



San Francisco Child Welfare Report 2024

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

Historically, the issue of disproportionality has impacted child welfare at local, state, and national levels. Black/African American and Latinx children continue to be overrepresented in San Francisco's foster care system.

San Francisco Human Services Agency (SFHSA) Family and Children's Services (FCS) annually publishes the following report to inform the public and encourage efforts to address disproportionality in our child welfare system.

The *Family and Children Services Policy Manual* and *A Parent's Guide to Child Welfare Services* provide overviews of how the child welfare system works. Both resources, as well as additional information, can be found on the [SFHSA Family Services website](#).

Key Findings

- Disproportionality exists throughout the state of California. In San Francisco, Black/African American and Latinx children continue to be overrepresented in the hotline reports received from the community and mandated reporters.
- The number of referrals received and case openings in 2024 is the lowest in the past five years.
- The number of child maltreatment investigations has gradually increased over the last five years.
- The probability that a case is opened from an investigation is similar across each race/ethnicity and is less disproportional compared to previous years.
- Over the last five years, there has been a slight uptick in the number and entry rate of Latinx children in foster care.
- At later junctures in the child welfare process, Black/African American children are amongst those more likely to experience deeper child welfare involvement, but disparities are most stark in the child abuse referral stage where reports are received from the community and mandated reporters.

- Disparities between race/ethnicity at key decision points for children in foster care still exist but drastically decrease when taking into account poverty estimates for the child population.
- Placements outside of the Bay Area have decreased from 29% to 22% over the past five years.

Background

San Francisco's Child Population Demographic Changes

According to the United States Census, San Francisco had a growing population from 2012 to 2017, increasing from 807,755 to 864,263. The county's population decreased to 836,321 in 2023.¹ This population reduction is mostly driven by adults leaving the city – the child population has remained fairly stable since 2017. As of 2023, 114,728 children live in San Francisco, which is 14% of the total population. This is one of the lowest rates among California counties. By comparison, children are 20% and 23% of the population in Los Angeles and Sacramento counties, respectively.

Factors Contributing to Disproportionality

Some factors that contribute to disproportionality 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 more likely to be impoverished in San Francisco.²

San Francisco is an urban, geographically small county with a diverse and changing population. Up until the COVID-19 pandemic, highly educated, affluent, and childless adults had been migrating to the city in large numbers while middle-income persons, families, and Black/African American individuals had been leaving San Francisco areas with a lower cost of living. Since the pandemic, there has been a slight reduction in the population of San Francisco as a whole, with more adults than children leaving the city. Altogether, these demographic shifts – in conjunction with the city's high cost of living and high poverty rates among Black/African American and Latinx – are leading to more severe and geographically concentrated poverty, increased stress for many families, and higher-needs cases entering San Francisco's child welfare system.

Other factors that contribute to disproportionality may be internal to the child welfare system and demand our accountability. We strive for racially equitable

¹ U.S. Census Bureau. "Age and Sex." *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0101*, 2023, <https://data.census.gov/table/ACSST5Y2023.S0101?q=050XX00US06075>. Accessed on July 9, 2025.

² SF.gov. "Poverty in San Francisco." <http://www.sf.gov/data/poverty-san-francisco>. Accessed on October 1, 2024

decision-making, especially with the pervasiveness of explicit and implicit biases in our society, through multiple strategies.

SFHSA Strategies to Address Disproportionality

Partnering with other organizations and advocating for policy change at the federal, state and local levels are strategies SFHSA pursues to address broader inequities and assure families of all races, ethnicities, 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, and Accessibility (DEIBA), whose sole purpose is to lead and advance racial equity frameworks in all aspects 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. Additionally, there is 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 to provide early intervention services to increase healthy dynamics in families and reduce the possibility of issues escalating to more expensive and disruptive services. The goal is to engage families by understanding their needs and assessing their eligibility for services, which can be used to provide them with evidence-based services. The intended outcome of this engagement is to build stronger networks and to improve family functioning. By connecting families with community service providers that believe a collaborative prevention-oriented system is achievable, we hope to reduce disproportionality by decreasing incidences of abuse and neglect, entries into foster care, and addressing systemic and historical traumas.

FCS expanded family finding efforts to enhance the ongoing engagement with families to ultimately allow for more permanency options for our children and youth removed from their parent(s). Strengthening family finding and engagement at intake as well as expansion throughout the case lifespan will provide intensive relationship building focused on the population of families and youth who remain in care longer. This will also include periodically reconsidering potential reunification of children with their parent(s) for all youth who did not achieve permanency one year after Family Reunification was terminated. The goal is to decrease disproportionality among ethnic groups that experience deeper and longer child welfare involvement.

For more details on what our agency is doing to advance racial equity, 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 five-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.
- Primary ethnicity, Secondary ethnicity, and a Latinx indicator are collected in our child welfare data system. If the Latinx indicator = 'Yes', then race is categorized as "Latinx" in following graphs. Otherwise, race is categorized based on Primary ethnicity. See the California Child Welfare Indicators Project (CCWIP) for the [full methodology](#).
- As of the Quarter 4, 2023 data extract, the Child Population Report uses the CA Department of Finance Complete P-3 2020-2060 Population Projections Race/Ethnicity and Sex by Age for California and Counties based on the 2020 Census. This file is used for annual counts for the years 2020 forward. Annual counts for the years 2010-2019 are based on the Complete P-3 2010-2060 Population Projections Race/Ethnicity and Sex by Age for California and Counties based on the 2010 Census. Data for years 2010-2019 will be updated once the Department of Finance releases the intercensal population estimates. Until then, users will observe differences in the population trends between the two files ([Methodology](#)).
- As of January 19, 2024, the Point-in-Time/In Care Report has been updated to exclude children and youth in Non-Dependent Legal Guardianship (NDLG) Placements, defined as being in a Guardian type home (PLC_HM_T.PLC_FCLC=5411) with a Guardian Non-Relative (1404) or Probate NRLG (6539) Legal Authority for Placement (LG_AUTH.T.PLC_ATHC). Runaways with these legal statuses are also excluded. The purpose of this update is to align the Point-in-Time/In Care Report with children and youth who are in foster care.
- **Data sources:**
 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. Internal analysis of CWS/CMS data from Family and Children Services

Report

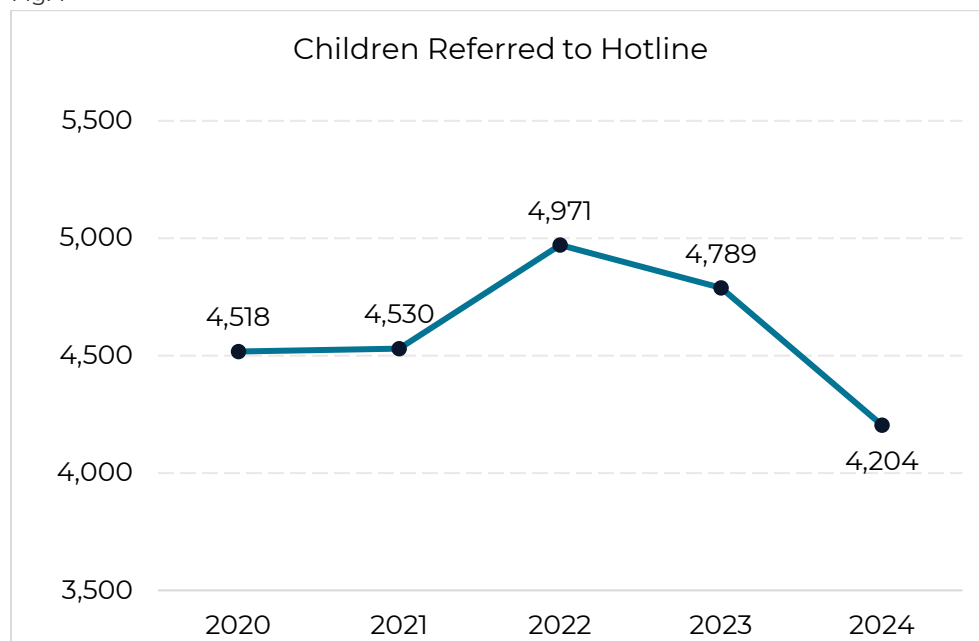
Child Welfare Referrals

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

Hotline referrals per year ranged from 4,204 to 4,971 over the last five 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 2024.

In 2024, there was a concerted effort to implement the hotline Structured Decision Making (SDM) tool with fidelity and ensure consistent use across the team. Staff received targeted training to strengthen their understanding of whether a referral meets the statutory threshold for an in-person response or if an alternative community response is more appropriate. This combination of training and increased consistency in practice helped workers more effectively determine which calls should be screened in and assess the appropriateness of each decision.

Fig. 1

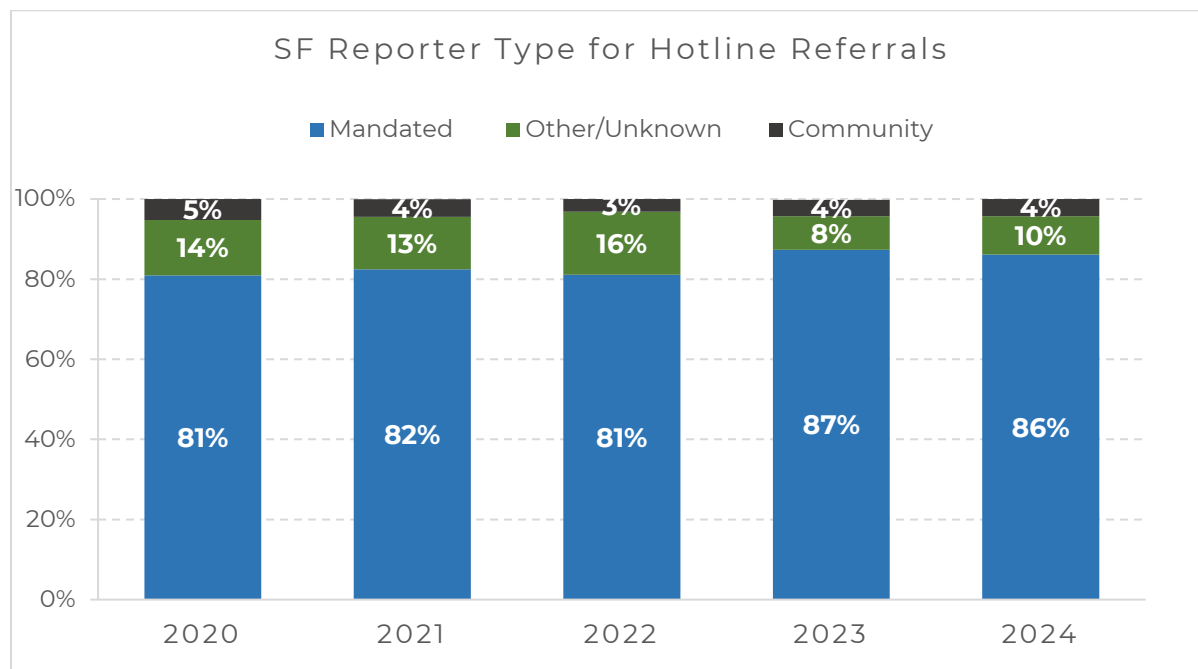


San Francisco Reporter Type for Hotline Referrals

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.

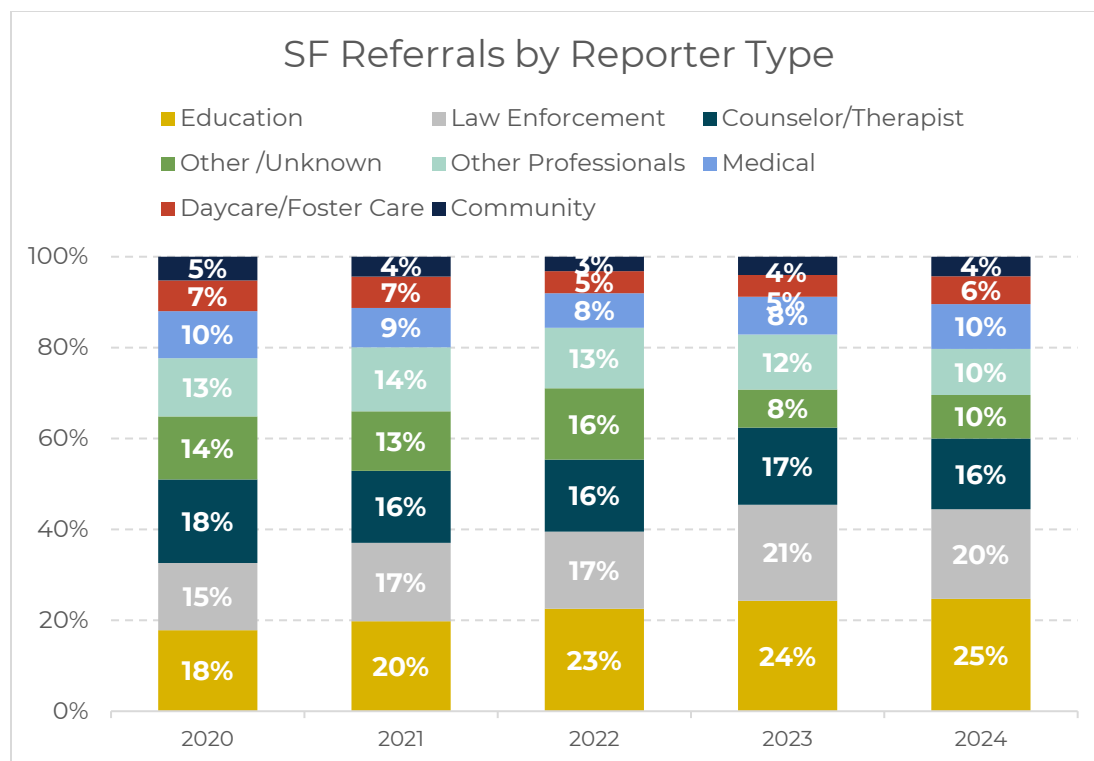
In 2024, 86% of the 4,204 referrals were made by mandated reporters, which includes counselors/therapists, law enforcement, education professionals, and medical professionals. 10% of the reporters were listed as other or unknown, and 4% of the reports were from members of the community, such as friends, relatives, or neighbors.

Fig. 2



The figure below displays the reporter type of everyone making child welfare reports. FCS received the most referrals from the following three categories: education sector (25%), law enforcement (20%), and counselors/therapists (16%).

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 five 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 2024, Latinx children comprised the highest proportion of total referrals (43%), followed by Black/African American (Black/AfAm) (27%), White (16%), and Asian/Pacific Islander (PI) (14%) children. Less than 1% of the referrals were Native American (Nat Amer) children, which is reflective of their low population in San Francisco.

Fig. 4

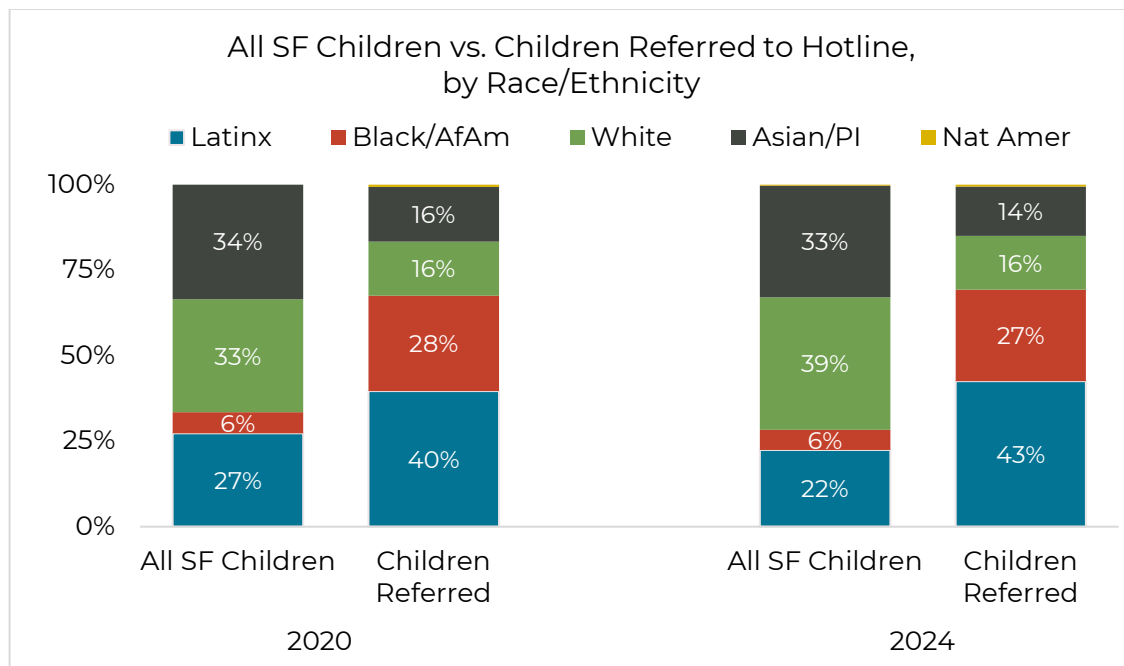
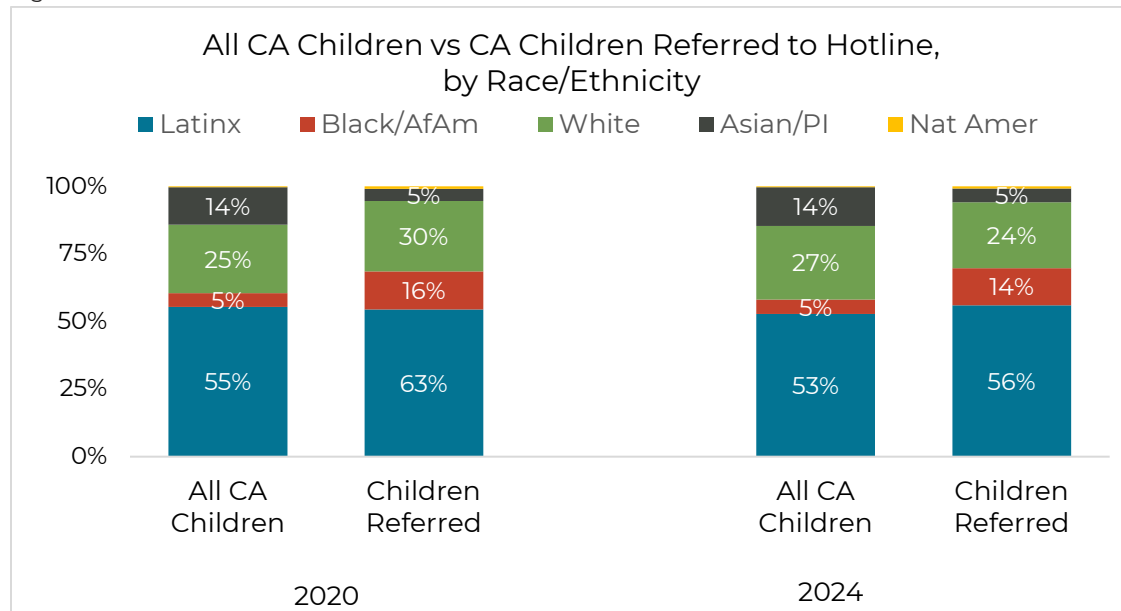


Fig. 5 below compares the demographics of all children in California and all referrals received statewide. Disproportionality for Black/African American and Latinx children continues to be evident in California, and the difference is starker in San Francisco.

Fig. 5



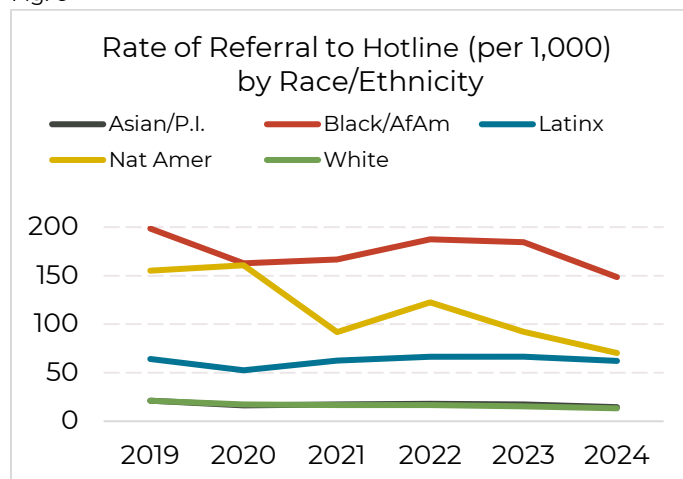
Rate of Referral to Hotline (per 1,000), By Race/Ethnicity

Comparing how many children are referred to our Hotline relative to their total population is another way to evaluate disproportionality. The chart below displays the rate of referral to the Hotline (per 1,000 in population) by race/ethnicity over time from 2019.

2024 Referral Rate by Race/Ethnicity

- Asian/Pacific Islander (15 per 1,000)
- Black/African American (149 per 1,000)
- Native American (70 per 1,000)
- Latinx (62 per 1,000)
- Asian/Pacific Islander (15 per 1,000)
- White (13 per 1,000)

Fig. 6

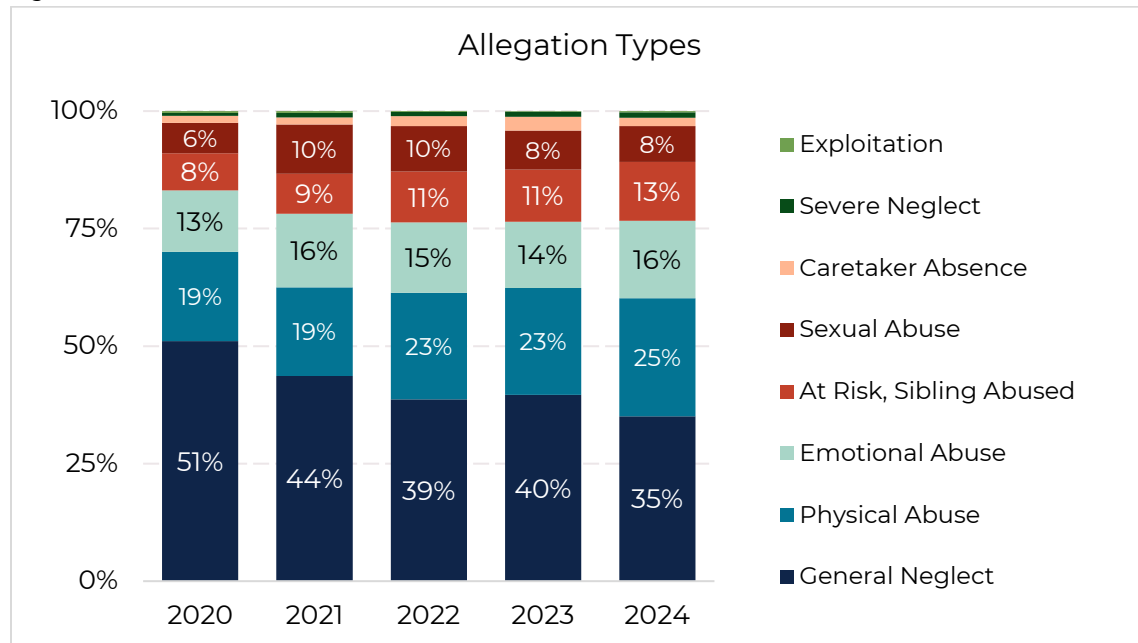


Child Welfare Referrals - Allegation Types

The distribution of allegation types has shifted slightly in recent years. General neglect remains the most common type of allegation despite declining over the past five years.

In 2024, the most common allegation type was general neglect (35%), followed by physical abuse (25%), emotional abuse (16%), at risk, sibling abused (13%), sexual abuse (8%), caretaker absence/incapacity (2%), severe neglect (1%) and exploitation (<1%).

Fig. 7

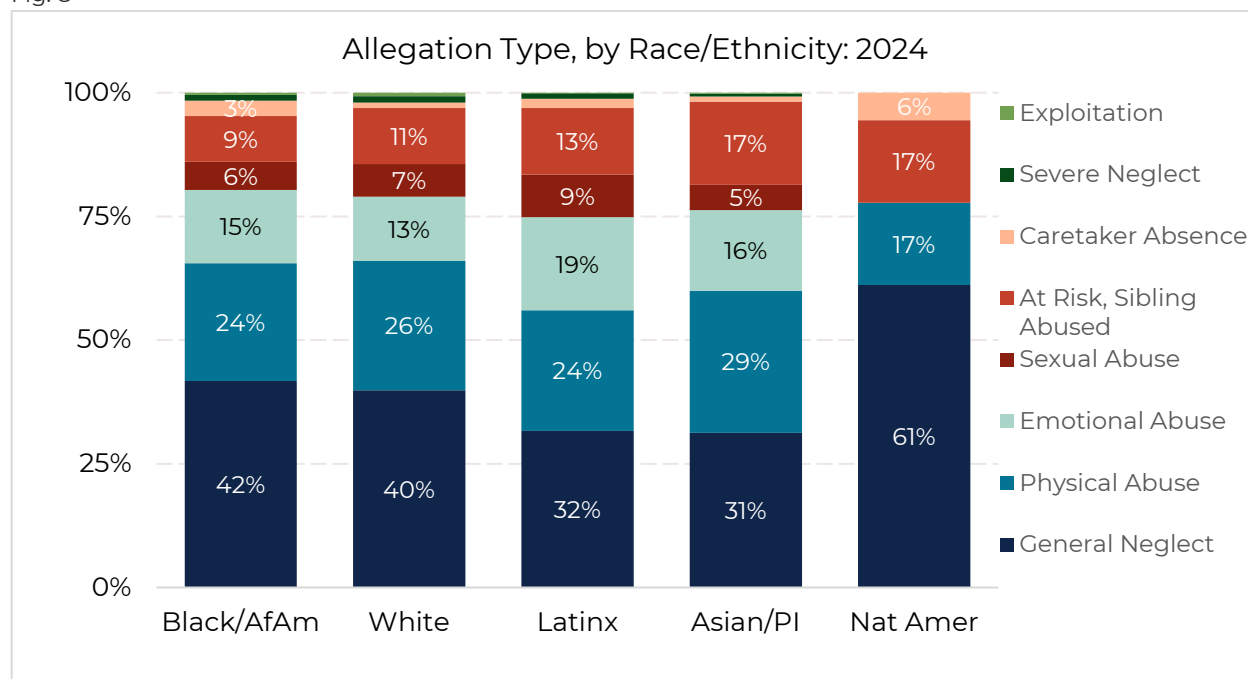


Allegation Type by Race/Ethnicity: 2024

There are variations in the rates of allegation types received across race/ethnicity. Only data for calendar year 2024 is displayed, but this data has been consistent over the past five years where the most common allegation received is general neglect.

Black/African American and Native American children receive the highest proportion of general neglect allegations, as seen below. Please note that Native American children account for less than 1% of the referrals, which is reflective of 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

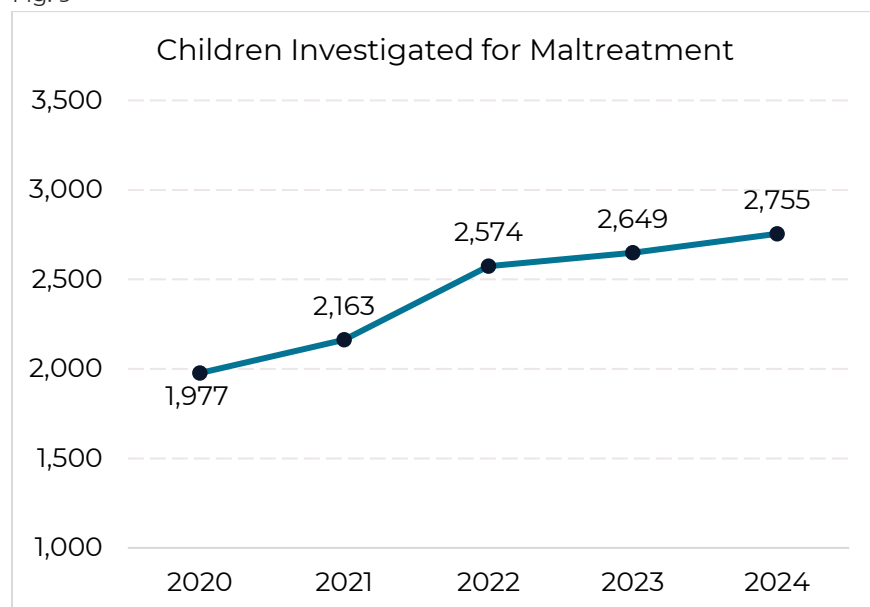
- **Exploitation:** Caregiver actively involved child/youth in acts of exploitation or trafficking; child/youth is exploited or trafficked by someone other than a caregiver
- **Emotional Abuse:** Caregiver actions have led or are likely to lead to child's severe anxiety, depression, withdrawal, or aggressive 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 five years, investigations for maltreatment ranged from 1,977 to 2,755 children per year. There has been a steady increase in investigations over the last five years. Investigations in 2020 were at its lowest due to the Covid-19 Pandemic.

Fig. 9



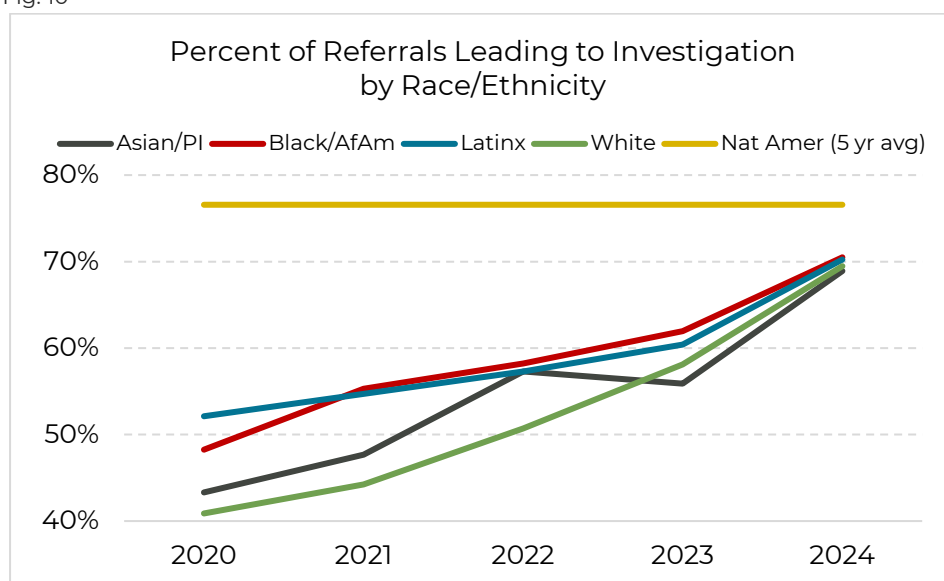
Percent of Referrals Leading to Investigation, by Race/Ethnicity

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

In 2024, the percent of referrals leading to investigations were the following for each group of children: Black/African American (70%), Latinx (70%), White (69%), Asian/PI (69%), and Native American (64%, based on a five-year average). This calculation excludes the percentage of investigative referrals where the ethnicity was “missing.”

Fig. 10 displays the convergence in percentages of referrals leading to investigations for all races/ethnicities and shows 2024 as the least disproportionate.

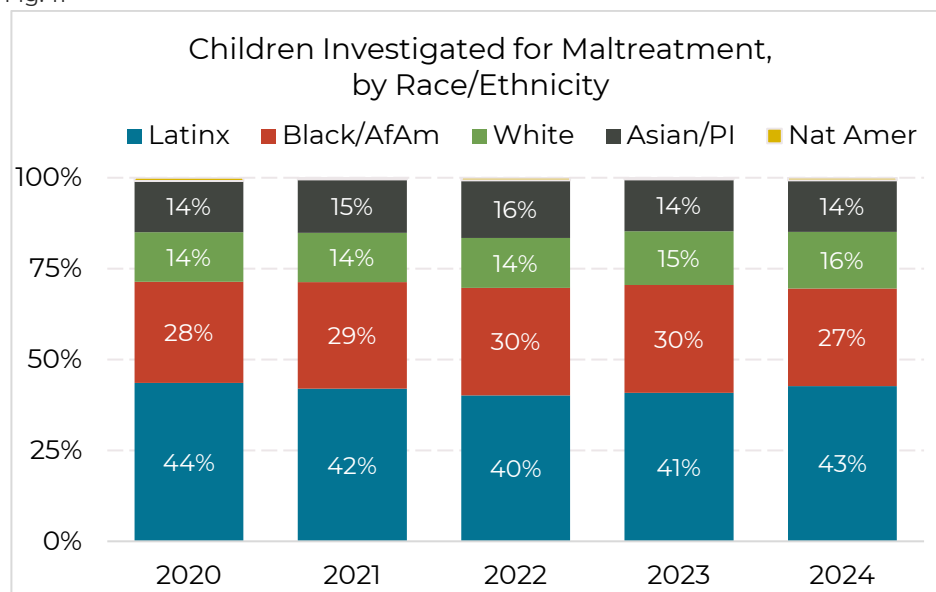
Fig. 10



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 2024, Latinx children were the group with the most maltreatment investigated (43%), followed by Black/African American (27%), White (16%), and Asian/Pacific Islander (14%) children. Less than 1% of the maltreatment reports were for Native American children, which is reflective of their low population in San Francisco.

Fig. 11

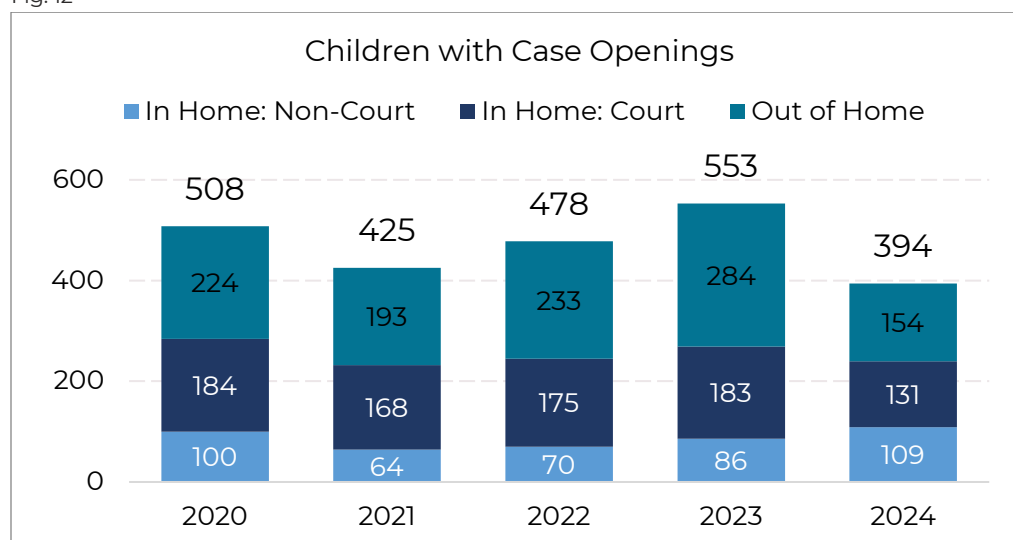


Child Welfare Case Openings

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. In-home non-court cases are voluntary, whereas in-home court cases are court mandated. 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, case openings ranged from 394 to 553 children.

Fig. 12

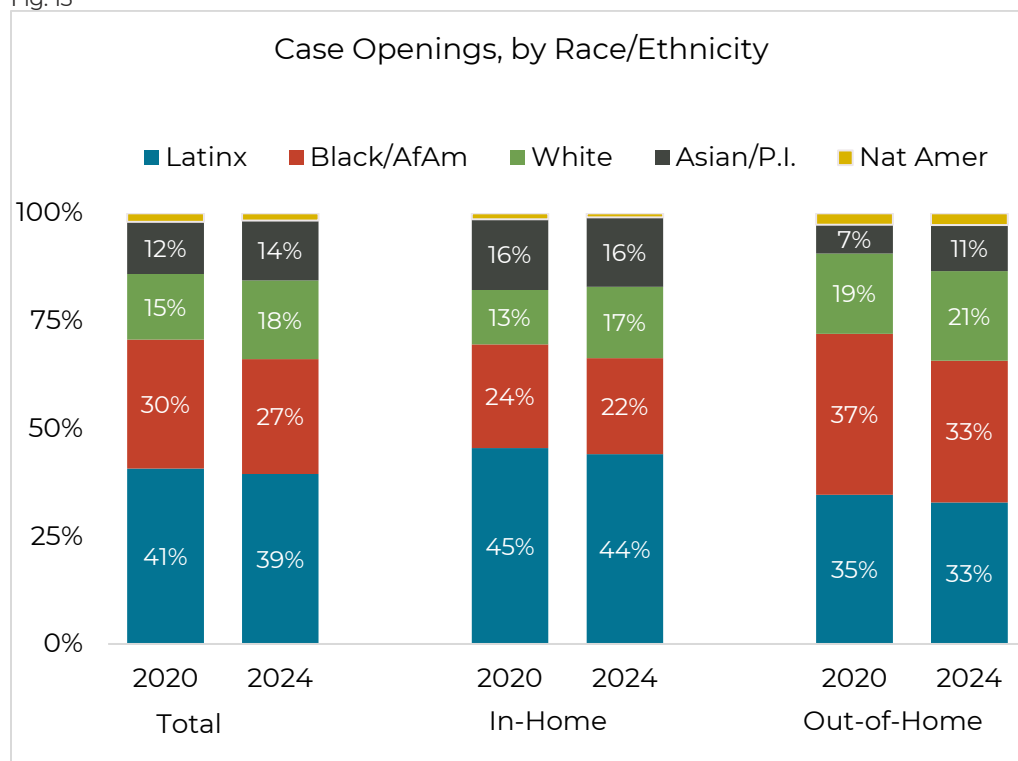


Children with Case Openings, by Race/Ethnicity

The distribution of children with case openings by race/ethnicity has shifted between 2020 and 2024. The proportion of Black/African American children with case openings decreased from 2020 (30%) to 2024 (26%), while case openings for Latinx children decreased from 2020 (41%) to 2024 (39%).

In 2024, Black/African American (33%) and Latinx (33%) children were the groups with the most out-of-home case openings followed by White (21%), Asian/PI (11%), and Native American children (<1%).

Fig. 13

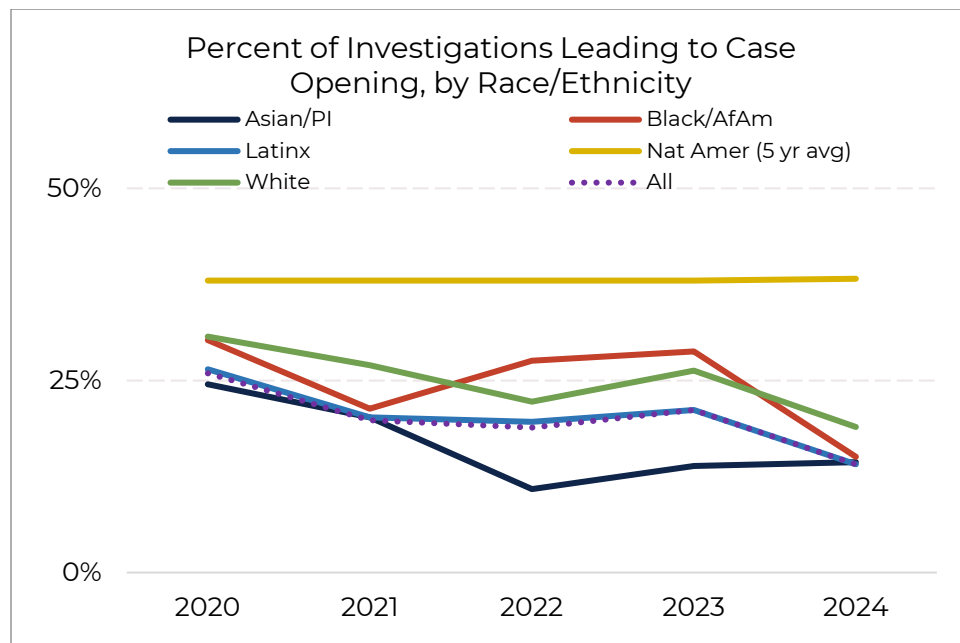


Percent of Investigations Leading to Case Opening, by Race/Ethnicity

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 leading to a case opening varied from 15-20%. The percent of investigations for Native American children (38%) is based on using a five-year average due to their low population size. Percentage of case openings is as follows: Black/African American (15%), White children (19%), Latinx (14%), and Asian/PI children (14%).

Fig. 14



In-Home Case Outcomes

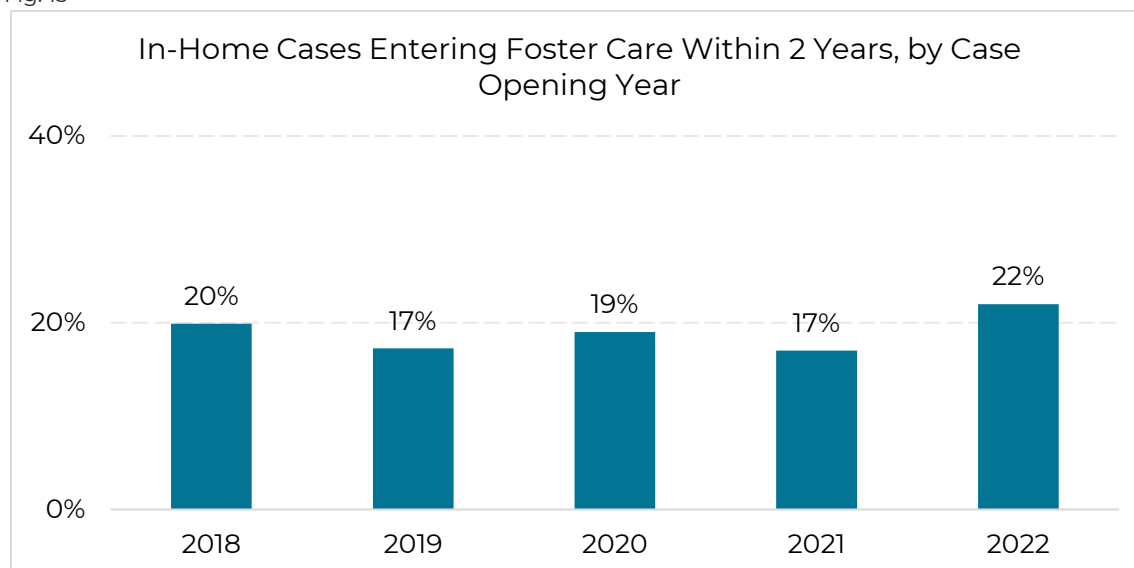
Foster Care Entry within Two Years of an Initial In-Home Case, by Case Opening Year

For in-home cases, our primary goal is to keep families together by providing support to the families in order for the children to remain safely in their homes. One way to assess success is to track 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 five years, between 17% to 22% of children have entered foster care within two years after an initial in-home case opening. The chart below shows foster care entries for both non-court and court mandated in-home cases.

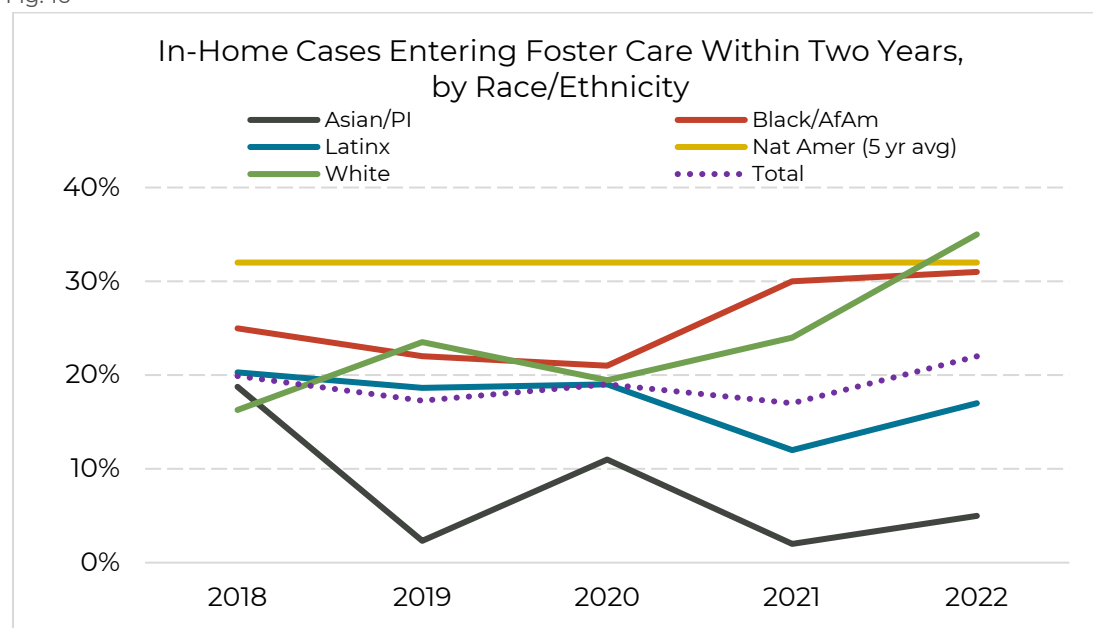
Fig. 15



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

There is significant year-over-year variation due to the relatively small number of children with in-home cases opened in a given year, by race/ethnicity. White children were most likely to enter foster care within two years after an in-home case opening (35%), followed by Black/African American (31%), Latinx (17%), and Asian/PI (2%) children. The percent of case openings for Native American children (32%) is based on a five-year average due to the low population size.

Fig. 16

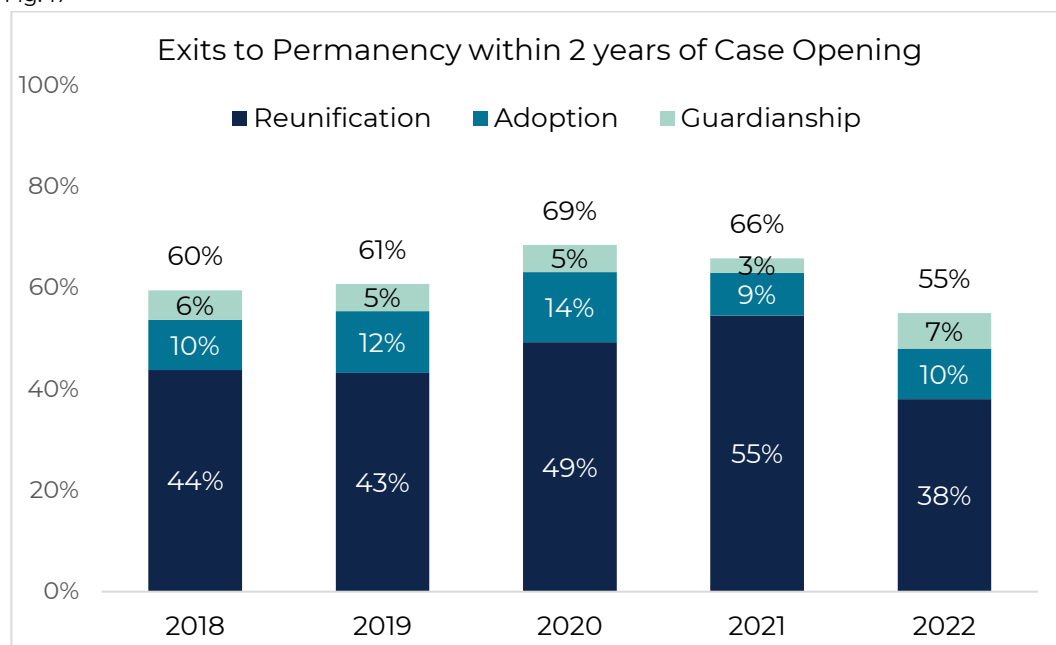


Foster Care Exits to Permanency

Exiting to Permanency within Two 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. Reunification, adoption, and guardianship are collectively referred to as “exits to permanency.” Over the last five years, between 55% and 69% of children have exited to permanency within two years of entering foster care. There is a decrease in permanency within two years for children that entered care in 2021 as compared to 2022.

Fig. 17

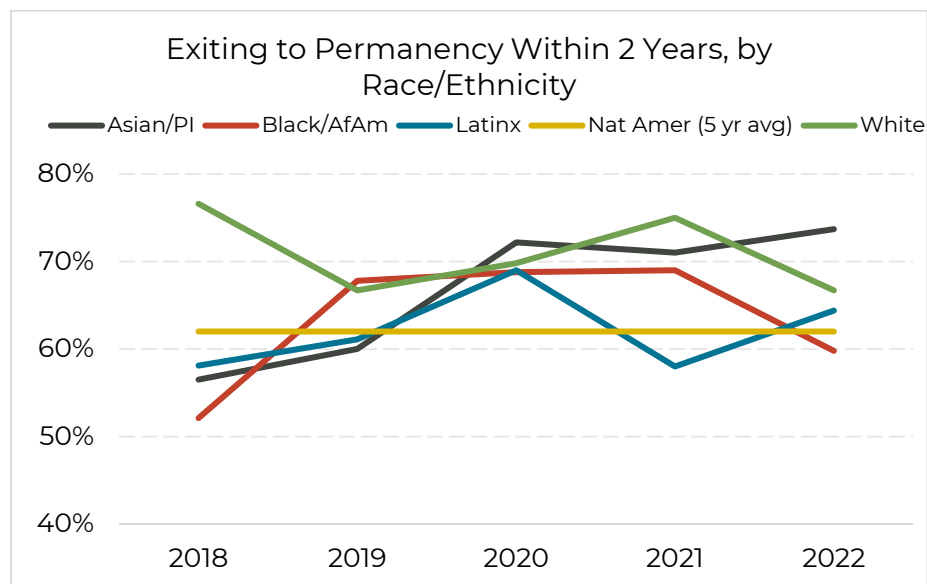


Exiting to Permanency within Two Years, by Race/Ethnicity

It is important to assess disproportionality in permanency. There is significant year-over-year variation in this outcome due to the relatively small number. Black/African American and Latinx children have generally had slightly lower permanency rates than other children over the last five years, but there has been a decrease for permanency for Black/African American families.

Among children entering foster care in 2022, Asian/PI (74%) and White (67%) children were most likely to exit to permanency within two years of entry, followed by Latinx (64%), Native American (62%, based on a five-year average), and Black/African American (60%) children.

Fig. 18



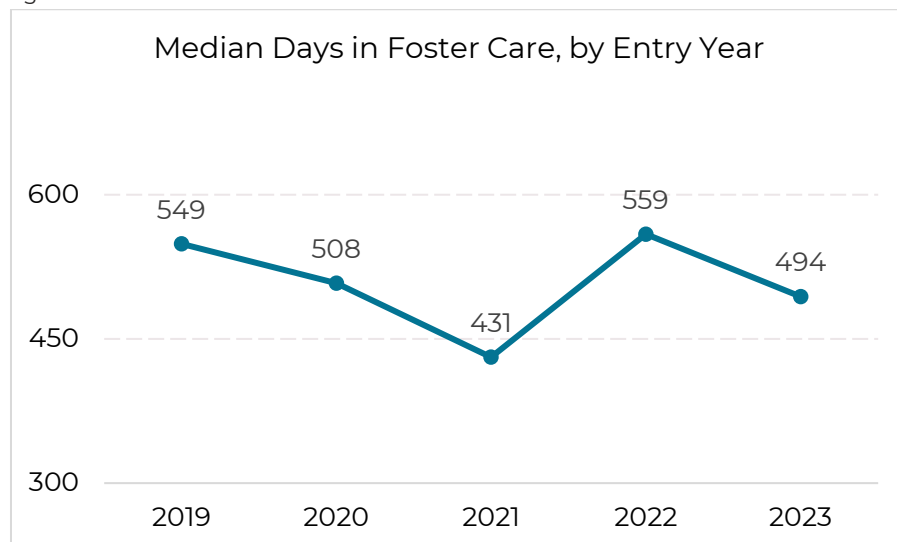
Time in Foster Care

Median Days in Foster Care, by Entry Year

Once children enter the foster care system, we want to connect children to permanency as quickly as possible.

Over the last five years, the median time spent in foster care has ranged from 431 to 559 days. From 2019 to 2023, there was a downward trend in the median days children had been in foster care, with the lowest median of 431 days for children that entered in 2021. The number of median days decreased to 494 days in 2022.

Fig. 19

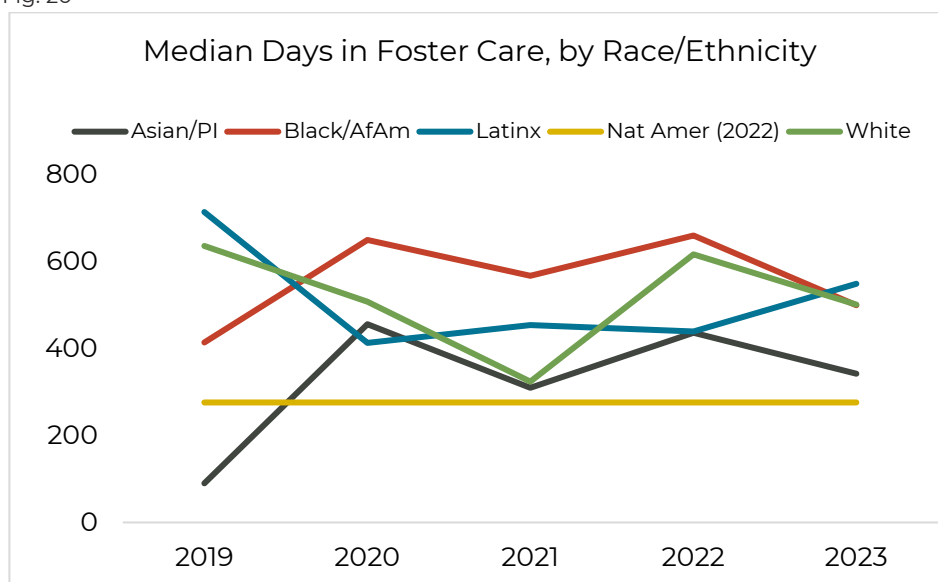


Median Days in Foster Care, by Race/Ethnicity

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

Among children entering foster care in 2023, Latinx children had the greatest median number of days (549 days) in foster care. White (501 days), Black\African American children (500 days), and Asian/PI (342 days) had lower median days in care. Due to the low number of total foster care entries for Native American children, the last available data point (2022) shows the median duration at 276 days.

Fig. 20



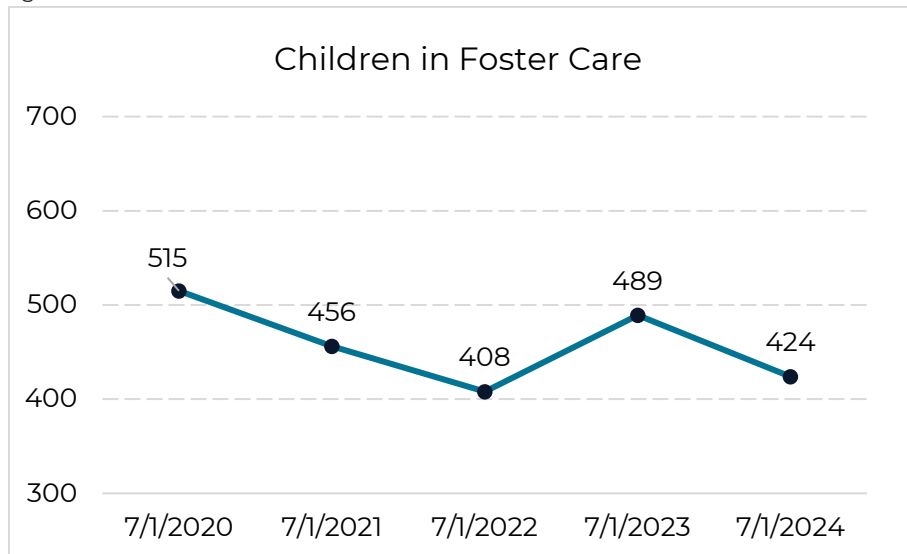
Methodology Note

Median durations were calculated the using Kaplan-Meier method. Most recent time period available for foster care entries is 2022, as not enough children had exited foster care in the 2023 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 (<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 are all factors that affect how many children are in foster care. Over the last five years, the number of children in foster care at a point in time has ranged from 408 to 515 days between 2019 and 2024 which coincides with the decreases in referrals received. There was a decline of 489 children in foster care on 7/1/2023 to 424 children in foster care on 7/1/2024.

Fig. 21

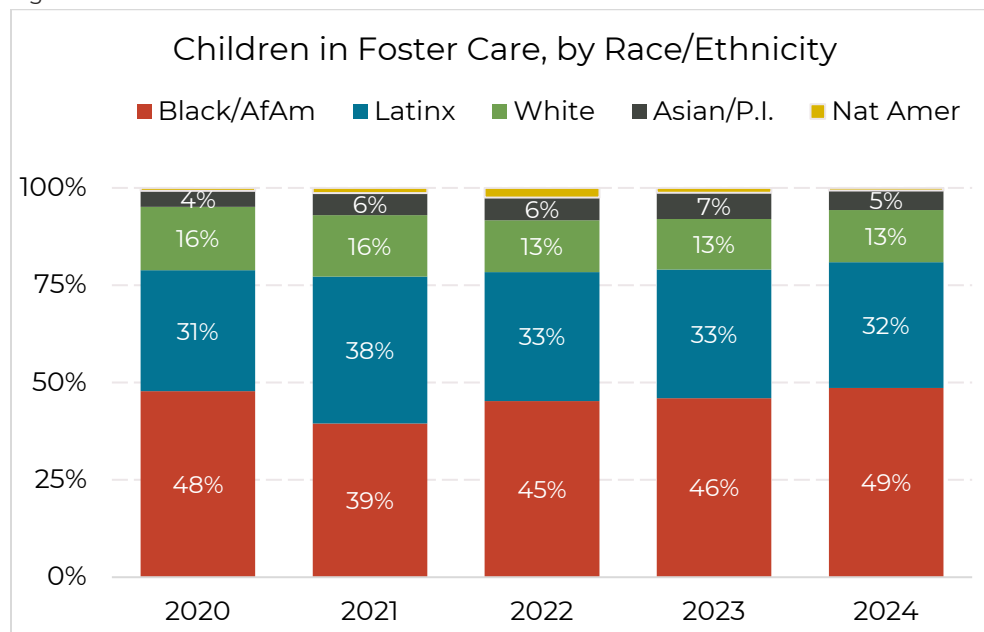


Children in Foster Care, by Race/Ethnicity

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 2024, there was a slight increase in the proportion of Black/African American children and a slight decrease in the proportion of Latinx children. Black/African American children (49%) comprised the largest proportion of the foster care population, followed by Latinx (32%), White (13%), Asian/PI (5%), and Native American (1%) children.

Fig. 22



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

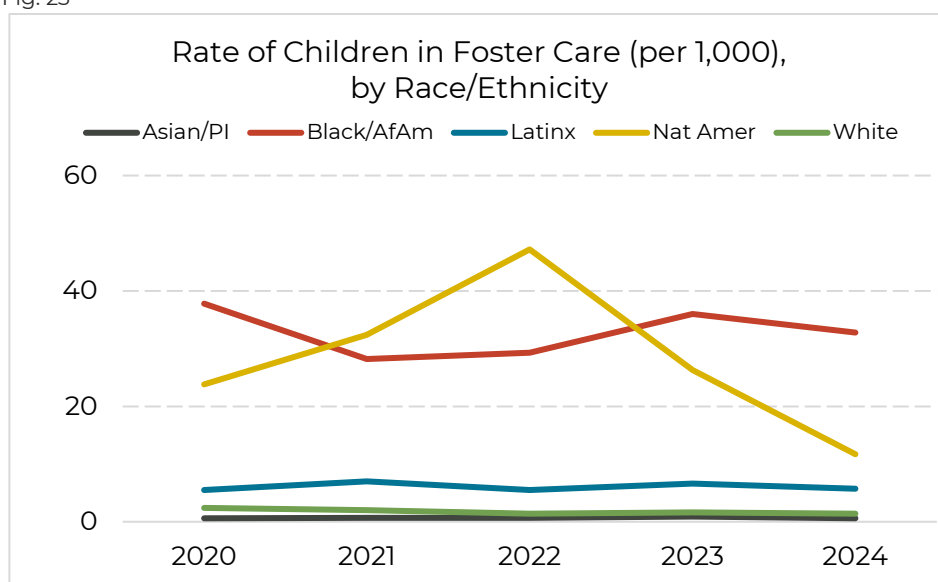
Comparing how many children are in foster care relative to their total population is a better way to assess disproportionality than looking at children in foster care population, as the total child population varies by race/ethnicity.

Changes in rate of children in foster care (per 1,000) between 2020 and 2024

- Black/African American (37.8 to 32.8 per 1,000)
- Native American (23.8 to 11.7 per 1,000)
- Latinx (5.5 to 5.7 per 1,000)
- White (2.4 to 1.4 per 1,000)
- Asian/Pacific Islander (0.6 to 0.6 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/Non-Relative Extended Family Members (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, residential treatment programs, juvenile detention facilities, psychiatric care
- **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 (e.g., runaway status)

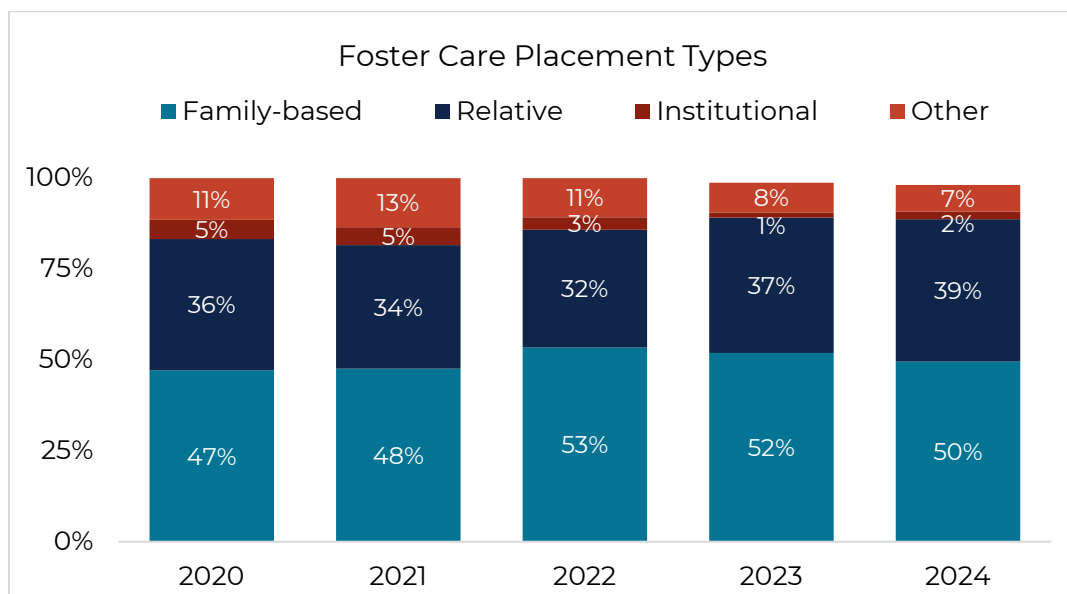
Foster Care Placement Types, by Year

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 as a short-term residential therapeutic program or an enhanced intensive services foster care (E-ISFC) program.

To tackle a crucial problem, SFHSA has introduced a Family Finding and Engagement initiative. This effort 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, our agency will provide ongoing support to approved families, including training, support groups, and respite care. We also focus on placing children with family members, foster family recruitment campaigns, and family finding funding to improve the well-being of children.

From 2020 to 2024, the percentage of children in a relative or family-based setting has remained at 89%. From 2023 to 2024, the percentage of children placed with relatives increased from 37% to 39%.

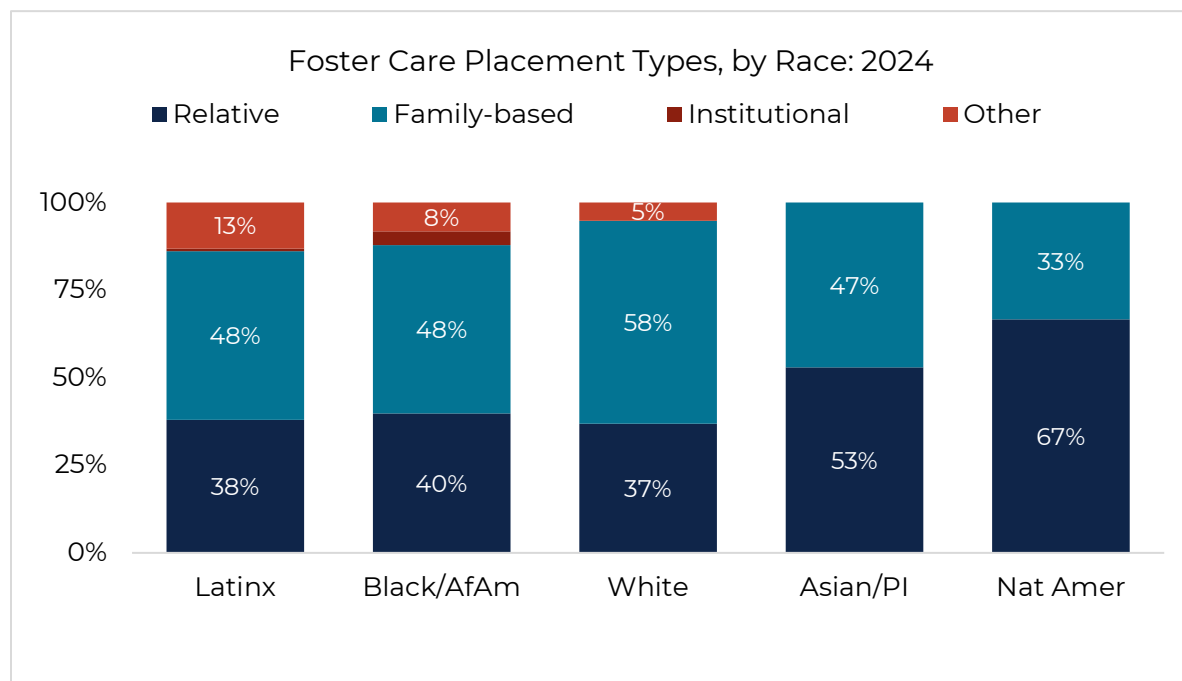
Fig. 24



Foster Care Placement Types, by Race/Ethnicity: 2023

There is some slight variation in placement types by race/ethnicity. Asian/PI and Native American children comprised the largest proportion of children placed in a relative or family-based setting (100%), followed by Black/African American (88%), Latinx (86%), and White (85%) children.

Fig. 25



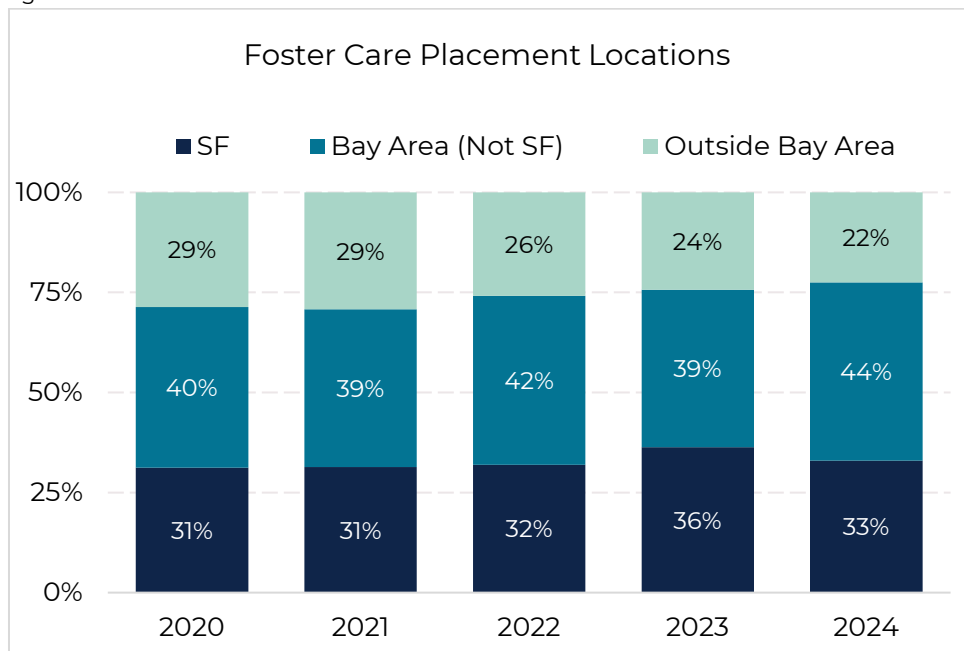
Foster Care Placement Locations

SFHSA 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 five years, the distribution of placement location of children has remained fairly stable. As of July 1, 2024, 33% of placements were in San Francisco, 44% were in another Bay Area county, and 22% 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



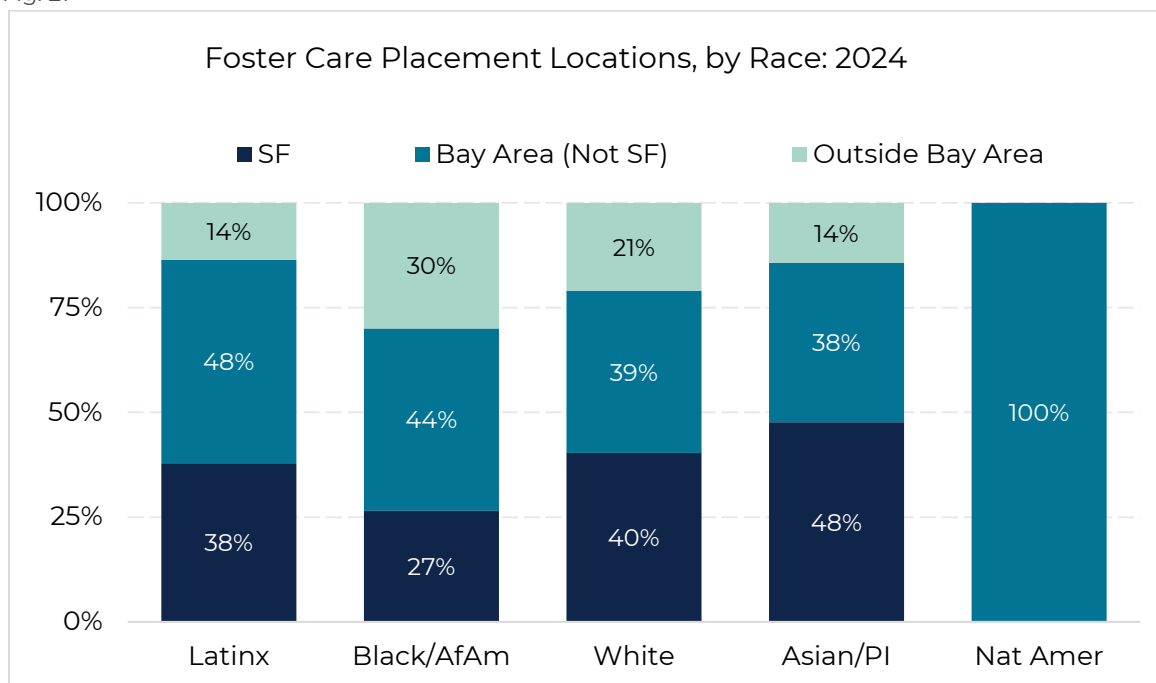
Foster Care Placement Location, by Race

. The chart below presents placement data as of July 1, 2024. Majority of placements for all ethnic groups were in San Francisco or the Bay Area. Black African American children had the highest proportion of placements outside the Bay Area at 30%. The total number of Native American children in care is relatively low where small changes in placement will appear as dramatic changes

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.” Children who live in close proximity to their parents

and/or relatives are able to maintain a stronger supportive network, which contribute to improving permanency and well-being outcomes for the child.

Fig. 27



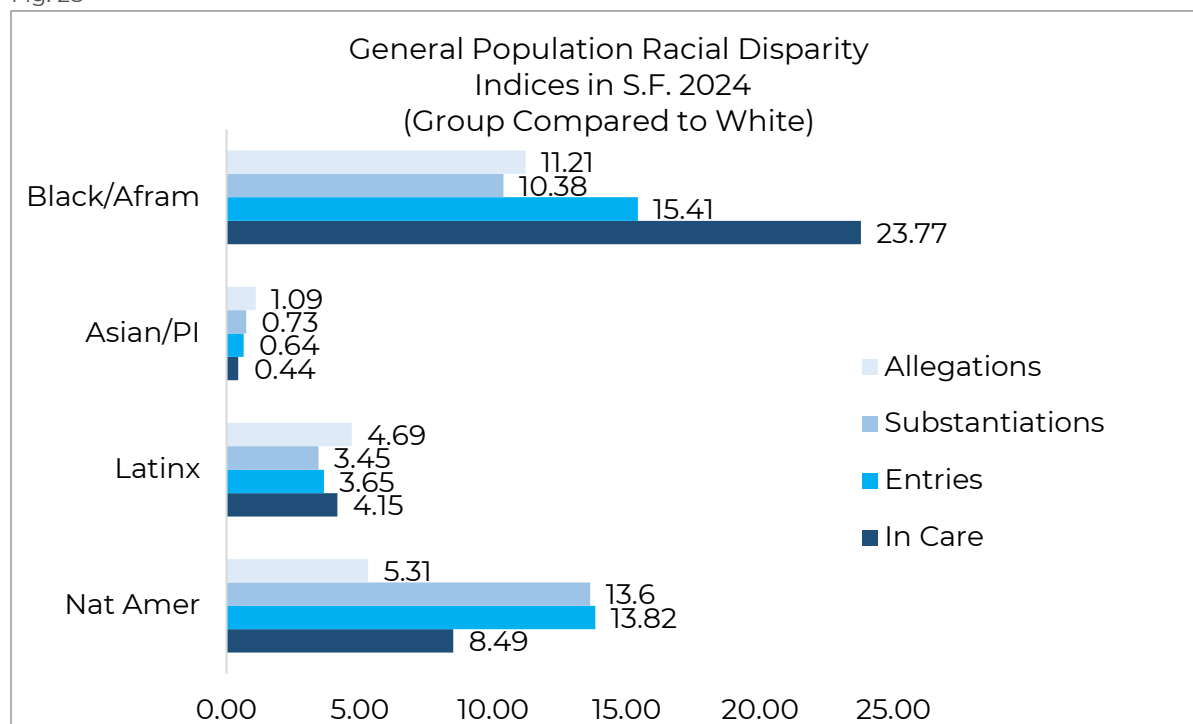
Racial and Ethnic Disparity Ratios

The Disparity Index (DI) can be interpreted in the following ways:

- A **DI of 1.00** means that the risk of the event is identical in two groups.
- A **DI that is less than 1.00** means that the risk is lower in the selected group versus a comparison.
 - For example, a DI of 0.30 indicates that the risk of the outcome is reduced to 30% for the selected group versus the comparison. A DI of 0.30 may also be interpreted as indicating that the risk is reduced by 70% for the selected group versus the comparison, and stated in a way that expresses the difference. For example, a DI of 0.30 indicates that the selected group is 70% less likely than the comparison group to experience the outcome.
- A **DI that is greater than 1.00** means that the risk is greater in the selected group versus a comparison.
 - When the DI is greater than 1.00 but less than 2.00, the index may be interpreted as indicating the greater likelihood as a percentage. For example, a DI of 1.34 indicates that the selected group is 34% more likely than the comparison group to experience the outcome.
 - When the DI is greater than 2.00, the index should be interpreted as indicating how many times as likely the selected group is to experience the outcome. For example, a DI of 2.34 indicates that the selected group is more than two times likely to experience the outcome than the comparison group.

Fig. 28 below displays disparity ratios for Black/African American, Latinx, and Asian/PI children compared to White children in 2024. A disparity ratio is the rate per one thousand children of one race/ethnicity over the rate per one thousand children of a comparison race/ethnicity. Black/African American children in San Francisco are reported for maltreatment at a rate of 11.21 times the rate for White children. The disparity grows with each deeper step into the child welfare system. Black/African American children are 23.00 times as likely to be in foster care than white children.

Fig. 28



These figures do not take into account that poverty, a quality that is highly related to the risk of maltreatment, has a differential impact on children across races/ethnicities.

Fig. 29

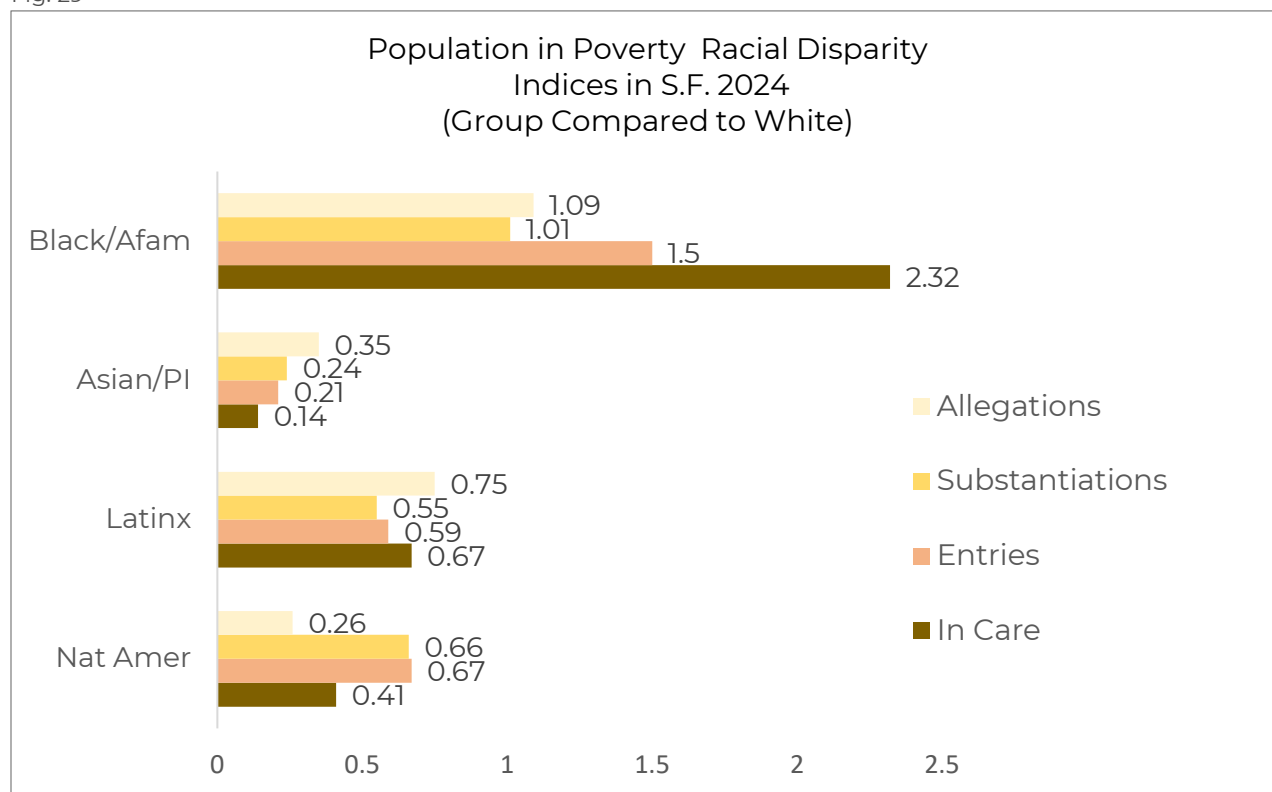


Fig. 29 takes this differential impact into account by restricting the display to the population of children living in poverty. Making this adjustment dramatically changes the picture of disparity. Black/African American children living in poverty remain 2.32 times as likely as White children living in poverty to be in foster care. However, have equal likelihood of having an allegation substantiated.

In Fig. 28, Latinx children are approximately 4 times more likely to receive a report of maltreatment, have a case substantiated and likely to be in foster care as white children when only general population is used. However, the disparity decreases when the population in poverty is used as a consideration. Latinx children living in poverty are less likely to enter and remain in care than their White counterparts living in poverty.

By considering the population of children in poverty, at only children in poverty, the disparity between ethnic groups entering care greatly diminishes, but inequality continues to persists.

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