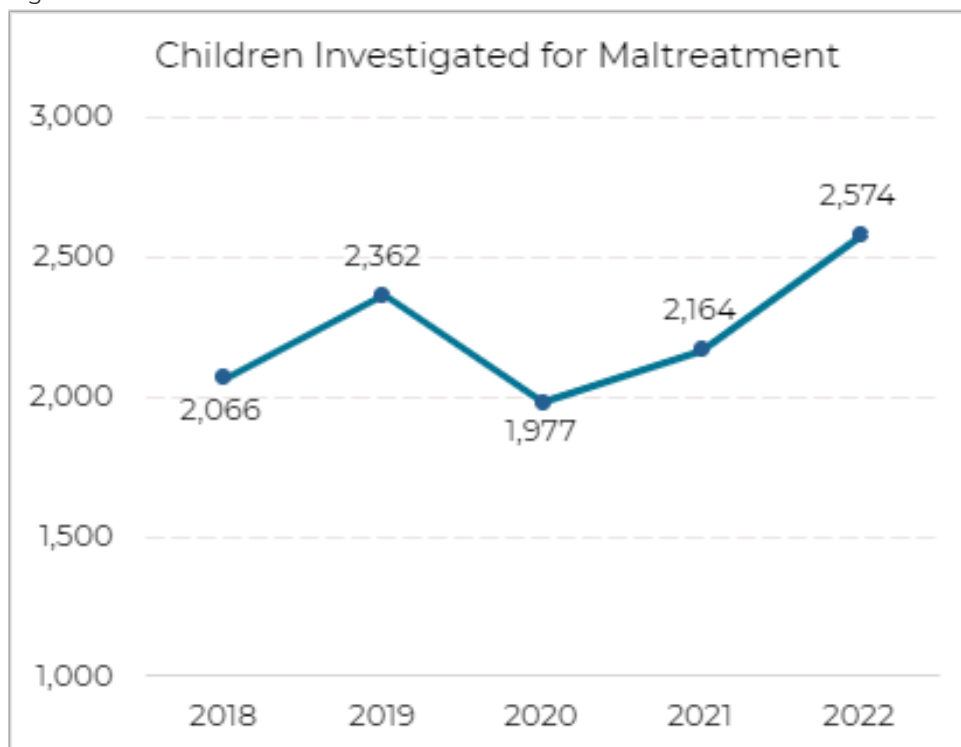
- **Sexual Abuse:** Any sexual act on a child by an adult caregiver or adult in the household or unable to rule out household member as alleged perpetrator; physical, behavioral, or suspicious indicators consistent with sexual abuse; sexual acts among siblings or other children living in the home; known or highly suspected sexual abuse perpetrator lives with child; severely inappropriate sexual boundaries
- **Physical Abuse:** Non-accidental or suspicious injury; caregiver action that likely caused or will cause injury; prior death of a child due to abuse and there is a new child in the home
- **Severe Neglect:** Diagnosed malnutrition; non-organic failure to thrive; child's health/safety is endangered; death of a child due to neglect
- **General Neglect:** Inadequate food; inadequate clothing/hygiene; inadequate/hazardous shelter; inadequate supervision; inadequate medical/mental health care; involving child in criminal activity; or failure to protect
- **Exploitation:** Caregiver actively involved child/youth in acts of exploitation or trafficking; child/youth is exploited or trafficked by someone other than a caregiver
- **Emotional Abuse:** Caregiver actions have led or are likely to lead to child's severe anxiety, depression, withdrawal, or aggressive behavior toward self or others; exposure to domestic violence
- **Caretaker Absence/Incapacity:** Caregiver is unable to care for the child due to incarceration, hospitalization, or unavoidable absence AND there is no safe adult to care for the child; caregiver has deserted the child with no apparent plans for return; caregiver refuses child entry to the home
- **At Risk, Sibling Abused:** Another child in home reported for physical or sexual abuse

Child Welfare Investigations

Children Investigated for Maltreatment

After a call is made to our Hotline, a Screener determines if an in-person investigation is warranted based on reported information. Over the last 5 years, 1,977 to 2,574 children were investigated for maltreatment per year. There were no calendar years with fewer than 3,100 children investigated for maltreatment between 2000 through 2015. While there has been a steady increase within the last two years, maltreatment investigations remain under 3,100 and are low by historical standards.

Fig. 9

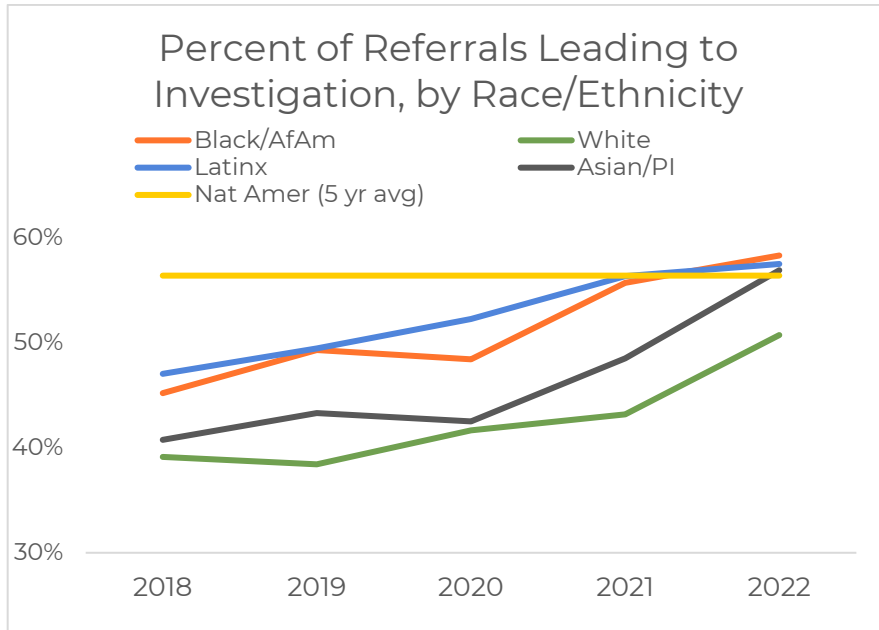


Percent of Referrals Leading to Investigation, by Race/Ethnicity

Comparing the percent of referrals that lead to an investigation is a way to assess disproportionality in investigation decisions.

Differences in the percent of referrals leading to investigations by race/ethnicity have remained fairly stable over the last 5 years. In 2022, the percent of referrals leading to investigations were the following: Black/African American (58%), Latinx (57%), Asian/PI (57%), Native American (58% based on a 5 year average) and White children (51%).

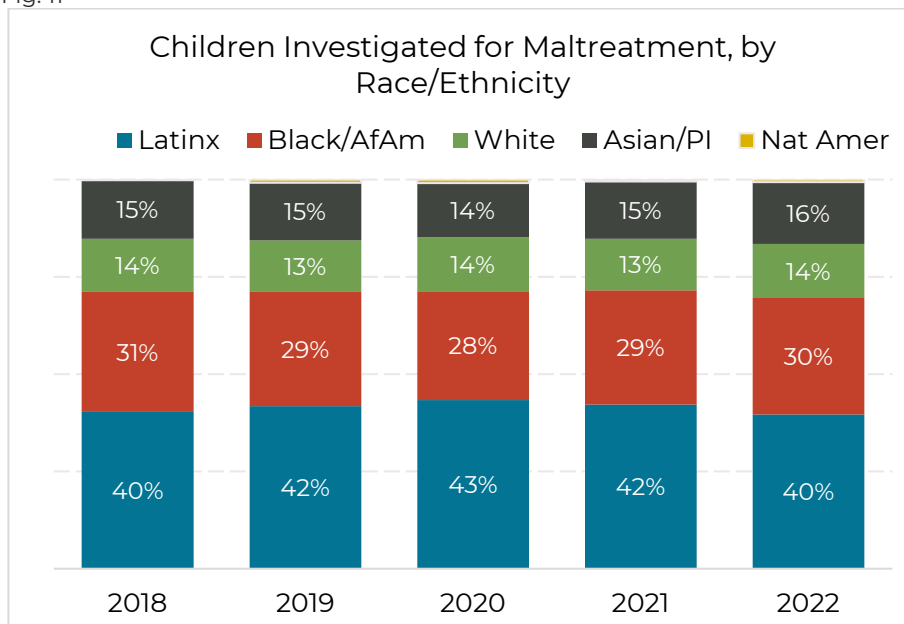
Fig. 10



Children Investigated for Maltreatment, by Race/Ethnicity

The distribution by race/ethnicity for children investigated for maltreatment has remained stable over the last five years as shown below. In 2022, Latinx children were the group with the most maltreatment investigated (40%), followed by Black/African American children (30%). White (14%) and Asian/PI children (16%) each represented a significant minority of total maltreatment investigations. Less than 1% of the maltreatment reports were for Native American children due to their low population in San Francisco.

Fig. 11

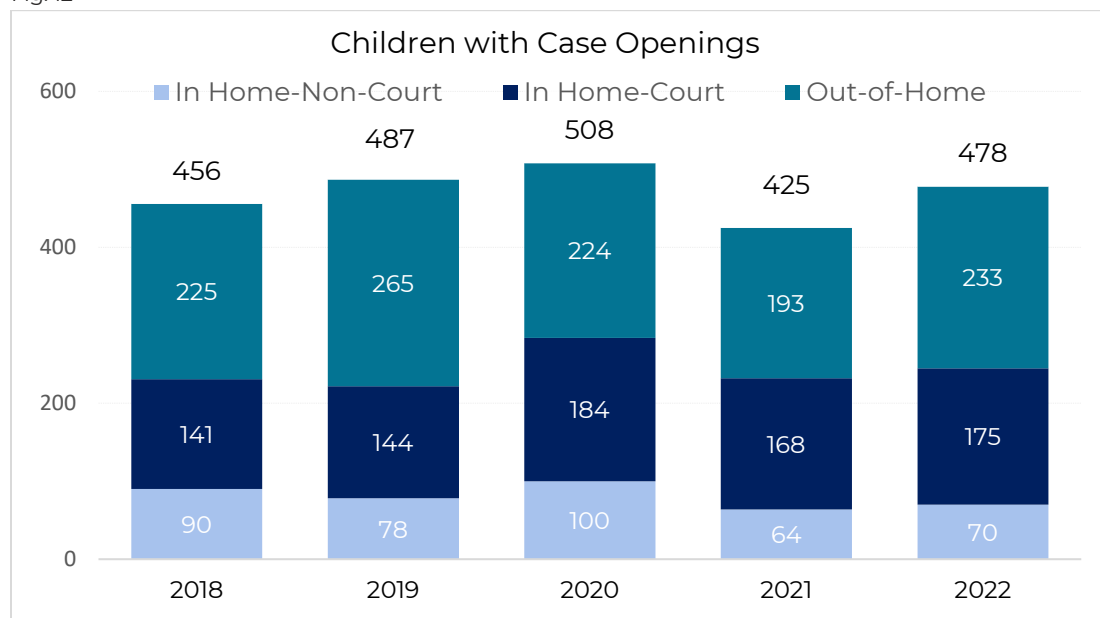


Child Welfare Case Openings

Most families investigated for child maltreatment do not have child welfare cases opened. Our agency strives to support families and connect them to supportive services in order to keep families together without further child welfare involvement.

Cases are only opened when further involvement is needed to address safety concerns. An "in-home" case is when supportive services are provided to families while children remain in their home. An "out-of-home" case is when the children are unable to remain safely in the home and are placed in foster care. Over the last five years, between 400 to 500 children child welfare cases are opened.

Fig. 12

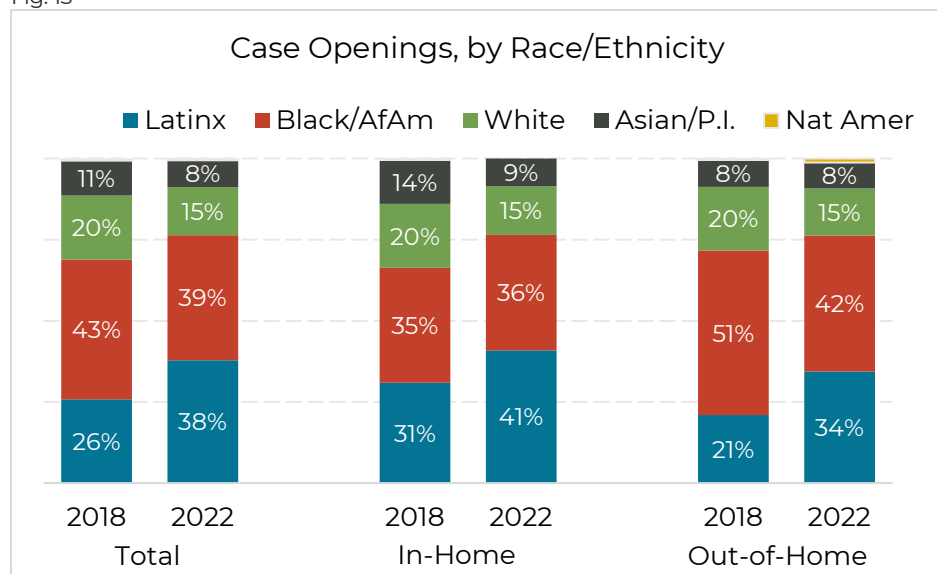


Children with Case Openings, by Race/Ethnicity

The distribution of children with case openings by race/ethnicity has shifted since 2018. In 2022, the proportion of Black/African American (39%) decreased from 2018 while case openings for Latinx children increased from 26% (118 cases) in 2018 to 38% (179 cases). As a result of the higher overall case openings Latinx children saw an increase in proportion for both in-home and out-of-home case openings.

In 2022, Black/African American children (42%) and Latinx (34%) were the groups with the most out-of-home case openings followed by White (15%), Asian/PI (8%) and Native American children (<1%).

Fig. 13



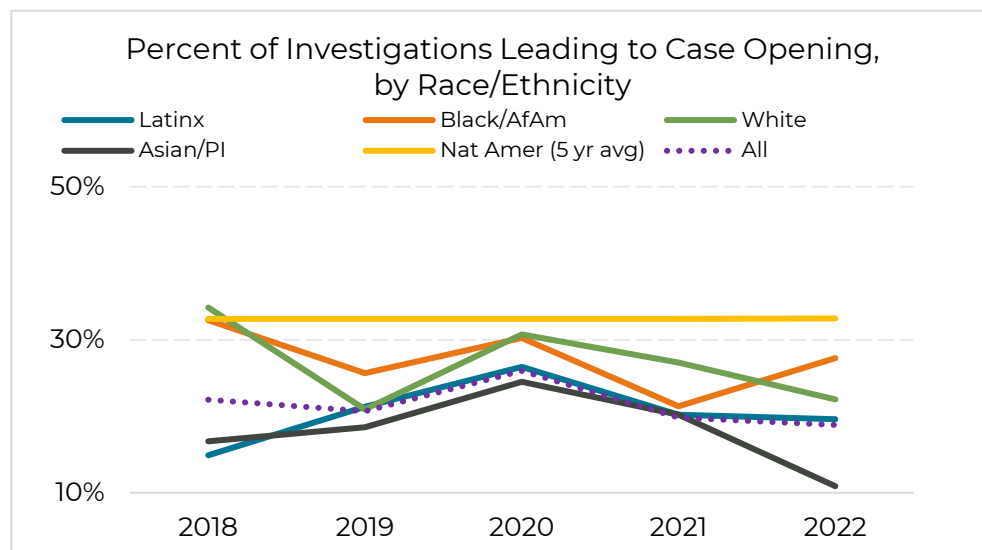
Percent of Investigations Leading to Case Opening, by Race/Ethnicity

Comparing the percent of investigations that lead to an open case is a better way to assess disproportionality since the number of children investigated for maltreatment varies by race/ethnicity.

Over the past five years investigations lead to a case opening vary between 20-22% for all children. All ethnicities have seen a decline in case openings since 2020 except for Black/African American children (28%) who saw an increase in 2022 and were most likely to have their investigation lead to a case opening, followed by white children (22%), Latinx (20%) and Asian/PI children (11%).

The percent of investigations for Native American (33%) is based using a 5 year average due to the low population size.

Fig. 14



In-Home Case Outcomes

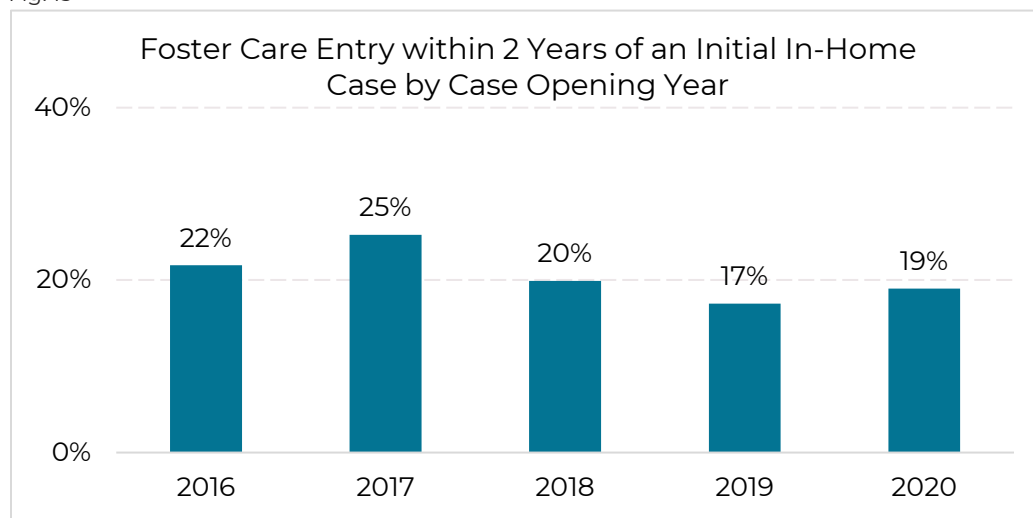
Foster Care Entry within 2 Years of an Initial In-Home Case, by Case Opening Year

For in-home cases, our primary goal is keep families together by providing support to the families in order for the children to remain safely remain in their homes. One way to assess success is tracking whether children in an in-home case subsequently enter foster care.

In home and out of home cases do move in both directions, but this measure is intended to capture recurrence of maltreatment. This is when a child in an in-home case moves into foster care because additional instance(s) of maltreatment occurred that could not be addressed with a safety plan.

Over the last 5 years, between 17% to 25% of children have entered foster care within 2 years after an initial in-home case opening. The chart below includes both non court and court mandated in home cases.

Fig. 15



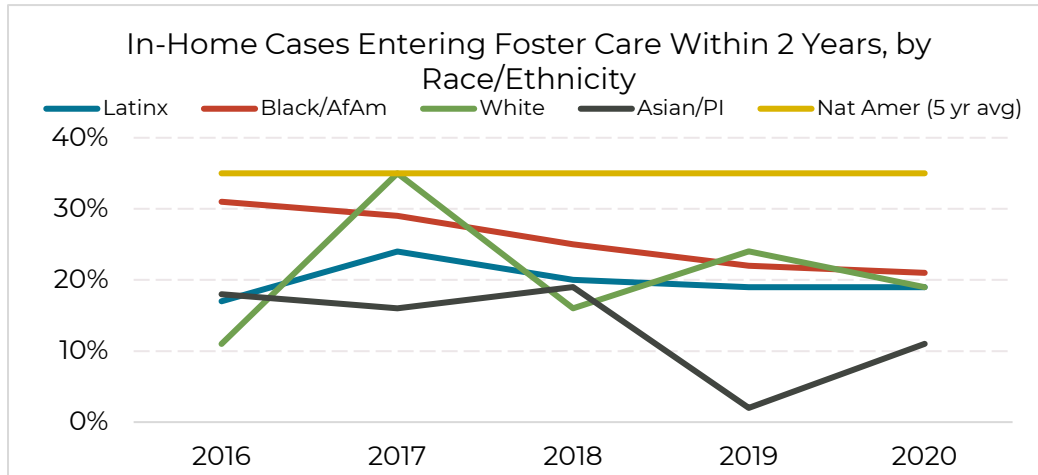
Foster Care Entry within 2 Years of an Initial In-Home Case, by Race/Ethnicity

There is significant year over year variation due to the relatively small denominator of children with in-home case opened in a given year, by race/ethnicity.

Black/African American (21%) were most likely to subsequently enter foster care within 2 years after an in-home case opening followed by white and Latinx (19%), and Asian/PI children (11%). The percent of case openings for Native American (33%) is based using a

5-year average due to the low population size.

Fig. 16



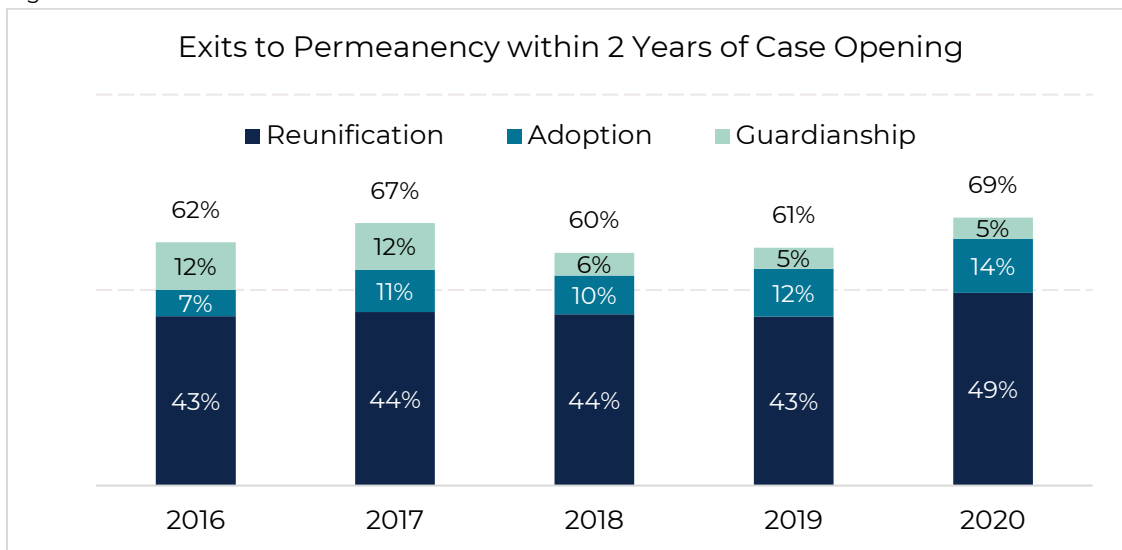
Foster Care Exits to Permanency

Exiting to Permanency within 2 Years, by Entry Year

We want children to live in loving and stable homes outside of the foster care system. For children in foster care, our first goal is a safe reunification with their parents.

When that is not possible, the alternative goals are adoption or guardianship which are collectively referred to as “exits to permanency.” Over the last 5 years, between 60% and 69% of children have exited to permanency within 2 years of entering foster care. We saw an increase in permanency and reunification for children that entered care in 2020.

Fig. 17



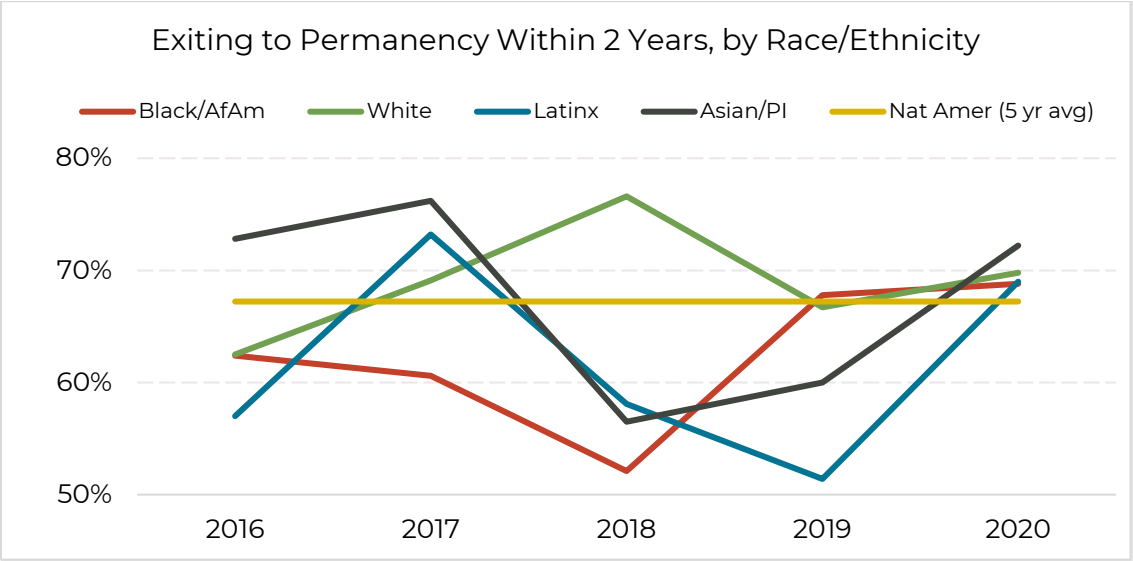
Exiting to Permanency within 2 Years, by Race/Ethnicity

It is important to assess disproportionality in permanency which is either reunification, adoption, or guardianship.

There is significant year over year variation in this outcome due to the relatively small denominator. Latinx and Black/African American children have generally had slightly lower permanency rates than other children over the last 5 years, but we have recently seen an increase for both.

Among children entering foster care in 2020, Asian/PI children (72%) were most likely to exit to permanency within 2 years, followed by White children (70%), Black/African American children (69%), Latinx (69%), and Native American (67% based on a 5-year avg).

Fig. 18



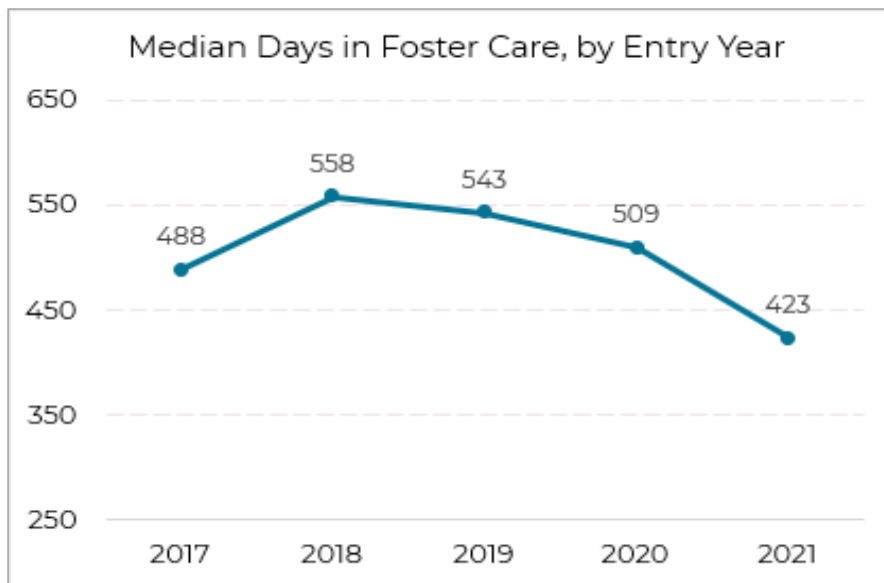
Time in Foster Care

Median Days in Foster Care, by Entry Year

We want to connect children to permanency as quickly as possible once they enter the foster care system.

Over the last 5 years, the median time spent in foster care has ranged from 423 to 558 days. Since the peak in 2018, there is a downward trend in the median days children have been in foster care, with the lowest median of 423 days for children that entered in 2021.

Fig. 19

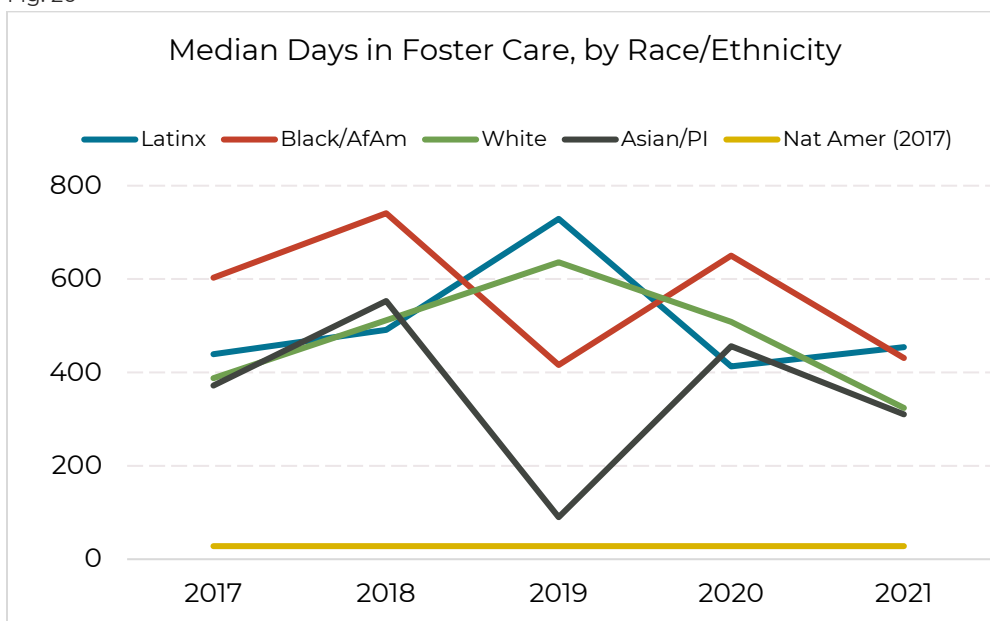


Median Days in Foster Care, by Race/Ethnicity

There is significant year-over-year variation in median duration in foster care by race/ethnicity, without any consistent patterns emerging.

Among children entering foster care in 2021, Latinx children (454) had the highest median days in care, followed by Black/African American children (431 days), White (324) and Asian/PI (310). (Due to low number of total foster care entries, median duration is only available for 2017 entries for Native American children).

Fig. 20



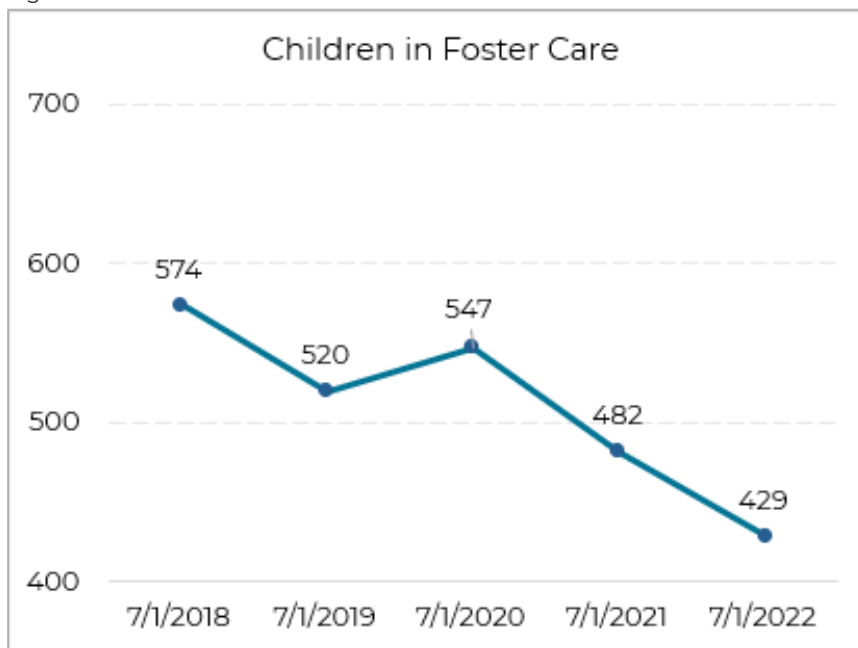
Methodology Note

Median durations were calculated the using Kaplan-Meier method. Most recent time period available is for foster care entries in 2021, as not enough children had exited foster care in the 2022 entry cohort to estimate median duration at the time data was pulled from CCWIP. Please see [CCWIP](https://ccwip.berkeley.edu/cwscmsreports/methodologies/) for full details on methodology. URL: <https://ccwip.berkeley.edu/cwscmsreports/methodologies/>

Children in Foster Care

Referrals from the community, decisions about investigations and removals to place children into foster care, and our success at connecting children to permanency, drive how many children are in foster care at a given point in time. Over the last 5 years, the number of children in foster care at a point in time has declined from 574 to 429 between 2018 and 2022 which coincides with the decreases in referrals received.

Fig. 21

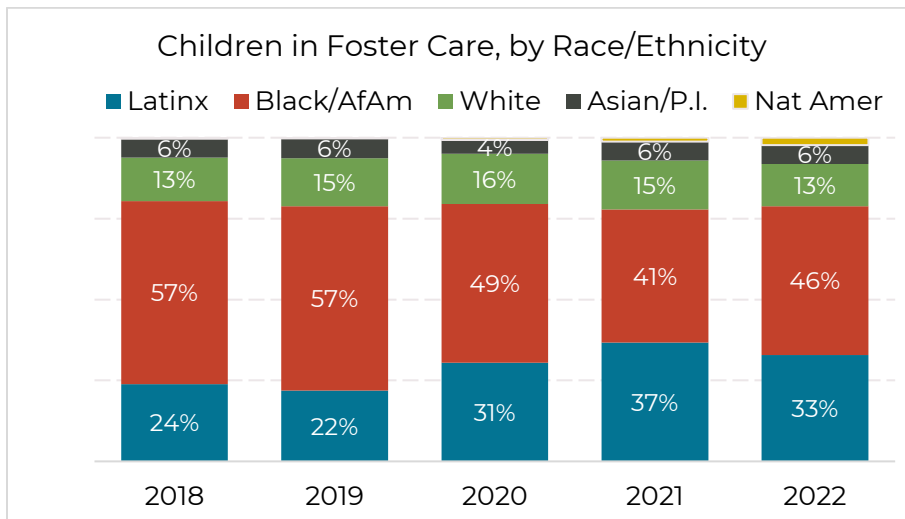


Children in Foster Care, by Race/Ethnicity

The distribution of children in foster care by race/ethnicity has shifted in recent years with Black/African American children comprising a declining proportion and Latinx children comprising an increasing proportion.

In 2022, there was a slight increase in the proportion of Black/African American children and a slight decrease in the proportion of Latinx children, with Black/African American children comprising the largest proportion of the foster care population (46%), followed by Latinx (33%), White (13%), Asian/PI (6%), and Native American children (2%).

Fig. 22



Rate of Children in Foster Care (per 1,000), by Race/Ethnicity

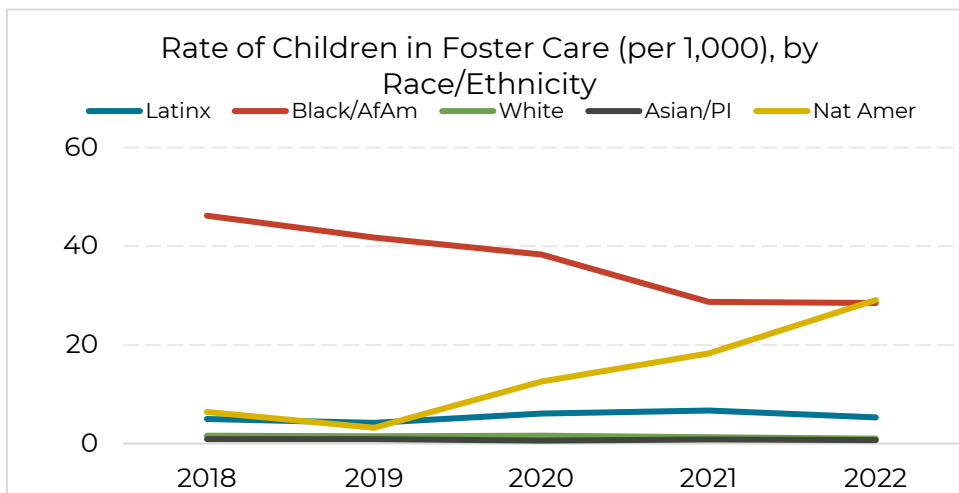
Comparing how many children are in foster care relative to their total population is a better way to assess disproportionality in the foster care population since the total child population varies by race/ethnicity.

Changes in rate of children in foster care (per 1,000) between 2018 and 2022

- Black/African American (46.2 to 28.5 per 1,000)
- Native American (6.4 to 29.1 per 1,000)
- Latinx (5.0 to 5.3 per 1,000)
- White (1.6 to 1.0 per 1,000)
- Asian/PI (0.9 to 0.7 per 1,000)

The Native American child population in San Francisco is relatively low, so small changes in the foster care population are represented as large rate increases.

Fig. 23



Foster Care Placement Types

Placement Type Definitions

- **Relative:** Relative/NREFM placement home; county-approved resource family approval home with relative relationship type; foster family agency resource family approval home with relative relationship type
- **Family-based:** County or foster family agency approved resource family home where relationship type is not relative
- **Institutional:** Group; short-term residential therapeutic program
- **Other**
 - **Guardian placements:** Some children placed with non-relative legal guardians who reside in San Francisco technically remain in foster care so they may continue receiving child welfare support
 - **Non-foster care placements:** Temporarily in hospital, etc.
 - **Trial home visit, transitional housing,** and any instance where the child is a dependent of the court but a placement type is not defined in our data system (runaway status, etc.)

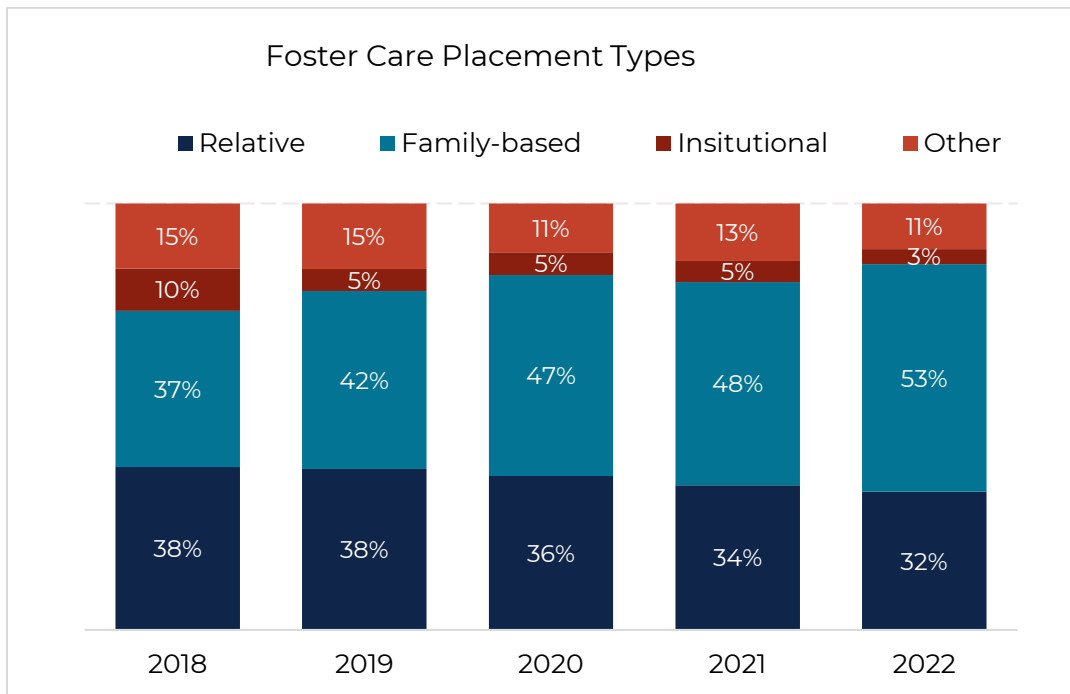
Foster Care Placement Types, by Year

When children are placed in foster care, the preferred placement option is with a relative. If that is not possible, the next preference is a family-based setting with a licensed resource family. If a child is experiencing severe emotional challenges, they may temporarily be placed in an institutional setting, such a short-term residential therapeutic program.

While the percentage of children in a relative or family-based setting has increased from 75% to 86% in the past 5 years, there is a decrease in the number of children placed with relatives. This is due to a larger trend in San Francisco where many family members have moved out of San Francisco County and California because of lack of affordable housing. Some relatives who still live in the city or surrounding areas may be unable to provide a home due to limited space or multiple families sharing the same residence.

The San Francisco Human Services Agency is introducing Family Finding and Engagement to tackle a crucial problem. This initiative aims to establish a connection between children and their extended family members for placement or long term relationships from the moment the children must be separated from their parents. If a relative is willing to take care of the child, the agency will cover all expenses associated with preparing the family for the placement. Additionally, the agency will provide ongoing support, including training, support groups, and respite care to approved families.

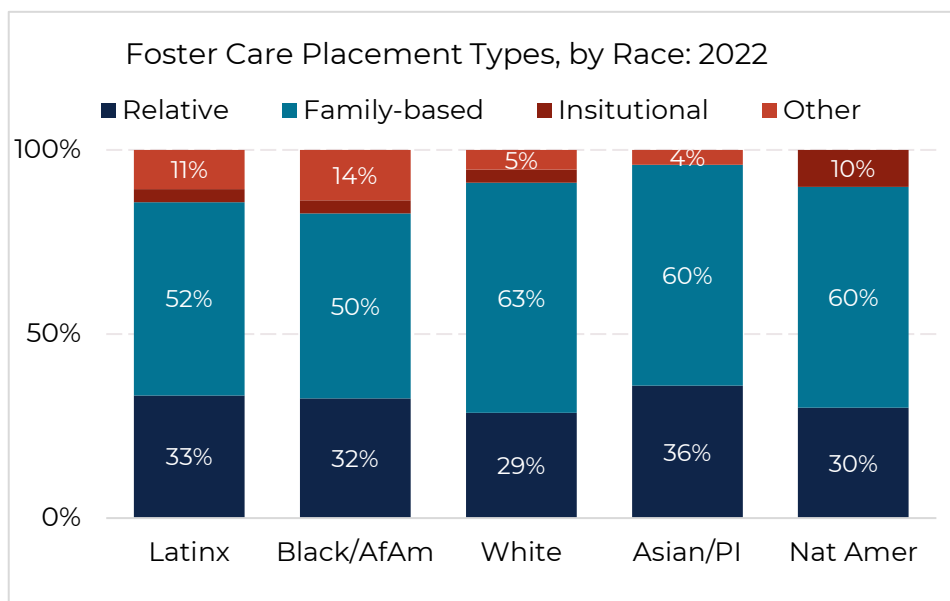
Fig. 24



Foster Care Placement Types, by Race/Ethnicity: 2022

There is some slight variation in placement types by race/ethnicity. Asian/PI children comprised the largest proportion of children in a relative or other family-based setting (96%), followed by white (91%), Native American (90%), Latinx (86%), and Black/African American (83%).

Fig. 25

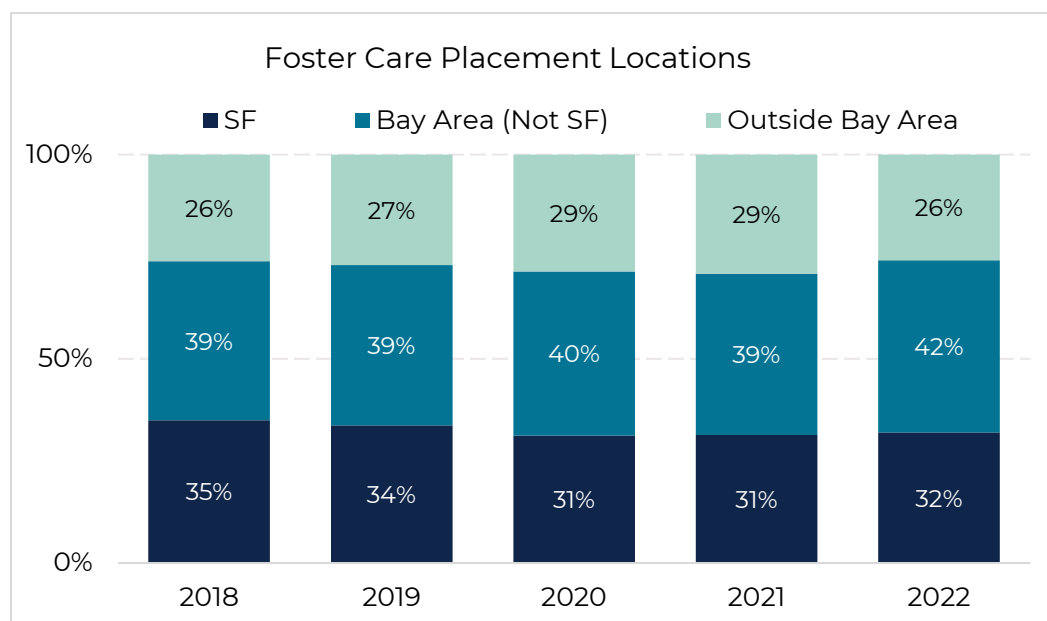


Foster Care Placement Locations

San Francisco prioritizes placement of children in San Francisco or other nearby Bay Area counties in order for children to maintain connections with their community and social supports while in foster care,

Over the last 5 years, the placement location of children has remained fairly stable. As of July 1, 2022, 32% of placements were in San Francisco, 42% were in another Bay Area county, and 26% were outside of the Bay Area. If you are a San Francisco resident and interested in becoming a resource family/foster parent, please visit www.foster-sf.org

Fig. 26



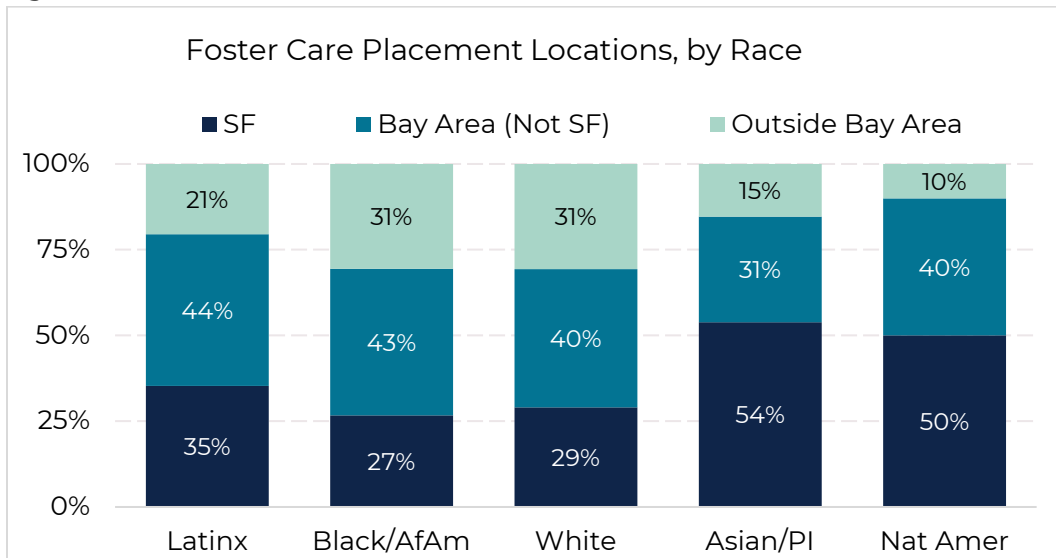
Foster Care Placement Location, by Race

There is slight variation in placement types by race/ethnicity. Black/African American and white children were more likely than Asian/PI and Latinx children to be placed outside of the Bay Area. The Native American children in care is relatively low where small changes in placement will appear as dramatic changes. The chart below presents placement data for July 1, 2022.

Placement setting preferences are outlined in the Social Security Act (42 U.S.C 675(5), where it is ordered that “each child has a case plan designed to achieve placement in a safe setting that is the least restrictive (most family-like) and most appropriate setting available and in close proximity to the parents’ home, consistent with the best interest and special needs of the child”. Studies show that children who live in close proximity to

the parents, relatives are able to maintain a stronger supportive network to improve permanency and well being outcomes for the child.

Fig. 27



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