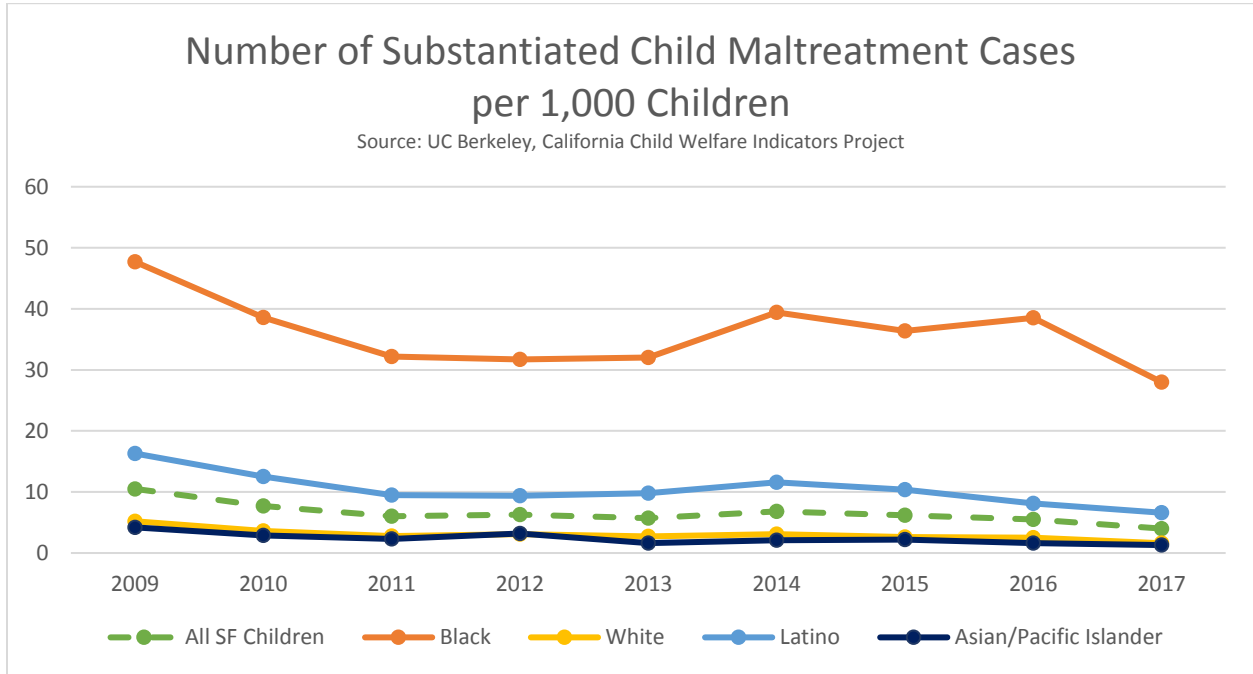


Reduce the Rate of Child Maltreatment Cases for San Francisco Children age 0-17



The above chart outlines the rates of child maltreatment by race/ ethnicity for children age 0-17 in San Francisco between 2009 and 2017.

Data Definition & the San Francisco Trend line

Child maltreatment is defined broadly as a behavior toward a child with substantial risk of causing physical or emotional harm that is outside the norms of conduct. Four types of maltreatment are generally recognized: physical abuse, sexual abuse, emotional abuse (psychological abuse), and neglect.ⁱ The public child welfare agency, the Department of Family and Children’s Services (FCS) within the Human Services Agency, is the entity responsible for receiving and responding to child abuse and neglect reports in San Francisco. Called a referral in California, a suspected case of abuse or neglect is reported to the FCS hotline. FCS determines whether or not to investigate the report based upon the information collected on the hotline call. If the incident does not rise to the level of requiring investigation, the caller may be referred to community services to address the issue. If an investigation is warranted, FCS interviews all relevant parties, conducts assessments, and makes two primary decisions: 1) substantiation, and 2) case opening. A substantiation means that the child protective services agency believes that an incident of child abuse or neglect, as defined by State law, has happened (A substantiation pertains to a single allegation type, so it is possible and common that multiple types of child abuse are reported pertaining to a single incident). Independent of the substantiation decision, the agency determines whether or not to open a child welfare case. A case is opened if the agency’s assessments indicate risk of future harm to the child.ⁱⁱ

Despite a steady decline in the incidence of substantiated child maltreatment cases both in San Francisco and the State since 2009, significant racial disparities persist. In San Francisco substantiated incidences of child maltreatment declined from 10.5 cases per 1,000 children in 2009 to 5.5 cases in 2016 (age 0-17). Although San Francisco has made significant gains in reducing rates of maltreatment, the disparity in substantiated cases for Black/African American children is significantly higher than at the state level, and has declined at a lesser rate than for other groups. Further, there is a stark disparity for infants, especially African American infants in rates of substantiated maltreatment. In 2017, there were 11.2 cases of substantiated child maltreatment for children under one, which jumps to 128.3 per 1,000 children when looking at African American children alone. In 2017, there were 28 incidences per 1,000 of substantiated child maltreatment for Black/African American children age 0-17 in San Francisco, as compared to 20.2 per 1,000 of African American children in the State. While it is important to note that San Francisco currently has a small Black/African American population, these trends have persisted for the past decade.

Story Behind the Curve

Poverty, Wealth Inequality, and Additional Risk Factors for Child Maltreatment

There is no single, simple explanation for racial and ethnic disparity in the child welfare system, however, national research suggests that several key elements contribute to the disparity.ⁱⁱⁱ First, we know that children and families of color have disparate needs, particularly due to higher rates of poverty. Second, there have been cases of racial bias and discrimination shown by individuals (e.g., caseworkers, mandated reporters) that led to a greater proportion of children of color entering the child welfare system.^{iv} Third, child welfare system factors, including lack of resources for families of color and lack of program quality assurance, may contribute to these disparities. Finally, it is important to understand disparities within a geographic context, with differences reported at the neighborhood, region, state and national levels. Researchers have only begun to explore why disparity varies so much from place to place.^v

While the data shows strong racial disparities in child maltreatment cases, we know that poverty is a better predictor of child maltreatment rates than race, although more so for white children than for black children.^{vi} Across all races/ethnicities, children living in poverty are 22 times more likely to have substantiated cases of maltreatment than children from affluent families. Abuse is 14 times more likely and neglect is 44 times more likely to happen among children living in poverty than in affluent families.^{vii} According to the American Psychological Association "the stress of poverty is not simply worries about money, poverty creates a "context of stress", characterized by conflict, family violence, food insecurity and residential mobility (to name a few).^{viii}

Census data shows that San Francisco stands among the cities with the highest income inequality in the country. As of 2018, approximately 40% of households with children in San Francisco are living below the self-sufficiency standard (SSS), a benchmark that measures the minimum level of income needed to support very basic household needs without public or private assistance.^{ix}

Beyond poverty, the Centers for Disease Control (CDC) outlines several individual/parental, family and community risk factors for child maltreatment. Individual/parental risk factors include: lack of understanding of children's needs, child development and parenting skills; history of child maltreatment

in their own families; substance abuse and/or mental health issues; characteristics such as young age, low education, single parenthood, a large number of dependent children, and low income; non-biological, transient caregivers in the home; and thoughts and emotions supporting maltreatment behaviors. Family level risk factors include social isolation, family disorganization, parenting stress and violence. Finally, community risk factors include community violence, concentrated neighborhood disadvantage (e.g., high poverty, unemployment) and poor social connections.^x

Policy and Practice Shifts in San Francisco

It is not possible to determine the exact combination of factors driving the change in rates of maltreatment, however, several local policy and practice efforts are believed to have had an impact on the overall rates of maltreatment over the past decade. This section outlines some of the key policy and practice shifts from the past decade.

The shift to using a Structured Decision Making Tool and use of Differential Response. In 2007 the San Francisco Family & Children Services (FCS) unit of the Human Services Agency began to use an evidence- and research-based system called Structured Decision Making (SDM). SDM is a set of tools used to measure safety and risk at all stages of the referral and child welfare process. This approach has allowed child welfare workers to be more consistent and accurate in determining what the immediate and longer terms needs are for children and families, reducing the risk of future maltreatment and ensuring that lower risk families have support outside of the formal child welfare system. In cases where FCS workers do not substantiate the maltreatment referral but families can still benefit from support, they are referred to the Differential Response program, which matches them with a family resource center that is tailored to their geographical and cultural needs.^{xi}

Services to provide support and education to parents. Since 2009, San Francisco has been home to Family Resource Initiative funded by First 5 San Francisco, the Department of Children, Youth and Their Families, and San Francisco Human Services Agency. The neighborhood-based Family Resource Centers provide parents with a range of support services such as child care, counseling, parent education, mentoring, case management, and other activities that strengthen families and improve child well-being. Additionally, the Department of Public Health has established The San Francisco Black Infant Health Program and piloted a Nurse Family Partnership program to provide support, promote healthy behaviors and relationships, and connect mothers to services.

Interventions to lessen harms and prevent future risk. Many community based organizations work in partnership with local government to serve families. Most notably the San Francisco Child Abuse Prevention Center has established a multidisciplinary Children's Advocacy Center (CAC) to provide care to children who have suffered abuse, neglect, or exposure to violence. The CAC draws together public and private partners to assess, investigate, evaluate, and follow each case of suspected abuse, and to collaborate on treatment of victims and their families.

What Works: A Selection of Best Practices in Reducing Rates of Child Maltreatment

Child abuse and neglect are complex problems rooted in unhealthy relationships and environments. The Centers for Disease Control and Prevention (CDC) stress that "preventing child abuse and neglect requires a comprehensive approach that influences all levels of the social ecology (including the societal

culture), community involvement, relationships among families and neighbors, and individual behaviors. [And that] effective prevention strategies [should] focus on modifying policies, practices, and societal norms to create safe, stable, nurturing relationships and environments.” Below is a brief outline of the five strategies the CDC highlights as effective in preventing child abuse and neglect, please see the full report for a more thorough review of these practices.^{xiii}

Strengthen economic supports to families. Strengthening household financial security can reduce child abuse and neglect by improving parents’ ability to satisfy children’s basic needs (e.g., food, shelter, medical care), provide developmentally appropriate child care, and reduce parental stress and depression. Approaches to improving financial security include state and local assistance programs (e.g., Temporary Assistance for Needy Families, tax credits), housing programs, subsidized child care, and family-friendly workplace policies.

Change social norms to support parents and positive parenting. There are a number of norms that relate to child development and child safety, including norms for safe sleep, breastfeeding, and shared responsibility for children. Social norms are group-level beliefs and expectations about how members of the group behave or should behave. One social norm that is particularly relevant to preventing child abuse and neglect relates to how parents discipline their children. Another has to do with whether it is appropriate for parents to seek help in parenting. Two key approaches to changing social norms include public engagement and education campaigns and changing laws around the use of corporal (i.e. physical) punishment.

Provide quality care and education early in life. Access to affordable, quality child care is associated with reduced parental stress and maternal depression, and allows parents the opportunity to work and provide financial stability for their families. Early childhood education that includes parent engagement can also enhance parenting practices and attitudes as well as family involvement in children’s education. Two approaches that help enhance parenting practices and education, social support, and access to community resources are preschool enrichment with family engagement and improved quality of child care through licensing and accreditation.

Enhance parenting skills to promote healthy child development. Parents who have poor parenting skills or are experiencing health or financial issues have more difficulty parenting and providing the care and support needed for children to have safe, stable, nurturing relationships and environments. Parent training programs or behavioral family interventions focused on influencing children’s behavior through positive reinforcement are effective at influencing the childrearing practices of families. Approaches that have been shown to improve parenting skills include early childhood home visitation programs and parenting skill and family relationship supports.

Intervene to lessen harms and prevent future risk. Treatment of children and families in which abuse has occurred may work to mitigate the health consequences of child abuse and neglect exposure, prevent recurrence of child abuse and neglect, decrease the risk for other types of violence later in life, and decrease the likelihood that individuals will abuse their own children later in life. Some approaches that work to lessen harms and prevent future risk include enhanced primary care for parents that identify risk factors, behavioral parent training programs, and therapy for children and families to lessen the harms of abuse and neglect and to prevent problem behavior and later involvement in violence.

Selected References for more Information on the ‘Story Behind the Curve’ and highlighted ‘Best Practices’

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